

Lanarkshire NHS Board

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Meeting of Lanarkshire NHS Board, Wednesday
27th February 2008, at 9.30 am in the Board Room,
NHS Lanarkshire, 14 Beckford Street, Hamilton

CHAIRMAN: Mr P K Corsar, Non Executive Director

PRESENT: Mr J A Anning, Non Executive Director
Mr T Currie, Non Executive Director
Mr T Davison, Chief Executive
Mrs S Goldsmith, Director of Finance
Dr A Graham, Medical Director
Mr A Lawrie, Director, South Lanarkshire Community Health Partnership
Councillor E McAvoy, Non Executive Director
Councillor J McCabe, Non Executive Director
Mrs D McCormick, Non Executive Director
Mrs N Mahal, Non Executive Director
Dr D C Moir, CBE, Director of Public Health
Mr I A Ross, Director for Strategic Implementation, Planning and Performance
Mr C Sloey, Director, North Lanarkshire Community Health Partnership
Mrs S Smith, Non Executive Director
Mr H Sweeney, Employee Director
Mr G Walker, Director of Human Resources
Mr P Wilson OBE, Director for Nursing, Midwifery and Allied Health Professions

IN ATTENDANCE: Mr N J Agnew, Corporate Affairs Manager/ Board Secretary
Mr C Brown, Communications Manager
Mr D Hume, General Manager, Acute Division
Mr E J H Mallinson, Consultant in Pharmaceutical Public Health
Mr K A Small, Director of Organisational Development
Dr V J Sonthalia, Chairman, Area Medical Advisory Committee

APOLOGIES: Mr D Clark, Non Executive Director
Mrs R Lyness, Director, Acute Services
Mrs M Nelson, Non Executive Director
Mr W Sutherland, Non Executive Director

10. **WELCOME**

The Chairman welcomed members to the meeting. He explained that he would require to leave the meeting at 10.00am to travel to Monklands Hospital to accompany the Cabinet Secretary on her visit there later that morning. He advised that he had invited Mr. Currie to Chair the remainder of the meeting in his absence.

11. **CHAIRMAN'S REPORT**

The Chairman reported on the principal issues considered at the meeting of the Cabinet Secretary with NHS Board Chairs on Monday 25th February 2008, as follows:

- A presentation on Single Outcome Agreements for Local Authorities, with a particular emphasis on the partnership approach and the role of the Community Planning Partnerships.
- A presentation on Lean technology, currently in place in NHS Lothian, and planned for theatres utilisation in NHS Lanarkshire.
- A presentation on workforce issues.
- Waiting Time Targets
- National Resource Allocation Committee, acknowledging that the Cabinet Secretary was accepting the principles and recommendations of the Review.
- Accident and Emergency Services at Monklands and Ayr Hospitals.
- Local Delivery Plans
- Consultation on the Local Health Care Bill
- Out of Hours Services
- The local roll-out of the National Patient Experience Programme
- Proposals for extended access to GP services
- Additional funding for implementation of Carers Information Strategies
- HPV vaccination

12. **MINUTES**

The Minute of the Meeting held on 30th January 2008 was submitted for approval and signature.

THE BOARD:

1. Approved the minute for signature, subject to noting in the last paragraph on page 11, that all of the references to 'weeks' for GP training, should be 'months'.

13. **MODERNISING MEDICAL CAREERS**

The NHS Board considered an update report on Modernising Medical Careers Implementation.

The Medical Director explained that the Scottish Government had issued a Consultation Document on the recommendations of the Inquiry into Modernising Medical Careers, led by Professor Sir John Tooke, which were to be taken forward in Scotland, with a 1st April 2008 deadline for responses, and an aim to issue a report on the process by May 2008.

She reported on the ongoing deliberations of the West of Scotland Regional Medical Training Distribution Sub Group, co-chaired by Tim Davison and Bill Reid, which met regularly to ensure that the Service was integrated into the long and short-term planning, and the decision-making process relating to Medical Training Workforce Establishments, including agreeing the distribution of junior doctors for the five Health Boards within the West of Scotland. She confirmed that the Group's work included the inequities in distribution of training opportunities across the West of Scotland.

Dr. Graham reported that a review of NHS Lanarkshire's MMC Implementation Risk Register was underway on a specialty by specialty basis. She highlighted, as common themes of concern arising from MMC implementation, training issues, skill mix and recruitment, and explained the material ways in which these issues were being addressed in Lanarkshire. She advised that, at present, it was difficult to quantify the exact service impact from the implementation of MMC, but confirmed that all specialties were being reviewed, with the outcome of that process being reflected in an overall service impact assessment within the Risk Register. She advised, also, that in the absence of a National Recruitment System, and while the Tooke recommendations were being worked through, recruitment continued to be undertaken on a local Deanery/Board basis, with all interviews to be concluded by 26th March 2008 and a target date of the end of May 2008 for the conclusion to the recruitment processes. She confirmed that throughout the process continuity of service would be the paramount consideration.

THE BOARD:

1. Noted the update report on Modernising Medical Careers Implementation.
2. Asked to receive a further report.
3. Agreed to consider medical staffing as part of a Board Seminar on workforce Issues.

Medical
Director
Board
Secretary

Mr. Corsar left the meeting and Mr. Currie assumed the Chair for the remaining business.

14.

CHILD PROTECTION

The NHS Board considered a paper on Child Protection.

The Director for Nursing, Midwifery and Allied Health Professions explained that the paper was presented to the Board to confirm the arrangements for the multi-agency inspection of child protection arrangements taking place concurrently in both North and South Lanarkshire, and to highlight issues that had particular relevance to the role of the Board. He reminded members of the background to the inspection, and explained the processes through which the assessment against national standards would be taken forward, with the aim of establishing: the effectiveness of the help children and young people got when they needed it; the effectiveness of agencies and the community working together to keep children safe; the efficiency of the delivery of key processes and operational management in protecting children and meeting their needs; and the efficiency of individual and collective strategic leadership.

He stressed that the Board's role was one of governance, which included the requirement for the Board to satisfy itself that: suitable governance and management arrangements were in place; there was a shared strategic aim or vision with partner agencies; key issues were identified and addressed by its Officers. He referred members to the annexes to the paper which outlined the position with regard to each of these key responsibilities. He explained that several self assessments had taken place against the National Standards, and outlined the outcome of the latest NHS Lanarkshire self-assessment against the standards. He explained the key dates in the inspection process, including for feedback sessions, and advised that the draft of the written report should be received in June 2008, with publication of the final inspection report in mid September 2008.

He referred to discussion at the Board Seminar on Child Protection and arrangements for the HMiE inspection, held on 8th February 2008. He advised that a briefing would be sent to all members following the Inspectors' oral feedback, with a written report coming before the Board when the draft written report was received.

In discussion, he commented on the level of vacancies within Community and District Nursing. He advised that the vacancy rate was demonstrably lower than for the rest of Scotland, and confirmed that NHS Lanarkshire, generally speaking, had a stable nursing and midwifery workforce.

The Director of the North Lanarkshire Community Health Partnership stressed that there was in place a workforce plan specifically for Health Visitors and District Nurses. He explained that, as part of the Plan, NHS Lanarkshire continued to train staff who required a statutory qualification, and that consideration was being given to further enhancing career development opportunities.

Councillor McCabe expressed appreciation to NHS Lanarkshire officers, especially the Associate Director of Nursing, Primary Care, for their material contribution to the progress of the arrangements for the HMiE Inspection visit within North Lanarkshire.

THE BOARD:

1. Noted the report on Child Protection.
2. Asked to receive a further report following the HMiE Inspector's oral feedback scheduled for 22nd April 2008 (North) and 23rd April 2008 (South).

Director,
NMAHP

15.

THE SCOTTISH PATIENT SAFETY PROGRAMME

The NHS Board considered an implementation progress report on the Scottish Patient Safety Programme.

The Medical Director explained that following the launch of the Scottish Patient Safety Alliance in March 2007, the Scottish Patient Safety Programme became 'live' in Lanarkshire in November 2007. She explained that the aim of the SPSP was to transform patient safety in acute care settings, by working on the implementation of strategy, structure and clinical interventions, with these interventions focussing on four clinical areas, viz: medicines management; care of critically ill patients; peri-operative care management; and general ward. She advised that the Programme was designed: to reduce health care associated infection; to reduce adverse surgical incidents; to reduce adverse drug events; to improve critical care outcomes, and to improve the organisational and leadership culture on safety.

She outlined progress to date, including in relation to identifying the Workstream Executive Sponsors, the Team Leaders, the Frontline Teams, the Travelling Teams and the Support Staff. She also outlined the position in relation to the five pre-work assignments set for each Board to undertake, viz: performing a hospital self - assessment; identifying best practices; tightening the connection to the evidence base; preparing a story board for the learning sessions; and getting connected.

The Medical Director confirmed that the next stage in the process involved convening a further meeting of the forty two NHS Lanarkshire staff, identified within the workstreams who participated in a Scottish Learning Session held in January, to enable sharing of baseline data, to give a full briefing of the programme, guidance on the measurement methods, and an overview of the human factors that would affect the success of the programme. This further meeting would review and agree the full NHS Lanarkshire Scottish Patient Safety Programme Implementation Action Plan, which would form the basis for future reports, including to the NHS Board. She highlighted, as critical to the full process, the appointment of a NHS Lanarkshire Programme Manager and confirmed that this was in train.

The Medical Director explained that whilst the Scottish Patient Safety Programme was Acute focussed, and did not encompass Primary Care or Mental Health, consideration was being given locally to how the issue of patient safety in these areas might be pursued, building on work being undertaken in other parts of the NHS in Scotland. She also confirmed the intention that the implementation of the Patient Safety Programme would be covered in more detail at an upcoming Board Seminar, within the overall context of the Health and Clinical Governance Strategy.

THE BOARD:

1. Noted the implementation Progress Report on the Scottish Patient Safety Programme.
2. Asked to receive further reports.

Medical
Director

16. **THE FUTURE ARRANGEMENTS FOR PRIMARY AND COMMUNITY CARE SERVICES IN CAMGLEN AND THE NORTHERN CORRIDOR**

The NHS Board considered proposals for the future arrangements for Primary and Community Care Services in Camglen and the Northern corridor.

The Directors of the South and North Lanarkshire Community Health Partnerships, in turn, highlighted the principal issues arising from the papers before the Board. They reminded members that an initial paper was presented to the Boards of NHS Greater Glasgow and Clyde and NHS Lanarkshire in August 2007, which set out a number of proposals for the future of Primary and Community Services in Camglen and the Northern corridor. At that time, both Boards had asked for a period of discussion and consultation to be taken forward with those affected or potentially affected by the proposals. Subsequently, consultation and discussion had taken place separately in Camglen and in the Northern corridor, but on the basis of the same set of proposals, when the range of stakeholders involved included patients, the public, politicians, directly employed staff and independent contractors, with details of the participants in meetings and the issues arising from meetings being incorporated within the papers before the Board. Both Directors stressed that the vast majority of the issues and concerns raised during meetings with staff and General Practitioners, about reassurance on service continuity and ring-fencing of budgets, had now been addressed.

Directors emphasised that a detailed analysis of the legality of the proposals had been carried out, which confirmed that the directly employed staff and GMS contracts were able to be transferred between Health Boards, but that the other independent contractor contracts, viz: for General Dental Practitioners; Optometrists; and Community Pharmacists, were not. It was emphasised that the level of consultation, the issues raised and the responses received, alongside the issues of legality, were fully in line with the requirements set by NHS Greater Glasgow and Clyde and NHS Lanarkshire in August 2007.

Councillor McCabe suggested that the ability of the Northern corridor to influence decisions about health and health services may be enhanced through the proposals which would see the management arrangements for that locality integrated with NHS Lanarkshire. He also sought further clarity on the issue of access to pharmaceutical services for this community, and for the Cumbernauld and Kilsyth areas, over the festive period.

The Director of the North Lanarkshire CHP confirmed that there had been positive responses from the Community Teams in the Northern corridor to the proposals. The Director of the South Lanarkshire CHP confirmed that a meeting of interests, including NHS Lanarkshire representatives and local elected members, was arranged, to give further consideration to the arrangements for access to pharmaceutical services over the festive period.

The Director of the South Lanarkshire CHP acknowledged that transfer of the other independent contractors would be optimal, but was precluded by the extant Regulations. He stressed that work would be taken along with those Contractors in order to avoid any undue turbulence. He also confirmed that the new arrangements would be reflected, as appropriate, within a Service Level Agreement and an Overheads Agreement. He also acknowledged the material concerns expressed by General Practitioners earlier in the process, but confirmed that these, largely, had been addressed, and that General Practitioners now served on the Implementation Team.

The Director of the North Lanarkshire CHP acknowledged the importance of communication with patients. He explained that this had already been taken forward, including in relation to the transition programme, through the Community Forum. He acknowledged the need to provide reassurance to all patients on Practice Lists, that there would be no diminution in service as a consequence of the new arrangements, and confirmed that this would be addressed through the Communications Sub Group. The Director of the South Lanarkshire CHP confirmed that, to date, there had been no negative feedback from residents in the Camglen area, either in response to media coverage in the local paper, or through the Public Partnership Forums and the Carers' Network. The Communications Manager confirmed that NHS Lanarkshire Communications staff were working closely with the NHS Greater Glasgow and Clyde Communications Team.

The Director of the South Lanarkshire CHP acknowledged an issue raised by Councillor McAvoy about securing transfer of appropriate levels of funding to NHS Lanarkshire, and the emphasis he placed on there being no diminution in service with the introduction of the new arrangements. He confirmed that these issues would form part of the further discussions about implementation, including in relation to the transfer of the prescribing budget. He also acknowledged the importance of clarity about access to Capital and the Revenue consequences around investment in the Northern corridor, and flexibility in access to Out of Hours Services, including in relation to access to the Glasgow Emergency Medical Service (GEMS).

The Employee Director confirmed that the proposals had been considered and endorsed by the Area Partnership Forum, and that there was staff side representation on the implementation team. He confirmed the intention to issue a communication that week to all staff affected by the proposals.

THE BOARD:

1. Accepted the conclusions and the next steps outlined in the Report, and formally agreed to the further transfer of responsibility from NHS Greater Glasgow and Clyde to NHS Lanarkshire of the directly employed staff and GMS Contracts within the Cambuslang/Rutherglen locality and the Northern corridor.
2. Agreed that the transfer would be undertaken at an appropriate juncture in the financial year 2008/09, and by no later than March 2009.
3. Required an Implementation Team to be established to formally manage the process of transfer within the agreed parameters.
4. Asked to receive further progress reports, as appropriate, on the transition.

Directors
SLCHP/
NLCHP

17.

NHS 60TH ANNIVERSARY

The NHS Board considered a paper on the NHS 60th anniversary.

The Employee Director explained that the paper was presented to the NHS Board to provide members with an update on the preparations for the forthcoming 60th anniversary celebrations of the NHS. He explained that to celebrate the 60th anniversary of the NHS, local systems had been asked to prepare a Plan on how they intended to mark this important occasion. He advised that NHS Lanarkshire had set up a small project group, which he would Chair, to work with various partner organisations to prepare, plan and organise five corporate events to mark this important milestone year for the NHS. These milestone events were: a special 60th Anniversary edition of The Pulse Staff Magazine; a Family Fun Sport/Fitness Participation Event; a retired staff afternoon tea; a Charity Ball; and a reception for the Lanarkshire Voluntary Sector. He confirmed that the planning would include a Communications Plan and an Equality/Diversity Impact Assessment of the Programme of Events.

THE BOARD:

1. Noted the report on the NHS 60th Anniversary Celebrations and endorsed the proposed way ahead.
2. Asked to receive a further progress report at its meeting in April 2008.

Employee
Director

18.

LOCAL DELIVERY PLAN

a) Finance

The NHS Board considered a Finance Report for the month ended 31st January 2008.

The Director of Finance explained that the financial position to the end of January 2008 showed an underspend of £10.469m, in line with the year end forecast per the mid-year review, which placed the potential surplus in the range of £11.5m to £19.5m. She advised that the scoping work for the investment in premises was largely complete by the end of January, and indicated that up to £6.3m of the originally planned £9m was likely to be spent or committed in the current financial year. In addition, there was a number of other potential provisions, including the developments within the Cardiac Catheterisation Laboratory at Hairmyres, the impact of Agenda for Change Reviews, the transition costs of the move from the current PACS Contract to the National Agreement, and the 'catch-up' costs associated with the Cervical Cancer Vaccine Programme. She reported that Capital Expenditure of £6.898m had been incurred to date, against the updated Plan of £37.010m for the year. She highlighted the need for ongoing support for the management action required to minimise the likely year-end underspend and to seek, as far as possible, to contain the surplus within the forecast set out in the Local Delivery Plan.

The Director of Finance also highlighted specific elements of financial performance in relation to: the Acute Division; Primary Care; Headquarters/Area Wide Departments; Service Level Agreements/other Health Care Providers; and Capital. She confirmed agreement with the Scottish Government Health Department to carry forward of the forecast capital underspend of c. £18m into 2008/09 to support the Board's substantial Capital Development Programme. She advised that she would take forward discussions with the Director for Strategic Implementation, Planning and Performance, towards achieving as much clarity as possible about the Capital Programme for 2008/09. She also confirmed that the provisions for the HPV backlog campaign were based on an estimate of the whole cost of delivery of the Programme, including the not insignificant workforce issues.

The Chief Executive highlighted the recent confirmation of the Cabinet Secretary's approval of the conclusions and recommendations of the National Resource Allocation Committee, bringing additional revenue income of £20m per annum to NHS Lanarkshire. Whilst this was to be welcomed, he stressed the need for further clarity about the phasing of the implementation, and the requirement for a risk assessment around the ongoing availability of revenue to support the Board's ambitious Capital Investment Programme. He stressed, also, the need for quantification of the impact of equal pay claims, which currently were being managed throughout the NHS in Scotland and in England.

The Director of Finance acknowledged the emphasis placed by the Chairman of the Area Medical Advisory Committee on the contribution of General Practice to the encouraging Prescribing underspend position. She explained that whilst the Board did not have in place a formal, agreed incentive scheme, the underspend was largely reinvested in premises, and in the purchase of equipment, overseen by an Equipment Group. The Director of the South Lanarkshire CHP confirmed that the Prescribing Management Group was currently considering the issue of incentive schemes.

THE BOARD:

1. Noted the actual revenue underspend of £10.469m as at 31st January 2008.
2. Noted that the range for the forecast year end surplus remained £11.5m and £19.5m, and that ongoing review of the likely spend on the approved premises investment, 'Invest to Save', schemes, and the level of prescribing underspend, was essential, as well as the ability to make provisions for commitments where cash had not yet been spent.
3. Noted the forecast capital underspend of £18.757m for the year.
4. Asked to receive a further report.

Director of
Finance

b) Waiting Times

The NHS Board considered a report on Waiting Times Performance at 31st January 2008 compared to the planned trajectory identified in the Local Delivery Plan.

The General Manager, Hairmyres Hospital, explained that the paper confirmed that those targets delivered at 31st December 2007 had been sustained during January 2008. He advised that whilst the exception at 31st December 2007 was hip fracture, where performance was slightly below target, the performance position at 31st January 2008 was within target. He advised, also, that in January there had been a slight drop in performance against the four hour Accident and Emergency target, due to increased pressures.

He explained that the intention was to sustain and improve the waiting time position through to 31st March 2008, with a particular focus being given to inpatients and daycases, and an expectation that for most specialties the maximum wait would not exceed 16 weeks. He explained that the Cabinet Secretary had advised NHS Boards of the new targets for waiting times to be achieved by 31st March 2009, to be taken forward in the context of the 18 week referral to treatment guarantee to be achieved by 31st December 2011. He advised that initial discussions had taken place with the Access Support Team about the new guarantees, and that the outcome of those discussions would be reflected in the Local Delivery Plan that had to be submitted in final form by March 2008, with the new targets being translated into trajectories, against which progress on implementation would be performance managed, and reported to the NHS Board on a monthly basis. He stressed that the Scottish Government had indicated that additional funding would be provided to the NHS Board to facilitate delivery of the guarantees, and as a consequence, the intention was to deliver improved performance against some of the key guarantees, particularly in relation to inpatients, daycases, outpatients and diagnostics.

The General Manager stressed that dialogue between NHS Lanarkshire and the Scottish Government Health Department was continuing around the 18 week target from referral to treatment, which the Cabinet Secretary had officially launched on 6th February 2008. He advised that a Project Board would be established in Lanarkshire, under the Chairmanship of the Director of Acute Services, to take forward the 18 week target, having regard to a Project Initiation Document issued by SGHD containing guidance on the way forward. He highlighted the fact that the Board Chief Executive had been asked to participate as lead Chief Executive on the National Project Board for the 18 week target, and that the National Improvement Support Team had confirmed its intention to work closely with Executive Directors and Clinicians in NHS Lanarkshire in pursuit of the 18 week target.

Mr. Currie, in his capacity as Chair of the Acute Operating Management Committee, commended system performance on waiting times, in particular the substantial improvement in cancer waiting times performance, which had been noted by the Operating Management Committee.

THE BOARD:

1. Noted the report on the Waiting Times position at 31st January 2008, and the discussions that currently were taking place with the Access Support Team about the new waiting time guarantees.
2. Asked to receive a further report.

Director of
Acute
Services

c) Primary Care Out of Hours Services

The NHS Board considered a report on Primary Care Out of Hours Services for January 2008.

The Director of the South Lanarkshire Community Health Partnership explained that activity levels remained slightly elevated, largely related to the festive period, but still were in line with predicted figures. He stressed that the increased levels of manpower, both for frontline staff and senior management cover, remained in place throughout January, and that the service status remained 'Green' on all but one day when the status was 'Amber'. He advised that the Out of Hours Service continued to support Accident and Emergency, as required, by accepting patient transfers using an agreed procedure. He reported that an audit of hospital referrals during the Out of Hours period was underway, and that the data would be used to inform planning of the Emergency Response Centre.

THE BOARD:

1. Noted the report on the performance of the Primary Care Out of Hours Services during January 2008.
2. Asked to receive a further report.

Director
SLCHP

19. **LOCAL DELIVERY PLAN 2008/09 -2010/11**

The NHS Board considered a draft Local Delivery Plan 2008/09 – 2010/11.

The Director for Strategic Implementation, Planning and Performance explained that the draft Local Delivery Plan had been submitted to the Scottish Government Health Directorate on 18th February 2008. He advised that the Draft Plan had been produced in line with Scottish Government Health Department Guidance issued in December 2007. This included 30 Health Improvement, Efficiency, Access and Treatment (HEAT) targets for 2008/09, of which 29 were applicable to NHS Lanarkshire. He referred members to the Draft Plan and the attached Schedule which summarised the key changes to the targets since 2007/08. He advised that the draft before the Board was approved by the Corporate Management Team on 7th February 2008, and would be reviewed by SGHD, with the aim of reaching a final agreed plan by late March 2008, with any changes to the content required by SGHD being discussed and agreed with the appropriate Executive Director. He advised that in addition to the draft plan, there was a separate finance template that had been submitted to SGHD as part of the overall LDP package.

He explained that he was currently reviewing the Board's Local Performance Management arrangements, and that a paper on this subject would be brought to a future meeting of the Board, reflecting the arrangements for monitoring and reporting on performance against the LDP targets.

THE BOARD:

1. Noted the draft Local Delivery Plan 2008/09 – 2010/11, and the arrangements proposed to secure its finalisation in March 2008.
2. Agreed to consider proposals for revised performance management and performance reporting, including in relation to the LDP targets.

Director
SIPP

20. **GOVERNANCE MINUTES**

The NHS Board considered minutes of meetings of Governance Committees as follows:

a) Audit Committee – 11th December 2007

The Director of Finance highlighted the discussion on the property issues associated with the proposed Airdrie Resource Centre, as an approach to the development of the Audit Committee role.

b) Health and Clinical Governance Committee – 18th February 2008

c) Equality, Diversity and Spirituality Committee – 25th September 2007 and 18th December 2007

The Employee Director, as Chair of the Committee, highlighted from the September 2007 meeting the discussion on the Disability Discrimination Act and access to premises. He also highlighted, from the meeting in December, the discussion on the Equality, Diversity and Spirituality Progress Report, with particular regard to the EDS Governance Arrangements, the Diversity Champions Project, and Spiritual Care, with Reverend Bob Devenney having taken up appointment as Head of Spiritual Care for NHS Lanarkshire from August 2007. He confirmed that Reverend Devenney would, as an early task, be re-establishing the Spiritual Care Committee.

d) Acute Operating Management Committee – 20th December 2007

Mr. Currie, Committee Chair, highlighted from the Minute, the presentation on the Neonatology – transitional care arrangements at Wishaw General Hospital.

e) South Lanarkshire Community Health Partnership Operating Management Committee – 21st January 2008

f) North Lanarkshire Community Health Partnership Operating Management Committee – 6th February 2008

Mr. Anning, Committee Chair, highlighted a number of key issues from discussion at the meeting, to illustrate the progress being made within the Community Health Partnership and the level of hard work being taken forward across all of the teams to meet target and commitments.

He explained that the Operating Management Committee had received reports which set out what the NHS Lanarkshire Long Term Conditions Strategy sought to deliver, and also detailed performance reports on what was being achieved in providing better services to patients through: care management; disease management; keep well; and illness prevention and health promotion, with these reports showing good progress on developing new models of service together with developments in performance, for example, through the GP contract, the Pharmacy contract and the Community Nursing Review, with a clear demonstration of increased volumes of patients being seen and improvements in numbers treated to guideline standards, and this progress also contributing to the Board's overall performance in tackling inequalities and improving health.

He advised that the OMC had also received presentations on the Mental Health Strategy and the actions being taken to improve the range, quality and volume of Services, and stressed that the Committee had been particularly impressed by the performance of Acute Psychiatry Services in terms of admission rates and average lengths of stay, despite the comparatively low rate of per capita spend in Lanarkshire. Emphasis, also, had been placed on the Mental Health Service Development Programme which was progressing well, with this redesign and service development not only improving services to patients, but also going some way to demonstrating how the Board was progressing those areas highlighted in both the Cabinet Secretary's Annual Review letter and the feedback letter from the Mental Health Delivery Unit at the Scottish Government.

Mr. Anning stressed that progress on improving services to Community Care Groups was dependent upon strong partnership working between NHS Lanarkshire and Local Authority Partners, and that the effectiveness of this partnership was highlighted in the Performance Report from the Partnership Improvement and Outcomes Division of the Scottish Government, which assessed both North and South Partnerships as making good progress on meeting the targets agreed on Joint Future.

Mr. Anning also highlighted improvements being made in Capacity Planning and Waiting Times Performance. He stressed the importance of Allied Health Profession led and Mental Health Service specialties to the health and wellbeing of those individuals who required their interventions, and that the systems' ability to reduce waiting times through improved triage and evidence-based interventions, often within the same funding envelope, represented tangible progress in patient care.

Whilst emphasising the areas highlighted, Mr. Anning acknowledged that there remained much to be done, but stressed that the reports considered by the Operating Management Committee should provide the Board with a level of confidence that material progress was being made in a number of key areas.

The Chairman expressed his appreciation to Mr. Anning for his full report, and acknowledged the contribution of staff to the achievement of targets and the delivery of service improvements in a number of key areas through all of the Board's Operating Divisions and functional Directorates.

21. **DATE OF NEXT MEETING**

26th March 2008 at 9.30am.

22. **MOTION TO MOVE INTO PRIVATE SESSION**

The NHS Board approved a Motion to move into private session for the remaining item of business.

Mr. Corsar rejoined the meeting and reported on the visit of the Cabinet Secretary to Monklands Hospital earlier in the morning.

23. **LOCAL HEALTH CARE BILL**

The NHS Board considered the consultation document on the Local Health Care Bill, and papers prepared by the Board Secretary highlighting key issues for consideration in relation to the consultation questions about strengthening existing policies to ensure that the needs of Local Communities were heard more effectively, within the current framework of appointed NHS Boards, and the introduction of new legislation to require elections to be held to NHS Boards to place locally elected members on Boards.

In discussion, members highlighted a number of issues in relation to these two key elements of the consultation, and noted the positions of both North Lanarkshire Council and South Lanarkshire Council, as reported by the respective Council Leaders.

In summary, the Board's position was that there already existed a substantial number of mechanisms, in Health and in the Local Authorities, and through the Health and Local Authority partnership arrangements, for the needs and views of local communities to be heard effectively, and that, rather than introducing further, new mechanisms, consideration might be given locally, on a joint basis between Health and the Local Authorities, to ways in which the existing mechanisms might be used more effectively, as part of firmly embedded processes, rather than through putting new and additional arrangements in place at particular times to deal with particular issues. There was not considered to be a requirement for direct elections to NHS Boards. Emphasis was placed on the fact that current Non Executive Directors were local people, often patients, who themselves were able to represent local views and needs, in addition to which, there currently were mechanisms in place across Health and the Local Authorities to assess the needs of communities, as a basis for the allocation of resources

to inform strategic decisions, and to inform the operational delivery of services, and that the current arrangements for Local Authority representation on NHS Boards, and on Board Committees, operated effectively, resulting in a genuinely informed Local Authority contribution to decision-making at Board level. If, however, there was a perceived need to broaden the democratic base of NHS Boards, it would be the Board's preference for this to be achieved through adding more local councillors to the membership of NHS Boards.

THE BOARD:

1. Remitted to the Board Secretary the responsibility of formulating a response to the consultation document, reflecting the issues raised in discussion.

Board
Secretary

24. **ANY OTHER COMPETENT BUSINESS**

- a) Gordon Walker, Director of Human Resources

The NHS Board noted Gordon Walker's intention to retire at the end of July 2008, having completed 40 years service with the NHS in Scotland. The Chairman expressed the Board's gratitude for Mr. Walker's significant contribution to the NHS both locally and nationally.

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