



Draft notes to be approved at August OMC meeting

NHS LANARKSHIRE

COMMUNITY HEALTH PARTNERSHIPS

**NORTH LANARKSHIRE CHP
OPERATING MANAGEMENT COMMITTEE
PERFORMANCE MANAGEMENT**

**Notes of Meeting Held on Wednesday 11th June 2008 at 1pm in Committee Room 1,
Divisional HQ, Strathclyde Hospital**

Present: Mr John Anning, Non-Executive Director (Chair)
Mr David Clark, Non-Executive Director
Mr Colin Sloey, Director North Lanarkshire CHP
Mr Stephen Kerr, Head of Planning and Performance
Mrs, Fiona Porter, Acting Deputy Director of Finance
Mr Felix Mulholland, PFPI Representative
Mr B Smith, PFPI Representative
Mr Kenneth Small, Director of OD & North CHP HR Representative
Mrs Margaret Moncrief, Carers' Representative
Mrs A Armstrong, Divisional Director of Nursing – Primary Care
Dr Philip McMenemy, Associate Medical Director (Primary Care)
Mrs Mary Castles, Director of Housing and Social Work
Dr Jennifer Darnborough, Public Health, NHSL

In attendance: C Jack, (Minutes), Calvin Brown , Communications Manager,
Graeme Walsh (Item), Richard Burgon (Item 4.3)

1. APOLOGIES

Mr Duncan Clark, Mr David Boyd, Dr Jennifer Darnborough, Mrs Judith Hope, Dr Arturo Langa

2. MINUTES OF LAST MEETING

The notes of the meeting held on the 30th April 2008 were formally recorded as a true record of the meeting subject to the inclusion of Mr Duncan McKay in the note of those in attendance.

3. MATTERS ARISING

3.1 Public Partnership Representation

S Kerr advised that the inaugural meeting of the Young People's Reference Group had been held and a number of options around engagement had been discussed. It was noted that they had expressed an interest in having a seat on the Partnership Reference Group and this was agreed by Mr Mulholland, Chair of the Reference Group.

3.2 Terms of Reference

No further amendments to the Terms of Reference had been received and these were formally approved. Mr Sloey made reference to discussions with Greater Glasgow and Clyde regarding their nominated representatives and advised that there would no change to the current situation, where a place on the OMC was available to their Non Executives, although it was unlikely that they would be in attendance due to other commitments. Given that the meeting had always been quorate with Non-Executive representation always in attendance it was agreed that the status quo would remain.

4. PLANNING

4.1 Child and Adolescent Mental Health Strategy

Mr Richard Burgon, General Manager for Wishaw Locality attended the meeting to give a presentation on the development of the CAHMs Strategy and to update OMC members on recent developments within the service. Mr Burgon gave a brief overview of the service and the current structure within specialist teams and areas of joint working with acute services, education and social work and mental health. Mr Burgon highlighted current gaps in the service highlighting the current commitment of resources benchmarked against other comparable health board areas which served to highlight the need for sustained investments for the service to fully develop. The main components of the strategy highlighted progress towards implementation of national strategy and guidance. Additional investment in 2007 and 2008 had supported the following developments:

- Learning Disabilities Team
- Increased capacity of existing Multi-Disciplinary teams
- Primary Mental Health Team

Mr Burgon went on to highlight the priority areas for future investment including the further development of the Tier 3 Multi Disciplinary Teams (from 5 to 6 teams covering smaller areas).

Discussion followed on the some of the challenges facing the service not least the need for substantial ongoing investment. The difficulties in recruiting appropriately skilled staff was noted. Mr Sloey and Mr Kerr made reference to the need to explore other ways of working that increased capacity within the existing teams that maintained quality but increased throughput.

The need to ensure appropriate skill mix reviews were undertaken to maximise opportunities to address recruitment gaps in the most effective way. Mrs Castles made reference to partnership working arrangements within the teams and in terms of links with wider agencies in the light of the recent HMIe review which highlighted the need to ensure that early interventions from both agencies were required to prevent problems escalating where the need for more specialist interventions might be required. Mr Sloey made reference to the work planned under the auspices of 'Towards a Mentally Flourishing Scotland' where the main focus of the work would be around building resilience in young people.

Action: Mr Anning thanked Mr Burgon for his presentation and asked that the following agreed actions be taken forward:

- 1. The Strategy be further developed and finalised in partnership with NLC/SLC.***
- 2. That the existing service continue to review current practises to increase efficiency and throughput.***
- 3. The CAHMs leadership team progress the development of the service as best they can within the current investment pending future investment.***

4.2 North Lanarkshire Council – Audit Scotland Report

Mrs Castles made reference to the Audit Scotland Report – The Audit of Best Value and Community Planning for NLC and their partners which had been circulated for information. The report was the result of a visit to NLC that took place in September 2007. Mrs Castles had prepared a summary report highlighting the key findings from the Audit which had been very positive. The commission had concluded that NLC did demonstrate a strong commitment to the value and acknowledged:

- The pace of change.
- High rate of service improvement.
- Consultation with service users.
- Commitment to continuous improvement.
- Financial, asset and risk management, record of effective partnership working

Mrs Castles went on to highlight Section 14 of the report which concentrated on Community Planning and Partnership working. Mr Mulholland acknowledged the positive report but highlighted issues around community engagement standards and concerns that the community forums were not seen as effective vehicles for community engagement. Mrs Castles acknowledged issues and gave examples of more effective methods of engagement on single issue items and it was agreed that it was more difficult to establish an effective form where issues were more generalised. Mrs Castles ended by advising of the sign off process for the report and that a short action plan has since been developed to address the recommendations contained within the report.

Action: Mr Anning thanked Mrs Castles for providing the summary of the report and encouraged OMC members to read the full report.

5. Performance Reports

5.1 Performance Management Report

Mr Kerr made reference to the Performance Report previously circulated which highlighted the current position in respect of waiting times for April 2008. Mr. Kerr highlighted a number of areas including:

- Physiotherapy – the inclusion of patients from Airdrie locality (previously reported within Acute Division) had contributed to an overall increase in the total number of patients waiting, however, the number of those waiting for over 9 weeks had fallen from 611 to 297 and it was anticipated that the 9 week target would be met in July 2008. This was a reflection of the additional staff recruited under the ‘Invest to Save’ project.
- Medical Paediatrics – 4 patients were reported as waiting longer than 18 weeks compared to 19 reported in last report.
- Psychology – The total number of patients waiting has risen since the last report and waiting times overall were increasing. Mr Kerr advised of actions being taken to address these trends and it was noted that a benchmarking exercise was underway.
- Dietetics – It was noted that there are now no patients waiting over 18 weeks and the number of patients waiting over 9 weeks had been significantly reduced. Mr Sloey advised that this had been achieved through sustained proactive capacity management.

Mr Anning acknowledged the work ongoing around capacity management but expressed some concern that this was taking some time to take effect and in some areas did not seem to have made an impact as yet particularly with reference to Clinical Psychology services where very vulnerable patients were waiting even longer than before. Discussion followed on some of the contributing factors and on some of the recent initiatives which would have a positive impact in due course e.g. recruitment of a Nurse Consultant post in Psychological Therapies. Mr Sloey acknowledged that more pro active management of the waiting list issues was required and asked that Mr Kerr refresh the Terms of Reference and membership of the Capacity Planning Group to raise awareness of these concerns and of the expectations of the OMC that remedial plans would be put in place timeously and with a greater degree of rigour.

Action - Mr Anning thanked Mr Kerr for his report and asked him to take forward the actions noted above.

5.2 Finance Report

Mrs Porter made reference to the Finance Report for the period ending 31st March 2008. Mrs Porter advised of the year end position for North Lanarkshire CHP and outlined individual Locality performance. Mrs Porter detailed a number of non-recurring initiatives targeted at service redesign or improvement funded from the underspend.

Targeted recurring investment into specific Mental Health service areas was also noted including the investment in CAHMs services as detailed in the earlier presentation. Mrs Porter highlighted the key trends anticipated for the new financial year and advised of the Cash releasing efficiency Targets and the financial monitoring procedures being deployed for the CHPs.

Action: Mr Anning thanked Mrs Porter for her first finance report to the OMC which had been very comprehensive and informative.

5.3 Directors Report

Mr Sloey made reference to his Director's Report which served to highlight a number of areas of progress being undertaken within North Lanarkshire CHP. Progress with a number of Capital Projects was noted including Airdrie, Coatbridge, Bellshill and the Complex Needs units at Coathill and Caird House. Mr Smith advised that he would appreciate further engagement with stakeholders on Airdrie Community Health Centre and it was agreed that this would be appropriate and would be arranged. Mr Sloey gave a brief update on the Northern Corridor integration and advised of the establishment of a Project Board and various sub groups to ensure that all the relevant issues were addressed. Mr Sloey gave a brief summary of the issues raised at the annual meeting with the Mental Welfare Commission following their year long programme of both planned and unplanned visits to NHSL. A summary report on all the areas discussed and actions to be taken forward was attached to the Directors report for information.

5.4 Divisional Nurse Director Report

Anne Armstrong talked through her report which highlighted key issues within Primary Care nursing and the associated portfolio of the Divisional Nurse Director (Primary Care) which now included operational responsibility for Healthcare Associated Infection (HAI).

Mrs Armstrong noted progress with the Child Protection agenda including the commissioning of a training needs analysis with recommendations due in July 2008. Formal feedback in draft form from the recent HMIe visit was due to be received before the end of the month with the final report due in September 08.

Mrs Armstrong highlighted a number of areas in relation to HAI in response to interest shown by the Partnership Reference Group. The delivery plan for 2008-2011 was noted and the various components of the HAI strategy were noted and discussed. Mr Mulholland made reference to the presentation at the last Reference Group meeting on the Hand Washing Campaign and of the discussion that had ensued which had highlighted a number of areas of public concerns and public perceptions on the contributory factors for HAI. Mrs Armstrong reiterated points made at the reference group around direct involvement of members of the public in regular audits.

Action: Mr Anning thanked Mrs Armstrong for her report and asked that regular updates be received on HAI given the current high public profile.

6. Governance

6.1 Communications

Mr Calvin Brown referred to his Communications report for the period 31st March 2008 to 31st May 2008. Mr Brown highlighted a number of positive items of press coverage including wide coverage of the launch of the NHS Lanarkshire Stop Smoking Helpline and the launch of the General Enquiry line. Controversial issues reported in the media at the same time included a patient incident at Wishaw Health Centre and vandalism at a number of health facilities.

6.2. Complaints

Mr Walsh attended the meeting to discuss the Complaints Report for the last quarter and a summary of the outcome of an investigation by the Ombudsman into a complaint regarding Out of Hours care by NHS 24 and NHSL Primary Care Emergency Centre. The complaint had partly upheld a number of recommendations which were to be followed up.

7. REPORTS/MINUTES NOTED

The following minutes were noted:

South Lanarkshire CHP Operating Management Committee – 19th May 2008

Acute Division Operating Management Committee – 24th April 2008

Divisional Partnership Forum – 5th March 2008

8. DATE OF NEXT MEETING

The date of the next meeting was scheduled for 6th August 2008, however, as that date coincided with the Accountability Review, it was agreed that the meeting should be rescheduled (date to be confirmed).

CIRCULATION LIST:

OMC members

Mr Ken Corsar, Chair NHSL Board

Members of Acute Operating Management Committee

Members of South CHP Operating Management Committee

NHSL Board Members

Members of North CHP Management Team

Members of Partnership Reference Group