# SELF-ASSESSMENT

## 1 INTRODUCTION

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1 INTRODUCTION

2006/07 was a year of solid progress and substantive achievements for NHS Lanarkshire, including:

- Achieved the 18 week inpatient / daycase target by December 2006, and working towards the 18 week target by December 2007;
- Achieved the 9 week target for diagnostics ahead of schedule, and now working towards further improvements as part of the overall 18 week pathway. ‘Straight-to-test’ introduced and contributing to improvements both in timeliness and quality of patient pathway;
- ASCs will be abolished by December 2007;
- The interim December 2006 target of 95% was achieved for treatment within 4 hours at A&E across all three acute hospital sites;
- Achieved financial balance and cleared historic deficit;
- Continued to develop a substantial programme of health improvement activity, in collaboration with partners, and targeting our most deprived communities and vulnerable groups;
- Workforce Plan developed, and Modernising Medical Careers successfully introduced;
- Public Partnership Fora developed in each Community Health Partnership, strengthening public engagement at locality and community level, and providing a mechanism to link across the wider NHS system;
- Completed A Picture of Health, our service modernisation plan, and, following its approval, put in place a framework for implementation and delivery (now subject to further review).

These and many other developments are covered more fully in the assessment that follows.
2 PROGRESS ON 2006 REVIEW’S ACTION POINTS

2.1 Continue to work with Planning Partners to strengthen transport linkages and access to healthcare facilities across Lanarkshire.

- New Strategic Transport and Access Group being established by NHS Lanarkshire, and including Strathclyde Transport Partnership and patient representatives, to oversee and co-ordinate all related workstreams, including travel planning to healthcare sites;
- Regional project established (Glasgow-led) to strengthen health related travel planning across West of Scotland and influence plans by Strathclyde Transport Partnership.

2.2 Continue to work closely with neighbouring NHS Boards to ensure planning of major service redesign is undertaken on a regional basis.

- Joint Planning Steering Groups with Forth Valley and Greater Glasgow & Clyde are well established and actively supporting hospital catchment planning, including local discussions with GPs, particularly in Cumbernauld, Kilsyth, Coatbridge, Cambuslang and Rutherglen;
- Regional Plan completed, committing NHS Lanarkshire, Forth Valley, Greater Glasgow & Clyde, Ayrshire & Arran and the Scottish Ambulance Service to the new configuration of hospital services and co-ordinated implementation planning.

(discussed further at 7.4)

2.3 Continue to scrutinise progress and improve performance against targets for Healthcare Associated Infection.

Lanarkshire has remained within control limits for the last 10 quarters (HPS Quarterly Report on MRSA, January 2003 – March 2007).

Key areas of progress include:

- Strengthening the organisation’s approach to HAI – single system management structures and systems;
- Surveillance – consistent approach in place, surveillance nurse appointed;
- Control – progress made towards compliance with national standards, Cleanliness Champions, environmental audits programme, participation in national hand hygiene campaign, provision of hand gel throughout clinical areas, education and awareness for staff at all levels;
- Minimising impact – management by ICS, participation in pilot of training in outbreak/incident management;
- Communications – plan developed, MRSA leaflet reviewed, patient and visitor information reviewed.

(discussed further at 6.7)
2.4 Continue to evaluate the impact of Health Improvement Interventions to refine practice and enable better targeting of investment.

The Evidence Base for Lifestyle Interventions is informing practice and supporting targeting of activity. It provides a basis against which practice can be assessed.

Evaluation skills are being developed in the CHP workforce.

Evaluation of the outcomes of the screening and onward referrals to Keep Well is underway. Early indications have shown that the Lanarkshire project has been successful in identifying those most at risk for cardio-vascular disease.

Evaluation of the uptake of smoking cessation services by vulnerable groups has been undertaken. Analysis of results will provide information for future service development.

Lanarkshire’s Sexual Health website is subject to continuing development and evaluation: [www.lanarkshiresexualhealth.org](http://www.lanarkshiresexualhealth.org).

The findings of the Community Health Educator model (3.9.3) will be used to inform further work in this area.

Evaluation of the Best Fed babies project is due to be completed before end of 2007.

(Further details in section 3)

2.5 Continue to develop innovative approaches to make contact with, and meet the needs of, hard to reach and deprived communities.

A Smoke Free Homes pilot is being developed for a regeneration area.

An integrated sexual health service is being developed with emphasis on promoting the sexual health of vulnerable groups including young people, users of alcohol and drugs services, and people who are looked after and accommodated by local authority services.

The well-established C-card condom distribution scheme has been expanded to include free condom provision via pharmacies.

Regeneration funding has been used to provide free fruit 3 times per week to children in targeted North Lanarkshire nurseries.

Work is underway to consult with minority ethnic groups to look at aspects of racism, service provision and mental health and well-being.

Lanarkshire Mental Health website is being further developed to extend access and user friendliness.

Protocols for managing self-harm in looked-after and accommodated young people have been developed, and training for staff working in these settings delivered.

(Further details in section 3)
2.6 Ensure that complete smoking cessation data is entered on the national database.

NHSL data are entered on the national database. All mandatory fields are completed, as well as NHSL specific data. NHSL has set its own standard to ensure data entry within 48 hours of client attendance.

(Further details at para 3.2)

2.7 Continue to strengthen Primary and Community Care Services to shift the balance of care away from acute settings where appropriate.

Lanarkshire’s framework for service change A Picture of Health has at its core a desire to shift the balance of care towards more local community based services, grounded in anticipatory and preventive approaches where this is more appropriate, and away from reliance upon acute episodic care. A Picture of Health is described more fully at 7.1, including details of prioritised projects currently being taken forward.

2.8 Continue to sustain performance against current waiting time targets and make progress towards achieving future waiting time targets and elimination of Availability Status Codes in good time.

Good progress has been made in 2006/07, continuing into 2007/08. In particular, the 18 week inpatient / daycase target was achieved by December 2006; the 9 week target for diagnostic tests was achieved ahead of schedule, and ‘Straight to Test’ was introduced to secure further improvements. The interim target of 95% of patients being seen within 4 hours at A&E was achieved at December 2006, with 98% achieved at August 2007. ASCs will be abolished by December 2007. Further details of these, and other areas of progress and development in relation to waiting times, can be found in section 5.

2.9 Reduce significantly cancer diagnosis and treatment times.

Performance across the majority of tumour types has been below guarantee. This has prompted a wide-ranging review of process and practice across all tumour types with the adoption of actions to deliver early and sustainable improvement in performance and service delivery to the patient. NHS Lanarkshire has been supported in this work by the Cancer Performance Support Team (CPST).

The actions focus on a number of key areas, details of which are provided at 5.8.

2.10 Continue to refine the Workforce Plan and consider innovative solutions to recruitment and retention.

The Workforce Plan for 2007/08 was approved by the Board in April 2007, and continues to be refined and developed to underpin NHS Lanarkshire’s A Picture of Health strategic change framework. Workforce issues are further discussed in section 4.4. A wide range of recruitment and retention initiatives are in place and these are described more fully in section 4.4.3.
2.11 Maintain sound financial management and keep in close contact with SGHD as NHS Lanarkshire continues to strive towards achieving financial balance.

An in-year surplus of £16.35m was achieved. Close contact was maintained with SGHD throughout the year.

(Further discussed in para 4.1)

2.12 Reduce reliance on non-recurring resources.

Reduced recurring deficit from £21.659m to £7.2m at end of financial year 2006/07.

(Further discussed in para 4.1)
3 HEALTH IMPROVEMENT & REDUCING INEQUALITIES

3.1 H01T - Reduce health inequalities by increasing the rate of improvement for the most deprived communities by 15% across a range of indicators including; CHD, cancer, adult smoking, smoking during pregnancy, teenage pregnancy and suicides in young people: target date 2008.

1.01K Age standardised CHD mortality rate per 100,000 population, for people aged under 75, in the 20% most deprived postcode sector areas in Scotland, defined by the Carstairs Deprivation Index.

The trajectory agreed in the 2006/07 Local Delivery Plan was based on the mortality rate for the whole of Lanarkshire. For 2007/08, this has been refined to reflect the rate in the 20% most deprived quintile only. 2002-04 data showed mortality rate (age standardised, 20% most deprived quintile in NHSL) at 107.1, reducing to 102.8 for 2003-05. 2004-06 data is due September 2007.

It is estimated that around 20,000 people in this population (the most deprived quintile) are at high risk (where annual risk of a major CHD event exceeds 1.5%). An unknown number will have risk factors already managed and under control. Between 7,000 and 10,000 people in this population will have CHD, of whom an unknown number will already be identified and well managed.

Keep Well (the Prevention 2010 Initiative), together with the Lanarkshire CHD Managed Clinical Network (MCN), is engaging with deprived communities and is identifying more people with CHD, or that are at high risk of developing it, to adopt a more structured approach to their management. Additional nursing staff and health care assistants have been appointed to find cases, assess, advise, and refer people to other services, monitor progress and follow up as necessary. Additional medical staff have been appointed to assess, diagnose, and organise treatment for people with CHD and/or at risk factors. With this additional staffing input, practices in deprived areas of Lanarkshire are now adopting a more anticipatory approach to care for people with CHD than would otherwise be possible. Keep Well is discussed further at para 3.9.1.

On-going health promotion / improvement initiatives (e.g., community focused health initiatives, smoking cessation) also contribute to achieving this target. In the longer term, social and economic change as part of Regeneration Outcome Agreements in both local authority areas are expected to help reduce mortality rates in most deprived areas.

3.2 H02T – To reduce adult (16+) smoking rates from 26.5% (2004) to 22.0% (2010).

1.02K Numbers smoking as a % of relevant (16+ years) population)

The specific target for NHSL is 23.9% by 2010. Our LDP trajectory target for 2006 was to be at 27.9%. Most recent data (Scottish Household Survey, 2006) shows North Lanarkshire Council area at 33% and South Lanarkshire Council at 25%. Caution should be exercised in the interpretation of these results, however, it would appear we still have some way to go to achieve the overall target.

Key activities by NHSL during 2006/07 included:
Strengthening of the single system smoking cessation service. Smoking cessation staff are based in all CHP localities and in the two out of three Acute hospitals, with the third imminent;

Providing brief intervention training across the system, including to partners (South Lanarkshire Council);

Working with Healthy Working Lives to support employers in encouraging staff not to start to smoke, or to give up smoking;

In the year 2006/07, of the 5428 people who set quit dates, 3011 (55.2%) were successful at four weeks and 1670 (30.6%) at three months. It is too soon for 1 year results. Outcomes are unknown for some clients. The number of people making quit attempts usually drops off in the summer, and did so quite significantly after the surge associated with the smoking legislation in March 2006. However, preliminary data for April to July 2007 show no drop off, with the quit attempts for 2007 equalling 97.7% of attempts for the same period in 2006;

There have been a number of locality based programmes such as the joint initiative with Bellshill YMCA and Health for You. This utilises a holistic approach that aims to challenge young peoples’ perception of health issues such as smoking, drugs, alcohol, physical activity, mental health and healthy eating. The Wishaw locality has developed a Youth Smoking Cessation Service that operates in the locality’s four secondary schools;

The ‘Find Out’ Youth Health Project, Healthy Valleys, hosted a six week smoking cessation programme based on the Maudsley model, for young people aged 12-16. The sessions were held at lunchtime, with a lunch provided;

The Keep Well programme engages with smokers, and staff who are trained in brief intervention and routinely refers Keep Well patients to the Lanarkshire cessation service;

Health Promotion programmes incorporating smoking / health messages, e.g., SHAW (now HWL) / Healthy Working Lives, Health Promoting Schools;

Community Planning Regeneration Outcome Agreements / Community Focused Health Initiatives include a variety of projects and activities designed to bring about life circumstances and lifestyles changes, including tackling smoking, i.e., Healthy Valleys; Getting Better Together in Shotts; Kirkshaws Neighbourhood Centre;

A refresher training programme for all NHS Lanarkshire's midwives on smoking cessation and pregnancy is shortly to commence;

Smoking prevalence in pregnancy is highest in women under 25 years of age, and in particular among those under 20 years. The potential for working with Lanarkshire's Integrated Children's Services to reduce the prevalence of smoking among adolescents is currently being explored.

3.3 H03T – Reduce incidence of exceeding the weekly alcohol limit of 21 units to 29% for men, and of 14 units to 11% of women: target date 2010.

1.05S Numbers drinking excessively

Most recent data (Scottish Health Survey, 2003) shows Lanarkshire with rates of 30% (men) and 12% (women) respectively. The Survey is currently under review nationally, with no further data available meantime.
The ONS Health Statistics Quarterly (Spring 2007) has highlighted trends and geographical variations in alcohol-related deaths in the United Kingdom 1991-2004. Points of particular note are:

- Scotland has the highest alcohol-related death rates of all countries of the UK for both sexes. In 2002-04, it was almost double the UK rate;
- Comparing alcohol-related death rates between 1991-97 and 1998-2004 in local area rankings, for men, Scotland had 15 out of the 20 worst areas, with North Lanarkshire moving up from 9th to 7th and South Lanarkshire moving up from 36th to 15th;
- For women Scotland had 14 out of the 20 worst areas, with North Lanarkshire moving up from 9th to 3rd and South Lanarkshire up from 21st to 8th.

There has also been an increase in hospital discharges related to alcohol misuse.

NHS Lanarkshire chairs, and is a strategic partner in, the Lanarkshire Alcohol & Drug Action Team, and directly supports the specialist Lanarkshire Alcohol & Drugs Service. The ADAT includes Local Authority, police, and non-statutory agencies to provide the strategic oversight of services for those with alcohol and drug problems. The responsibility for these services lies with Community Health Partnerships, with Joint Future structures, and with Community Safety Partnerships. NHS Lanarkshire both directly and via the GMS contract provides primary care and acute health services to those suffering alcohol related illness. Via CHPs, NHS Lanarkshire provides Health Promotion aimed at promoting ‘safe drinking’ and providing information on a healthy lifestyle.

Lanarkshire ADAT Strategy 2007-10 was completed during 2006/07, with the Corporate Action Plan 2007 agreed by partners and signed off by SGHD.

Examples of Lanarkshire ADAT work in 2006/07 include:

- Co-ordination of the delivery of ServWise training across all pubs and night club settings in North Lanarkshire. It was also delivered across participating establishments in South Lanarkshire and targeted 86 licensees;
- Brief interventions now available within the two Local Councils on Alcohol;
- Substance Misuse Liaison Service within the acute hospitals provided a range of support to 2,555 individuals presenting to Accident & Emergency Departments with an alcohol problem, an increase of 66% on the previous year.

The update to the national Plan for Action on Alcohol Problems was published in February 2007. Local implications of this will be clarified later in 2007, when the review of ADATs will also be published.

East Kilbride locality has developed and delivered alcohol awareness sessions for NHS Lanarkshire staff and partner agency staff, with sessions covering alcohol and women, and alcohol and older people.

‘Streetbase’ is a project promoting positive alternatives to alcohol for young people. In 2006-2007, 13,500 contacts were made with young people, aged 10-18 years, where they were encouraged to take part in diversionary activity and change behaviours at key times. Engagement is through trained detached youth workers and has resulted in many areas seeing a reduction in youth alcohol consumption in the street, allowing many young people to experience more
positive, active and healthy activities. This service operates in specific Community Regeneration areas in South Lanarkshire.

‘Landed’ is the Lanarkshire Peer Education Service, which works to develop young volunteers as peer educators. Young volunteers deliver workshops and training on alcohol, drugs and sexual health to other young people. This service is pan-Lanarkshire and in April 2006 moved from NHS Lanarkshire management to become an independent voluntary organisation. A strong partnership continues with ‘Landed’ and partner agencies.

3.4 H04T – 50% of all adults (aged 16+) accumulating a minimum of 30 minutes per day of physical activity on 5 or more days per week.

1.06S Numbers as % of relevant population, derived from Scottish Health Survey

Most recent data (Scottish Health Survey, 2003) shows a Lanarkshire rate of 31%. The Survey is currently under review nationally, with no further data available meantime.

NHS Lanarkshire (NHSL) continues to play a key role in co-ordinating both North and South Lanarkshire’s response to promoting physical activity. NHSL chairs both North and South Lanarkshire Physical Activity Working Groups and is represented on the Boards of both North and South Leisure Trusts.

NHSL has taken steps to integrate physical activity into the daily work of staff in primary care. All localities within both CHPs are required to report on the progress of the Active Schools programme and participation of the public in the Leisure Trusts’ range of facilities and programmes. North CHP has introduced a simple questionnaire aimed at encouraging discussion about physical activity at every clinical intervention by nursing and AHP staff. A governance framework has also been developed.

In both Local Authority areas, Big Lottery Active Futures programme targets those most excluded, e.g., minority groups, those with special needs, and those living in areas of deprivation. Notable programmes include the Women Only Saturday night programme in Blantyre Sports Centre. The sports centre is staffed by women only and this enables women from certain ethnic minorities to participate in a full range of activities. A late night street football league is operated in North Lanarkshire that targets young men who live in areas of deprivation.

NHSL supports the implementation of the Active Schools programme in both North and South Lanarkshire. The promotion of physical activity is a key component of the Streetbase (South Lanarkshire), Healthy Valleys (Clydesdale Locality), Getting Better Together – Shotts Healthy Living Centre, and Coatbridge Health Spot programmes. The Up For It programme in South Lanarkshire and the Get Active referral programme in North Lanarkshire provide NHSL staff with the opportunity to refer patients for support and advice on physical activity.

NHSL has been fully engaged in the development of the South Lanarkshire Leisure Strategy. The process has now been completed and the strategy covers the promotion of physical activity as well as sports.
Support has been given to the Getting Better Together and the Healthy Valleys Healthy Living Centres and a range of programmes promoting physical activity are offered to young people.

East Kilbride locality operates the GP Exercise Referral Scheme (EK Leg It!), which aims to get sedentary individuals and newly diagnosed people with Type II Diabetes to become more active through a range of options. Those referred by their GP agree a tailored exercise programme with an exercise counsellor.

The Community Mental Health Staff in Clydesdale have supported the Men’s Group to increase physical activity by participating in local Outdoor Bowling Leagues. Also in the Clydesdale area, young people age 17-24, who would not normally participate in regular physical activity, have access to ‘Fit for Life’ organised by Healthy Valleys. ‘Fit for Life’ offers health and fitness checks, outdoor activities, gym access, fitness classes, and team activities and sports coaching qualifications.

The Active Futures Kickstart programme is a three year programme of physical activities aimed at the hard to reach target group of young women aged 16+. The activities are free and are run in community settings in Coatbridge utilising three fitness coaches. The programme is financed by Big Lottery funding and managed by the Young People’s Health Team.

3.5 H05T – 95% uptake target for all childhood vaccinations (ongoing).

1.03K MMR1 immunisation rates (% at 5 years old)

The Lanarkshire rate for MMR1 for the latest quarter (to March 2007) is 93.9%. This is a large increase following the low uptake for MMR linked to the legacy of media-propagated health scares, which are outwith NHS control, and which can re-ignite. The NHS seeks to respond appropriately to these ‘scares’ as and when they arise.

A number of actions are ongoing or planned, for example:

- MMR education is a standing item on vaccine update seminars, plus specific targeted sessions are organised where particular needs are identified. Education sessions were last held in June 2006, and a similar programme is planned for October / November 2007;

- Locally, the date of first MMR invite (recommended between 12 & 15 months) was brought forward in two 4-week steps (to 60 and then 56 weeks) allowing more time to complete within the 2 year target payment timescale, whilst maintaining parent and professional confidence;

- The new Hib campaign will bring the age of the preschool appointment forward, to 3.6 years from 4.3 years. The impact on MMR uptake (1st and 2nd) will be closely assessed;

- Audits of uptake and targeted support and action to address local variations, e.g., ensuring an adequate number of vaccine appointments;

3.6 H06T – Reduce suicide rate between 2002 and 2013 by 20%.

1.04K deaths caused by intentional self harm and events of undetermined intent expressed as a rate per 100,000 population.

In 2002, the Lanarkshire rate was 18.1, with a 20% reduction by 2013 equating to a rate of 14.5.

Most recent data is for 2005 and shows a Lanarkshire rate of 14.7. However, with small numbers, there is no room for complacency.

Multi-agency partnership steering groups, with membership from NHS Lanarkshire, have been formed in response to the Choose Life national strategy in North and South Lanarkshire. This includes representatives of addiction services. Each group has developed local action plans in order to deliver on the priority areas and objectives of the strategy. Funding has been allocated via local authorities - £141K to North Lanarkshire Council, and £136K to South Lanarkshire Council, during each of the years 2006-07, and 2007-08. The action plans are endorsed at a strategic level via inclusion in both the North and South Lanarkshire Joint Health Improvement Plans and have been supported via the mental health Joint Future agenda.

Two fulltime Choose Life Co-ordinators have been appointed and are facilitating the delivery of the action plans. Key activity has focused on the delivery of Applied Suicide Intervention Skills Training (ASIST) with over 150 NHS Lanarkshire staff completing this training. Training has also been targeted at people working with vulnerable groups, such as looked after and accommodated young people. Four NHS Lanarkshire staff have been trained as trainers to deliver Skills Training on Risk Management (STORM). This training is being delivered to key clinical staff across Lanarkshire.

The present focus of suicide prevention activity is building capacity and sustainability through links with existing programmes such as Health Promoting Schools, Healthy Working Lives and health promotion training programmes, and existing networks such as housing and the police.

The core messages running through the different strands of the national programme - Choose Life, recovery, ‘see me’ and increasing well-being - are being delivered using an effective, non-competitive and integrated approach. The three key aims of these initiatives are that people will have a good understanding of mental health – what helps and how to help others, positive attitudes about mental illness, and know what help is available and use it as required. These messages are being delivered via training, workshops, media, health promotion and ‘elament’, Lanarkshire’s new mental health and well-being website www.lanarkshirementalhealth.org.uk.

An alliance of 60 organisations ranging from NHS, Local Authorities, Voluntary Organisations, Service User and Carer groups, Motherwell Football Club, Strathclyde Police, Strathclyde Fire and Rescue, Secondary Schools, employers and local newspapers have all signed a pledge and joined forces to commit to work with ‘see me’, Choose Life and the Lanarkshire Recovery Network in the promotion of mental health and well-being.
3.7 H07T – Reduce by 20% the pregnancy rate (per 1000 population) in 13-15 year olds from 8.5 in 1995 to 6.8 by 2010

1.09K Pregnancy rate (per 1,000 population) for 13-15 year olds

Using ISD data provided in August 2007, the rate for 2006/07 has increased in Lanarkshire to 8.7. This is significant, not only because it represents an increase in the local rate that has over the last 10 years been between 5.7 and 7.0, but also because the rate is now above the HEAT target for Lanarkshire of 7.0 by 2010. Further work is underway to better understand the reasons for this increase.

Key actions in 2006/07, and continuing into 2007/08, include:

- Continued development and evaluation of the Lanarkshire sexual health website [www.lanarkshiresexualhealth.org](http://www.lanarkshiresexualhealth.org) - the NHS Lanarkshire website is being fully redesigned and now reflects Young Peoples’ services. This work will be completed by the end of September 2007;
- Further expansion of the 3 condom distribution schemes which operate in Lanarkshire – there are now 70 outlets registered with the C-card scheme and training for Family Planning Clinic staff has been completed. The Vue Magazine (July-Oct issues) and the Yellow Pages are being utilised to promote the schemes;
- Further development of the West of Scotland NHS Boards sexual health social marketing campaign and use of materials specifically for young people [www.equalonline.co.uk](http://www.equalonline.co.uk) - a partnership agreement for this project is being finalised and the ‘Be Book’ campaign aimed at 13-15 year olds is progressing well. These books are distributed through informal youth work and youth health settings. A website to accompany the books is now ‘live’ and project evaluation is ongoing;
- NHS Lanarkshire’s Health Promotion Team for Blood Borne Viruses and Sexual Health continues to support primary and secondary school teachers in North and South Lanarkshire Councils to provide sexual health and relationships education – a multi-agency steering group for young people has been established and has met regularly over 2006-07. The expansion of Young Persons clinics is ongoing and timetable and poster information has been circulated to all Guidance Teachers in North & South Lanarkshire and to all General Practices via Practice Managers;
- Work continues with voluntary sector partners including the Terence Higgins Trust (Scotland) to help to address the sexual health needs of young people - THT Scotland has recently appointed a new Lanarkshire outreach worker who will work to promote the sexual health of young people, and who will have a particular focus on the sexual health of people in black and minority ethnic groups;
- Increase the number of sexual health clinics for young people, particularly in deprived areas, and re-organise clinics relative both to deprivation and demographics so that those areas with greatest deprivation and highest numbers of young people are prioritised. – to date during 2007 4 additional Sexual Health Clinics for young people have been established, bringing the total to 7. Monitoring and reporting procedures are in place to collate information on attendances and the types of contraception being provided;
- Associated with this, Big Lottery funding has been awarded for a service for young people in Larkhall called ’Just Ask’ – additionally, the ‘Find Out’ service for young people in Clydesdale (part of the Healthy Valleys Initiative) was launched by the Cabinet Secretary on 4 September 2007;
Establish 2 Long Acting Reversible Contraception (LARC) clinics, one each in Coatbridge and Hamilton;

Joint work with local authority partners to focus on looked-after and accommodated young people. The aim is to establish a fast-track referral system to prioritise such clients within the service. The deployment of a liaison nurse role, to follow up young people at time of transition from care into adult life, is being explored in this context. Work is ongoing with local authority partners to: develop and deliver staff training; devise a comprehensive health needs audit by November 2007, and to devise and assist in the implementation of Sexual Health and Relationship Guidelines and training. In addition an advertisement for a nurse liaison post is due to be placed shortly;

Undertake an assessment of sexual activity of under 17s to inform future service planning and design - under 16s reporting forms have been introduced at all NHS Lanarkshire sites and this will facilitate the collection of relevant data. In addition, during Autumn 2007 NHS Lanarkshire will initiate the pilot of the national Sexual Health I.T. system that will enable closer monitoring of service use by young people, including the types of services used.

(See also 3.9.6, Sexual Health Strategy)

3.8 H08T – 60% of 5 year old children (primary 1) will have no signs of dental disease by 2010

1.08K Percentage of children with no obvious decay experience (NDIP)

The HEAT measure for 2006/07 was a proxy - ‘% of 0-17 year olds registered with a dentist’. The NHS Lanarkshire position at 31 March 2005 was 61.8%. For 2007/08, the HEAT measure has been revised to ‘% of P1 children caries free’, derived from the NDIP survey programme. The Lanarkshire position for 2005/06 was 50.2%.

The Dental Action Plan is being implemented, with a number of strands of action underway:

**Supervised Toothbrushing Programme:**
- 15,043 children in 218 (98%) Nursery Schools are participating in the supervised toothbrushing programme;
- 4,266 primary 1 and primary 2 school children in 112 Primary Schools are participating in the supervised toothbrushing programme.

**Distribution of Oral Health Packs for home use:**
- All children in their first year of life are to receive an Oral Health Pack for home use. Public Health Nurses have so far given out 945 packs and 900 Tommy Tippee cups to children under the age of 12 months;
- In addition Public Health Nurses distribute packs to older children on an opportunistic basis;
- All nursery children and children starting school are given packs for home use. So far 11,249 packs have been distributed to children in nursery schools and 1,687 packs have been distributed to Primary 1 and Primary 2 school children.
**National Dental Inspection Programme (annual):**
- All P1 and P7 Children have a basic inspection with the aim of informing parents of individual P1 and P7 children by letter of the oral health of their child;
- A sample of the P1 or P7 children (alternate years) have a more detailed inspection carried out by dentists who have been on a calibration course. Data is used to advise the Scottish Government, NHS Boards, and other organisations concerned with children’s health, of the disease prevalence in their area;
- 647 children in 40 schools had a detailed inspection – completed on 30/4/07;
- 13,211 children in 227 schools had a basic inspection – completed on 22/06/07;
- Planning is underway for NDIP for the year 2007/08.

**Other Initiatives:**
- Lanarkshire is participating in the West of Scotland Demonstration project ‘Childsmile’, targeting children at risk of developing dental disease;
- A Senior Oral Health Promotion Officer has been recruited and additional dentists will be attracted via the Dental Access Initiative;
- Related financial investment of £200,000 is supporting this agenda;
- An Oral Health Education Coordinator and an Oral Health Educator for patients with special care needs have been appointed and they will develop and deliver oral health care preventive support programmes for adults with special care requirements;
- A dental service for homeless people is delivered on Wednesday evenings in the Dental Surgery in Orchard Street Clinic in Hamilton. The homeless population is one of the most vulnerable, and there is a high prevalence of dental caries and advanced periodontal disease, with the prevalence of oral cancer thought to be twice as high compared to the rest of the population. A resource has been developed for staff to use when working with people who are homeless which provides questions, prompts and suggested actions to assist the worker to support the client in taking action to improve their oral health.

### 3.9 Reducing Inequalities:

#### 3.9.1 Keep Well Pilot

Lanarkshire *Keep Well* is part of the Scottish Government Initiative to tackle the inequalities in health and reduce the incidence of cardio-vascular disease in 45-64 year olds in the most deprived areas in Scotland.

Patients are identified from the GP practice list and are sent an appointment to attend for screening. A nurse advisor carries out in depth screening, an assumptive Coronary Heart Disease (CHD) score is calculated, and brief intervention on lifestyle advice is given at the time of screening. Referral criteria are utilised for onward referral to a *Keep Well* Chronic Disease Nurse.

5,500 people have been screened to date, of whom 2078 have been found to have risk factors that require further investigations by the Chronic Disease Nurse. Other referrals include: 591 people being referred to Counterweight, a holistic weight management programme; 257 referred to smoking cessation services; and 339 referred to the Get Active scheme, where free gym passes are given to allow patients to attend their local leisure facilities.
Evaluation of the outcomes of the screening and onward referrals is being progressed. Early indications have shown that the Lanarkshire Keep Well project has been successful in identifying those most at risk for cardio-vascular disease.

### 3.9.2 Impact of Policies and Service Redesign

The Picture of Health work and resulting framework for service modernisation was underpinned by a focus on improving health and reducing inequalities within our population. The Programme Boards, established to take forward the implementation of Picture of Health, include a Health Improvement and Protection Board, which not only has the specific remit of health improvement, but also an overview role in consideration of the improvement and inequalities agenda across the six other Programme Boards. Development of health improvement themes across the localities of the Community Health Partnerships (CHPs), and partnership work with Community Planning Partners around updating Joint Health Improvement Plans, are all underscored by the need to reduce inequalities.

### 3.9.3 Vulnerable Groups

**Children in early years:**
A Children and Young People project has been established to tackle the psychological needs of ‘looked after’ young people, with the commitment of NHS Lanarkshire and South Lanarkshire Council to mainstream this work.

As part of the ADAT strategy review, work was undertaken with the Integrated Children’s Services in North and South Lanarkshire. As a result a 3 strand model of intervention has been agreed which supports a more co-ordinated approach to the development of interventions for young people. The three strands of the model are: Universal Education & Prevention; Children & Young People with Problematic Substance Misuse; and Children & Young People affected by Parental substance misuse. Examples of the work undertaken include:

- Alcohol and drug education packs within schools has been updated and rolled out across all schools in North and South Lanarkshire;
- Early intervention service (Circle Lanarkshire) has been developed across North and South Lanarkshire Council areas to respond to the needs of young people affected by parental substance misuse.

Work continues with North & South Lanarkshire Councils on provision of training on nutrition and oral health to support implementation of a local resource pack and the Government’s national nutritional guidance for early years.

**Offenders:**
Both CHPs and the Board are linking in to the Community Justice Authority for Lanarkshire to consider the health improvement needs of people in the criminal justice services. Exploratory work is underway with Shotts prison in relation to the transfer of primary health care services to NHS Lanarkshire. Nationally, we are linking in to the Scottish Prison Service Health Improvement Strategy Group for Prisoners to update work approaches to improving health for all prisoners in Scotland.

Wishaw Locality, in partnership with APEX (a charitable organisation that provides alternatives to custodial sentencing), has provided a range of inputs to APEX clients on oral health, smoking, physical activity, addictions and healthy eating.
**Minority Ethnic Communities:**

The aim of the Holytown Asian Women’s Health Group is to improve the health of Asian women in North Lanarkshire. This Group is funded by NHS Lanarkshire and the Removing Barriers Project (North Lanarkshire Council). An Ethnic Minorities Resource Worker supports the women to consider their physical and mental health needs. The Group, consisting of between 18-26 women, meets to take part in of activities that include:

- Healthy eating (NHS);
- Personal Safety (Community Police);
- Pampering Sessions (local Asian beautician);
- Exercise / Keep Fit (Motherwell college).

Future plans are to use Bellshill YMCA for Exercise / Keep Fit, to start a Sunday cycling club, and to link with Community Wardens to plan walks for the women.

The Holytown Asian Women’s Group has linked with the Lanarkshire Community Health Educators’ (CHE) Project around breast and cervical screening. The Community Health Educators Project was launched in January 2006 with the aim of improving knowledge and awareness of breast and cervical screening in South Asian Women and women living in low income areas. There is good evidence that women in these groups have a low uptake of breast and cervical screening.

The CHE Project employs two Community Health Educators (CHEs), one of whom is from the South Asian community, and one from a selected regeneration area of Lanarkshire, to provide information and support to women to enable them to make informed choices about participating in breast and cervical screening. Awareness raising and improving knowledge is done in a variety of ways including thorough organising events, advertising in the local media, and engaging with existing women’s groups. The CHEs also work closely with the primary care teams in the targeted communities to ensure that resources and services are adequate to meet the need of these particular groups around breast and cervical screening.

**Refugees:**

The aim of the *Gateway Protection Programme* is the resettlement of 78 Congolese refugees who began arriving in Motherwell in January 2007.

Public Health staff have worked in partnership with Tenancy Support Workers, Social Work, and Community Learning and Development & Education staff to support the integration of people from refugee camps into communities in Motherwell. Some of the activities the staff have been involved in are: working closely with interpreters; home visits to families; sourcing translated health information; liaison with volunteer agencies including the Red Cross; organising staff training on multi-cultural issues; providing immunisation, infection control and ante-natal care to refugees; and referral to specialist services. In June 2007 the Locality appointed a Public Health Nurse with a specific remit for supporting refugees.

All 23 families have received home visits and are registered with a GP. Public Health staff have reported a very successful partnership with Tenancy Support workers in particular. The aim now is to continue to support families and design psychological services to meet future anticipated need around mental health issues.
Migrant Workers:
An increasing number of Polish families have now taken up residence in the Coatbridge area.

Healthy Weaning workshops were organised in the Kirkshaws Neighbourhood Centre. The workshops were delivered with the help of an interpreter. Crèche facilities were financed and made available to the mothers. The aim of the workshops was to engage the resident Polish population to develop an understanding of how the health service works in the Coatbridge community. It was also to be a forum for other partner organisations to engage with the Polish community, as interpreter services were available for communication difficulties.

The Healthy Weaning initiative offers an opportunity for isolated individuals to meet other Polish speakers in similar situations to discuss healthy eating for their babies and children, and also provides a point of contact for any other sources of information which may be required.

Additional information and services were delivered at the workshops, to assist the group with their health improvement needs. As a result of the activity the group was eager to meet on a regular basis. A volunteer has now commenced a Polish Women’s Group in the Kirkshaws Neighbourhood Centre on a Tuesday morning, which started in May.

Gypsy Travellers:
The aim of the On-site Services Initiative in Larkhall is to improve accessibility of services for Gypsy/Travellers, thus improving the health, literacy, employability, safety and financial inclusion of this hard to reach community.

In August 2006, Strathclyde Police made available, a dilapidated portacabin to a group of officers from partner organisations, led by NHS Lanarkshire, who were looking at service accessibility for Gypsy/Travellers within South Lanarkshire. The portacabin was renovated using monies committed by NHS Lanarkshire, Adult Learning Services, Social Work Services, Integrated Children’s Services, and Changing Places Regeneration Partnership, and sited on the council run site at Swinhill in Larkhall.

In consultation with the Gypsy/Traveller community, a menu of services are on offer within this resource, by partners including Housing Services, Education, Social Work, NHS Lanarkshire, Careers, Youth Services, Oxfam, Home School Partnership and Strathclyde Police. All partners have committed a ‘Named Officer’ to deliver within the portacabin, allowing for consistent service delivery and relationship building.

In the meantime, Clinical Governance audited non-emergency presentations at acute sites across Lanarkshire from this community and also GP registration. This showed clear evidence of a higher than average presentation at A&E from this community (consistent with the national picture) but also showed a 100% registration at local GP surgeries (in comparison with the national statistic of 58%).

The services provided by NHS Lanarkshire at this stage include:

- Ante and post-natal services;
- Weaning;
- Breast Feeding;
- Developmental Assessments for Children;
- Parent Skills;
Dental Health;
Home Safety;
Full-body MOT (Braveheart);
Introduction of the Patient Handheld Record/CHI numbers.

Planned health services include:

- Weight management;
- Smoking Cessation;
- On-site MMR1 Vaccinations (uptake of MMR1 within this community, nationally, is less than 10%);
- Women’s Health;
- Introduction of eMAS;
- Baby and Infant Massage;
- Men’s Health Clinic.

Pan Lanarkshire cultural awareness training was delivered in June 2007 to partners from all agencies and an update will be delivered in November 2007.

There will continue to be a planning group for the portacabin programme, with partners from all agencies and community representatives. However, the remit of the Practitioners group will evolve to include the production of working practice protocols and strategic direction of services for this community. It is hoped that officers at a more senior level will take on this task, to ensure all work is in line with both local and national guidance, and reported through all relevant structures.

Older People:
Recognising the social isolation suffered particularly by older men in the area, a pilot project (Cumbernauld and Kilsyth Older Men’s Well-being Project) was established with £30,000 of funding from NHS Health Scotland’s Mental Health and Well-being Small Grants scheme. The funds were used to establish an older men’s activity group to reduce isolation, support lasting social networks and ultimately promote positive mental health and well-being in this hard to reach group.

The weekly groups are run by a local charitable organisation, Cumbernauld Action Care for the Elderly. Further partners include North Lanarkshire Council, North Lanarkshire Health Project, older men from the local area and several professionals within the North Locality of NHS Lanarkshire.

The older men involved in the group have shown improvements in mood state and have also noted the project’s role in developing strong social networks. Over 20 men have been successfully recruited and the difficulties experienced in this aspect have been gradually overcome, providing a stronger methodology for the future.

Buoyed by the learning and success of the pilot, the group applied to the Big Lottery’s Investing in Communities Programme, under the Supporting 21st Century Life investment area. The group was successful, receiving £444,057 over five years to continue to develop the activity groups and widen the project to cover the whole of the Cumbernauld and Kilsyth area. The new project will place a renewed emphasis on training volunteers as well as providing respite for carers of older men.
Lesbian/Gay/Bisexual/Transgender:
NHS Lanarkshire has provided funding for workers in Lanarkshire via the Terence Higgins Trust in Scotland (THT). THT also has representatives on the pan-Lanarkshire Sexual Health Implementation Group. There are key links from the above group to the blood borne virus agenda and associated groups.

Domestic Abuse:
A North Lanarkshire pilot is being funded by the Scottish Government to identify and support victims of serious assault or potential homicide. Through Multi-Agency Risk Assessment Conference (MARAC), NHS Lanarkshire works with Strathclyde Police, Social Work, Housing, Education, Women’s Aid and Addiction Services to identify the level of risk and create multi-agency action plans to reduce repeat victimisation.

NHS Lanarkshire currently hosts specialist advocacy services for women who are experiencing domestic abuse, based within EVA Services at Coathill Hospital. The MARAC advocacy service carries out safety planning with women and supports them with a range of practical issues, such as emergency accommodation, access to legal protection and emotional support. It also works closely with the counselling services within EVA, which provides support for trauma and mental health issues resulting from abuse.

3.9.4 Homelessness
NHS Lanarkshire chairs the local Health & Homelessness Action Plan Strategy Group, which is a multi-disciplinary and multi-agency group tasked with promoting the health of homeless people.

Key activities in 2006/07 included:

- Submission of the Health & Homelessness Standards Survey to the Scottish Executive (2nd year), setting out local position in relation to standards;
- Preparation of draft Action Plan, incorporating further work to address national standards, and collaborative work with local authorities in relation to their Homelessness Strategies;
- Progressing pan-Lanarkshire protocols relating to homelessness and hospital discharge and methadone prescribing;
- Commissioning an operational review of the current NHS service, due to be completed by December 2007. Some redesign of skill mix has already been implemented to better reflect patient needs;
- Developing a client-focussed sexual health clinic for homeless people, and aiding access for this group;
- The Health & Homeless Service is establishing a database to provide easier access to information for both operational and planning purposes;
- Partnership work is starting with both local authorities in relation to raising awareness of homelessness among mainstream NHS staff. Senior Homelessness Officers from North & South Lanarkshire Councils are providing a CPD session to the NHS Lanarkshire Public Health Department in September 2007. Thereafter, further awareness-raising sessions will be developed for key target NHS staff groups;
- North Lanarkshire Council has offered external consultancy awareness training to the members of the Action Plan Strategy Group.

(See also dental service for Homeless People described at para 3.8)
3.9.5 Nutrition & Obesity

Obesity is linked both with nutrition and with levels of physical activity, therefore this section should be read in conjunction with para 3.4 above.

Action taken in NHS Lanarkshire includes:

- Collaborative work between NHS Lanarkshire, South Lanarkshire Council and Queen Margaret University has led to the development of a ‘Nutrition in Later Life’ Resource pack aimed at paid home carers working with older adults;

- On-going partnership work with the voluntary sector to increase access to affordable high quality fruit & vegetables – North Lanarkshire Federation of Food Co-ops. The Federation also run a ‘Roots and Fruits’ stall in the foyer of Monklands Hospital twice per week. Weekly sales exceed £1000;

- High Five for Fruit initiative – work continues in North Lanarkshire nurseries to provide free fruit three times per week to approx 7,000 children aged 3-5 years. A small pilot is underway to extend this work into nurseries in the Hamilton/Blantyre Regeneration area;

- Best Fed Babies – a South Lanarkshire regeneration funded initiative where pregnant mothers on qualifying benefits are given monthly food vouchers to the value of £50 to purchase healthier foods. Mothers continue to receive the vouchers post-natally for 3 months if they choose to breastfeed. Over 1500 mothers have been on the programme so far. Evaluation due to be completed before end of 2007;

- Breakfast Clubs – NHS Lanarkshire continues to contribute funding to both local authorities to provide breakfast services in targeted datazones - over 70 primary schools (North) and 3 breakfast clubs (South);

- Community Focused Health Initiatives in Lanarkshire (3): - Healthy Valleys in Clydesdale, Getting Better Together in Shotts and Kirkshaws Neighbourhood Centre in Coatbridge – all run a range of initiatives to promote and support healthier eating including practical cooking courses for children and adults, food hygiene training, and healthy weaning workshops;

- Childsmile Programme – the West of Scotland Oral Health Demonstration Programme has improving diet as a key component. The Public Health Nutritionist is involved in developing and delivering training for Childsmile Support Workers and Dental Nurses from registered practices;

- Improving diet is a key priority in both local authorities’ Joint Health Improvement Plans;

- Work continues to take forward actions in Taking Stock and Moving Forward – a review of NHS Lanarkshire’s Breastfeeding Strategy - in order to promote and support breastfeeding as the optimal feeding choice. This includes the production of NHS Lanarkshire’s Infant Feeding Policy & Guidelines (launched Dec ’06). Peer support for breastfeeding women has continued to develop in the NHS Lanarkshire area. Community Mothers is a project that trains local volunteers who have breastfed to support breastfeeding women and it primarily works with women in the Community Regeneration areas of South and North Lanarkshire. It has been extended recently to support women in East Kilbride and Strathaven. The Wishaw Breastfeeding Support group continues to support women to breastfeed and provides women who are
breastfeeding with a free ironing service. The Lanarkshire Breastfeeding Initiative, a registered charity which is supported by NHS Lanarkshire, has recently updated and re-launched the Lanarkshire Breastfeeding Website. The website provides information on breastfeeding and also signposts people to local support groups and peer support;

- Work is underway on the development of a Childhood Obesity Strategy in partnership with both local authorities. The objectives of the Strategy focus on improving diet, increasing physical activity, reducing sedentary behaviour and improving psychological support for children and their families. Key recommendations will be made in 3 areas – antenatal & postnatal period, early years, and primary age school children. The Strategy will focus mainly on prevention, therefore will recommend continued action to support initiatives including Hungry for Success, fruit in schools, practical weaning workshops for parents, Health Promoting Nurseries & Schools Award Schemes;

- Work is in progress on a pilot childhood obesity treatment programme in partnership with Changing Places (South Lanarkshire Regeneration Partnership) and SL Leisure Trust. The community-based programme consists of healthy eating, physical activity and behaviour change support for children and their family.

- A weekly bus service has been provided in the rural areas of Clydesdale to enable people to access to the Lanark weekly market, in order that affordable fresh fruit and vegetables and other produce can be purchased;

- Healthy weaning workshops have been rolled out across many areas in NHS Lanarkshire. Many areas now have staff trained, and in one area volunteers have been trained in the model and are jointly delivering with staff the workshops to parents.

3.9.6 Sexual Health

There is an agreed Sexual Health Strategy and Action Plan with full representation from both local authorities, local faith groups, and the voluntary sector, as well as the NHS. The group has evolved into an implementation and monitoring group to ensure delivery of the Action Plan of the Strategy. In addition, the group held a key stakeholders event in late May to bring ideas and initiatives forward to help move the current Strategy beyond its current timespan (2008). There will be a similar stakeholder event at least annually.

The appointment of a Consultant in Sexual Health has proceeded. Redesign of sexual health services across NHS Lanarkshire has brought together the genito-urinary and family planning services into a single system, offering a more comprehensive service.

Integrated sexual health and relationships education occurs across schools (all Lanarkshire schools are Health Promoting Schools) and the recent successful bids for Sexual Health and Relationship Education resources from NHS Education Scotland by each local authority will help support this agenda (North Lanarkshire awarded £18,600 pa for two years; South Lanarkshire awarded £14,400 pa for two years).

The NHS Lanarkshire Sexual Health website continues to be updated and developed in response to needs.
Joint work on tackling risk factors amongst LGBT people is underway with other West of Scotland Boards (Greater Glasgow & Clyde; Ayrshire & Arran).

A number of services and points of access for sexual health information for young people have been developed across NHS Lanarkshire: the Youth Health Spot in Coatbridge; the ‘Just Ask’ youth sexual health service in Blantyre; the ‘Friendly Information Zone’ in East Kilbride; the ‘Find Out’ youth health project in Clydesdale; and the youth health service in the Craigneuk Regeneration centre, all offer a range of services and information.

The ‘Landed’ peer education service, trains local young volunteers to deliver sexual health training and workshops to young people using peer education approaches.

### 3.9.7 Uptake of Breast Screening

For the 3 year period 2003/04 to 2005/06, a total of 72.3% of eligible Lanarkshire women attended for breast screening. This is an improvement on the preceding 3 year uptake in Lanarkshire of 71.5%. This level of uptake continues to exceed the national target of 70% uptake over a 3 year period.

Through the work of the Breast Screening Group, efforts are being directed at preparation for breast screening in all areas and include arrangements for ongoing training of staff by West of Scotland Breast Screening Service, as well as local health promotion activities.

Efforts have also been directed towards vulnerable groups such as women with learning disability through linkages with the learning disability service and providing training to their staff and resources for use with women and their carers.

Lanarkshire practices receive anonymised individualised feedback on uptake of breast screening at the end of each round and this is presented to them as bar charts of their own practice uptake, as well as the uptake of their peers in the locality in which they are based, and the Lanarkshire average.

Community Health Educators are used in selected areas of deprivation and in the South Asian community to improve knowledge and awareness of breast screening. This has been shown to increase breast screening uptake in ethnic minority communities in other parts of the UK. Evaluation of the project within deprived and South Asian communities is currently underway within Lanarkshire.

### 3.9.8 Positive Mental Health

Modernisation of mental health services in Lanarkshire is proceeding in line with the agreed Strategy. This is described more fully in section 7.2, while mental health services are also discussed in para 3.6.

Work within the Keep Well pilot to develop the awareness of, and skills required for staff to understand the psychological mindset of the client group (45-64 years old, at risk of CVD, and living in ‘poor’ conditions) has led to individual and community capacity building across the target population / pilot areas.
A Curriculum resource pack has been developed through an interagency group led by NHSL staff. 'Positive Mental Health Attitudes' and the associated DVD are used by teachers and practitioners to engage with S1 – S6 pupils.

3.9.9 Health Promoting Health Service

The Health Promoting Hospital initiative aims to improve health and reduce inequalities within an acute setting. After a recent needs assessment, Lanarkshire's HPH working group has prioritised six themes to be explored over the next year. These are: alcohol, environmental issues, mental health and wellbeing, diet and nutrition, physical activity and tobacco control.

The HPH initiative is delivered by hospital staff and health promotion in partnership with agencies such as voluntary bodies and local authorities. HPH activities in Lanarkshire include:

**Smoking cessation** - support is provided in the acute setting along with brief intervention training for staff. A Smoking Cessation Co-ordinator is based in two of the three hospitals. A range of support is provided to patients: Admission booklet offers brief advice; Brief advice on admission by staff; Specialist support at the patients bedside; Daily provision of nicotine replacement therapy; 2 weeks NRT on discharge; Referral to local service for continued support; Nicotine withdrawal: provision of NRT assessed daily by ward staff to assess further motivation, then referred to specialist service for support. In addition, there is a Volunteer 'Buddy support', an ex-quitter with an interest in helping others to quit, under supervision by a specialist nurse and trained in approved brief intervention skills.

Further planned initiatives include:

- Small postcard sized service adverts on every hospital locker advising to quit and see a member of staff who will make the referral to hospital service;
- Large posters: front entrance, canteen and every ward level corridor where visitors can see it;
- Time To Quit booklets: give one with every planned admission and at pre-assessment interview. Make available in all wards and departments.

**Alcohol** - brief intervention training is available for acute staff. A targeted campaign is planned to increase the number of acute staff trained in brief intervention, particularly within the A&E departments, therefore increasing the number of patients screened for alcohol problems and given information on specialist support.

**Food & Health** - after a successful pilot of the Lanarkshire Food Federation's Roots and Fruits stall in Monklands Hospital, the service will now be delivered in all three acute sites. The Roots and Fruits Stalls will increase the access to, and consumption of, competitively priced fruit and vegetables for staff, patients and visitors in an acute setting.

All three acute sites are in the process of attaining a Healthy Working Lives award (further details provided at 4.4.5 below).

**Supporting Employability: Determined to Succeed** - This initiative, sponsored by the Scottish Government, is aimed creating/strengthening links between schools (education) and businesses to expand the involvement of...
businesses in local schools and create educational opportunities – in effect creating a partnership. Monklands Hospital was the first NHS organisation to enter into such a scheme in Scotland.

A partnership agreement was set up with Monklands Hospital, North Lanarkshire Council Education Department, Caldervale High School, Airdrie, Young Scot and Careers Scotland. The purpose of the partnership is to provide pupils with a range of opportunities to improve their level of academic engagement, personal and social skills, motivation and achievement through development of relationships and contact with the partners in the agreement. The partnership continues into its second year.

3.9.10 Partnership Working

At a strategic level, the Executive Director of North CHP and senior colleagues are engaged with the community planning partners to review and improve the overall planning process. Plans are being developed to integrate the Joint Health Improvement Plan into the overall Plan and efforts are also being made to ensure that there are stronger links between the Community Plan and local neighbourhood plans. Crucially, efforts are being made to mainstream the Community Plan priorities into the everyday work of NHS Lanarkshire and partner staff.

With the ongoing development of CHPs, links to community planning are being reviewed and revitalised to ensure that tackling health inequalities is high on the agenda. Three areas are of note in South Lanarkshire:

- **Active participation in the Community Safety Partnership**, delivering a range of activities designed to improve community wellbeing, with a focus on most deprived areas. Sixteen current programmes include:
  - Returning a derelict polytunnel field back into community production;
  - Developing a forest / green space awareness for volunteers and local communities;
  - Development and production of pathway guides and maps in Clydesdale;
  - Volunteer and resource development;
  - A mental health drama project.

- **Citizens Panel**, with membership from NHS Lanarkshire, NHS Greater Glasgow & Clyde, Communities Scotland, Community Safety Partnership, and South Lanarkshire Council. Consultation with demographically representative cohorts of the population on topics as diverse as council spending priorities, community well-being, location of crematorium, and developing a communication and engagement consultation on behalf of CHP, to ensure better involvement and input from local communities;

- **The Regeneration Partnership** has elected members, relevant local authority services leads, NHS Board and CHP representatives, as well as representation from Scottish Enterprise Lanarkshire, and Employment Services such as Return to Work. NHS partners ensure that health improvement and action to help reduce health inequalities are taken forward as specific programmes and are also contextualised throughout the non-specific health programmes of the Regeneration Outcome Agreement.
At pan-Lanarkshire level, the ADAT (Alcohol and Drug Action Team) has recently included representation from the Lanarkshire Community Justice Authority, and Shotts prison. Those with alcohol and drug problems who are involved with the Community Justice Service and their families have been identified as having higher levels of alcohol and drug problems and require greater resources to support their rehabilitation.

A wide range of national organisations are supported or have staff working with them from NHS Lanarkshire. All senior staff in Public Health and Health Promotion participate in local and national committees and highlight priorities for action to improve health based on lifestyle survey results, indices of mobility and increasingly using community profiles, for example:

- Scottish Forum for Public Health
- Scottish Public Health Network
- Scottish Affairs Committee of the Faculty of Public Health
- Paths to Health Scotland Healthy Living Initiative
- Scottish Prison Services Group for Health Improvement for Prisoners
- Scottish Directors of Public Health Group
- National Health Promoting Schools Unit
- Scottish Tobacco Control Alliance
- Re-solv UK Charity for the Prevention of Solvent Abuse

Both North and South Lanarkshire CHPs are developing, in partnership with Community Planning Partners, a Single Outcome Agreement that has Health Improvement as a key element. Over the last year, there has been a series of joint events led by NHS Lanarkshire to engage staff, the voluntary sector and staff from partner agencies in planning and delivering health improvement. These events have focused on agreeing areas for joint action and joint delivery to achieve improved health for the people of Lanarkshire. Notable events include the South Lanarkshire CHP Health Improvement Planning Day, which involved NHS Health Scotland, and a series of locality based events in North Lanarkshire CHP. Further details of joint frameworks are provided at 7.2.13.

A major success of partnership working across Lanarkshire is the progress made in pushing forward the ‘health promotion setting’ agenda in schools, in nurseries, in youth services, in the workplace and in the NHS itself. In the Health Promoting Schools scheme, 22 schools are working towards Bronze, 292 have Bronze, 172 have Silver, and 50 have Gold. The four main areas prioritised by schools are: nutrition, physical activity, communication and improving mental health and wellbeing.

The Health Promoting Nursery (HPN) initiative demonstrates joint working to identify priorities and to deliver solutions locally through effective partnerships. HPN impacts on over 15,000 preschool children within Lanarkshire. Two hundred and thirty seven, out of two hundred and fifty six public and private nurseries are registered with the scheme:

- Almost all have a toothbrushing initiative;
- All North Lanarkshire nurseries and South Lanarkshire nurseries in the North Hamilton / Blantyre regeneration area are receiving free fresh fruit and vegetables weekly;
- All participating nurseries are auditing the health input and status of their establishment. Outdoor play / physical activity and sun awareness are areas that will be developed next year.
The Health Promoting Youth Service has been successfully piloted in the Douglas area of South Lanarkshire. The award scheme is designed to involve staff and young people in health promotion and education. It enables young people to identify their own health issues within an informal setting, and gives them a framework to carry out work on these. Areas identified in Douglas included: staff training in health matters, environmental issues, nutrition. Actions progressed included a review of the tuck shop and re-stocking with healthier options, and further training for staff in sensitive areas such as sexual health. It is planned to roll out this approach to another two areas locally, and early discussions have taken place regarding moving this agenda on at national level.

Promoting health in the workplace occurs generically through the Healthy Working Lives programme and within the NHS there has been a push in the past year to take forward the Health Promoting NHS agenda for staff, for patients, and for visitors to all NHS premises (See 3.9.9 and 4.4.6 for more details).

One example of expanding the range and number of settings for young people is sexual health, where the number has increased from 3 to 8. The Just Ask youth Sexual Health Service is one of these new services, which delivers sexual health services to young people living within the South Lanarkshire area, with the aim of reducing teenage pregnancy rates, increasing the uptake in STI testing, and increasing the knowledge of young people. The service is delivered in two geographical areas – Hamilton/Blantyre and Larkhall, with the Hamilton service hosted within a community voluntary organisation and the Larkhall service hosted within a health facility. Each service is staffed by a Family Planning Nurse and Youth Worker and designed by staff from NHS, along with young people and youth workers. Young people have access to advice and information on all sexual health matters as well as contraceptive and pregnancy services. Chlamydia testing is also available, as is fast track appointments to specialist services.

A group work resource pack is currently being developed for use by youth workers in community settings, in partnership with young people, Youth Learning Services, Education, the Terence Higgins Trust (Scotland), and two local voluntary organisations. This pack will offer information for both youth workers and young people on relationship, self-esteem and sexual health issues.

Funding for the Just Ask Service is received from Changing Places, Regeneration Partnership, Integrated Children’s Services and Big Lottery up until March 2008. However, there is a commitment to continue these services by NHS Lanarkshire.

Physiotherapists in East Kilbride have become involved in delivering health education within schools in that locality. Targeting children in primary, secondary and special needs schools, health presentations to classes include such areas as posture awareness, care of the spine, promoting physical activity and bone friendly diet. Sessions are interactive with quizzes, demonstrations, worksheets. Tools used include X-ray pictures, skeleton models, posters and leaflets. An audit of delivery methods has suggested that information was well received and appropriate to the ages served.

3.9.11 Vocational Rehabilitation and Pre-employment Support

Pathways to Work - NHS Lanarkshire’s Condition Management Programme (CMP) forms an integral part of the Pathways to Work Initiative, designed to support and assist Incapacity Benefit clients back into work. This initiative links directly to the ministerial aims of full employment, eradicating child poverty, and reducing inequality. The programme informs, educates and assists claimants to
better understand their condition, resulting in the client being more able to take up and sustain employment. It operates within the principles of cognitive behavioural therapy, aiming to influence client thinking in order to alter behaviour and perceptions regarding employment. Individuals referred are assessed by clinical staff and engaged in tailored programmes to support their journey nearer the labour market. During 2006/07, a target of 845 referrals was set by Jobcentre Plus; this target was exceeded by 11%, despite only going live in August 2006. The programme has a current completion rate (55%) comparable with other programmes across the UK. During the period December 2006 and April 2007, over 50 clients have moved into employment, with a further 75 into voluntary work and other permitted work. The Programme in Lanarkshire has joined with Glasgow in piloting a health / employability assessment tool. Outcome measures will be available later in 2007/08, however, the Hospital Anxiety & Depression Scale has been utilized and the results of a sample of 130 clients demonstrated a reduction of 35% in client anxiety levels and a further reduction of 44% in reported depression.

It should be noted that one of the aims of the Keep Well pilot (see 3.9.1) is linked to this agenda. The client group comprises roughly one third in employment, another third in employment but at risk of moving on to incapacity benefit or similar, and a final third on incapacity benefit. Actions to enhance and maintain the first third, help prevent the slide of the second third, and active rehabilitation of the final third back into the workplace, are the focus of this work.

Alcohol and Drugs - there is a range of projects in place that seek to encourage substance misusers and/or their families, who have previously been inactive, into employment. The Lanarkshire ADAT works closely with Routes to Work in designing and developing programmes that best meet the needs of this client group. Two examples of these projects are given below:

- Working for Families in Lanarkshire is a project that incorporates parents who have experience of substance misuse. This project primarily focuses on developing motivation, confidence and core skills;
- Connect 2 is an ESF funded initiative which helps clients who are stabilised alcohol and/or drug users gain employment in social care. The project has worked with over 40 beneficiaries and successfully placed individuals with Blue Triangle Housing Association, Phoenix Futures, Rough Sleeper's Initiative, Apex Scotland, and Routes to Work. All beneficiaries are working towards gaining SVQ Level 3 qualification.

3.9.12Role of Public Health Department

One of the key tasks for the public health function is the epidemiologically-based assessment of the health and healthcare needs of the resident population, particularly those which impact on the health of the population and require planned service provision.

This is partially achieved through developing and interpreting health information, demographic change, mortality, morbidity and other data sets to measure health status and need including regional, occupational and social class variations. Analyses using the Scottish Index for Multiple Deprivation are used to identify inequalities when the numbers are sufficiently large. Applying Public Health intelligence is applied in collaborative working for health, in health service planning and evaluation, at Region, Board, Local Authority or Locality level using statistical techniques as appropriate.
Each year, the Annual Report of the Director of Public Health includes prioritised needs assessments which make recommendations for development of evidence based local services to meet identified need.

The criteria used for prioritising health and ill health topics for needs assessment include:

- major causes of premature death or avoidable ill-health;
- are at variance from neighbouring areas;
- offer significant scope for reducing overall health inequalities;
- availability of effective prevention and/or positive health promotion;
- amenable to measurement and monitoring.

Preventing disease is another core public health function through daily surveillance of communicable disease and environmental hazards, implementation of methods of monitoring and control, including food and water safety, pollution, noise and ionising radiation. In addition, screening services for early detection and prevention of an increasing number of diseases are a prerequisite for health improvement and reducing inequalities in deprived areas.

There are consolidated working relationships with NHS Health Scotland as a whole through the Health Promotion Managers Group and Scottish Forum for Public Health. Links with particular work streams of NHS Health Scotland include sexual health, mental health and Healthy Working Lives.

### 3.9.13 Giving Dementia National Priority Status

NHS Lanarkshire welcomes the proposal to give dementia national priority status. Our own local plans are proceeding under the auspices of our Mental Health Strategy, details of which are outlined at 7.2.1. Within these plans are proposals to modernise services for older people, including those with dementia, and to continue to involve users, carers and clinicians centrally in this process.
4  EFFICIENCY & GOVERNANCE

4.1  E01T – NHS Boards to operate within their revenue resource limit; operate within their capital resource limit; meet their cash requirement.

2.01K Forecast revenue expenditure

NHS Lanarkshire achieved an in-year revenue surplus of £16.354m, enabling the Board to clear its accumulated, or historic, deficit of £8.393m. The Board therefore achieved a £7.961m cumulative surplus as at 31 March 2007, and achieved its revenue resource limit target. The Board achieved a saving of £6.142m against the capital resource limit, having already ‘banked’ £12.5m with the SGHD for carry forward to future years. The cash requirement was also achieved.

4.2  E02T – NHS Boards to achieve time releasing savings including an increase in consultant productivity by 1% pa over the next 3 years and a sickness absence rate of 4% by 31 March 2008

2.02K Sickness Absence Rate

NHS Lanarkshire’s sickness absence rate for the month of March 2007 was 5.7% and for the year to 31 March 2007 was 6.3%.

NHS Lanarkshire was determined to address Sickness Absence before the 4% target was set and had set up a Sickness Absence Project Group in response to a report produced by a Partnership group on how we managed sickness. The group has therefore been meeting since December 2005 and has now developed and completed three Action Plans, which have been audited as part of the Staff Governance Audit process. We are now working against a 2007/08 Action Plan.

Initially, Action Planning and delivery was around the following:

- The development of a new Sickness Absence Policy;
- Training of Managers in applying the Policy;
- Improvements in Occupational Health Provision;
- Developing Reporting Systems;
- Communications.

As we progressed with the work the planning expanded to include:

- Introduction of the Employee Counselling Service;
- Piloting OHS Extra;
- A number of Performance Management Audits;
- Development Initiatives.

We have now carried out a number of Audits. Internal Audit have reviewed and assessed the systems and procedures that are in place for the management of Sickness Absence. Actions arising from that Audit are being addressed by the Project Group and the Divisional Management Teams. We have also audited delivery against the Occupational Health Standards and the actions required are being incorporated into the 2007/08 Action Plan. The final piece of Audit work is...
around the processes and procedures for reporting sick leave on Payroll duty sheets.

Finally, we are looking into the use of Family Friendly Policies. We are trying very hard to establish the use of these policies and the recording of absence arising from them. It is likely that our sickness figure is being over-stated either because this kind of leave is being coded as sick leave or the absence is not being recorded as such. This could clearly mean that our sickness figure is overstated either because this kind of leave is wrongly coded or because staff are going off sick because they are not being allowed to or encouraged to use these policies.

At an operational level General Managers across NHS Lanarkshire in both primary and secondary care have significantly raised the issue of sickness absence up their management agendas. Directorate and Locality meetings now focus very specifically on locally derived figures, take positive actions to manage staff with long term sickness problems through and alongside Occupational Health Services, and have made the issue of absence management a clear target for team leaders. Success is gradually being achieved with the figures showing a clear downward trend in almost all services through 2006/07. Performance on sickness levels is taken very seriously at locality, CHP, and Board level, with clear detailed monitoring mechanisms established and operating well.

2.16K Day case rate: number of procedures performed in surgical specialties in a day case or outpatient setting, expressed as a % of the total number of procedures performed in surgical specialties including inpatients. (NHSL target: Dec 06 = 71%; June 07 = 72%).

NHS Lanarkshire’s target for December 2006 was to achieve 71%, rising to 72% by June 2007. For the period 2006/07 the percentage of procedures in a day case/out patient setting was 72%. Whilst this meets our trajectory plans, and compares favourably with other NHS Boards across Scotland, NHS Lanarkshire is committed to further improvement in performance during 2007/08.

4.3 E03T – Consultant Productivity

(Merged into E02T in 2007/08; measured by day case rate, see above)

Productivity: increase in consultant productivity by 1% pa over the next three years.

The measures relating to this target were reviewed nationally in 2006, thus there is no data to report on.

Action progressed during 2006/07, and which will impact favourably upon medical and nursing productivity, included:

- Concentration of inpatient ENT services onto a single site within Lanarkshire; Concentration of urology and gynaecology onto single inpatient sites;
- Concentration of emergency psychiatry onto two instead of three sites;
- Further redesign of services over the next five years resulting from A Picture of Health project;
- Implementation of changes within the Unscheduled Care Collaborative project including MINTS; implementation of streaming and development of nurse-led minor injuries services;
Refocusing and further development of clinical teams around services rather than specialties;
Implementation of outpatient referral management centre;
Implementation of NHSL Cancer Network focusing on waiting times.

Additional areas contributing to this target in relation to consultant medical staff were:

- Concentration of inpatient resources onto reduced numbers of sites allowing reduction in the proportion of consultants’ time covering out of hours on-call and increase in the time available during normal working hours;
- Redesign of outpatient services with greater focus of consultant time on complex new referrals with overall reduction in return appointments, and development of nurse-led clinics;
- Further development of pre-assessment for inpatient and day-case surgery;
- Development over next five years of extended day working and moving towards consultant presence 24-hours a day within acute medicine/A&E, acute surgery and obstetrics;
- Further developing roles for nurse and AHP practitioners allowing consultants to focus on more complex patients.

4.4 Other Workforce Developments

4.4.1 Benefits from Pay Modernisation

Support workers

Currently the Regulation of healthcare support workers is being piloted within NHS Lanarkshire. This will introduce induction standards that all support workers will have to achieve on employment in the future, alongside a code of conduct. A career framework for healthcare support workers has been developed in line with the national framework, with a minimum qualification for support workers within NHSL of SVQ level 2 in Health & Social Care or Health. There are several opportunities within the framework once this is gained.

NHSL has engaged with national pilot programmes in order for certain specialised groups to achieve ‘Assistant Practitioner’ roles at band 4, for example there are 2 Midwifery support workers and 2 Radiography support workers undergoing training at present. Further development work looking at possibilities for Band 4 (Assistant Practitioner) level healthcare support workers are being explored in specialised groups such as the HECT team and Renal. Skill mix work within Older People’s Services is already being explored, and Agenda for Change and the Knowledge and Skills Framework will support this work.

The career framework has also provided an opportunity to outline guidance around role differentiation for the different bands of support workers under the headings of:

- skills and knowledge;
- supervision;
- education and qualifications;
- professional and vocational competence;
- regulation, accountability and responsibility.
Consultants Contract
The Consultants Contract has provided a helpful and flexible framework through which to adjust the number of EPAs within posts to meet the needs of the service. Around 35 Programmed Activities have reduced over the period to August 2007, though a number of these EPAs have been used to re-advertise posts in such a way as to be attractive to applicants. In this way, the Consultant’s Contract has provided an opportunity for flexibility, ensuring that there is maximum efficiency in use of the capacity within the Consultant workforce as a whole. The area where there had been the most significant adjustment in posts is anaesthetics though other areas such as medicine and orthopaedics have also been affected.

The net reduction is approximately 20 EPAs, though this pool of resource and capacity is used to supplement posts within their specialties; particularly in filling vacancies; therefore ensuring resources are available where necessary.

There has also been Consultant expansion in Lanarkshire, with 7 new posts established since April 2006. Specialty areas include Orthopaedics, Renal, Radiology, Surgery and Accident and Emergency. Locum Consultants are employed to fill vacant posts but there has been a significant shift from the use of agency Locums to those on the NHSL payroll since the introduction of the Consultant Contract.

GMS Contract
Practices have now experienced the new contract for three years. Financially, they are more stable, following a period of uncertainty. A number of practices in particular geographic areas feel they do not wish to expand, and have reached an optimal size both in terms of staff and patient numbers. In some areas, accommodation is also a limiting factor to expansion. NHS Lanarkshire is currently working in these areas to put in place arrangements to support the introduction of new doctors into existing practices where possible, and in the longer term to the creation of new practices, using the new contract as a framework.

The shift to a practice based contract has enabled practices to adapt their teams to deliver care by a variety of staff that have the appropriate competencies. The new contract enables practices to look at the health care needs of their populations and put in place the resources to address these needs. The financial stability of the practice is not affected when a partner leaves. Therefore, practices can fill vacancies with other health care professionals, and indeed, there is evidence to suggest that departing partners are being replaced by salaried doctors and additional practice nurses and other health care professionals. NHS Lanarkshire is piloting physician assistants in both secondary and primary care. The introduction of these skilled professionals may well be a future option to diversifying the workforce in primary care.

4.4.2 Education & Training
2006/07 saw a number of significant activities in terms of training and development. These included the ongoing provision of Induction Training, now reviewed to incorporate basic training in the mandatory topics of fire, violence & aggression, handling & moving, as well as an introduction to the organisation and customer care awareness. The programme will be further developed in 2007/08 to include child protection. A healthy increase in uptake of core Handling & Moving Training and Prevention, and Management of Violence & Aggression, occurred in 2006/07 and focus on these topics will continue into next year.
In terms of activity, Personal Development Planning (PDP) training to support the implementation of the Knowledge and Skills Framework (KSF) was the most significant provision with 1418 reviewers participating. This provides a foundation for 2007/08 where all staff will receive training on e-KSF: the mandatory web enabled tool that supports Personal Development. Reviewers have been given guidance to allow them to undertake KSF based PDP Reviews while the e-KSF tool rolls out.

In addition, a range of supervisory / management development programmes continued alongside the delivery of the Executive Coaching Programme. Our overall approach to Leadership and Management Development will be reviewed in 2007/08 to ensure provision continues to meet organisational needs.

The number of pre-retirement courses was increased in 2006/07 and a structured schedule introduced to allow individuals approaching retirement to plan ahead so that they can maximise the opportunity the programme provides. Again, this will be continued into 2007/08.

4.4.3 Recruitment Initiatives

Flying Start
Flying Start NHS is the national development programme for all newly qualified nurses, midwives and allied health professionals in NHS Scotland. It has been designed to support the transition from Student to Newly Qualified Health Professional by supporting learning in every day practice through a range of learning activities and additional support from work based mentors. NHSL actively encourages all newly qualified students to participate in the programme. When we appoint a newly qualified student, details are forwarded by Employment Services to Practice Development who co-ordinate the Flying Start programme.

Bell College Recruitment
A PR event is held twice a year for semester 6 students at Bell College to promote NHSL as an employer, to give guidance on applying for posts, and to give an insight into the transition from Student Nurse to Registered Nurse. A Recruitment Event is held twice a year to recruit to Band 5 Registered Nurse vacancies. The numbers we have recruited to in previous years have ranged between 50 - 60 students at each event. Currently we have recruited 40 Bell Students this year. Caution has been exercised this year and will be for future events due to the transfer of Thoracic Services and Redeployment requirements. This has however proven to be a successful and pro-active way to fill Band 5 vacancies.

Disability Fora
The Employment Services Section was awarded the Disability Double Tick symbol last year. Since this time we have actively been working towards maintaining this symbol. This has involved linking with both North and South Disability Fora, and Capability Scotland. In order to try and encourage applications from individuals with a disability, our weekly vacancy bulletin is now distributed to contacts at each of these facilities who then alert potential candidates to apply.

Clinical Support Worker Recruitment
The appointment process is a partnership arrangement with Employment Services and Bankaide. The reason for this was:

- to streamline the process of this type of recruitment, and
o to appropriately utilise the skills of the staff working with the nurse bank where considerable resources had been made available for their training and development.

Interviews are pre-arranged to take place on a monthly basis to recruit from existing CSWs who wish a transfer or those who currently work through the bank. This process continues to be a successful method of recruiting to Clinical Support Worker Vacancies.

**Determined to Succeed**

The Determined to Succeed Partnership Agreement was set up with Monklands Hospital, North Lanarkshire Council Education Department, Caldervale High School, Airdrie, Young Scot and Careers Scotland. The Partnership is in its second year and provides school pupils with a range of opportunities to improve their level of academic engagement, personal and social skills, motivation and achievement through the development of relationships and contact with the partners in the agreement and the world of work. This includes: promoting employment opportunities available within the NHS, identifying pupil needs and interests, developing knowledge on career opportunities and employer requirements and promoting NHSL as a future employer.

**Supported Employment Opportunities**

Routes to Inclusion is a partnership group formed to deal with all aspects of employability in both North and South Lanarkshire. Healthy Working Lives is an integral part of the Routes to Inclusion programme. NHSL has been engaged in a number of employability programmes, e.g., work regarding the closure of the Boots factory in Airdrie and the Clinical Support Worker training programme. Pathways to Work, Routes to Health (North Lanarkshire) and Routes to Work (South Lanarkshire) are all examples of how NHSL has fully participated in employability programmes. There is a need to build upon this work and systematically address employability issues.

**Senior Medical Staff**

A considerable amount of effort is put into filling Senior Medical Staff vacancies and several initiatives have been tested over the last few years. These are, specifically,:

- Recruitment drives are underway via world wide journals. The BMJ internet and our own local intranet are utilized in an attempt to obtain suitably qualified/experienced candidates for a variety of specialties;
- All Consultant vacancies are advertised on Scotland’s Health on the Web vacancy database;
- Participation in the Scottish Government’s Advance Appointments Scheme for Transition of Specialist Registrars to Consultants. The scheme was created in 2006 to aid the transition from Specialist Registrar to Consultant. The scheme provides part funding to allow SpRs to take up Consultant positions where the existing Consultant is still in post. NHS Lanarkshire successfully bid for and received part funding to make 4 Consultant proleptic appointments during the financial year 2006/07 (three in Radiology and one in Care of the Elderly). Recently we have received part funding to make a further proleptic appointment in ENT and are about to submit a further application for Medicine;
- A Medical Workforce Group within the former Primary Care Division set out an active recruitment programme for Psychiatry. This involved all current
consultants acting as ‘Recruitment Agents’, which included proactive contact with potential candidates and significant flexibility around job descriptions. At the start of the process there were 15.6 whole-time equivalent vacant consultant posts in an establishment of 38.7 whole-time equivalent. By August 2004 the situation had altered to having 5.9 whole-time equivalent vacancies in an expanded establishment of 43.5 whole-time equivalent posts; unfortunately some consultants have departed since then and the process of active recruitment is ongoing;

- Assistance was received from the Scottish Government to help NHS Lanarkshire recruit to the Consultant Expansion Programme. The financial assistance aided the recruitment of 2 Consultant Radiologists, 6 Consultant Anaesthetists and 4 Staff Grade Anaesthetists via Bluecare Medical Agency. These individuals were contracted on an initially fixed-term basis during which time assessments took place and following which, if candidates were suitable, substantive posts were advertised and interviewed for in the normal way. To date 4 permanent appointments have been made;

- Participation in Job Fairs to attract Junior Medical Staff with both the Glasgow and Edinburgh Deaneries.

4.4.4 Modernising Medical Careers

Modernising Medical Careers (MMC) is a series of changes in postgraduate medical training that are designed to ensure that the quality of junior doctor training is improved and that training programmes are shaped to deliver the doctors required by the NHS. The first phase of implementation of MMC occurred in August 2006 with the introduction of the second foundation year of training for junior doctors. The introduction of the second and by far the biggest phase of implementation – the introduction of run-through training - occurred in August 2007.

Planning for the introduction of run-through training has involved National, Regional and local groups. A sub-group of the West of Scotland Regional Medical Workforce Group was set up to agree proposed trainee distributions that were produced by the Speciality Training Committees. Agreement was reached through the group that for year 1 of the changeover the same number of junior doctors would remain in the system, so a new grade – Fixed Term Specialist Training Appointment (FTSTA) - has been introduced to fill the gap between training requirements and current totals. It was also agreed that there would be redistribution of training opportunities within the West of Scotland to match population need much more closely than before. Agreement on establishment numbers and distribution for NHS Lanarkshire was reached and on the whole the principle has been applied but it is recognised that a fair distribution of trainees will only be achieved over a few years to avoid short-term destabilisation of local health systems.

NHS Lanarkshire set up an MMC steering group to monitor progress, and identify and address areas of potential risk to the organisation. After a series of meetings with different specialities a Risk Register was established that took account of the recruitment and selection process; the induction process; the impact of the first year; and the longer term changes. As a consequence, Rules of Engagement were put in place for both the recruitment and induction processes to support any identified risks. This allowed for a planned consistent approach and ensured the delivery of safe services to patients with minimal disruption. Possible service
gaps and skill mix were identified where possible which facilitated the discussions on the West of Scotland Sub-group and allowed NHS Lanarkshire to have a clear understanding on what establishment numbers and skill mix was required to maintain services.

Future agreement on establishment numbers and skill mix within NHS Lanarkshire will continue to be agreed through the West of Scotland sub-group. In due course it is expected that the FTSTA posts will be reduced and managed out of the system leaving a medical workforce made up mostly of doctors in training who have a clear career path laid out for them, and trained doctors. The full impact of the changes that are planned through the introduction of MMC will not occur in the first year. The MMC steering group is working with Specialty Clinical Directors at department level to assess the likely impact of these changes. There will be a process of transition over a few years – probably in the region of 4-5 years - in which a major re-shaping of the medical workforce will take place. Significant redesign of many services within NHS Lanarkshire will be taking place during this period and the redesign of service and workforce will be complementary.

4.4.5 Equality & Diversity

CRE Enquiry
In January 2007 the Board received a request from the Commission for Racial Equality (CRE) seeking a report on progress in achievement of compliance with the statutory requirements in relation to workforce equality monitoring. NHS Lanarkshire responded in detail to the request and set out the current and anticipated position in relation to full compliance. A detailed Action Plan was produced and submitted to the CRE within four weeks of receipt of the January letter. The Director of OD continues to lead a small working group delivering progress against the Action Plan. The CRE response to the Board submission confirmed that they were satisfied that the Board’s plans would enable progress towards statutory compliance within an acceptable timescale. Board members have been kept fully up to date with progress in relation to this important matter.

Governance
NHS Lanarkshire has an established Equality, Diversity and Spirituality (EDS) Committee. This Committee has been in place for 3 years. The Committee leads, monitors and evidences progress and achievement against the EDS agenda through an annual Governance Plan and a supporting annual Action Plan. The Governance Committee is supported in its work by an Operational EDS Steering Group, chaired by the Director of OD. EDS objectives are included in the Corporate Objectives and individual personal objectives of Executive Directors and Senior Managers.

4.4.6 Staff Health

Health & Safety
Achievements in 2006/07 were recognised in the Health & Safety Executive’s audit of March 2007 when it was reported that ‘NHS Lanarkshire has achieved a level of excellence in the management of health and safety that is amongst the highest we have encountered in the public sector in Scotland...’

Highlights of the year included:
Reduction in the number of reported staff incidents in all areas, e.g., Moving and Handling, Violence and Aggression, needlesticks;

- RIDDOR incident reporting for NHS Lanarkshire is the lowest rate in NHS Scotland at approximately 60% of the national average;
- Implementation of ‘Empower’ to record attendances at Health & Safety Training courses;
- System of joint training across NHS Lanarkshire established;
- Robust system of Health & Safety induction training established across NHS Lanarkshire for all staff;
- New arrangements for Fire Safety training implemented, and a programme for fire risk assessments being progressed;
- Further development of NHS Lanarkshire’s participation in Scotland’s Health at Work (SHAW) award programme, and progress towards the new Healthy Working Lives Award;
- Intranet based system for incident reporting successfully introduced in Acute Division;
- Further development of COHORT computerised Occupational Health record system that will provide improved analysis of the health of the workforce and OH activity;
- Following very positive evaluation of the pilot, OHSXtra scheme to improve the care of staff who are off sick and speed return to work is being extended;
- An electronic web based version of the Control Book is being piloted in one department;
- Health & Safety policies and procedures updated;
- All managers trained and Attendance Management Policy implemented, with further initiatives to support managers in this area planned.

**Healthy Working Lives Programme**

On April 1st 2007 the new Healthy Working Lives (HWL) Award Programme became ‘live’. This new programme supersedes what was the Scotland’s Health at Work (SHAW) Award. Much of the last year has involved the Lanarkshire team in working together, and with national colleagues, to develop the new elements of the HWL Award programme – a programme that retains the familiar framework that has been so successful for employers involved in SHAW but that crucially reflects a wider agenda. This wider agenda, set out in the Scottish Government’s strategy ‘Healthy Working Lives - a plan for action’, includes health promotion, minimum standards in relation to health & safety legislative compliance, occupational health, sickness absence management, mental health, employability and environmental / community involvement issues.

This year has also been about continuing to manage and administer the SHAW Award Programme. The team has been disseminating information and managing client expectations about the new HWL Award Programme (transitional arrangements) and working even more closely with occupational health and health & safety colleagues on the national adviceline / enhanced occupational health & safety service for small-to-medium-sized enterprises (SMEs).

In this context the Lanarkshire Team successfully secured the registrations of the required number of workplaces in Lanarkshire (by end March 2006) contributing to the national goal of 40% coverage of the Scottish workforce as set out in ‘Improving Health in Scotland – The Challenge’ document (more than 810,000 workers in Scotland). This was an important national target and the Lanarkshire contribution to the achievement of that target was proportionate and significant.

Lanarkshire has a significant national lead in terms of championing mental health issues in the workplace, specifically the See Me Campaign to eliminate stigma and...
discrimination. A Lanarkshire company (registered with SHAW) was the first private sector organisation in Scotland to sign the See Me Pledge on April 13\textsuperscript{th} 2006. On November 29\textsuperscript{th} 2006 at Hamilton Accies Stadium in Hamilton, 26 Lanarkshire-based employers / organisations committed to tackling mental health stigma and discrimination by signing the See Me pledge. This was the largest simultaneous pledge signing event to take place in Scotland, and many of the signatories were SHAW / HWL clients. The event – a partnership between the Lanarkshire See Me Partnership and Healthy Working Lives – was a tremendous success attracting local and national media attention.

On March 15\textsuperscript{th} 2007 the last Lanarkshire Scotland’s Health at Work Awards Ceremony was held at the Glenskirlie House Hotel (a joint ceremony with the NHS Forth Valley Team). Steve Bell, Strategic Director of the Scottish Centre for Healthy Working Lives presented the awards and 12 organisations that made the last push to achieve Scotland’s Health at Work (SHAW) Award status ahead of the launch of the HWL Award on April 1\textsuperscript{st} received the recognition they deserved – 6 Bronze Awards, 5 Silver Awards and 1 Mental Health & Wellbeing Commendation Award. The Awards Ceremony was a successful and very enjoyable day reflecting and celebrating a significant collective effort in Lanarkshire.

There are now 139 organisations registered for what was the Scotland’s Health at Work Award Programme and all of those registered organisations will be invited to re-register for the new Healthy Working Lives Award Programme. Currently 82,525 employees in Lanarkshire are employed by organisations registered for what was the SHAW Award Programme. The total number of SHAW Award holders is 79 – 55 Bronze, 17 Silver and 7 Gold.

**Healthy Working Lives in NHS Lanarkshire**

In line with the changes noted above, NHS Lanarkshire has recently converted from Scotland’s Health at Work Award Scheme (SHAW) to the new Healthy Working Lives (HWL) Award under the auspices of the Scottish Centre for Healthy Working Lives.

In recent years NHS Lanarkshire has made real progress in the attainment of SHAW across its localities and acute hospitals. NHS Lanarkshire took the decision some time ago to progress SHAW in localities and hospitals as opposed to a full NHS system. This was to allow staff locally to feed in ideas and feel more involved in this initiative. Real progress has been made with one locality achieving the gold award, 2 localities and one acute hospital achieving silver with the rest of localities and other 2 acute sites achieving bronze status.

An overarching NHS Lanarkshire group (chaired by the Employee Director) was set up to monitor progress and ensure there was a consistent approach across all localities. Membership of this group included staff from Occupational Health, Organisational Development, Communications, staff side representatives and SHAW / HWL co-ordinators.

Workplaces have a key role in improving our nations health and quality of life. The Scottish Centre for Healthy Working Lives, set up in 2005, promotes an integrated approach to this that includes thinking about how health and wellbeing can be actively promoted in the workplace across NHS Lanarkshire. Healthy Working Lives not only looks at workplace health promotion but also ensures that health is not adversely affected by work or workplace hazards and providing access to advice and support to our staff on occupational health and safety issues. The new award programme also gets us to think about more work opportunities that can be available for people with disability or health related problems.
By taking part in the Healthy Working Lives Award programme NHS Lanarkshire will:

- Enhance its reputation as a responsible, well managed organisation and help recruit and retain employees;
- Improve productivity by reducing absence and supporting staff returning to work;
- Avoid health and safety pitfalls and protect employees from workplace hazards;
- Create a healthier, more motivated and productive workforce by promoting health in the workplace;
- Contribute to the health of the wider Lanarkshire community.

NHS Lanarkshire’s Healthy Working Lives programme was launched by the Board Chairman on 24th May 2007. This event provided an opportunity to look at the conversion to the new Healthy Working Lives criteria for the bronze, silver and gold awards, and discuss the locality group action plans for the attainment of this awards scheme in the coming months and years.

The table below gives an indication of where each locality and hospital had reached under the SHAW award programme:

<table>
<thead>
<tr>
<th>HOSPITAL/LOCALITY</th>
<th>PROGRESS ACHIEVED: BRONZE</th>
<th>PROGRESS ACHIEVED: SILVER</th>
<th>PROGRESS ACHIEVED: GOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monklands Hospital</td>
<td>Achieved Nov 2003</td>
<td>Achieved Jan 2006</td>
<td>Work ongoing</td>
</tr>
<tr>
<td>Hairmyres Hospital</td>
<td>Achieved Dec 2003</td>
<td>Evidence for Silver submitted</td>
<td>Work ongoing</td>
</tr>
<tr>
<td>Wishaw General</td>
<td>Achieved Dec 2003</td>
<td>Work ongoing</td>
<td></td>
</tr>
<tr>
<td>Airdrie</td>
<td>Achieved April 2007</td>
<td>Achieved Oct 2004</td>
<td>Achieved 7/3/06</td>
</tr>
<tr>
<td>Bellshill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board HQ</td>
<td>Achieved June 2000</td>
<td>Achieved Aug 2004</td>
<td></td>
</tr>
<tr>
<td>Clydesdale</td>
<td>Achieved Sept 2004</td>
<td>Achieved March 2007</td>
<td></td>
</tr>
<tr>
<td>Coatbridge</td>
<td>Achieved July 2005</td>
<td>Work ongoing</td>
<td></td>
</tr>
<tr>
<td>Cumbernauld</td>
<td>Achieved Feb 2004</td>
<td>Work ongoing</td>
<td></td>
</tr>
<tr>
<td>East Kilbride</td>
<td>Achieved Dec 2002</td>
<td>Achieved Feb 2005</td>
<td></td>
</tr>
<tr>
<td>Hamilton</td>
<td>Achieved Feb 2006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kirklands</td>
<td>Achieved Feb 2004</td>
<td>Work ongoing</td>
<td></td>
</tr>
<tr>
<td>Motherwell</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALUS</td>
<td>Achieved Aug 2004</td>
<td>Work ongoing</td>
<td></td>
</tr>
<tr>
<td>Wishaw</td>
<td>Achieved Nov 2004</td>
<td>Achieved March 2006</td>
<td>Progressing</td>
</tr>
</tbody>
</table>

Each group has now been issued with HWL portfolios to revise their action plans based on the new criteria. The ultimate goal is for NHS Lanarkshire to achieve the Gold HWL award across all localities and acute hospitals.
As part of NHS Lanarkshire’s HWL approach, we have recently negotiated cut price leisure deals with both North and South Lanarkshire Leisure Trusts. NHS Lanarkshire staff can make a saving of £5 per month on an individual membership and further discounts on dual and family memberships. Both these schemes have been very successful since their launch early this year with the scheme in North Lanarkshire growing from 282 members in April 2007 to 561 at the end of July 2007. The South Lanarkshire scheme (launched slightly later) now has a membership of approximately 200.

There have also been a number of health fairs organised across Lanarkshire promoting healthy eating, access to leisure, health & safety awareness, mental health in the workplace, health promoting policies, the introduction of the Employee Counselling Service and Credit Union Service.

Reports from the Employee Counselling service are discussed at the Sickness Absence Project Board, HWL Core Group and ultimately at the Staff Governance Committee.

The HWL core group will also work closely with Health Promoting Hospitals in NHS Lanarkshire as both pieces of work compliment each other. (See para 3.9.9 for more on Health Promoting Hospitals)

4.5 E04T - Universal use of CHI

2.17K CHI usage – laboratory requests that include a CHI number, expressed as a % of all laboratory requests made.

The universal use of CHI project was implemented across all Acute hospitals in October 2005, with monitoring of the presence of CHI numbers on a range of associated documents. At the end of December 2006 (Phase 1), 95% of documents monitored contained a CHI number, against a target of 97%. Actions taken and on-going in relation to this include:

- continuing to emphasise that the use of CHI improves positive patient identification and helps reduce clinical risk;
- making it easy for staff to use CHI through introduction of IT systems and label printers;
- encouraging staff to use Patient Identification labels on all test requests;
- staff training;
- re-numbering project;
- recording of CHI numbers on Patient Management System by Health Records staff.

From January 2007, the project moved into Phase 2, which involves:

- sustainability monitoring;
- extension to monitoring of use of CHI on case records and referrals within the Community – target 97%;
- HEAT target of 97% of CHI numbers on laboratory requests, by January 2008, and sustained thereafter (achieving 83% at July 2007).

With regard to sustainability, the Improvement Support Team has reviewed processes for collecting CHI on appointment letters, full discharge summaries, and outpatient letters, which had shown 97% compliance for 3 consecutive months. The Team therefore concluded that our administrative processes were robust and that CHI was embedded in day-to-day operational practices. We are
no longer required to monitor these documents. Within the Acute setting, the challenges that remain are the use of CHI on Immediate Discharge letters, and Radiology and Laboratory requests. The use of CHI on these documents can only be improved if clinical staff use labels, and the support of clinical directorates is being obtained to provide further impetus in this area.

Within the Community, the project is at an early stage, using a comprehensive monitoring system covering the diverse clinical groups and geographical spread in order to ascertain the actual use of CHI. Rates are showing an increase between May and July 2007, with CHPs working to an Action Plan to bring performance incrementally to 97% by the end of March 2008.
5 ACCESS

5.1 A01T – Ensure that anyone contacting their GP surgery has guaranteed access to a GP, nurse or other health care professional within 48 hours from April 2004.

3.01K Percentage of practices, in a health board area, claiming to meet the requirements for the DES payment

The HEAT measure associated with this target for 2006/07 was ‘% of practices participating in the SPCC’. During 2006/07, a further 5 Lanarkshire practices joined SPCC.

However, also during 2006/07, the 48 hour access indicator was removed from QOF and a new Scottish Directed Enhanced Service (DES) was introduced. From 2007/08, the HEAT measure is participation in the DES. All Lanarkshire practices opted-in to the Access DES for 2006/07, resulting in 100% compliance. NHS Lanarkshire continues its proactive approach to ensure that this will be sustained in 2007/08.

5.2 A02T – 5 year olds with no Dental Disease

This target was re-numbered as H08T in 2007/08, and has been reported on earlier in this document at para 3.8, where health improvement activities are described. The opportunity is taken here to add brief details of service delivery and access improvements.

Access to Dental Services:

- The Lanarkshire Emergency Dental Service (LEDS) provides access to dental advice and care outside normal working hours for all categories of patients (registered and unregistered). During its first year of operation over 4,000 calls were handled by Dental Triage Nurses in the Hub at Hairmyres Hospital;

- Over 2,000 patients were given an appointment for treatment;

- These services are delivered by dentists and dental nurses from both the General Dental Service and Salaried Dental Service;

- In 2006, 6 surgeries used by the Salaried Dental Services were refurbished (Motherwell x 2, Coatbridge, Airdrie, Viewpark and Bellshill). The refurbishment of the dental surgeries in Newmains Health Centre and in Abronhill Health Centre are scheduled for the last quarter of 2007;

- An extensive refurbishment and expansion of the General Dental Practitioner practice in Greenhills Health Centre providing an additional 2 surgeries and decontamination room has just been completed. This will help improve access for patients to NHS dental care in the East Kilbride area.

Background to A03T – A12T: Waiting Times

NHS Lanarkshire is required to deliver and sustain a range of waiting time guarantees within agreed time periods. Those have been extended from
inpatients/day cases and outpatients to include diagnostics, cataracts, unscheduled care and cancer. Improvement in waiting time performance has been facilitated by the service quality agenda and development of the optimal patient pathway for each specialty/disease. A capacity plan has been prepared to deliver each guarantee based on assumptions that vary from specialty to specialty. The capacity plan is subject to ongoing refinement and improvement. Significant impacts on the capacity plan have been the introduction of Agenda for Change and MMC.

The following sections provide details of individual guarantees with details of progress against each guarantee.

5.3 A03T – No patient with a guarantee should wait longer than 6 months for inpatient or day case treatment from 31 December 2005, reducing to 18 weeks from 31 December 2007.

3.04K Inpatients / day cases waiting over 18 weeks, excluding ASCs
3.05K Inpatients / day cases waiting with an ASC code

Inpatient / Day cases:
The maximum wait for an inpatient/day case appointment in Lanarkshire is currently eighteen weeks. This was achieved in December 2006 and sustained during 2007. It delivers a waiting time guarantee twelve months in advance of the guarantee delivery date. Through capacity planning, it was recognised that there was insufficient capacity within NHS Lanarkshire to deliver and sustain the guarantee. Capacity has been increased on a phased basis through recruitment of additional clinical and non-clinical staff. This investment has been informed by service redesign. Service Level Agreements have also been negotiated with the Golden National Jubilee Hospital and, on a limited and targeted basis, with the Independent Sector. It has also proved necessary in some instances to operate internal waiting list initiatives to deal with shortfalls in activity. The objective of NHS Lanarkshire remains to deliver a sustainable solution based on value for money.

The table below sets out inpatient and daycase waiting information. This is also shown in graph format in Appendix 1.

<table>
<thead>
<tr>
<th>Inpatient / Daycase</th>
<th>0-18 weeks</th>
<th>18-26 weeks</th>
<th>&gt;26 weeks</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 06</td>
<td>6712</td>
<td>1284</td>
<td>0</td>
<td>7996</td>
</tr>
<tr>
<td>April 07</td>
<td>5368</td>
<td>0</td>
<td>0</td>
<td>5368</td>
</tr>
<tr>
<td>December 07</td>
<td>5000*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Planned Care Collaborative, established during 2007, aims to improve the patient experience by minimising the patient journey and ensuring that assessment, diagnosis and treatment is safe, reliable and timely. Workflows have been established on referral management, pre assessment, day cases/23 hour care and theatres. This is being taken forward in partnership with colleagues in primary care together with local authority and community involvement. Improvement targets are being developed against which progress will be monitored.
A key target is to increase the number of procedures in surgical specialties in a day case/outpatient setting. For the period 2006/07 the percentage of procedures in a day case/outpatient setting was 72%. Whilst this compares favourably with other NHS Boards across Scotland, NHS Lanarkshire is committed to further improvement in performance during 2007/08.

**ASCs:**
Availability Status Codes will be abolished by December 2007. From January 2008, the mechanism of ‘starting the clock’ and ‘stopping the clock’ will be introduced. This will mean that as a patient becomes available for treatment the clock will start and the national guarantee (at that time) will require to be delivered. If the patient becomes unavailable for any reason the clock will stop until they again become available for treatment at which time the clock will be restarted. The clock will be set to ‘0’ only where the patient did not attend or did not provide any prior notice.

NHS Lanarkshire has indicated that the trajectory of 750 by December 2007 agreed with the Delivery Unit will be achieved. Trajectories have been prepared for individual specialties.

The table below indicates the position at April and the projected position at December 2007:

<table>
<thead>
<tr>
<th>Inpatient / Daycase</th>
<th>No of Patients with an ASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 06</td>
<td>3767</td>
</tr>
<tr>
<td>April 07</td>
<td>1641</td>
</tr>
<tr>
<td>December 07</td>
<td>750</td>
</tr>
</tbody>
</table>

In parallel, New Ways is being implemented with a plan in place to ensure awareness training for clinical and non-clinical staff around the detail of New Ways, with dialogue also with General Practitioners and practice staff. It forms part of the action being taken forward through Planned Care and the introduction of a referral management service. Software to facilitate implementation of New Ways has been piloted with an introductory date for implementation of early autumn 2007.

5.4 A04T – By the end of 2005, no patient will wait longer than 6 months from GP referral to an out-patient appointment, reducing to 18 weeks from 31 December 2007.

3.07K Number of outpatients waiting over 18 weeks excluding ASCs

The current maximum wait for each specialty is twenty-six weeks. There is a guarantee to reduce this to eighteen weeks by December 2007. The trend in referrals from General Practitioners has indicated an increase across most specialties. The reduction in maximum waits has varied across specialties linked to progress in service redesign and improved performance. It has also been linked to investments in staff and equipment in selected specialties. The objective of NHS Lanarkshire is to deliver a sustainable solution linked to value for money.

A work programme has been initiated as part of A Picture of Health to examine current patient pathways to identify opportunities to improve patient access and ensure they are seen by the appropriate clinician at the appropriate time in the most appropriate place. In relation to outpatients, this has included opportunities
to increase and maximise the contribution by specialist nursing and AHP staff both in seeing new and return patients. Examples of this are introduction of the Extended Scope Practitioner (ESP) Service in Orthopaedics and Specialist Nursing involvement in ENT, Claudication and Dermatology. Work is also underway in Gynaecology to provide a formalised nurse led assessment and triage. The opportunity has also been taken to extend the role of General Practitioners with a special interest in selected specialties. The increased involvement of AHP, Specialist Nursing and General Practitioners is guided by robust protocols and informed by service redesign. The introduction of ‘Straight to Test’ through the Diagnostic Collaborative has also improved the quality and the timeliness of the patient pathway. The latter is operating across Lanarkshire with around a 50% uptake.

Whilst NHS Lanarkshire has not remained within its out patient trajectory during 2007, the investment and service redesign decisions taken during the year will enable the guarantee to be delivered by 31 December 2007. It is recognised that a further phased reduction in out patient waiting times below eighteen weeks will be required to deliver future guarantees, and work is in progress to achieve that, building on the current sustainable solution that has been put in place.

The table below identifies the impact on Outpatient Waiting times over the most recent eighteen month period. This is also shown in graph form in Appendix 1.

<table>
<thead>
<tr>
<th>Outpatients</th>
<th>No of Patients Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-18 weeks</td>
</tr>
<tr>
<td>April 06</td>
<td>18270</td>
</tr>
<tr>
<td>April 07</td>
<td>20074</td>
</tr>
<tr>
<td>December 07</td>
<td>19000*</td>
</tr>
</tbody>
</table>

* Estimated figure

There has been a growth in the number of outpatient referrals over the most recent 18 month period. This has applied across most specialties. As part of A Picture of Health, there is work in progress to agree the optimal patient pathway for each specialty / disease. Colleagues in primary and secondary care are working together, with community involvement, to achieve this. This has prompted investment in some specialties to increase the number of Allied Health Professional and Nurse Led services (particularly in Orthopaedics, ENT, Dermatology and Vascular), together with an extension of services provided by General Practitioners with a Special Interest. Dermatology is an example of this. It is anticipated that this trend and shift in emphasis will continue and will impact on the number of traditional outpatient referrals. In addition, work continues to refine and improve referral protocols for each specialty / disease, with emphasis for all referrals to be channelled electronically between primary and secondary care. At present, around 68% of referrals are channelled electronically.

A Referral Management Service (RMS) has been introduced (as part of the Planned Care Collaborative). The role of the RMS is to centralise referrals management and its associated processes and to begin work to refine administrative processes and establish service standards. In particular it will streamline and rationalise the vetting process around a number of standards commonly applied across all service and disease groups and develop and expand the use of electronically generated and distributed referrals. The phased introduction of RMS commenced in April 2007 and will continue during 2007 and
2008. Patient Focused Booking (PFB) continues to be rolled out as part of a phased implementation plan.

5.5 A05T – By end 2007 no patient will wait more than 4 hours from arrival to discharge or transfer for accident and emergency treatment.

3.08K A&E waits to be a maximum of 4 hours

NHS Lanarkshire has improved performance during 2007 with the expectation that it will achieve the 98% guarantee that patients will not wait more than 4 hours from arrival to discharge or transfer for accident and emergency treatment by December 2007. That position was achieved at August 2007.

The focus on Unscheduled Care has been through the Collaborative that has representation from both primary and secondary care. Local authority and community involvement are also important factors that have contributed to the improved performance. Five specific work streams have been established that have informed service redesign from prevention of admission through to discharge and support in the community. The challenge has been progressing each of those elements while effecting adjustments to the patient pathway in a consistent and effective manner across Lanarkshire. Improvement in the patient journey has required recruitment of additional staff. This investment has been introduced on a phased basis across the year.

NHS Lanarkshire has adopted an all-encompassing approach to winter preparations with the involvement of primary care providers in GP surgeries, out of hours, NHS 24, pharmacies, hospitals, local authority and ambulance services. It is intended that the whole system approach will minimize the chances of UCCP performance being compromised by festive or winter fluctuations in demand.

5.6 A06T – By end of 2007 the maximum wait for cataract surgery will be 18 weeks from referral to completion of treatment.

3.09AK Wait for cataract surgery (outpatient)
3.09BK Wait for cataract surgery (inpatient)

The guarantee of a maximum wait of eighteen weeks from referral to treatment for patients requiring cataract surgery will be achieved by December 2007. The guarantee has two key elements – the initial outpatient wait (maximum of twelve weeks), and the surgical component (maximum of six weeks). The guarantee is measured by the patient numbers waiting in excess of the guarantees outlined.

The table below indicates the position at April and projected position at December 2007:

<table>
<thead>
<tr>
<th></th>
<th>April 07</th>
<th>December 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cataract Outpatient Waiting Times over 12 weeks</td>
<td>182</td>
<td>0</td>
</tr>
<tr>
<td>Cataract Inpatient and Daycase Waiting Times over 6 weeks</td>
<td>40</td>
<td>0</td>
</tr>
</tbody>
</table>
The work programme to improve service delivery to cataract patients is being taken forward through the Cataract Collaborative that comprises representation from primary and secondary care and the community. A key feature is service redesign with the introduction of electronic referral to a single point, improved booking arrangements, streamlined and consistent pre assessment and cataract only clinics. Investment in additional staff and equipment has also contributed to improved performance to the patient.

5.7 A07T – By end of 2007, the maximum wait from admission to a specialist unit to hip surgery, following fracture, will be 24 hours.

3.10K Hip fracture surgery within 24 hours

By December 2007, the maximum time from admission following fracture to a specialist hip surgery unit for surgery will be 24 hours for 98% of patients. This will be subject to medical fitness and during safe operating hours (8am – 8pm seven days a week).

The capture of consistent information has been extended across Lanarkshire through recruitment of additional staff. Real time information is now available and is being used to improve performance. This is reflected in action plans to improve performance to deliver the guarantee.

5.8 A08T – The maximum wait from urgent referral to treatment for all cancers is two months; women who have breast cancer and need urgent treatment will get it within one month where appropriate

3.11K Percentage of patients treated within 31 days of diagnosis of breast cancer

3.24K Percentage of patients treated within 62 days of urgent referral

The guarantee to the patient is that from receipt of urgent referral to diagnosis and first treatment the maximum wait will not exceed 62 days. This will apply across nine tumour types (Breast, Colorectal, Upper GI, Head and Neck, Ovarian, Lymphoma, Melanoma, Lung and Urology). The expectation is that this will be achieved by December 2007. Delivery of the 31 day breast cancer waiting time is already routinely being achieved.

Performance across the majority of tumour types has been below guarantee. This has prompted a wide-ranging review of process and practice across all tumour types with the adoption of actions to deliver early and sustainable improvement in performance and service delivery to the patient. NHS Lanarkshire has been supported in this work by the Cancer Performance Support Team (CPST).

The actions focus on a number of key areas including the introduction of:

- Clinical Leads for each tumour type supported by a lead radiologist for that tumour type;
- Time lined patient pathways for each tumour type;
- Structured Multi Disciplinary Team meetings to be held weekly;
Patient trackers for each tumour type to track and monitor patient progress through the pathway with an escalation plan to be applied where appropriate;

- A robust mechanism for the capture and reporting of patient information;

- A post of Head of Cancer Services;

- A capacity plan for each tumour type to ensure implementation of time lined patient pathways;

- A Lanarkshire Cancer Group;

- An inter hospital transfer agreement for patients referred out with Lanarkshire for investigation/treatment;

- Injection of additional permanent capacity through staff recruitment and procurement of equipment.

Each action point has been implemented with identification also of all patients currently in the system with an action plan to take them through the pathway in the minimum timescale. The challenge for NHS Lanarkshire to deliver and sustain the guarantee by end of calendar year 2007 is considerable. There has however been clear evidence of improvement reflected in improved performance in each tumour type and the introduction of new practices and processes with progress made also in the patient journey and waiting time from receipt of referral to first treatment across all nine tumour types. At the end of September 2007, NHS Lanarkshire has completed the pathway (as appropriate to first treatment) for each patient referred prior to 1 August 2007, as well as implemented new time lined pathways for each tumour type designed to deliver the 62 day waiting time guarantee.

5.9 A11T - By end 2007, the maximum wait for cardiac intervention will be 16 weeks from GP referral through rapid access chest pain clinic or equivalent and no patient will wait more than 16 weeks for treatment after they have been seen as an outpatient by a heart specialist and the specialist has recommended treatment.

3.19AK Waiting time for angiography as defined for Cardiac Monthly Management Information

3.19BK Wait for cardiac intervention (angioplasty or CABG surgery)

The maximum wait from GP referral through a rapid access chest pain clinic or equivalent to cardiac intervention will by December 2007 be 16 weeks. Through capacity planning, the need for additional capacity has been identified. The detail of that has been agreed and will involve the introduction of two new cath lab sessions at Hairmyres Hospital. Recruitment of additional clinical and non-clinical staff is underway with any initial activity shortfall met through internal waiting list initiatives. The sustainable solution is reflected in the new investment. There is already evidence that increased capacity and service redesign has had a positive impact on service delivery. This will be sustained and improved upon in line with the trajectory.

The table below indicates the position at April and the projected position at December 2007:

<table>
<thead>
<tr>
<th></th>
<th>April 07</th>
<th>December 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angiography Waiting Times over 4 Weeks</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td>Angioplasty Waiting Times over 10 weeks</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5.10 A12T – By the end of 2007 patients will wait no more than nine weeks for any MRI or CT scans and other key diagnostic tests.

3.25K Number of patients waiting over 9 weeks for MRI / CT/ barium / ultrasound

3.26K Number of patients waiting over 9 weeks for diagnostic scopes

The Diagnostic Collaborative established during 2007 with representation from primary and secondary care and the community has developed improved patient pathways for Endoscopy (Gastroscopy, Sigmoidoscopy, Colonoscopy and Cystoscopy) and for the four key radiological modalities (MRI, CT, Ultrasound and Barium). The guarantee of a maximum wait of nine weeks across each endoscopy and modality has been achieved, with further planned and sustainable reductions during 2007. The improvement in performance has been informed by service redesign and facilitated by investment in additional staff and equipment. It has also contributed to dialogue around extended working and opportunities to improve working practices. The introduction of ‘Straight to Test’ has had a significant impact, with dialogue continuing on opportunities to extend this where appropriate and to protocol. Colleagues in primary care are central to that dialogue. New clinical and general management arrangements have been introduced with services managed on a Lanarkshire wide basis.

The impact of the planned Bowel Cancer Screening Initiative that will be introduced in Lanarkshire in 2009 is being assessed and will feature in proposals to further develop the service.

The tables below identify the Maximum Waiting Times for access to services. The National Target is 9 weeks.

<table>
<thead>
<tr>
<th>Service</th>
<th>April 06</th>
<th>April 07</th>
<th>December 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>11 weeks</td>
<td>9 weeks</td>
<td>5 weeks *</td>
</tr>
<tr>
<td>MRI</td>
<td>32 weeks</td>
<td>9 weeks</td>
<td>6 weeks *</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>18 weeks</td>
<td>9 weeks</td>
<td>8 weeks *</td>
</tr>
<tr>
<td>Barium Studies</td>
<td>13 weeks</td>
<td>5 weeks</td>
<td>4 weeks *</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>April 06</th>
<th>April 07</th>
<th>December 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper GI endoscopy</td>
<td>26 weeks</td>
<td>5 weeks</td>
<td>5 weeks *</td>
</tr>
<tr>
<td>Lower GI endoscopy</td>
<td>26 weeks</td>
<td>9 weeks</td>
<td>6 weeks *</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>26 weeks</td>
<td>5 weeks</td>
<td>6 weeks *</td>
</tr>
<tr>
<td>Cystoscopy</td>
<td>26 weeks</td>
<td>4 weeks</td>
<td>6 weeks *</td>
</tr>
</tbody>
</table>

*Estimated figure – national target 9 weeks
6 TREATMENT

6.1 T01T – The number of people waiting more than 6 weeks to be discharged from hospital into a more appropriate care setting will be reduced by 50% from April 2006 to April 2007, and to zero by April 2008. Additionally, the number of patients delayed in short-stay beds will be reduced by 50% from April 2006 to April 2007, and to zero by April 2008.

4.01K Total number of people waiting more than 6 weeks to be discharged

The Lanarkshire Partnership comprising NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council has maintained a high level of performance since the introduction of delayed discharge targets with a record on delivery that compares favourably with other Partnerships across Scotland. The targets set for 15 April 2007 were achieved, and work is in progress to address the targets to be achieved by 15 April 2008. The consensus of the Partnership is that the targets set are extremely challenging.

Since 2001/02, Lanarkshire Health and Social Care Partners have worked together to develop a range of services that facilitate earlier and supported discharge, prevention of avoidable admissions and contribute to reducing delays to discharge. A review of those services has been undertaken recently, in terms of their impact and value for money. A series of recommendations to improve service direction and delivery have emerged under four main themes, namely, strategic, organisational, operational and developmental. Those recommendations are currently been considered by the Partnership and will inform future action.

6.2 T02T – By 2008-09, we will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05, and reduce, by 10%, emergency inpatient bed days for people aged 65 and over by 2008.

4.02K The rate (per 100,000 population aged 65+) of patients 65+ admitted, for any reason, two or more times in one calendar year, as an emergency to acute specialties

The latest data shows a rate of 4622 at 31 March 2006, a reduction on the year to 31 March 2005 (4910). The Local Delivery Plan trajectory for this period was to sustain performance at 4910 so, on the basis of ISD information, this has been bettered. Priority has been given to developing robust information locally within Lanarkshire that will enable more ‘real time’ monitoring of progress than is possible through national statistics. A method based on the CHI project is being developed.

Actions that have been implemented since 2005/06, and other measures that have an impact in reducing inappropriate readmissions, include:

- Care management pilots in 3 areas, targeting people over 75 years living at home with long-term conditions;
Review and development of support to Care Homes sector;
- Review of Delayed Discharge arrangements, particularly Rapid Response and Early Supported Discharge Teams, to maximise impact;
- Development of community nursing services through the Community Nursing Manpower Plan;
- The alignment of Out of Hours Nursing and Home Care Services, starting in North Lanarkshire from 2004;
- The Keep Well anticipatory care project, currently in North Lanarkshire but expected to extend Lanarkshire wide, will have an impact in the long term;
- System wide scrutiny of service provision, comparison with care pathways and service re-design under the auspices of A Picture of Health and elsewhere, will have a positive impact on readmissions;
- A closer alignment of community nursing and Ambulance services is being examined.

6.3 T03T – Cervical Screening target, 80% on-going

4.03K The % of women in the 20-60 year group attending a screening in the last 5.5 years

The HEAT target is to achieve 80% of eligible women screened every 5.5 years. Most recent data (to March 2007) shows NHS Lanarkshire is continuing to meet the 5.5 year recall target (82.5%), however, for 3.5 year recalls, the rate has fallen to 76.6%.

Screening uptake has been gradually falling both in Lanarkshire and in Scotland as a whole. This trend has been most marked in 20-24 year olds. Further research is needed to better understand why this is the case, and an on-going audit of 20-24 year olds is underway in Lanarkshire.

The screening programme continues to be promoted across Lanarkshire, with data on uptake shared with GP practices in order to allow more localised and specific action in areas of particularly poor uptake. Locality Clinical Fora have been highlighting performance in order to ensure local good practice is being shared, also introducing an element of peer pressure.

A Community Health Educator project is in place to offer targeted support in selected deprived areas and among South Asian women (further details at para 3.9.3).

Following the June announcement by the Cabinet Secretary regarding commitment to a school vaccination programme in relation to HPV (Human Papilloma Virus), NHS Lanarkshire looks forward to the outcomes of the more detailed national planning and costing to allow this programme to proceed. Once the national programme and funding arrangements have been determined, NHS Lanarkshire will ensure that local plans are drawn up in accordance with national guidance and requirements.
6.4 T04T – QIS Clinical Governance & Risk Management Standards Improving

4.04K – Number of points achieved (max 12) for 3 standards within QIS Clinical Governance and Risk Management assessment.

QIS Standards on Clinical Governance and Risk Management were published in October 2005, with the first QIS assessment of NHS Lanarkshire conducted in September 2006.

The actual score awarded by QIS following the September 2006 visit was ‘6’, and this has been used to inform the trajectory for the 2007/08 Local Delivery Plan.

Actions taken during 2006/07, and continuing into 2007/08, include continuing to work towards achievement of the 2006/07 Workplan that underpinned compliance with the Risk Standards. The Risk Standard (Standard 1) aggregated assessed score following Interim Review in 2005 was attributed a score of 1, and the assessed score following review in September 2006 was attributed a score of 2, demonstrating a move from Level 1 – developing policies, strategies, systems and processes to control risk to Level 2 – implementing policies, strategies, systems and processes to control risk.

The 2006/07 Risk Management Annual Report (June 2007) has outlined compliance with the Workplan and sets out the prospective Workplan for 2007/08 to work towards Level 3 – monitoring policies, strategies, systems and processes to control risk. The Workplan is agreed and monitored through the Risk Management Steering Group.

Other key actions / achievements for 2006/07 were:

- Implemented an NHSL electronic Incident/Accident Reporting System;
- Monitored and Reviewed Strategic Risk Register against the Corporate Objectives;
- Development of Acute, CHP North and CHP South Risk Registers;
- Promotion of a Risk Management Culture.

In relation to Clinical Governance, work is underway to review the existing Strategy, to ensure that appropriate and effective single system structures and infrastructures are in place across NHS Lanarkshire. A stakeholder workshop has been arranged for autumn 2007 to inform this review, with the aim of having an updated Strategy agreed by December 2007.

6.5 T05T – Reduce the annual rate of increase of defined daily dose (DDD), per capita, for anti-depressants to zero by 2009/10

4.10K Prescribing of anti-depressants; the rate of increase of DDD per capita

The HEAT target for 2007/08 is to reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10.

As part of its action towards Commitment 4 in Delivering for Mental Health, NHS Lanarkshire is progressing plans during 2007 to increase the availability and range of evidence-based psychological therapies in primary care by introducing...
Clinical Associates in Applied Psychology and Gateway Workers, who will target individuals suffering from mild to moderate depression and anxiety, thus reducing reliance on antidepressants in this client group.

The clinical model has been developed, taking cognisance of the available evidence based practice and this is currently being introduced through the pilot stage. The pilot study in two localities will evaluate the impact of the new staff by working with GPs and users of services. It is expected that the evaluation of the pilot will demonstrate:

- An increase in access to psychological therapies in all GP practices in NHS Lanarkshire;
- A more rapid response to patients;
- A reduction in the prescribing of antidepressants;
- An increase in the range of interventions available in primary care.

6.6 TO6T – Reduce the number of readmissions (within one year) for those that have had a psychiatric hospital admission of over 7 days (in a Scottish psychiatric hospital) by 10% by the end of December 2009.

4.11K Reduction of psychiatric readmissions

During 2007/08, the Mental Health Strategy is being implemented and will reduce reliance on hospital / secondary care, while increasing provision of services in primary / community based settings. Associated with this, the local Delivering for Mental Health Action Plan will ensure that NHS Lanarkshire meets all the Commitments in the relevant timescales.

With support from the National Leadership Programme, a project team will take forward the design and implementation of a new model of care for those presenting in acute crisis. This new service will meet the crisis standards referred to in Commitment 8 of Delivering for Mental Health. We will also develop Acute Inpatient Fora as required under Commitment 9, and will develop a new clinical model within our acute inpatient units based around separation of acute assessment and treatment beds and the forging of better linkages between acute and community psychiatry. This will be supported by the development of Integrated Care Pathways as required by Commitment 6.

Discharge and care planning will be improved by development of Integrated Care Pathways and revision of the Care Programme Approach, by 2008/09.

New acute inpatient facilities will allow a more effective care model to be developed, with increased emphasis on psycho-social / recovery models, and hence preparation for discharge. This work will continue through to 2009/10.

Fuller details of our overall plans for the development of mental health services locally were contained within our Delivering for Mental Health progress return submitted to SGHD in March 2007. An integral part of that submission was our progress template in relation to the mental health nursing review – Rights, Relationships and Recovery.

Mental health services developments are part of a wider NHS Lanarkshire service modernisation framework (A Picture of Health) agreed at the end of 2006, but currently subject to review in relation to A&E aspects. This is a major service change and modernisation programme, with many inter-related factors and
critical paths, and the full impact of current revisions will not be known until early 2008. For mental health services, a robust control mechanism has been put in place, headed by a Project Board. A local change management programme will address the capacity and readiness of the service to deal with change, and NHSL will participate in the national change management programme to develop its own Change Champions to provide skills and expertise to the local programme.

6.7 T07T - To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010. Number of identifications of Staphylococcus aureus bacteraemias (including MRSA and MSSA) as detailed in Health Protection Scotland SSHAIP surveillance protocols. Base year is 2005/06.

4.09K Healthcare Associated Infection – number of identifications of Staphylococcus aureus bacteraemias as detailed in HPS SSHAIP surveillance protocols

The actions undertaken in order to reduce staphylococcus aureus bacteraemia by 30% by 2010 include the following:

General developments

Infection Control surveillance nurses increased from 0.5WTE to 1.0WTE in order to fulfil HDL (2006) 38 requirements (Feb 2007).

Surveillance

Management of healthcare associated infection (HAI) in Lanarkshire is facilitated by a laboratory based ward surveillance system. All local Infection Control Teams receive daily reports from the laboratories relating to the following:

- Micro organisms of particular importance in the hospital setting and/or defined patient groups including MRSA isolates;
- Micro organisms with unusual resistance patterns;
- Significant positive blood cultures;
- Micro organisms commonly associated with the community setting, which may have the potential to spread within the hospital setting.

The Infection Control Nurse or Doctor visits or contacts the relevant ward or department or other health care delivery area to determine if the referred patient has evidence of infection or colonisation. Advice is then given on the appropriate management of the patient.

MRSA/MSSA bacteraemia data continue to be reported to Health Protection Scotland (HPS) as part of the national reporting programme. Data are fed back by HPS to the Lanarkshire Infection Control Service on a quarterly basis, and are reviewed and acted upon locally as required. Presently, MRSA rates in Lanarkshire are in line with the Scottish mean.

The following actions are planned for 2007/08:

- Developments within laboratories to improve information and reporting will provide better information to Infection Control Nurses, enabling them to deal with issues more effectively;
Development, piloting and implementation of an enhanced surveillance system for all staphylococcus aureus bacteraemia;

Development of a detailed local analysis system in relation to investigation of all positive laboratory reports notified to Health Protection Scotland (HPS);

The creation of a new Infection Control Surveillance Nurse post will be responsible for co-ordination of all SSI surveillance;

A review of staffing requirements a propos surveillance in order to comply with HDL (2206) 38 and to meet local service needs.

Prevention of transmission of HAI

Awareness:

- Development of a communications strategy apropos HAI issues;
- On-going liaison with the NHS Lanarkshire Communications Team regarding development of material, literature and publicity for staff, visitors, patients and general public;
- Activities to maximise public awareness of HAI issues for example as part of Celebrating Lanarkshire and use of the Infection Control Week;
- Pro-active relationship with local press to build public confidence.

Education:

- Progressing towards compliance with the NES Mandatory induction training QIS HAI standards and the HAI Code of Practice including the standards relating to Training and topical sessions / study days.

Cleanliness:

- 2 WTE Co-ordinators appointed to Cleanliness Champions programme, to improve throughput of programme; high uptake among charge nurses achieved, therefore, programme opened to other staff groups including PSSD and AHPs.

Hand hygiene:

Hand hygiene is a key preventive measure. Accordingly developments include:

- the installation of 'voice-boxes' to give automatic (movement activated) verbal reminders at key points. This is aimed at encouraging people to be more attentive to hand hygiene at key locations. Movement sensors will trigger automatic verbal reminder regarding hand hygiene. Will commence in high risk areas and be evaluated;
- Participation in the national Hand Hygiene campaign from January 2007;
- Appointment of a Hand Hygiene Co-ordinator (January 2007), and completion of a baseline audit;
- Promotion of use of alcohol hand gels.

Management of MRSA positive cases:

- Development of the range of existing actions for the effective management of patients identified as MRSA positive;

Prevention of invasive disease among high risk patients:

- Piloted Central Line Care Bundles as per IHI or 100,000 Lives protocols for management of central lines in acute areas including ITUs;
- Implementation of the Safer Patient Initiative around care bundles (groupings of best practice with respect to a disease process that individually improve care, but when applied together result in substantially greater improvement. The science supporting each bundle component is
sufficiently established to be considered the standard of care), in line with national recommendations.

**Risks & Risk Management**

Four main areas have been identified:

- The prevalence of Staph aureus, particularly MRSA, among the general population is not known. The Health Technology Assessment unit of QIS is evaluating the cost effectiveness of on admission screening for MRSA; the results are awaited. Current practice in NHS Lanarkshire is to screen those individuals admitted to high risk clinical areas (such as intensive care), i.e., those areas where carriage of MRSA is more likely to result in a serious infection. Identification of a carrier results in the implementation of a package of control measures which aims to i) minimise the risk of a serious infection occurring in the carrier and ii) prevent transmission to other patients, visitors or staff members. This package includes isolation of the carrier, eradication therapy and testing for clearance, re-inforcement of infection control practice (including hand hygiene, use of protective equipment, environmental cleaning, device management and decontamination of equipment) and screening of close contacts;

- Further, while measures to ensure patient, visitor and staff safety are implemented, each reported staph aureus bacteraemia will be subject to a ‘root cause analysis’ to determine any likely underlying cause and allow remedial measures to be instituted;

- Staph aureus bacteraemia surveillance data are subject to normal random and seasonal variation. Data are presented within ‘control limits’, which represent the likely margin of error that is to be expected from such variation. NHS Lanarkshire MRSA surveillance data have been within these limits;

- Data include those patients admitted with staph aureus bacteraemia from the community.

Further measures are being put in place to reduce the occurrence of false positives, which can occur as a result of contamination during the process of obtaining blood cultures.
7 SERVICE CHANGE & RE-DESIGN

7.1 2006/07 Plans – A Picture of Health

Background
Public consultation on A Picture of Health took place during January to April 2006. In May 2006 the outcome of the consultation was reported to NHS Lanarkshire’s Board, with Board approval of the strategy given in June 2006. A Picture of Health then received Ministerial approval in August 2006. In October 2006 Ministerial approval was provided for a cancer centre at Monklands Hospital.

A Picture of Health sets out NHS Lanarkshire’s proposals for modernising health services with a vision of a modern and integrated health system delivering:

- Stronger and more visible primary care services;
- More health services provided locally in the community;
- Specialist hospital inpatient services organised to provide more rapid access and the best clinical outcomes.

In order to ensure NHS Lanarkshire was ready to take forward the implementation of A Picture of Health, work commenced in the first half of 2006 on an organisational structure to support implementation. This involved the development of a Modernisation Board to oversee seven implementation programmes, and to provide a common framework for the programmes to work within, to ensure from the corporate perspective that effective systems were in place to plan, design and deliver the changes set out in A Picture of Health.

The Programme Boards are each led by Executive Directors:

1. Health Improvement / Protection
2. Primary and Community Care
3. Acute Services
4. Child Health (including maternity)
5. Mental Health and Learning Disability Services
6. Older People’s Services
7. Regional Planning

Progress on Implementation
In August 2006, following the Ministerial approval of A Picture of Health, the Corporate Management Team identified a list of 33 short to medium term priorities for implementation to be progressed by the Programme Boards. The 33 priorities were divided into a first tranche of 22 priorities and a second of 11 priorities:

**Tranche 1**
1.1 Monklands mental health acute assessment unit – new build
1.2 Coathill mental health complex inpatient care unit – new build
1.3 Caird House mental health complex inpatient care unit – new build
1.4 Hospital catchment redesign and management strategy, including sizing of services for Lanarkshire residents in Larbert and Glasgow, and for Glasgow residents in Hairmyres
1.5 Clinical modelling in detail, specialty by specialty
1.6 Business case production for capital developments in Lanarkshire
1.7 Business case production / agreements with NHS Forth Valley and NHS Greater Glasgow & Clyde
1.8 PFI Contract liaison / negotiation to redevelop Wishaw and Hairmyres – new build extension and re-plan existing
1.9 Review contract with Ravenscourt
1.10 Strategy for repatriation / rehabilitation of Lanarkshire patients following emergency inpatient treatment at Larbert
1.11 Cumbernauld Community Casualty Unit, Central Health Centre – new build extension and re-plan existing
1.12 Kirklands learning disability assessment centre – new build
1.13 Airdrie Resource Centre – new build
1.14 Coatbridge Main Street Primary Care Centre – new build
1.15 Replace Torrance House
1.16 Bellshill Health Centre – new build
1.17 Carluke Health Centre – new build
1.18 East Kilbride Resource Centre – new build
1.19 East Kilbride Greenhills Health / Dental Centre – new build
1.20 South Lanarkshire community dental surgeries
1.21 Disposal Strategy
1.22 Transport

**Tranche 2**

2.1 Hairmyres mental health acute assessment unit – new build extension and re-plan existing
2.2 Remaining enabling schemes to close and dispose of Hartwoodhill hospital
2.3 Re-provide NHS continuing care beds in Hamilton / East Kilbride area to replace outmoded facilities at Hairmyres and Udston
2.4 New Clydesdale hospital – new build and re-provide facilities from Roadmeetings and Lockhart
2.5 Re-provide NHS continuing care beds in Monklands area to replace outmoded facilities at Coathill
2.6 Review role and occupancy of GP / Community hospitals
2.7 Lanark Community Casualty Unit
2.8 Wishaw Health Centre – new build
2.9 Kilsyth Health Campus
2.10 Hamilton Resource Centre – new build
2.11 New Corporate Headquarters

Where practicable and appropriate, planning and development work in relation to these priorities is being taken forward, however, progress on all developments is contingent upon the outcome of the review of A&E services, due later in 2007/08, and discussed further below.

**Clinical and Service Modelling**

Pivotal in the implementation of *A Picture of Health* is the whole system Lanarkshire-wide redesign of care and services. During 2006/07 a process to develop care and service models for acute, community and primary care services was agreed and a structure of 22 clinical communities was developed, feeding into the Primary and Community and Acute Services Programme Boards. Community representation to feed into these groups was sought from the North and South PPFs.

Much of the work of these clinical communities was progressed through a series of redesign workshops. These workshops were both primary and secondary care related, were co-chaired by lead clinicians across the spectrum, and had significant input from Community Nursing and Allied Health Professionals.
Stakeholders also included patients and carers, and the patient narrative tool was utilised. Workshops held are listed below:

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Date</th>
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<tbody>
<tr>
<td>Respiratory</td>
<td>17 May 2006</td>
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<tr>
<td>Endoscopy Redesign</td>
<td>2 June 2006</td>
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<tr>
<td>MRI Mapping</td>
<td>30 May 2006</td>
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<td>Ultrasound Mapping</td>
<td>1 July 2006</td>
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<td>Cataract Redesign Day</td>
<td>5 June 2006</td>
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<td>CT Scan Mapping</td>
<td>5 June 2006</td>
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<td>Primary Care Strategy Stakeholder Engagement</td>
<td>20 June 2006</td>
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<td>Radiology</td>
<td>28 August 2006</td>
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<td>Rheumatology</td>
<td>19 September 2006</td>
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<td>20 September 2006</td>
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<td>Dermatology</td>
<td>21 September 2006</td>
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<tr>
<td>Prevention 2010 Launch</td>
<td>24 October 2006</td>
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<tr>
<td>Primary &amp; Community Care</td>
<td>21 &amp; 22 November 2006</td>
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<tr>
<td>Urology Event</td>
<td>24 November 2006</td>
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<tr>
<td>Thoracic Event</td>
<td>10 January 2007</td>
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<td>General Surgery</td>
<td>26 January 2007</td>
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<tr>
<td>Clinical and Bed Modelling</td>
<td>29 January 2007</td>
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<td>Emergency Medical Services (1)</td>
<td>25 April 2007</td>
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<td>Orthopaedics</td>
<td>23 February 2007</td>
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<td>Gastroenterology</td>
<td>17 April 2007</td>
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<td>Emergency Medical Services (2)</td>
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<tr>
<td>Oral Maxillofacial</td>
<td>25 April 2007</td>
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<td>General Women’s Service &amp; Gynaecology</td>
<td>16 May 2007</td>
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<tr>
<td>Palliative Care (1)</td>
<td>16 May 2007</td>
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<td>Laboratories</td>
<td>5 &amp; 7 June 2007</td>
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<tr>
<td>Cardiology</td>
<td>6 June 2007</td>
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<tr>
<td>Radiology</td>
<td>14 June 2007</td>
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<tr>
<td>Palliative Care (2)</td>
<td>20 June 2007</td>
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**Accident and Emergency Review**

On 6 June 2007, the Cabinet Secretary for Health and Wellbeing reversed the decision taken by the previous administration, regarding the future provision of Accident and Emergency services at Monklands Hospital. She wrote to NHS Lanarkshire asking for the original plans to be reviewed as a matter of urgency and to submit revised proposals that would enable Accident and Emergency services to continue at Monklands, Wishaw and Hairmyres Hospitals. The timescale set was for NHS Lanarkshire’s revised proposals to be submitted to an Independent Scrutiny Panel by the end of September 2007, with a decision expected by February 2008.

The revised proposals for the provision of Accident and Emergency services at Monklands must fulfil the criteria set by the Cabinet Secretary to be ‘sound, safe, sustainable, evidence-based, value for money and patient centred’.

NHS Lanarkshire considered the impact of this review on the wider programme of developments planned under *A Picture of Health* and concluded that a number of capital projects were sufficiently advanced that they should proceed without delay, subject to Scottish Government approval where necessary. These included:

- Bellshill Resource Centre
- Caird House, Hamilton
- Carluke Health Centre
- Coatbridge Primary Care & Dental Centre
- Laboratories
- Cardiology
- Radiology
- Palliative Care (2)
Planning for all other developments, including the redesign of acute services, was agreed to continue where possible up to the point of business case development, but no further until their clinical sustainability and affordability could be confirmed in the light of the review of Accident and Emergency service proposals and following the outcome of a national spending review on future NHS budgets. These included:

- Airdrie Resource Centre
- Cancer Centre
- Clydesdale Community Hospital
- Lanark Community Casualty
- Hamilton Resource Centre
- Wishaw Health Centre
- East Kilbride Civic Development
- Monklands Acute Mental Health Unit
- Cumbernauld Community Casualty
- Kilsyth Health Centre
- Hairmyres Acute Mental Health Unit
- Acute redevelopments

A further prioritisation process is being put in place to deal with the outcome of the review.

### 7.2 Changes and Benefits Realised in 2006/07

#### 7.2.1 Modernising Mental Health Services

NHS Lanarkshire has begun a major modernisation programme to improve mental health services for patients. The development of the Mental Health Strategy began with a discussion paper in 2004. A number of mental health proposals were then developed and consulted on as part of *A Picture of Health*. The Strategy focuses on developing more community-based treatment, support and care as an alternative to institutional care. It also reflects the Scottish Government’s *Delivering for Mental Health* national plan for Scotland, which sets out targets and commitments for the development of mental health services in Scotland.

NHS Lanarkshire’s Mental Health Programme Board is overseeing the mental health modernisation programme. The Programme Board includes service users and carers through Lanarkshire Links, staff-side representatives, clinicians, and representatives from both North and South Lanarkshire Councils.

NHS Lanarkshire held a *Delivering for Mental Health* launch event on 30 March 2007. The purpose of the day was to look at how best to meet the commitments and targets in *Delivering for Mental Health* as part of the implementation of the Lanarkshire Mental Health Strategy. The event involved around 150 key stakeholders including patients, carers, staff, clinicians and partner organisations.

The Strategy includes four phases of modernisation:

*Phase One* involves taking the services delivered at Hartwoodhill Hospital and providing them in more appropriate locations. This will include community-based services as well as modern, custom-designed facilities for adults with complex needs at Caird House, Hamilton, and Coathill Hospital, Coatbridge. Patients in Old Age Psychiatry with complex needs will move from Hartwoodhill Hospital to alternative community facilities. Staff working in the wards at Hartwoodhill will
be redeployed – primarily into the new community services. Hartwoodhill Hospital will close once these developments and moves have taken place.

*Phase Two* will see the development of additional community services to support greater numbers of older people who have mental health problems in their own homes and in care homes. As a result, NHS Lanarkshire will require fewer numbers of old age psychiatry continuing care beds. This approach is based on evidence of the best way to provide services and meet the needs of patients. The aim is to modernise services and provide them in the most appropriate place. Clinicians, patients, and carers are involved in this process.

*Phase Three* involves the development of two fit-for-purpose units at Monklands and Hairmyres Hospital to provide beds both for acute adult care and for old age psychiatry. The units will include the right numbers of appropriately trained staff to deliver a wide range of clinical services. Work is ongoing to determine the make-up and number of beds on each of the sites. The proposals for this phase will include the transfer of the existing old age psychiatry acute admission wards at Udston Hospital to the new mental health unit at Hairmyres Hospital.

There will also be a specialist drug and alcohol unit based at Monklands Hospital. This will serve the whole of Lanarkshire.

Prior to the new developments, a new acute model of care has been introduced at the existing Adult Mental Health Inpatient Units at Hairmyres (April 2007), with introduction at Wishaw General planned for October 2007, and Monklands thereafter. The new model separates assessment and treatment, provides a better patient experience, and aids recovery by introducing more therapeutic opportunities.

*Phase Four* will see the further development of community-based resource networks to include specialist services such as child and adolescent mental health, eating disorder service and acute hospital liaison. Initial joint planning work is underway on these developments.

(Implementation of the Mental Health Strategy is an integral part of Lanarkshire’s whole-system change framework, and as such the plans outlined above may be subject to revision in light of the outcome of the current review of A&E proposals).

### 7.2.2 Psychological Therapies

As part of its action towards Commitment 4 in *Delivering for Mental Health*, and to address HEAT target T05T (prescribing of antidepressants), NHS Lanarkshire is progressing plans during 2007 to increase the availability and range of evidence-based psychological therapies in primary care by introducing new practitioners called Clinical Associates in Applied Psychology and Gateway Workers. These new roles have been designed to target individuals suffering from mild to moderate depression and anxiety, thus improving service access and reducing reliance on antidepressants.

The clinical model has been developed, taking cognisance of the available evidence based practice and this is currently being introduced through the pilot stage. The pilot study in two localities will evaluate the impact of the new staff by working with GPs and users of services. It is expected that the evaluation of the pilot will demonstrate:
7.2.3 Specialist School Nursing Service

In August 2006 the School Nursing Service (SNS) for Special Schools became part of the Children’s Service Directorate. This was in response to one of 111 recommendations of the Review of Children’s Services - Building on Good Foundations Report (2003):

"Consider the integration of special school nurses into the community children's nursing team in light of the current Lanarkshire Review of Community Nursing." (Building Good Foundations, 2003, 4.11.7)

The integration of the existing Community Children’s Nursing Team (CCN team) and the School Nursing Team (SNT) for Special Needs Schools will enable the development of a more cohesive, ‘Integrated Community Children's Nursing Team’, which will ensure a safer, more effective and efficient, service for the children across Lanarkshire. This will be achieved through more collaborative and integrative ways of working. As part of the integration process, an evaluation of the School Nursing Service for Special Needs Schools has been undertaken and consideration given in relation to how to ensure optimal use of this specialist resource. A model has been identified that is based on the creation of two geographical teams operating a rotational model of working between all schools within their respective areas.

Traditionally School Nursing Services in Lanarkshire have provided all educational establishments with comprehensive:

- Health Screening programme;
- Immunization programme;
- Health Promotion;
- Advice/in-service training for teachers.

The survival to school age of more children with very complex care needs is having a major impact on special needs schools. Additionally, children in school with more complex needs are at greater risk of emergencies arising. This is a particular cause of concern and anxiety for colleagues within education. The increased number of children with special needs in mainstream schools also means that schools perceive a need for greater involvement of school nursing input. This however sits rather uncomfortably with The Framework for School Nursing, which requires moving school nurses increasingly into a public health role.

The direction of travel for Special School Nurses is away from a narrow focus on individual school care towards a wider focus on community healthcare needs. The resulting overview of the health needs of the ‘community of children’ will allow us to provide a modernized service, which meets the needs of the children and their families.

Implementation of the redesigned service is underway and is expected to be completed by the end of October 07.
7.2.4 Sinclair Integrated Day Service (SIDS)

SIDS has now been operational for around 2 years and was visited as part of the Annual Review last year. The service, which arose from the integration of Social Care Day Services and Health Day Hospital Services, continues to develop and to meet its original aims, i.e.,

- Meet complex care and treatment needs;
- Avoid unnecessary admissions to institutional care settings;
- Provide more in-depth assessment and intensive support;
- Support people to optimise their potential to engage or re-engage with mainstream community resources;
- Trusted shared and valued assessments;
- Reduction and management of risk to safety and well-being;
- Crisis intervention;
- Respite to prevent admission and/or to support carers.

The service is making a significant impact in the area (e.g., there is now no waiting list for care home places) and will be rolled out across North Lanarkshire. In advance of this roll out, a formal evaluation is planned, working with the Joint Improvement Team. This will link in very closely with the National Outcomes and will consider the following:

- The contribution that SIDS is making to achieving the National Outcomes and targets in North Lanarkshire (which is an early implementer site);
- Available Data and Information (quantitative and qualitative);
- Shift in the balance of care;
- Shared learning;
- Local improvements.

This will allow us to ensure that any roll out is informed by the service review before the model is then tailored to local circumstances in other localities. This is an excellent example of partnership working involving service users & carers, North Lanarkshire Council, NHS Lanarkshire, the Joint Improvement Team and frontline staff who deliver the care.

7.2.5 Integrated Addiction Services

(Integrated Addiction Services in North Lanarkshire will be the focus of the external visit as part of the Annual Review on 19 November. A more detailed briefing paper will be provided as part of the pack for the visit).

The Integrated Team for North Lanarkshire consists of 2 Network Teams, and 4 sub divisions. Since April 2007 both teams receive management support from Coatbridge Locality Management Team. These teams are fully integrated and singly managed. The service is based on a Tiered Model Framework from tier 1, which consists of low level interventions, housing, advocacy, etc. to tier 4, which deals with the most complex cases.

Based on National Indicators, Local Improvement Target outcomes expected from an Integrated Substance Misuse Service include:

- Increase by 10% in the number of people being supported at home by Alcohol and Drug Services;
- Increase by 10% the number of drug users in contact with drug treatment and care services in the community;
Lanarkshire NHS Board
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- Increase by 5% the number of alcohol referrals to Community Alcohol and Drug Services;
- Increase by 2.5% the number of alcohol and drug users completing treatment;
- Reduce the average waiting time between first contact and assessment.

**The Community Alcohol Day Programme** is an 8 week structured day programme for people in North Lanarkshire with alcohol problems. It has been running for over 2 years, initially Social Inclusion Partnership (SIP) funded, with over 60% completion success rate.

New monies this year from ADAT have allowed the programme to develop to cover all six Localities in the North CHP.

The programme covers social, psychological and physiological effects of drinking. It is a corporate programme, including a range of partners who input to it from Health, Social Work, Community Learning & Development, Housing and Welfare Rights. It is run in locality Community Centres.

### 7.2.6 Community Nursing Review

Over the last 2 years, Lanarkshire has been implementing a review of community nursing. This has led to changing roles for Health Visitors and District Nurses who were previously attached to GP practices, but who are now working in a model of GP alignment. This has seen them migrate from practice-based teams to larger, more flexible Public Health and Long Term Conditions teams. This more appropriately reflects the direction of travel nationally for community nursing.

Some of the benefits of the review implementation are set out below.

**Health Visiting:**
- Implementation of Hall 4 recommendations targeting resources to those in greatest need;
- Implementation of GP Alignment and corporate caseloads where appropriate giving greater flexibility to address community needs;
- Greater emphasis on groups and community development activity;
- Introduction of more appropriate skill mix;
- Review of the purpose and objectives of clinics;
- Improved assessment and documentation via the introduction of a standardised Assessment Framework.

**District Nursing:**
- Now GP Aligned and allocated on a locality model that takes account of demography;
- Greater equity of workload;
- Co-terminosity with Local Authority Services;
- Integrated evening, overnight and palliative care service with equity of access across NHSL;
- Skill - mix being improved to address needs of population;
- A more pro-active focus through the implementation of Care Management Pilots and Long Term Conditions Management.
7.2.7  Gynaecology Inpatients

The desire by clinicians to improve the quality of service provided to patients, together with difficulties in recruiting, training and retaining experienced nursing staff, led to a review of inpatient arrangements. The three acute sites in Lanarkshire were each providing a small cohort of gynaecology beds in surgical wards. The result of the review was to create a single dedicated inpatient ward for gynaecology at Wishaw General hospital, staffed by experienced gynaecology trained nurses, with effect from February 2006. Since its development, a further review of the whole gynaecology service has been undertaken, comprising a full day event in May 2007 involving all hospital clinicians, nurses, and colleagues from primary care settings. The actions arising from this further review are being implemented. These include a review of the vetting process for GP outpatient referrals to ensure that there is equity of access across the service, including nurse-led clinics for certain conditions.

7.2.8  Unscheduled Care / A&E Services

NHS Lanarkshire achieved the 95% interim HEAT target on all three hospital sites by 31 December 2006, thereby significantly improving patient care. A range of initiatives contributed to this:

- See & Treat (a service for patients with minor injury or illness within A&E departments. Patients are seen, treated and discharged by nursing or medical staff) – the new See & Treat service was successfully established on all 3 sites during 2006/07, significantly improving performance in flows 1 (minor injury or illness) and 2 (acute assessment);
- MINTS (Major and Minor Nurse Treatment Centre Service) nurses – 38 nurses graduated from Lanarkshire’s innovative MINTS programme, and 35,000 patients were seen by MINTS trained nurses, mainly in flow groups 1 and 2;
- A&E Consultant recruitment – a significant recruitment campaign has led to the successful recruitment of 3 new A&E consultants to Wishaw hospital;
- Performance Management – the new Emergency Medical Clinical Division managerial arrangements were successfully integrated with the Unscheduled Care collaborative processes to improve patient care and UCCP performance.

7.2.9  Community Claudication Clinics

People with intermittent claudication are not generally considered a priority for the NHS, but they have a higher risk of myocardial infarction than similar patients with angina. The usual pathway of care is GP referral to a vascular surgeon. However, most of these people do not require surgical intervention, but rather a service that can offer lifestyle advice and risk factor modification. In the absence of this alternative people tend to wait a long time for a routine vascular surgery outpatient appointment.

NHS Lanarkshire set up three pilot Community Claudication Clinics in Coatbridge, Cumbernauld and Airdrie, partly to address the long waiting time for a routine hospital vascular surgery appointment (an average of 73 weeks for Monklands hospital in the year before the clinics started). The new clinics are delivered in local health centres, have input from the multi-professional team (nursing, physiotherapy, podiatry, and pharmacy), access to longer appointments (up to
one hour initially), and the ability to reinforce the advice given and refine management of the condition during return appointments. The development of community based clinics is an integral component of the vascular MCN strategy.

The clinics started seeing patients in June 2005 and the evaluation in June 2006 demonstrated that the hospital waiting time had been reduced (13 weeks in March 2006), that the community service was more cost effective (£16 per clinic visit compared with £33 for 10 minutes of WLI consultant time), and that the people attending the clinics were very impressed with the service they had received. Although the impact on health outcomes is expected to be longer term than the evaluation could capture, the experience of individual patients helps to demonstrate the kinds of changes people had been supported to make:

*When John (not his real name) first came to the clinic he was only able to go out twice a week to shop because the pain in his leg became excruciating after walking 150 yards. By the three month review he was going to the gym three times a week, had stopped smoking, and could walk 1.5 miles without pain. Six months on he feels a lot better and his instructors are progressing his exercise regime. He can walk two miles now and his social life has improved enormously. (John is 63 years old).*

Based on the success of the first three clinics, NHS Lanarkshire is currently finalising plans for rolling them out beyond the three pilot areas. This is primarily to offer the kind of service that the evidence shows is more appropriate, but it will also help to reduce the waiting times for routine vascular surgery outpatient appointments at the other two hospitals.

### 7.2.10 Diagnostics

The Diagnostic Collaborative aims to improve patient care by reducing the waiting time for diagnostic procedures such as endoscopy. To address the 9 week waiting time target for diagnostics, and support the 62 day target for cancer, plus meet anticipated additional demand arising from the bowel screening programme, a substantial programme of service development and redesign was planned and implemented during 2006/07. Key elements included:

- Analysis of capacity and demand;
- Recruitment of additional staff;
- Investment in additional equipment and facilities;
- Introduction of consistent practice, process and protocols across the system;
- Training of nurse endoscopists to bring the total in post to 8 by mid 2007;
- Extending practice of existing nurse endoscopists;
- Appointment of a co-ordinator / scheduler alongside the new single referral point;
- Development of a ‘Straight to Test’ protocol designed to improve and shorten the patient journey from referral to test.

### 7.2.11 Urology

In order to improve services for patients and streamline their journey, a review of Urology services was conducted in 2006. This resulted in the introduction of a number of service improvements.
Urology inpatient services were concentrated at Monklands hospital in February 2006 in an effort to provide a wider range of specialist urology services to the population of Lanarkshire. This has given us the ability to further enhance both outpatient and day surgery provision within Hairmyres and Wishaw General Hospitals.

Examples of this include:

- The use of referral guidelines by GPs, which gives them the ability to send patients ‘straight to test’ avoiding unnecessary outpatient appointments;
- The provision of ‘one stop’ clinics where the patient’s examination, diagnostic test, and often diagnosis, are available at one clinic therefore reducing the number of visits for patients;
- Introduction of common information leaflets and consent forms across the system.

7.2.12 Ophthalmology

The redesign of the cataract pathway introduced direct referrals from optometrists, combined cataract and pre-operative assessment clinics, and post-operative follow-up by nurse.

The impact of these changes has been:

- To speed up access for the patient, by obviating the need for a visit to the GP;
- Reduce the number of patient visits by introducing a single outpatient attendance to assess and book treatment, with the patient having a better understanding and clearer pathway;
- Improve efficiencies in the service to provide additional capacity to reduce waiting times.

7.2.13 Joint Governance and Accountability Frameworks

Following the creation of Community Health Partnerships, and based on the experience of their full first year of operation, the opportunity has been taken with local authority partners to review the governance and accountability arrangements in respect of joint planning, ‘joint futures’, and community planning.

As a result, reviews of existing structures have been undertaken and new arrangements agreed both in North and South, reflecting the agenda to be covered and the differing requirements in each statutory agency. These new structures provide clear accountability and governance for the priority areas of joint service planning and delivery, and health improvement, and have at their core the aim of delivering more effective and patient-centred services in each locality.

Diagrams of the new arrangements in North and South Lanarkshire are provided at Appendices 2 and 3 to this document.
**7.2.14 Long Term Conditions & Care Management**

NHS Lanarkshire established a Project Board charged with improving its services for people with long term conditions early in 2005. This gave a firm foundation for the work that has followed in the local application of the Scottish Government Self Assessment and development of the LTC toolkit. This has been done in partnership with the Local Authorities, Service Users and Carers and other stakeholders. The Toolkit and Work Plan were approved by the Health and Care Partnerships for North and South Lanarkshire and Lanarkshire NHS Board, and submitted to the Scottish Government at the end of April 2007.

All aspects of service delivery and design and health improvement that impinge on long term conditions are an integral part of Corporate Objectives and their review. Joint Performance, Information and Assessment Framework (JPIAF) processes and outputs are proxies for outcome and are subject to an annual programme of reporting, evaluation and target setting.

Since April, the Long Term Conditions Action Team has been created to progress the LTC agenda, specifically to develop a detailed action plan with targets, priorities and success criteria.

Whilst in so doing it will cover all six standards within the self assessment, its particular focus will be on patient information, training and education and multi-agency service redesign which were identified as key areas for development by the self assessment process.

The Toolkit and the work of the LTC Action Team link closely with the three Care Management Pilots that have been running in Lanarkshire since September 2006. SPARRA data is applied as part of the process of developing predictive case finding and the educational tools produced in partnership with NHS Education Scotland in 2005/06. The key test for the pilots is that they are effective in finding and supporting people with complex needs in the community who would otherwise be at risk of premature or avoidable institutional care. A formal and independent evaluation is to be carried out, the results of which will be known in January 2008. This will inform the development of integrated care management Lanarkshire wide.

**7.2.15 Single Shared Assessment (SSA) and Child Protection Messaging (CPM)**

Electronic Single Shared Assessment for Older Peoples services was first commissioned in the North Lanarkshire Partnership in 2004 and is now Lanarkshire wide. The formal sharing of information electronically for the purposes of SSA for Mental Health and Learning Disability will begin in North Lanarkshire in November 2007, and in South in January 2008. Refinements are taking place to the SSA data sets for Alcohol and Drugs Services and Physical Disability so that electronic information sharing for these services is in place by March 2008.

The implementation of SSA has required a major programme of joint organizational development and training involving several hundred NHS and Local Authority staff, as well as significant technical developments. Early work was done in Lanarkshire in creating an Information Sharing Protocol, now built into the National Protocol and formally launched earlier this year. Technical developments have included a multi-agency store, which has now been in place
for some years and enables information to be exchanged electronically between the Partners’ IT systems.

A formal and independent evaluation of SSA for Older People is currently being carried out and will report shortly. Previous feedback has indicated that service users and carers have seen improvements in joint working and a reduction in duplication, particularly the number of times that they are asked for the same information by different workers. A premium is placed on the link between SSA and direct access to services. Clearly, streamlining the Assessment process is only of benefit to service users and carers if they receive the services they need more quickly as a result.

The Lanarkshire Partnerships received Modernising Government Funding in 2004 to pilot the development of Child Protection Messaging. CPM is now in place for all Localities within NHS Lanarkshire, enabling messages to be passed electronically from Social Work to NHS community staff, Education, the Police and the Scottish Children’s Reporters Administration. These electronic links will be extended to Accident and Emergency Departments from January 2008 and subsequently to Children’s wards, GPs, and other agreed services.

Local work on CPM and eSSA is significantly ahead of the rest of Scotland, with benefits realisation being undertaken now to demonstrate this has a positive impact on users, carers, staff, and organisations.

7.2.16 Care Homes Project

NHS Lanarkshire was prompted to review health care provision to care homes in response to concerns about GP workload, increasing referrals to accident and emergency departments, and increasing emergency admissions. A multidisciplinary / multi-agency group reviewed the position and considered service model options, resulting in a pilot project being developed in East Kilbride.

In the new model, a practice is seen as being the focus of a ‘virtual team’. A practice will take on a cluster of care homes, (approximately 90 beds or more) and provide care for the residents based on a specification that defines what level of service should be expected from the practice under the new contract. The practice will link with liaison/link community nurses, AHPs and specialist services. The intention is to develop NHS Lanarkshire wide protocols, which will link all the services. At the same time, we are putting in place a training programme for practices with a view to enhancing expertise in care of the elderly in those practices who join the new scheme.

The advantages of having designated practices are as follows;

**For the patient:**
- Continuity of care;
- Pre set times for GP visits to care homes;
- Increased pro-active care;
- GPs with increased skills/expertise;
- Access to wider service provision;
- Improved support for care homes staff;
- Families will have opportunities to meet with the GP at their pre-arranged visit times.

**For care homes:**
- Improved communication with contracted practice;
7.3 Patient and Public Involvement in the Change Programme

Public Partnership Fora are now fully established in each Community Health Partnership, and are providing a valuable link between local communities (via the underpinning Community and Locality structures) and the ongoing programme of service redesign and improvement. In particular, public representation is in place on the Acute Programme Board, the Mental Health Modernisation Project Board, Lanarkshire Child Health Services Group, and the Maternity and Gynaecology subgroup.

As can be seen at 7.1 above, the Picture of Health work included a substantive public engagement and consultation process as part of its formulation, and since spring 2006, its implementation programme has hosted a wide range of workshops to consider redesign. A number of partners, including voluntary organisations and service users, have attended these workshops to date.

7.4 Regional Planning

NHS Lanarkshire has continued to benefit from active participation in the West of Scotland Regional planning arrangements:

- Sharing of acute strategies and monitoring of implementation of these. Following approval of A Picture of Health, two bi-lateral Joint Planning Groups were established to ensure robust arrangements are in place between Lanarkshire - Forth Valley and Lanarkshire – Greater Glasgow & Clyde. These groups are tasked with ensuring that there is adequate and detailed modelling of clinical models and bed numbers, along with shared risk management and contingency planning. In addition, it has been agreed to put in place a regional joint Ambulance Service Planning Group to monitor and support implementation of the agreed changes;

- Leadership by NHS Lanarkshire’s Chief Executive of the Unscheduled / Emergency and Out of Hours Regional workstream. This work modelled various service reconfiguration scenarios and was used to underpin local work on A Picture of Health. It has also been used nationally to inform the work of the Delivering for Health Unscheduled Care workstream;

- Regional Capacity and Waiting Times Planning – ongoing work to explore available capacity for planned care across the region and ensure best use of available resource, for example, in relation to cancer services;

- The Regional Medical Workforce Group, and its sub-groups, have been instrumental in supporting the introduction of MMC (see para 4.4.3).
7.5 Revised Proposals - September 2007

Revised proposals were approved by Lanarkshire NHS Board at its September meeting, and have been passed to the Independent Scrutiny Panel for consideration.
8 LOCAL SERVICE ISSUES

8.1 Primary Care Out of Hours Services

RESPONSE TO AUDIT SCOTLAND REPORT – AUGUST 2007

‘Not all NHS Boards routinely share data on fees and payments with other NHS Boards in Scotland, which makes it difficult to ensure value for money’ (p 18)

- NHS Lanarkshire is represented on the National Out of Hours Operational Group, which provides a forum for discussion of matters of common interest, including fees and payments. General issues such as seasonal variations are discussed and shared, as are details of fees and payments by neighbouring Boards, in order to ensure local consistency. NHS Lanarkshire has an agreement with Greater Glasgow and Clyde in this regard. Within Lanarkshire, there have been no increases in fee rates since inception of the scheme in October 2004;
- NHS Lanarkshire’s rates are comparable with similar Boards and have remained at such levels since October 2004. Our cost per head of GP registered population is the fourth lowest in Scotland.

‘Many NHS Boards do not regularly review contracts for out-of-hours services, making it difficult to ensure that services provided remain responsive to patient need and that contracts represent value for money’ (p 20)

- NHS Lanarkshire provides a full monitoring report to the Board each month. This covers activity, performance, clinical governance and developments;
- All of NHS Lanarkshire’s services are either sessional GPs or salaried GPs. We have no external contracts as such. The Ambulance contract is a national service, however, at local level there are management negotiations and agreements with the service regarding the integration of paramedics with local out-of-hours services, and the effective deployment of staffing resources;
- As NHS Lanarkshire has, to date, not used external agencies, there has been no need to negotiate or re-negotiate such contracts. The on-going development of nurse practitioner and paramedic services – via appropriate minor injury and illness training – is designed to allow such staff to take a more prominent role in service delivery, make best use of skill mix, and thus reduce reliance on GPs for all calls.

‘Many Boards do not routinely monitor the impact of out-of-hours services on other parts of the system such as A&E and community pharmacy’ (p 25)

- The comprehensive monthly Board report referred to above provides a substantial amount of data for review and follow-up. NHS Lanarkshire is monitoring calls against the NHS 24 criteria (1,2, 4 hours), and there is monitoring of referrals from A&E, and joint monitoring of complaints and
follow-up relating to A&E cases. There is also monitoring of community
nursing out-of-hours unscheduled care activity;
  o There is pharmaceutical input to the local Out of Hours Executive Group,
and special provision for pharmacy has been made in the Winter Plan.
Pharmacy cover arrangements are shared, and have ‘Champions’ who
support pharmacists to participate in the Minor Ailments Service and PGDs
for repeat prescriptions;
  o We acknowledge that we do not at present have formal monitoring linked
to social work services, and recognise that this is an area worthy of further
consideration.

‘Each Board should monitor out-of-hours call response times to ensure
that patient calls are handled appropriately’ (p 25)
  o Handling of patient calls is robustly monitored on an hour-by-hour basis in
terms of timely handling. Quality of response is assured by means of
rigorous training of staff, and monitoring of subsequent performance with
follow-up training where necessary. A joint (with NHS 24) patient
satisfaction survey has been carried out in relation to patients’ perceptions
of calls (e.g., timeliness, quality of response, satisfaction with outcome)
and this provided very positive feedback. There is a local Joint Executive
Group with NHS 24 which monitors these aspects overall and develops
service responses accordingly;
  o Locally, services are subject to on-going continuous review. NHS
Lanarkshire would be happy to share its methods and approaches with
other Boards if desired, and would welcome further developments at
national level regarding setting of national targets in this area.

‘Boards should continue to make progress in integrating primary care
out-of-hours services with unscheduled care services. Failure to do so
will make it difficult to ensure that the Board is making the best use of
available resources’ (p 30)
  o The Unscheduled Care Collaborative provides the framework locally for
integration of all unplanned / emergency care. The Out-of Hours service is
co-located with the 3 main A&E departments, thus providing ease of
linkages and access to most appropriate level of care;
  o A pilot project is underway at Wishaw to further link A&E with the Out of
Hours service, by designating the A&E reception as the initial assessment
point, based on agreed criteria, for decisions regarding onward routing to
either Primary Care service or A&E service. A sub-aim of this project is to
raise public awareness of the capacity of primary care to deal with
appropriate calls in a timely and effective manner.

‘Many Boards report that fewer GPs are willing to take part in out-of-
hours rotas, which may affect the sustainability of the out-of-hours
service. It is essential that Boards monitor how extended roles for staff
and GP re-provision rates are developing. These data are required to
support accurate workforce planning for out-of-hours services and to
inform service development’ (p 30)
  o NHS Lanarkshire has not experienced any pressures in staffing the out-of-
hours service beyond those that can be anticipated as part of seasonal
variations and thus can be managed accordingly. NHS Lanarkshire has
not, to date, had to make use of agencies. The flexibility of our rota system (offering different geographical and sessional patterns) makes it more attractive to GPs, and we have had no difficulty in recruiting GPs to take part;

- Staffing details are included as part of the monthly Board report referred to above, and provide details of % of rotas covered;
- The Workforce Plan section on Out of Hours workforce recognises the importance of developing a broader skill mix, with particular reference to nurses and paramedics. At operational level, more detailed work is underway including, for example, continuing to develop extended roles for nursing and paramedic staff via Minor Injury / Illness Management training. This approach in particular is viewed as a substantive development to ensure the sustainability of the service for the future, by maximising skills and skill mix, and increasing the range of potential staffing resources. Information leaflets issued to patients make it clear that they will be seen by a health care professional, not necessarily a GP. During 2007/08, there are plans to increase capacity of the nurse triage team from 12 to 15 seats. Additionally, some triage nurses are being trained in Minor Injury and Illness Management in order that they can fulfil a more extended role.

8.2 Delivering for Health

NHS Lanarkshire has made good progress in relation to improving services as indicated in Delivering for Health. Our framework for major service change – A Picture of Health – reflects the key tenets of Delivering for Health, and will be implemented in line with the outcome of the current review. In the meantime, progress against the SGHD Delivering for Health monitoring template (July 2007) demonstrated that 11.4% of our actions were ‘completed’; 65.7% were ‘on target’; 22.9% were ‘delayed’, with none falling in to the ‘will not be met’ category. Those considered ‘delayed’ are subject to specific internal reporting and are being progressed towards moving back ‘on target’ in-year.

8.3 Delivering for Mental Health

NHS Lanarkshire submitted its first Delivering for Mental Health progress return to SGHD in March 2007. Of those items able to be rated, seven were considered ‘on target’ and three ‘delayed’. Work is progressing in relation to those rated ‘delayed’ in order that they are brought back on target in-year. We look forward to receiving further feedback on this at the next visit by the Implementation Review Team in October 2007.

8.4 GMS Contract

(Also discussed at 4.4.1)

NHS Lanarkshire has used the opportunities afforded by the contract to support a number of improvements and innovations. For example:

- Information from practice lists used to inform establishment of Lifestyle Clinics;
- Local enhanced service for Care Homes developed;
8.5 Long Term Conditions

As noted in section 7.2.14, NHS Lanarkshire has been very pro-active in developing its approach to Long Term Conditions. The LTC Toolkit provided a useful stocktake of current performance and allowed NHS Lanarkshire and its partners to focus their attention on very specific areas over the next two years. NHS Lanarkshire is taking deliberate positive action in regard to two longterm conditions, namely diabetes and COPD, with the development of self support care for both disease areas. We will also use the flexibility and scope of the newly announced Scottish Enhanced Services Package to act as a catalyst to move further work from secondary to primary care and closer to the patient. Finally, NHS Lanarkshire as developed an innovative Telehealth / Care initiative aimed at improving care and outcomes for COPD sufferers. This project has been awarded £200k from the national telecare programme over the next two years.
9 CONCLUSION

The brief details and examples in the foregoing self-assessment represent a year of solid progress by the Board in 2006/07.

Local Delivery Plan targets are now embedded into corporate objectives, and performance managed at locality, CHP, Division and Board level. This has ensured that due attention is given to each target, and that any deviation from trajectory is identified and dealt with in-year.

CHPs are now well established and are strengthening partnership working across the full range of their activities, with a particular focus on health improvement. Public Partnership Fora have continued to develop, ensuring greater public involvement across a range of activities.

Our financial position continues to improve, enabling our recurring deficit to be further reduced.

We look forward to advancing our service modernisation framework further in 2008/09, to secure further improvements in performance and quality of service to our population.
APPENDIX 1

Para 5.3 – Inpatient and Daycase Waiting Times

NHSL Inpatient and Daycase Waiting List

Para 5.4 – Outpatient Waiting Times

NHSL Consultant Outpatient Waiting Times