

**NHS LANARKSHIRE ANNUAL REVIEW: 19 NOVEMBER 2007  
MID YEAR REVIEW OF PROGRESS**

The actions agreed during the Annual Review on 19 November 2007 were set out in a letter from the Cabinet Secretary to the Chairman dated 15 January 2008. The CMT meeting of 7 February 2008 confirmed Executive lead(s) for each action, and that progress reports would form part of performance management arrangements. A Mid Year review of progress was completed at the end of the year in question, i.e., in March 2008; and has been updated recently to reflect the most up to date position for inclusion in the 2008 Annual Review Self-Assessment.

<b>Annual Review Action</b>	<b>Lead(s)</b>	<b>Progress at June 2008</b>
<p><b>1</b></p>	<p>Show emerging evidence of measurable improvements in reducing health inequalities</p>	<p>Alan Lawrie Colin Sloey</p> <p>The trajectory agreed for the 2007/08 Local Delivery Plan was based on the mortality rate for people under 75 years in the 20% most deprived postcode areas (Carstairs Deprivation Index). For 2008/09, this has been changed to the 15% most deprived datazone areas (Scottish Index of Multiple Deprivation).</p> <p>CHD mortality rates are calculated as a three year rolling average. On the basis of the new definition (15% most deprived datazones), Lanarkshire has shown a reduction between the three year average for 2003-05 when the rate was 133.4 and 2004-2006 when the rate was 123.9.</p> <p>The <i>Keep Well</i> project is the main vehicle for local NHS delivery of this target. This project will be evaluated and its lessons and approaches will be developed as an integral part of existing primary and community services.</p> <p>The Health Improvement agenda is now firmly embedded across the North Lanarkshire Single Outcome Agreement and the Community Plan, and will feature more strongly in the Neighbourhood Improvement Plans. North Lanarkshire Partnership has committed to the roll out of the Health Living Centre (HLC) Model across all localities over the next 12-18 months, which will allow much better targeting of interventions with the support of communities themselves.</p> <p>The position in South Lanarkshire is similar in that there is and agreed Joint Health Improvement Plan which focuses on very targeted areas such as smoking, alcohol, diet,</p>

		<p>exercise and mental health and wellbeing. There were a number of surveys undertaken in 2007/08 which show improvement in many of the key areas at datazone level. Healthy Valleys, the Cambuslang CHI and the Up for It project continue to work on the inequalities agenda with very significant success.</p> <p>The South Lanarkshire Partnership report of March 2008 on its 28 Key Performance Indicators (KPIs) for Community Care for the period since 2000 or most recent year demonstrated significant progress. Of the 28 indicators, 14 relate to Safe and Healthy Communities and incorporate action on health inequalities. The report will be used to inform the Plans being developed within Localities through the newly formed Local Partnership Groups, including the detailed examination now completed of the three areas where progress appeared not to have met expectations. This examination has put the high level results into context, demonstrating the full extent and intensity of activity underpinning the indicators.</p> <p>The KPIs alongside the local development of the Outcomes Framework are integral to the continuing development of the Single Outcome Agreement.</p> <p>The new Joint Health Improvement Plan (JHIP) has also been completed recently, building on the work of previous years. Implementation and further development of the Plan will be informed by joint working with colleagues in North Lanarkshire to learn from and apply lessons from the evaluation of the <i>Keep Well</i> Project.</p> <p>As part of the Community Nursing review additional investment has been made available to the most deprived areas to support increased activity across the health improvement agenda. This includes targeting hard to reach areas to realise improved performance against:</p> <ul style="list-style-type: none"> <li>○ Smoking cessation services;</li> <li>○ Better uptake of health screening and the improved links to evidence based treatment;</li> <li>○ Improved uptake of breast and cervical screening;</li> <li>○ Improved uptake of immunisation programmes.</li> </ul>
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2	<p>Continue to develop innovative approaches to make contact with, and met the needs of, hard to reach and deprived communities.</p>	<p>Alan Lawrie Colin Sloey</p>	<p>As described at (1) above, North Lanarkshire Partnership is well positioned to implement a very robust model for Health Improvement, which will allow us to explore new ways of reaching these communities.</p> <p>We believe that a combination of factors will help meet these needs, namely, inclusion of Health Improvement prominently within the North Lanarkshire Single Outcome Agreement, Community Plan and Neighbourhood Plans, continued development of the <i>Keep Well</i> Project and, importantly, delivery of elements of the overall agenda through Healthy Living Centres / Communities.</p> <p>Currently we are using North Lanarkshire Council's Customer Contact Centre (Northline), who have been providing a telephone follow up service for 'Did Not Attends' in the <i>Keep Well</i> programme.</p> <p>We have also made a submission to the Mental Health Rave Equality programme with a view to enabling us to deliver better services to black and ethnic minority communities.</p> <p>In preparation for the introduction of colorectal screening in August 2009, work is ongoing around how to maximise uptake in those 'hard to reach' communities. Particular risk groups have been identified through the UK colorectal screening pilot as men and women in low income groups, males generally, and certain ethnic groups.</p> <p>The multi-agency Local Partnership Groups within South Lanarkshire will play a key role in developing an integrated approach to the implementation of the Community Plan within local communities. As well as the KPIs report, this work will be informed by the Neighbourhood Management System that brings together a profile of key data from across the Partner agencies and Community Planning Themes.</p> <p>Locality Plans and the priorities of the Local Partnership Groups will also be shaped by the</p>

			<p>implementation requirements of the JHIP and <i>Keep Well</i> evaluation. Other elements in the continued improvement in health and well being and making contact with the hard to reach and deprived will be :</p> <ul style="list-style-type: none"> <li>○ The healthy living communities in both urban and rural settings, the Community Health Initiative in Rutherglen and Cambuslang Locality and the Healthy Valleys initiative in Douglas and the Nethan Valley (Clydesdale Locality);</li> <li>○ Participation in the Shared Challenge Support Programme for the development of community led health initiatives;</li> <li>○ The results of current work on developing a Compact between the Community Planning Partners and the Voluntary Sector should include measures that will have a direct impact in improving health and wellbeing.</li> </ul>
<b>3</b>	Consider demonstrating the economic benefits of upstream, targeted interventions in health.	Alan Lawrie Colin Sloey	<p>This is an issue for the longer term. We would anticipate seeing a reduction in the overall disease burden within Lanarkshire over time and a reduction in the numbers of people with long term conditions, further evidenced by a reduction in the avoidable hospital admissions. One of the complicating factors is the upward trends currently being seen in some disease areas, e.g., obesity, diabetes, alcohol use and abuse.</p> <p>We might expect, for example, as a consequence of <i>Keep Well</i>, the introduction of the national smoking ban, together with the focus on targeted specific health improvement activities in the NHS and via the Single Outcome Agreements, to see an improvement both in mortality and morbidity, which would have likely positive consequences in the shape of, for example, reduced hospital admissions, and time lost for work.</p>
<b>4</b>	Carry out further analysis around the expected rate of retirals. Work undertaken so far has been largely based on age profiles for the workforce.	Alison Graham (with HR support)	<p>Of the 16 consultants over 50 who left NHS Lanarkshire over the past year, twelve retired. Six were of retirement age, five took early retirement and one retired due to ill health. Of those taking early retirement, four were 59 and one was 57 years old. A further four consultants over 50 left over eth past year for other reasons. All consultants who left or retired were on the new Consultant Contract.</p> <p>We continue to monitor the age profile of consultant staff, providing a breakdown in the</p>

			Workforce Plan each year.
<b>5</b>	Continue ongoing engagement with the Scottish Government Health finance Directorate regarding progress on finance and property / capital related issues.	Susan Goldsmith	Meeting with SGHD held on 14 April 2008, part of ongoing dialogue with Directorate regarding financial matters.
<b>6</b>	Redouble efforts to reduce the number of delays and eliminate seasonal fluctuations to achieve the April 2008 target for delayed discharges.	Rosemary Lyness Alan Lawrie Colin Sloey	<p>At the April 2008 census date NHS Lanarkshire was within the delayed discharge target with no delayed discharge patients in short stay wards and no discharge patients over 6 weeks. This was achieved with Partnership colleagues. The commitment is to sustain that position during 2008/09.</p> <p>A strategic review of operational arrangements associated with delayed discharge has been undertaken by the Lanarkshire Partnership. The action plan agreed by the Partnership is being implemented. This builds on the good working relationships among the partners and will inform development of Single Outcome Agreements. A Managed Care Network has also been launched recently by the Partnership that will advise and provide guidance as well as promote models of good practice and service quality for older people.</p> <p>In addition, NHS Lanarkshire has established an Older People's Programme Board designed to ensure a clear health perspective on the way forward for services for older people.</p>
<b>7</b>	Put in place robust arrangements to ensure the Local Delivery Plan identifies key actions and how risks to delivery will be mitigated in order to demonstrate required	Alison Graham (to 31 12 07)  Paul Wilson (from 01 01 08)	An action plan is being formulated by a team which clearly identifies the level of performance we aim to reach for each standards. Progress will be tested by periodic self evaluation culminating in the peer review visit in August 2009. In many areas progress has already been made but it is the systematising of the standards (formulation, implementation, monitoring and review) and demonstrating the evidence that is challenging. A similar approach to the recent child protection inspections by HMIE is being adopted for the Clinical Governance and Risk Management standards.

	levels of progress towards achieving the NHS QIS Clinical Governance and Risk Management Standards.		
<b>8</b>	Continue to have evidence available in order to provide assurances with regard to the robustness of clinical governance and risk management arrangements.	Alison Graham	NHS Lanarkshire has in place a Clinical Governance & Risk Management structure provided through the Audit Committee, Health & Clinical Governance Committee and Steering Group, and the Risk Management Steering Group. There is an over-arching Acute and CHP structure reporting to these committees and groups. This year, NHS Lanarkshire will appoint a Head of Clinical Governance & Risk Management to review and strengthen arrangements throughout the organisation.
<b>9</b>	Consider what additional attention, services and support will be required locally to deliver a 10% reduction in antidepressant prescribing by 2009.	Alan Lawrie Colin Sloey	<p>NHS Lanarkshire is continuing to increase the availability of evidence-based psychological therapies to all age groups and in all settings. Money saved from the prescribing of anti-depressants for 2007/08 has been used to fund a new service staffed by Clinical Associates in applied Psychology, which has increased the availability of psychological therapies in primary care. We have also introduced Gateway Workers to assist us in ensuring that we treat patients appropriately and to ensure that the focus of our Psychology service is on treating patients with the most complex issues. Following robust evaluation, assuming a positive outcome, this will be rolled out across Lanarkshire in 2008/09.</p> <p>The first Scottish Prescribing Agency data reports demonstrate that in the localities where this project has started, there has been a downturn in the level of anti-depressant prescribing. It is too early to say if this will be maintained.</p> <p>NHS Lanarkshire is also committed to the Mental Health Collaborative programme, which will enable dedicated support through a Project Manager and Information Analyst to use the Plan, Do, Study, Act methodology to effect the necessary changes. This approach will be initiated in two pilot sites, Airdrie and Bellshill, before roll out to other localities in accordance with the spread principles inherent in the methodology.</p>
<b>10</b>	Address issues of capacity	Colin Sloey	From an investment of £400,000 (recurring) made into the CAMH Service in January

	<p>for Child and Adolescent Services and keep officials informed of developments.</p>	<p>2008, £200,000 has been dedicated to the establishment of a Primary Mental Health Team (4.0 WTE clinical staff). This team will develop and early intervention service incorporating the functions outlined in the framework for link workers for schools. As a development project the team will pilot the service within set areas of Lanarkshire, with ongoing evaluation and establishing plans for roll out. Recruitment to the team is currently underway. An interagency steering group will oversee the project phase ensuring integration with local authority services. The pilot areas will be co-located with the CAMHS Reach Out Team allowing a review of Reach Out services and a development opportunity to establish, for the first time in Lanarkshire, a comprehensive Tiered CAMHS Model of service delivery.</p> <p>In addition £237,000 has been invested in the development of a Learning Disabilities team within the CAMH Service. This investment will ensure that for the first time NHS Lanarkshire is able to provide support, consultation, training and interventions in relation to children with learning difficulties and concurrent Mental Health problems. The Consultant led team will also facilitate the transition from CAMHS to adult services for this cohort of patients.</p> <p>£250,000 investment has been made for eating disorder services from April 2008 to develop services in line with a tiered model. CAMHS patients (up to age 16) will be assessed and managed within teams which will benefit from investment in training. Inpatient and primary care staff will also receive training. Adult services (age 16 upwards) will assess and treat patients in their geographical locality. Staff will also benefit from a training programme and support, supervision and training from a Tier 3 team being established, which includes a CAMHS Clinical Psychologist. These will ensure effective management of transitions from CAMHS to adult mental health services. The Tier 3 team will also manage and treat the most complex cases.</p> <p>Further investment in excess of £1.1m will target prevention, early intervention and treatment programmes for children, young people and families affected by parental substance misuse.</p>
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