

A Picture of Health (APoH) 2005 - 2010

PROGRESS AGAINST RECOMMENDATIONS FOR ACTION
11 January 2011

Purpose

The attached report¹ focuses on the recommended actions in A Picture of Health (APoH), (2005) and describes what has been delivered as well as work in progress. It should be noted, however, that there have been further service developments and improvements beyond those reported here not clearly linked or related to APoH themes.

Background

A Picture of Health has held its value in that most of what was expected to be delivered across the 19 themes has been. There are, however, notable exceptions that board members will be very familiar with. For example, the plan to remodel acute hospitals and to develop the Emergency Care service model was not approved by the new administration of the Scottish Government (June 2007). The continuing provision of A&E services in the three acute hospitals in Lanarkshire has had a knock on affect, for example, on primary care and community capital schemes.

Changing Landscape

Since the publication of A Picture of Health, NHS Lanarkshire has responded to new drivers associated with the changing political, demographic and economic landscapes. Examples would include;

- Policy direction to work closer with other organisations and agencies in areas such as Reshaping Care for Older People and Shifting the Balance of Care. Also the pressures to meet the rising number of Ministerial Directives and HEAT targets.
- Scotland's population is projected to rise.
 - Most notably, the 65+ population is projected to rise by 21% by 2016 and by 62% by 2031. For the 85+ age group specifically, a 38% rise is projected by 2016, and a 144% rise by 2031. Both projections are based on 2006 as the baseline.
 - The population in Lanarkshire is increasing and within that population there is a significant shift from North to South Lanarkshire spread across all age ranges. This will impact not only on healthcare provision but staffing availability to provide services.
- NHS Lanarkshire, in common with the public sector in general, is currently facing unprecedented and significant financial challenge. This is expected to remain the case for the foreseeable future. Existing cost pressures national policy commitments, reduced capital allocation and the ongoing requirement to achieve cash releasing efficiency savings will mean a firm focus to maximise efficiency and productivity as we move forward.
- Under APoH we proposed investing more than £100m to improve and enhance local health care facilities. The actual budget (which includes Mental Health & Learning Disability developments) was £108m and expenditure to date being £106.8m.

¹ The report was compiled by Change & Innovation team by gathering and reporting information from key informants who are identified in the report.

**A PICTURE OF HEALTH
DECEMBER 2005 – DECEMBER 2010**

PROGRESS AGAINST RECOMMENDATIONS FOR ACTION

THEMES	PROGRESS
<p>THEME 1 Development of Primary Care</p> <p>Between 2006 and 2009, we will develop enhanced patient services provided in the community by primary care teams, through a phased programme of expansion of nursing, AHP and GP services starting in areas of poorest health and highest deprivation. This programme will include extending the skills of practitioners to take on more specialised roles in the provision of care in the community at either locality or at Community Health Partnership level. (see 5.1.4-5.1.9 and 5.1.11)</p> <p>We will continue to work with GP practices now that they have experience of the new GMS contract, so that they feel more confident in considering appointing new partners or assistants. (see 5.1.0)</p> <p>Between 2006 and 2010, we will invest £100m to improve and enhance local facilities and premises, including new and replacement clinics and health centres in Airdrie, Carluke, Bellshill, Wishaw, Kilsyth, East Kilbride and Hamilton. (see 5.1.12)</p>	<p>There is a range of services which could be described as enhanced patient services provided in Primary Care e.g. Diabetes Nursing, Palliative Care, Parkinson's disease and multiple sclerosis. Specifically in relation to the Diabetes service, this has seen the transfer of all nurse specialists and specialist Diabetes AHPs into the one community based team that now provides a comprehensive NHS Lanarkshire-wide service. Part of this service has also seen the expansion of self care models; further supporting the 'shifting the balance of care' agenda. There is also a range of specialist Mental Health services provided e.g. Forensics, Eating Disorders, and Child & Adolescent Mental Health Services. A Local Enhanced Service (LES) has also been introduced to provide more proactive clinical supports to care of elderly patients in care homes. The investment in Care Homes is via the GMS LES pot. It is £697k in total – which includes additional Care Home liaison nurses as well as a physiotherapist. This has been evaluated and demonstrated to be showing significant benefits.</p> <p>Long Term Condition nurses are now trained as care managers and there is close joint working at locality level between health and social care staff, particularly around patients with complex needs.</p> <p>As part of an emerging model for Emergency Care a number of practices have employed new staff as current partners have retired or left. Many of these have been salaried doctors rather than new principals. NHS Lanarkshire has recently introduced a number of posts shared between GP/OOH and A&E aimed at doctors in the early part of their GP career.</p> <p>Capital Plan: There was a stakeholders event in October 2007 and through this event there was a determination of 8 capital schemes going ahead in the first tranche; Airdrie Community Health Centre, Carluke CHC, Buchanan Centre, Beckford Lodge and Glencairn (MH units), Kyle park Assessment and Treatment Centre (LD in patient facility at Kirklands), Bellshill Community Clinic. The second tranche included East Kilbride HC, Wishaw HC, Kilsyth HC, Clydesdale Community Hospital, Cumbernauld and Lanark Community Casualty, Hairmyres Mental Health. The other project was Larkhall which was on the original list. We developed and approved a business case but were unable to progress due to funding being unavailable.</p> <ul style="list-style-type: none"> ◦ The contractor is now fully established on the site of the new Airdrie Community Health Centre. The £26.9m state of the art health centre, offices and retail properties in the town centre is due to be completed with a handover in summer 2012. The ground floor of the development will house a pharmacy and social work offices, while the upper three floors will be used by 10 different GP practices, serving almost 30,000 patients from across the town. ◦ The Carluke Community Health Centre was completed during 2010. It provides a range of Primary Care services and includes GP practices and dental services and allows the co-location of Mental Health Community Teams. The capital investment for this development was £13.6m. ◦ An £13.7m Coatbridge Health and Dental Centre development on Coatbridge Main Street opened during 2010. This new 8,000m² facility is a joint venture between NHS Lanarkshire and North Lanarkshire Council. The development incorporates two dental practices, a dental outreach centre, two GP surgeries and a community health department. It also provides a one-stop shop for a number of North Lanarkshire Council's agencies, including a public library and a registrar's office.

<p>During 2006 and 2007 we will continue to support Practices in adopting the primary care collaborative on advanced access, to enable much more rapid access to GP appointments. (see 5.3.1)</p>	<ul style="list-style-type: none"> ◦ The Bellshill Community Clinic facility opened in December 2008 and replaced the old Bellshill Clinic which had long been recognised as not fit for purpose. The new facility accommodates Public Health Nursing, Long Term Conditions Nursing, Podiatry, Speech & Language Therapy, Community Dental services and a range of Mental Health services. The capital investment for this development was £4.4m. ◦ The facility at Greenhills in East Kilbride was extended to become the Greenhills Health and Dental Centre. The facility opened in early 2008. It provides accommodation for GP practice and community based staff and service along with the addition of the Dental practice. ◦ The £4.7m (over two phases) Douglas Street Community Health Clinic in Hamilton (replaced the original Hamilton Centre development which was on the second tranche list) opened its doors in April 2009. It provides 2,322m² of accommodation over three floors. The clinic provides modern, high-quality facilities for a range of primary care services. For patients and staff, it offers a greatly improved environment that will allow services to modernise and work in new ways that were not possible in the previous, out-dated accommodation. Services provided at the new clinic include: Dental, Physiotherapy, Podiatry, Psychiatry, Clinical Psychology, Speech & Language Therapy, Paediatric Occupational Therapy, Addictions and Outreach consultant clinics. <p>Plans for the clinics and health centres in Kilsyth, Wishaw and East Kilbride have not been progressed following the reduction in capital monies being available. However, Hunter Health Centre in East Kilbride is currently undergoing a programme of remedial works to assist in maintaining wind and waterproof measures.</p> <p>Support for Practices in adopting the primary care collaborative on advanced access has been overtaken by the 90% 48 hour access and 90% pre-booking appointments targets. This is measured through a national patient survey administered by SGHD and now incorporated into the Better Together programme. GP access is measured annually through survey. Last results 88% and 74% respectively. Less well performing practices have been identified and support to improve access will be offered. A modified survey will be administered by SGHD this year.</p>
<p>THEME 2 Services for People with Long Term Conditions</p> <p>During 2006 and 2007, we will have established care management pilots in three CHP Localities (Coatbridge, East Kilbride and Clydesdale) to test the benefits to patients and carers. (see 5.2.27)</p> <p>By 2006, each CHP will have appointed a network of Long Term Conditions Lead Managers to help design, and then implement the new system of LTC management. (see 5.2.1)</p>	<p>The pilot of Integrated Care Management (ICM) was positively evaluated in 2007. The implementation of the ICM approach took place during 2009/2010. Subsequent evaluation demonstrated positive benefits to A&E attendances, admissions to hospital, bed days and quality of care. This has been rolled out in Lanarkshire as a sustainable model. The teams are being supported in the use of mini Lean projects for continuous improvement and also in terms of addressing workload issues and focussing on the most vulnerable patients. Lanarkshire has led the way nationally with this work with other health boards replicating this change.</p> <p>The Long Term Conditions Collaborative Programme Board, made up of representatives from health, social care, carers and third sector partners, monitors the progress of key service improvements related to long term conditions that support the delivery of the National Long Term Conditions Action Plan and Local Delivery Plan.</p> <p>An Associate Director of Nursing Services provides a focus on long term conditions. Service Managers are now locality aligned but have long term conditions as part of their portfolio. The 32 Long Term Conditions Community Nurses are led by Team Leaders. The teams, which focus on supporting people with long term conditions, are supported by Service Managers and Senior Nurses.</p> <p>All Long Term Conditions Community Nursing teams adopt the Long Term Conditions Population model approach, which has 4 Tiers of Health Improvement, Supported Self Care</p>

<p>We will be enhancing the skills of the extended primary care team (staff linked to GPs) through training and continuing professional development and will be developing the information systems to support a systematic approach to managing people living with long term conditions. (see 5.2.7-5.2.8, 5.2.20)</p> <p>By 2007, we would have designed a model of care for people with long term conditions, which deliver systematic care matching levels of need with 4 tiers of intervention. This would include eligibility criteria, care pathways and protocols. (see 5.2.10-5.2.11)</p> <p>From 2006, we would develop and expand the system of supported self-care, including the development of self-care skills in people with a wide range of long term conditions, and their immediate carers. (see 5.2.16)</p>	<p>Condition Management and Care Management. The four-tier model is now widely used in Long Term Conditions planning in NHS Lanarkshire. A systematic approach is in place to support care for the most vulnerable (especially older people) with long term conditions.</p> <p>Proactive case finding using SPARRA as well as clinical judgement identifies people with complex health needs. Self management of diabetes (T1 and T2) has been introduced.</p> <p>Supported eCare has been used for patients with COPD and this has been of significant benefit in improving self management for this group of patients. Chronic Pain self management toolkits have been introduced to support people to manage chronic pain and support independence. Stroke self management training is now available. Support is in place for carers of people undergoing self management programmes. The Respiratory Managed Care Network was launched in March 2007. As part of its work the Network has actively encouraged the adoption of self-management educational programmes and associated action plans for patients with COPD at each and every stage of the pathway. Consequently, the Respiratory MCN has supported GP Practices to deliver self-management advice to patients with mild COPD through a Locally Enhanced Service; has embedded self-management as an integral part of the redesigned Hospital & Community Pulmonary Rehabilitation Service and newly developed Respiratory Home Support Service; has incorporated self-management within its evolving Supportive and Palliative Care Service. The MCN had also recently completed an 18 month COPD Telehealthcare Pilot Project, during which significant benefits associated with a coaching model of self-management and self-care were realised. Since its inception, the Respiratory MCN has achieved significant funding to launch a whole system service for Chronic Obstructive Pulmonary Disease (COPD) across Lanarkshire. This will include: community based spirometry testing, self-management and the redesign of Pulmonary Rehabilitation, Hospital at Home initiative including Early Supported Discharge, an extended oxygen therapy service, palliative care and Telecare supported self-care.</p> <p>Long Term Conditions Community Nursing teams support the review and follow up of housebound people who have been identified as part of the Quality and Outcomes Framework. Long Term Conditions Team Leaders, Service Managers and Senior Nurses have supported the development of pathways of care for people with diabetes, asthma, stroke, multiple sclerosis, COPD and chronic pain. Anticipatory Care Plans (ACPs) have been developed and implemented in all care homes in Lanarkshire and are offered to all patients receiving care management. The use of an ACP enables people with an expected deterioration in a long term condition to describe where and how they would like to be cared for when their condition deteriorates. A resource training pack has been developed for staff training in the use of ACPs. Care Managers coordinate the care of patients with complex health needs. This involves multi professional and multi agency working to avoid duplication.</p> <p>Keep Well, the anticipatory care programme for Coronary heart Disease, has been successfully piloted in Coatbridge, Airdrie, Wishaw, Bellshill, Motherwell, Hamilton and Clydesdale. A model is being developed to roll this out to all localities as part of the mainstream community nursing service.</p>
<p>THEME 3 New Pharmacy Services</p> <p>From April 2006, we will introduce a new contract for community</p>	<p>The Minor Ailments service is now well established in every community pharmacy in Lanarkshire. Over 95,000 patients are registered and over 17,000 prescriptions are provided each month.</p> <p>The Community Pharmacy based Smoking Cessation Service has supported 10,803 patients (July 2010) in a quit attempt of which 2,782 (25.7%) have been successful. 1,787 of the successes (64.2%) had been carbon monoxide validated. There is</p>

<p>pharmacists to develop services relating to minor ailments and public health. From April 2007, this will be expanded to include acute medication services and chronic medication services. (see 5.2.18)</p> <p>There will be standards for the use of medicines in specific disease conditions, and patients and carers will be supported to have an active role in taking their medicines appropriately. This will be backed up by a "Patients Own Drug" initiative being rolled out across the acute hospitals. (see 5.2.19)</p>	<p>an ongoing review of Smoking Cessation Services within NHS Lanarkshire and, to facilitate this, a range of data is collected for each pharmacy.</p> <p>Community pharmacy advisors now review the monthly GP prescribing statistics. Regular meetings are held with GPs to ensure best practice and best value in respect to prescribing.</p> <p>The Chronic Medication service started in May 2010 and it continues to grow. A number of IT issues at a national level have restricted the rate of service growth, but these are now reaching a resolution. It is anticipated this service will mature in 2011 and every pharmacy will participate. It is this service in particular that will make the biggest contribution towards the safe and effective use of medicines.</p> <p>Innovative work is being done by pharmacists and nurses in primary, secondary and community settings to develop independent prescribing. This opens up new opportunities for health professional teams to combine their skills and focus on clinical management plans for the benefit of both patients and the service.</p> <p>An increasing number of pharmacies provide a dosette medication system to aid older people to take multiple medications as prescribed.</p> <p>The roll out of patients' own drugs at Wishaw General Hospital is now complete. At Hairmyres Hospital it has been rolled out within medical wards and further roll out to surgical wards is planned. At Monklands, the process of recruiting and training staff is underway.</p>
<p>THEME 4 Cancer Care</p> <p>We will review the capacity of diagnostic and treatment services for colorectal cancer and take action to ensure fitness to adopt colorectal cancer screening. (see 10.5)</p> <p>We will continue to redesign local oncology services with a view to implementing the West of Scotland Review of Oncology. (see 10.6)</p> <p>By 2009, to develop a Lanarkshire Cancer Centre. (see 10.4)</p> <p>We will assess the impact on local pharmaceutical services of the proposed repatriation of patients from the Beatson Centre. (see 10.4)</p> <p>In 2006-2007, consolidate and complete the centralisation of breast cancer oncology. (see 10.6)</p> <p>We will redesign oncology services for Lung and Colorectal cancer, with</p>	<p>The Bowel Screening programme was implemented in August 2009. The programme is monitored against predicted levels of uptake and positive tests. The programme is creating pressure on service delivery as demand is outstripping capacity.</p> <p>The redesign of the Specialist Lung Oncology out patient service has been completed with an expected implementation date of January 2011.</p> <p>The building of a Maggie's Cancer Care Centre on the Monklands District General Hospital site is work in progress. NHSL is collaborating with McMillan to develop a comprehensive model of cancer care incorporating a redesign of current and planned resources, piloting and evaluating approaches to cancer care, adopting the Greater Glasgow and Clyde's cancer waiting times database in summer 2011 will enhance the Cancer services model. An interim Maggie's Lanarkshire service, which offers a range of Maggie's support services, has been operational at Wishaw since April 2008.</p> <p>The repatriation of Colorectal cancer patients was completed within the 2006/07 timescale. The final repatriation of Lung cancer patients will be complete in Jan 2010. A scoping exercise will be undertaken in early 2011 to look at concentration of Breast oncology.</p> <p>Working within the e health strategy and in parallel with the above the implementation of the new Patient Management System PMS will further develop the correct systems for the multidisciplinary team (MDT) function. The Lung oncology implementation process is described above. The Colorectal service MDT is currently being redesigned (January 2010).</p> <p>The Palliative Care Strategy (2007) is being revised and there are close links with the lead Palliative Cancer Care GP via</p>

<p>a view to completion by 2006-2007. (see 10.6)</p> <p>Finalise a revised palliative care strategy for Lanarkshire for those suffering from cancer and non-malignant diseases. (see 10.9)</p> <p>We will commence the building of a Maggie's Cancer Care Centre for Lanarkshire on the site of Wishaw General Hospital in 2006, with the Centre operational by 2007. (see 10.8)</p>	<p>local meetings and the Cancer Strategy Board and is aligned to the implementation of Living and Dying Well. There has been substantial investment over the last 4 years with a mix of cancer and palliative care beds at St Andrews Hospice. The work on the Kilbryde Hospice will commence in 2011.</p>
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<p>THEME 5</p> <p>THEME 5</p> <p>Health Improvement</p> <p>Between 2006 and 2009, we would deliver a wide range of actions designed to help people improve their health, by focussing on the top priorities of:</p> <ul style="list-style-type: none"> ◦ Smoking ◦ Healthy eating ◦ Physical activity (exercise) ◦ Mental health and wellbeing ◦ Alcohol abuse ◦ Sexual health ◦ Oral health (teeth and gums) ◦ Drug misuse ◦ Ultraviolet radiation (exposure to the sun or sun lamps) <p>(see 2.7.1-2.7.9)</p> <p>During 2006/2007 North Community Health Partnership will be one of five national pilots in a programme to develop anticipatory care in deprived communities, called 'Prevention 2010' (see 2.6)</p>	<p>PROGRESS</p> <p>Smoking</p> <ul style="list-style-type: none"> ◦ Stop Smoking Services were centralised in 2006. Nurse led specialist cessation clinics now offer free Nicotine Replacement Therapy (NRT) and evidence based behavioural therapy across all areas. Clinics held in health centres, workplaces and community centres at different times of the day. One-to-one support and home visits also provided. ◦ National Pharmacy Smoking Cessation Service introduced In August 2008. Offers support and NRT from any Lanarkshire pharmacy without the need for appointments. N.B. Quit rates through the pharmacy service are lower than for the specialist service. ◦ Other pharmacotherapies e.g. Bupropion and Varenicline only available from GPs. These patients are encouraged to attend the specialist service for behavioural support. ◦ The Stop Smoking Service specifically targets areas of deprivation where smoking prevalence is high. The service works closely with Community Planning and Regeneration partners to promote and deliver services with vulnerable groups. ◦ Since late 2007 there has been a dedicated specialist cessation nurse in each of the three acute hospitals. They are part of a single service and a referral pathway is in place into the community service. Two weeks supply of NRT is given at discharge. ◦ General smoking cessation training has been delivered to a broad range of staff both within and external to the NHS. Tailored training packages have also been delivered to staff working with key target groups e.g. mental health, midwifery staff and Local Authority benefits advice staff. Different training methods are also being explored e.g. e-learning technology and modular approaches. ◦ The Stop Smoking Service' and the pharmacy service provide cessation support to young people. The latter has worked closely with local youth organisations to offer support within settings appropriate for young people. A Youth cessation service is being developed to underpin the recommendations of the national Smoking Prevention Action Plan and will be launched in early 2011. ◦ Training has been delivered to midwives and a robust referral pathway has been put in place between the antenatal booking and the Stop Smoking Service. All women now get a CO reading taken at the booking visit. They are advised to stop smoking and offered a referral to the Stop Smoking Service. This will be updated in 2011 in line with new national guidance to move to an 'opt out' policy for referral to Stop Smoking Services. ◦ Lanarkshire was a pilot site for the nationally accredited ASH Scotland Smoking in Pregnancy e-learning training. This
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training is delivered on an ongoing basis. As noted earlier the service has worked with a range of partners to increase access to support to those in deprived communities and vulnerable groups.

Healthy Eating

- Wishaw General has achieved Stage 2 UNICEF Baby Friendly Initiative (BFI) accreditation. Coatbridge Locality has full accreditation, and the other nine localities are working towards Stage 2 accreditation. On target to achieve 80% of key staff will have completed the UNICEF breastfeeding management training by September 2011.
- The Health Promoting Nursery Award Scheme was introduced in 2007 and is well on target to ensure that all nurseries in the NHS Lanarkshire area will have Health Promoting Nursery status by March 2011.
- Staffs are being trained to deliver cooking skills courses with parent groups. This is supported currently with Scottish Government funding and is being rolled out with the support of two nutritionists. A pack is currently being developed so that when the funding ends there will be a resource that can be used by a range of staff in a range of community settings.
- All Lanarkshire schools have achieved Health Promoting School status, which was a target set by the Scottish Government.
- The NHS Lanarkshire Healthy Eating policy is now supporting the provision of healthier food choices in the Lanarkshire Hospitals for both staff and patients.
- The Lanarkshire Children's Healthy Weight strategy is in place and has been supported by the HEAT 3 target and the associated funding to deliver a range of interventions to support children to achieve a healthier weight.

Physical Activity

- NHS Lanarkshire has worked in partnership with North and South Lanarkshire Councils, South Lanarkshire Leisure, North Lanarkshire Leisure and the Third Sector to promote participation in physical activity.
- The promotion of physical activity is core component of the Health Promoting School concept and all schools in Lanarkshire achieved the Health Promoting Schools standard.
- Through the Active Schools Coordinators, a wide range of programmes has been delivered in our schools. Fit for Fun (Child Healthy Weight programme) has offered a range of fun physical activity opportunities to our young people. Pupils are encouraged to actively commute to school.
- NHS Lanarkshire staffs have been encouraged to promote physical activity through the utilisation of brief intervention techniques. A generic Brief Intervention training programme that included physical activity was offered to our staff. This programme ceased at the end of March 2010 as a result of the CRES programme.
- Key physical activity messages are included in other Brief Intervention training programmes such as Alcohol Brief Intervention. "Become more active by walking" is the key message that is delivered by our staff when undertaking a brief intervention on physical activity.
- Owing to funding constraints, it has not been possible to initiate a structured programme of Green Gyms. However, exercise referral programmes continue to be offered in partnership with colleagues from both North and South Lanarkshire Leisure.

Mental Health and Wellbeing

- *'Towards a Mentally Flourishing Lanarkshire'* (2010-2013) is a multi-agency action plan for promoting well-being, preventing mental ill-health and promoting the quality of life for people with mental health problems, across life span, settings and high risk groups (including equality and diversity) with performance management closely linked to Single

Outcome Agreement and HEAT.

- Significant progress has also been made in strengthening the strategic links and partnership focus on mental health and well-being. Examples of this are:
 - Healthy Reading Programme established across all Lanarkshire libraries (with over 1000 mental health resources borrowed every month)
 - Implementation of a positive mental attitudes resource across Lanarkshire secondary schools
 - Promotion of work place well-being through Healthy Working Lives
 - Over 1200 front-line staff trained in suicide prevention training
 - Implementation of suicide prevention pathways
 - Over 150 organisation signed the See Me anti-stigma pledge and action plan
 - Participation in the 4th Scottish Mental Health Arts and Film Festival with 22 events across Lanarkshire
 - 40% increase (1,500 per month) in visits to 'element' mental health website
 - Promotion of recovery through the Lanarkshire Recovery Network
 - All GP practices establishing a severe mental illness register as the basis for improved pro-active health care
 - Development of a social prescribing programme, connecting people with mainstream opportunities.
- Lanarkshire's reputation for its work across mental health improvement, promoting recovery, reducing stigma, promoting social inclusion and suicide prevention is demonstrated through engagement in two international regional collaborations, one with Florence (Italy) and the other with Ostrobothnia (Finland). For further information visit www.lanarkshirementalhealth.org.uk

Alcohol Abuse

- The Lanarkshire Alcohol and Drug Partnership (ADP) has developed a strategic response to safeguard the wellbeing of children, young people and families affected by substance misuse, reduce the level of alcohol and drug related harm at a community level and provide treatment and care services for individuals experiencing alcohol and or drug related problems. Current NHS Lanarkshire services include brief interventions delivered within primary care, acute and community settings, the North Lanarkshire Integrated Addiction Service and the Lanarkshire Alcohol & Drug Service.
- NHS Lanarkshire, as a key partner of the Lanarkshire Alcohol & Drug Partnership has:-
 - Developed services which safeguard and promote the interests of young people and families affected by alcohol and drug problems (e.g. NHS Lanarkshire Alcohol & Drug Midwifery Service, NHS Lanarkshire Youth Counselling Services, Young People's Sexual Health Nurses)
 - Delivered a population based screening and brief interventions programme and trained over 1000 community staff, 220 General Practitioners, 110 practice nurses and all of our community midwives in the delivery of alcohol screening and brief interventions
 - Completed a scoping study on alcohol related brain damage and developed a training programme to raise awareness of this complex problem
 - In collaboration with our partner organisations worked with the local and national media to change attitudes towards excessive alcohol consumption, particularly during Alcohol Awareness Week
 - Participated in local licensing forums and licensing boards to reduce the availability and restrict the supply the supply of alcohol

Sexual Health

- Speakeasy is a programme for parents and carers that aims to improve knowledge and confidence in addressing sexual health and relationships issues with children. Courses have been offered across Lanarkshire and a range of staff have been trained as facilitators to ensure capacity and sustainability of the programme.
- The Blood Borne Virus (BBV) and Sexual Health Promotion Team continue to provide training to Education staff in North and South Lanarkshire Councils to support their delivery of sexual health and relationships education for young people. This takes a variety of formats including training as part of the in-service programme, whole school training and support at parents' nights.
- Members of the BBV and Sexual Health Promotion Team have also been working with partners from both local authorities and health to develop sexual health and relationships guidance for staff that work with looked after and accommodated young people. The guidance will be released for consultation early in 2011. A training programme for staff will be delivered when the guidance is launched.
- LANDED Peer Education Service receives funding from NHS Lanarkshire BBV Prevention monies for a sexual health development officer. This post holder has supported sexual health and relationships delivery in residential and additional support needs schools.
- There is now an integrated sexual and reproductive health services team in Lanarkshire co-located in Coathill Hospital. Each week day there is at least one clinic offering the full range of services and BBV testing.
- To ensure vulnerable groups are supported and have rapid access to services if required, a range of "fast track" cards have been developed. These are targeted at vulnerable young people (including young people who are looked after and accommodated), people with addictions, people who have been sexually assaulted, and men who have sex with men. Each card has a mobile number for direct access to a sexual health nurse who can offer advice and arrange rapid access to services.

Oral Health (teeth and gums)

- In Lanarkshire, 60.8% of P1 children (2010 data) and 57.2% of P7 children (2009 data) have no obvious decay experience. Half of people in Lanarkshire aged over 55 have none of their own natural teeth. Current services include:
 - Oral Health Improvement
 - Childsmile Core (tooth brushing programmes)
 - Childsmile Nursery and School (fluoride varnish applications)
 - Childsmile Practice programmes (registration with a dentist)
 - Salaried Primary Care Dental Services
 - General Dental Services
- Action to be taken in 2010 and beyond will be aimed at delivering national targets.

Drug Misuse

- NHS Lanarkshire works in partnership with North and South Lanarkshire Councils to reduce the demand for and the health impact from drug taking.
- There are a number of initiatives under the banner of "Safer Lanarkshire" which uses high visibility and pro-active policing methods to make our streets safer places to live and work.
- Over the past four years NHS Lanarkshire has also:
 - Invested in clinical psychology services to provide cognitive behaviour therapy, counselling and family therapy

	<ul style="list-style-type: none"> • for young drug misusers • Developed harm reduction initiatives to reduce the number of drug related deaths including the targeting of hard to reach and vulnerable groups, including the provision of take home Naloxone programme <ul style="list-style-type: none"> ◦ We are now moving towards a recovery orientated system of care, which will include the provision of training for staff on the Treatment Process Model. <p>Ultraviolet Radiation</p> <ul style="list-style-type: none"> ◦ There is no longer a specific health improvement programme for sun awareness within NHS Lanarkshire. However, key messages regarding sun awareness have been embedded into existing programmes of work: <ul style="list-style-type: none"> • Sun awareness/skin cancer prevention is integrated into the Healthy Working Lives (HWL) Programme and many workplaces choose to focus on sun awareness in their HWL Action Plans. • Work is also progressed through the Health Promoting Nursery and Schools programme. A story book resource has been developed for use in the nursery setting which reinforces positive sun safety messages. This resource was distributed to all early years' establishments and further copies made available for other health/ education colleagues. In addition, for the last two years legionnaire hats have been purchased for all children attending a nursery within either a regeneration area (SLC) or within the lowest data zones (NLC). Training on sun awareness has also been provided to nursery staff and dermatology nurses have provided input to both nursery and school settings. • Sun safety has been an area developed by a lot of nurseries in Lanarkshire; either as a focused area for development or in conjunction with developing the outdoors i.e. ensuring shaded area for children playing outdoors. All nurseries should have a Sun Safety Policy in place. • Locality Health Improvement teams regularly promote sun awareness through their work with local communities and with staff through the NHS HWL programme. ◦ Both local authorities have removed sunbeds from their own leisure establishments. <p>Prevention 2010</p> <p>Keep Well, previously known as "Prevention 2010", was launched in three of the most deprived localities in North Lanarkshire (Wishaw, Airdrie, Coatbridge) in October 2006 providing targeted cardiovascular disease (CVD) health checks to patients of general practices in these areas who are aged 45-64 years. Patients are excluded if they are on a disease register and are well controlled. A tiered model of engagement is in place to follow up those patients who do not attend their initial appointment, targeting those in the 15% most deprived data zones. The programme has been rolled out and is now active in seven localities across North and South Lanarkshire, with further areas launching in health checks early in 2011.</p> <ul style="list-style-type: none"> ◦ To date (November 2010) 27,139 patients have been screened and the HEAT target for 2010-11 has been exceeded. ◦ The screening nurse can refer a patient to a range of support services, including follow up at their practice by GP or practice nurse, referral to lifestyle interventions, e.g. smoking cessation and mental health support, and employability support. ◦ Analysis of a cohort of the patients seen to date has demonstrated that Keep Well is engaging with patients who have previously undiagnosed CVD risk factors and is making a positive difference to this population. ◦ The Scottish Government announced its plan to mainstream Keep Well from April 2012. Key NHS Lanarkshire personnel are involved in national planning groups and the local Project Board is preparing for a transition year in 2011/12.
THEME 6	In 2006, the Community Nursing review introduced an integrated model combining Health Visitors and School Nurses into

<p>Public Health Teams During 2006, we will develop public health teams in each Community Health Partnership Locality, by bringing together health visitors, school nurses, public health practitioners and health promotion staff to work within communities to help people address lifestyle issues. (see 5.1.7)</p>	<p>Public Health Nursing Teams responsible for identifying and addressing the health needs of families within Lanarkshire. This model has been recognised by HMIE Child Protection inspectors as very beneficial and working well to ensure our children and families receive prompt and effective help. This model will be continuously improved to ensure a consistent approach and standards of practice across all localities Significant improvement has been reported by HMIE in how we are meeting the needs of children and families. Key benefits of the integrated model for Public Health Nurses include:</p> <ul style="list-style-type: none"> • Allocation of staff resources based on geographical needs. • Improved integrated and co-ordinated working to promote earlier intervention and support for families. • Significant development of core components of GIRFEC to shift focus from process to outcomes, developing a shared understanding. Evidence supports better assessment and planning resulting in improved outcomes for children. • Investment of £75,000 to increase the skill of the PHN staff and implement very effective use of SOLIHULL Approach Model to increase quality of parenting. • Implementation from January 2010 of the Parent Held Record (Red Book) for all children to focus parents on their child's development needs. • Introduction of the First Steps Programme which provides early intervention for first time pregnant mothers and babies in the most deprived areas of South Lanarkshire. • Supporting the Early Years Framework to deliver consistent services particularly for those who require higher levels of support. • Stronger partnership working across disciplines and agencies to develop care pathways and deliver services. • Supporting the delivery of Curriculum for Excellence focussing on health and wellbeing. • Improving the capacity of ante-natal and post natal support for Parents to help them secure more positive outcomes. • Establishment of teenage pregnancy groups. • Supporting Specialist Midwives in strengthening pre-birth locality screening for vulnerable families. • A staged approach to implementing UNICEF UK Baby Friendly Initiative for breastfeeding, ensuring women receive best practice advice about breastfeeding. • NHSL has exceeded the guidance target for both 2 and 5 year old immunisations. • Establishment of a linked PHN for each Children's House to assess health needs of looked after and accommodated children and ensure compliance with CEL16 (2009). <p>This model will be continuously improved to support increasing capacity within core services and ensure a consistent approach and standards of practice across all localities</p>
<p>THEME 7 Child Health From 2006 and over the next 4 years we will continue to implement the recommendations of the Child Health Services Review, undertaken in 2003. (see section 8)</p>	<p>CHILDREN WITH CHRONIC ILLNESS</p> <ul style="list-style-type: none"> ▪ The skills of the Community Nursing workforce have been developed to facilitate them in the provision of a wider range of Specialist services ▪ The Child friendliness of all facilities which host children's activity has been assessed and action plans developed to ensure that all areas are as child friendly as possible ▪ The number of volunteers working within Paediatrics has been increased. ▪ Transition arrangements continue to be developed with adult services to ensure smooth transfer of clinical

<p>Areas to cover</p> <ul style="list-style-type: none"> - Children with chronic illness - Children with special needs (disability) - Acutely ill children - Children with injuries - Children requiring surgery. 	<p>responsibility and continuity of service delivery to children with Long Term conditions.</p> <ul style="list-style-type: none"> ▪ Liaison Psychology inputs to children with chronic illness continues to develop with support being targeted at the most vulnerable children. <p>CHILDREN WITH SPECIAL NEEDS</p> <ul style="list-style-type: none"> ▪ Experience in the operation of the Additional Support for Learning legislation with both Local Authorities has developed over the last few years as has joint working to deliver the statutory requirement and ensure that NHSL fully discharge their responsibilities in relation to this Act. ▪ Joint future planning arrangements are in place with both SLC and NLC to address the transitional needs of children moving into adult life and settings. ▪ Community Paediatrics provide improved support to this cohort of children working in partnership with Paediatric AHP services and Local Authority services. <p>CHILDREN WHO ARE ACUTELY ILL</p> <ul style="list-style-type: none"> ▪ The concentration of services on to the Wishaw General Hospital site has facilitated the provision of a comprehensive support service to children who are acutely ill. These support services continue to develop and work harmoniously to benefit the child through joint working and care pathway implementation. <p>CHILDREN WITH INJURIES</p> <ul style="list-style-type: none"> • The SAS are encouraged to transfer any injured child directly to WGH to ensure that the principle of providing the right treatment in the right place by the right person in an appropriately child friendly environment is delivered on each and every occasion. Where children present at other DGHs in NHSL arrangements are in place to ensure that they can be stabilized and transferred to the most appropriate site. • The provision of CT scans and other diagnostic tests have significantly developed at WGH and a full imaging service is available ensuring that any child presenting can be diagnosed and appropriate treatment plans developed on this site. <p>CHILDREN WHO NEED SURGERY</p> <ul style="list-style-type: none"> • Paediatric General Surgery services on the WGH site have been improved and a wide range of elective surgery is now undertaken on a weekly basis on this site. As a result only children requiring more specialist surgical procedures we access general surgical services at Yorkhill hospital. Within NHSL a range of other surgical procedures are undertaken including ENT at Monklands, (which is currently subject to change) and Ophthalmic and Dental surgery at Hairmyres. <p>NATIONAL DELIVERY PLAN</p> <p>Over the last 2 years there has been significant investment in children's services which has been allocated across 16 sub specialisms. This amounts to 1.81 million on a recurring basis. The 16 sub specialty areas to benefit are: Endocrinology, Rheumatology, Gastroenterology, Cystic Fibrosis, Complex Respiratory, Child Protection, General Surgery, Nephrology, Allergy, Long Term Ventilation, Psychology, Neurology, Radiology, Diabetology, Critical Care and Epilepsy.</p>
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THEME	PROGRESS
<p>THEME 8 Reduction in Waiting Times By the end of 2007, no patient will wait longer than 4 hours to be seen, treated, discharged, admitted or transferred from an accident and emergency department.</p> <p>By the end of 2007, no patient will wait longer than 18 weeks for inpatient and day case treatment.</p> <p>By the end of 2007, no patient will wait longer than 18 weeks for first outpatient appointment.</p> <p>By the end of 2007, no patient will wait longer than 16 weeks from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention.</p> <p>By the end of 2007, no patient will wait longer than 18 weeks from referral to completion of treatment for cataract surgery.</p> <p>By the end of 2007, no patient will wait longer than 24 hours from admission to a specialist unit for hip surgery following fracture.</p> <p>By the end of 2007, no patient will wait longer than 9 weeks for referral to provision of MRI, CT or other key diagnostic tests. (see 4.13)</p>	<p>NHS Lanarkshire has been successful in delivering all waiting time reductions in the period since 2007.</p> <p>In addition to those listed in APoH, the current standards set by Scottish Government Health Department are:</p> <ul style="list-style-type: none"> ▪ The maximum wait for outpatients is 12 weeks. ▪ Maximum wait for inpatient treatment of 9 weeks ▪ There are 8 key diagnostic tests each with a maximum wait of 4 weeks (the actual target is 6 weeks but NHS Boards in Scotland agreed to deliver 4 weeks.) ▪ There are two cancer targets 62 days whole journey and 31 days from identification of cancer to treatment. <p>These have been achieved by expanding capacity through improved process and practice (lean), increased efficiency and investment in staff and services.</p>
<p>THEME 9 Minor Injury and Illness Service</p>	<p>MINTS aims to titrate the assessment, diagnosis and management of minor and major patients to different levels of nursing staff. This allows the nurse to move patients much further along the patient pathway than they previously able to do. Thus</p>

<p>Starting in 2006, we will extend the training of locality based nursing and AHP staff to support the provision of local minor illness and injury services, including the development of clinics. (see 5.3.2)</p> <p>During 2007, we will begin construction of a new Lanark Community Hospital, for the people of Clydesdale to replace outmoded facilities at Lockhart and Roadmeetings. This hospital with Kilsyth, Kello and Lady Home hospitals will present opportunities to develop the role of the community hospitals in providing minor injury and illness treatment services. (see 5.3.7)</p>	<p>reducing waiting times and disjointed care, leading to a better patient experience.</p> <p>We continue to train staff from the community hospitals via the MINTS programme, however there is no new service in this area due to funding issues.</p> <p>The construction of a new Lanark community hospital did not take place. However the nurses in the community hospitals have been part of the training and have an informal minor injuries drop in service at Kello/Lochart that is not linked to NHS 24. This service is managing very small numbers of patients. This is of benefit to the service as patients are not being sent unnecessarily to Wishaw General.</p>
<p>THEME 10 Rapid Access to Diagnostics</p> <p>Starting in 2006, protocols will be developed jointly with specialists and primary care teams to improve rapid access to diagnostic examination and tests, so that more can be done in primary care, with more direct access by GPs to specialist hospital services. (see 6.1.3)</p>	<p>Improving direct ordering of diagnostic tests for GPs covering rural areas – This is now in place for spirometry, electrocardiographs, X-rays, scans and Exercise Tolerance Tests</p> <p>Improving the turnaround time for blood test results and reporting X-rays carried out in Cumbernauld – Laboratory access now available on SCI Radiology but will not improve unless we put in PACs. All patients who previously attended Strathclyde for X-rays now attend Wishaw General Hospital. Proposal to develop new, local X-ray facilities in Lanark as part of the new community hospital will not now happen. We have been engaging on the future options for the provision of radiology facilities in Cumbernauld, Kilsyth, Stonehouse and Coatbridge. As a result of the financial position we will not make any decisions on plans until the capital allocation is known to enable prioritisation and take into consideration a long list of replacement medical equipment and the need to provide safe and effective services.</p>
<p>THEME 11 Emergency Medical Complex</p> <p>By 2009, all unscheduled care services will be organised to provide the most appropriate care and treatment, by maximising the potential for clinical services based in health centres and hospitals across Lanarkshire and through the</p>	<p>Within APoH under the paragraph heading “Advantages of reduced number of emergency receiving hospitals” the document says “Two Emergency Medical Complexes could be supported in Lanarkshire, while supporting three is unlikely”.</p> <p>The implementation of the agreed emergency medical model across 3 sites has proved problematic in respect of how this can be supported by medical and nursing staffing with affordability being a major factor. One of the risks of non-recruitment (Consultants) has now slightly diminished</p> <p>We face significant challenges in providing services 24/7 because of gaps in our junior/middle grade rotas which will be exacerbated in 2011 with further reductions planned via MMC.</p>

<p>development of emergency medical complex and acute outpatient clinics. (see 6.5.8-6.5.12)</p>	<p>Given the nature of emergency care if we have 3 x DGH sites the possibility of increased specialization for medical specialties is not possible due to MMC and other pressures. We have concentrated these specialties as best we can on single sites already (Dermatology, ID, Renal etc) and Cardiology, Respiratory, Gastro, Diabetes and Gen Med are needed to support the emergency flows wherever on Emergency Department and Emergency Medical receiving exist.</p>
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THEME	PROGRESS
<p>THEME 12 Learning Disability</p> <p>NHS Lanarkshire in partnership with North and South Lanarkshire Councils will continue to increase community services and will provide a new build 12-bed short stay inpatient assessment and treatment centre within the Strathclyde Hospital site. (see 6.3.4)</p>	<p>The new £7.3 m Learning Disabilities Assessment and Treatment Centre on the Kirklands Hospital site has been fully functional since August 2010. The centre provides a modern 12-bed in-patient facility and out-patient therapies and clinics, as part of an integrated Learning Disabilities Community Service. The development was planned and designed with input from service users, relatives and staff and is a flagship development within NHS Lanarkshire, giving the opportunity to develop new models of care</p> <p>Community Health and Care services are provided by multidisciplinary Community Learning Disability Teams consisting of community nurses, allied health professionals, clinical psychologists, consultant psychiatrists, associated medical staff, advocacy and social work. The teams are well established within the localities to treat and support people with learning disabilities throughout Lanarkshire. Development of the Community teams has included the provision of six additional practitioner posts within Autistic Spectrum Disorder, Forensics, Transitions, Acute Liaison, Epilepsy and Primary Care Liaison.</p>
<p>THEME 13 Referral Management</p> <p>During 2006, we will introduce the Lanarkshire Referral Management Service to improve communications between GPs and hospitals and to speed up access to specialist services. (see 6.4)</p>	<p>The Referral Management Service was implemented in 2006. This facilitates:</p> <ul style="list-style-type: none"> ◦ A single point of contact for GPs referring into Acute Hospital services. ◦ Scheduling of patients on a pan Lanarkshire basis to the most appropriate clinic ◦ Increased use of referral protocols ◦ Standardised approach to referral management including clinical vetting with an increased up take of eVetting. ◦ Patient centric approach with extended opening hours beyond 5pm <p>The introduction of RMS has been a major contributor to NHS Lanarkshire having an exemplary record in achieving waiting times targets and in the advancement of the HEAT Target associated with the electronic triage and vetting of patients. The introduction of a new Patient management System in March 2011 will see the introduction of electronic vetting by consultants as the norm. This together with the facilities that are available in the new system will enable the Referrals Management Service to offer a fully electronic flow of patient referrals from receipt of initial referral through to clinic outcome. This is consistent with the need to treat patients within 18 weeks of initial referral, ensuring a streamlined administrative process</p>
<p>THEME 14 Managed Clinical Network</p> <p>During 2006, we will establish a managed clinical network for Chronic Obstructive Pulmonary Disease. (see 5.2.24)</p>	<p>NHS Lanarkshire's Respiratory Managed Clinical Network was launched in March 2007. In its first three years it successfully bid for and received funding to pilot a whole system service for patients with COPD across Lanarkshire. The Network completed the evaluation of the pilot in March 2010 and was thereafter successful in securing recurrent funding to mainstream the core services involved in the pilot on a pan-Lanarkshire bases, which include: community based Outreach Spirometry Service; hospital and community based Respiratory Self-management and Pulmonary Rehabilitation; Respiratory Home Support Service incorporating COPD Early Supported Discharge, Nurse Led Long Term Oxygen Therapy Assessment Service & Respiratory Supportive and Palliative Care Service.</p>

	<p>In addition, the Network has also launched the NHS Lanarkshire COPD Guidelines for Primary Care, has been actively involved in the British Lung Foundation campaign to identify the 'missing millions' and raise public awareness of COPD and has established a successful Respiratory Education and Training Strategy which operated both locally and nationally. The future work plan of the Respiratory MCN, determined by the Networks Stakeholders in accordance with clinical priorities and corporate objectives, includes: establishment of Asthma Transitional Care Pathways; asthma paediatric and adult clinical guidelines / self-management action plans; exploration of local sleep disordered patient pathway; development of oxygen guidelines (hospital and community); further development of Education & Training Strategy; Self-assessment against NHS QIS Clinical Standards for COPD Services; MCN Quality Assurance Programme accreditation</p>
<p>THEME 15 Revised Carers Action Plan</p> <p>During 2006 we will publish a revised carers' action plan, consistent with the strategies produced in partnership with North and South Lanarkshire Councils, to strengthen the role and relationship between the professional and the unpaid carer to deliver better local care and services. (see 5.4)</p>	<p>The Carers Strategy Information Action plan has now been in place since 2006 and additional financial support of almost £1m was allocated from the Scottish Government over three years to assist with the implementation of the plan::</p> <ul style="list-style-type: none"> ◦ £108k in 2008/09 ◦ £323k in 2009/10 ◦ £539k in 2010/11 <p>The general themes within this action plan are consistent with both North and South Lanarkshire Councils and colleagues from both councils are members of NHS Carers Information Strategy Group. This arrangement is reciprocated in that NHS colleagues are members of both local authorities' Carers Strategy groups.</p> <p>This strong partnership model is delivering the following:</p> <ul style="list-style-type: none"> ◦ Carers and young carers are being identified through various work being carried out by the five-person Carers Support Team throughout acute and primary care. ◦ Carers are informed and empowered to ensure they are supported in their caring role - a generic information leaflet, along with Home from Hospital Pack and Primary Care and Community Information Pack, are also now available to provide appropriate and useful information for carers. ◦ Carers Needs are being identified and met and this is done by raising awareness with health and care staff through training programmes and involving carers in the health and care packages to assist with their caring role. ◦ Carers are being trained through work with Health and Social Work staff and our partner, Princess Royal Trust for Carers. ◦ Case notes now include relevant sections in relation to carers. <p>Carer representatives are now included in the memberships of the Operating Management committees of both North and South Community Health Partnerships with links to the Public Partnership Forums.</p> <p>Carer awareness of general medical practices has been considerably strengthened; initially through the high take-up of the directed enhanced service for carers. Services have been further developed through the non recurring allocations to NHS Lanarkshire from the Scottish Enhanced Services Programme. When a practice elects to adopt an enhanced service, it is obliged to compile and maintain a register of the carers on its list, appoint a liaison person for carers within the practice, agree referral protocols to signpost carers to help from Carer organisations and Social Work and produce an Annual Report. NHS Lanarkshire has produced guidance to help practices implement enhanced services in partnership with Local Authorities and Carer organisation.</p>

THEME 16

Older People's Care

During 2006, we will consider the merits of establishing a Managed Care Network for Older People's Services, in partnership with a range of stakeholders including patients, carers, Local Authorities and the voluntary sector, to help set standards for our redesigned services. (see 6.2.7)

During 2007, we will review a range of services which have been developed to avoid delayed discharges and will explore consolidating these services as a single specialist Older People's Team (see 6.2.9)

From 2006, we will begin to enhance the health support given to social work and voluntary led day care centres for frail older people. (see 6.2.11)

From 2006, we will review the current support provided to care homes, and identify areas where increasing input will ensure that patients are assessed and managed in the community, avoiding attendance/ admission to hospital. (see 6.2.13)

In 2006, we will design new arrangements to deliver more rapid assessment, diagnosis and rehabilitation for older people who become acutely ill (see 6.2.16)

In 2008, NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council together established a multi-agency managed care network for older people across acute, primary and community care services. The work associated with a number of stakeholders has since been subsumed into other workstreams with Local Authority and Voluntary organisations that are part of the Older Peoples Work Plan, while ensuring full engagement with all stakeholders is achieved. The Managed Care Network was therefore stood down in 2010.

The implementation of Integrated Day Care Services has now been established in a number of localities within North Lanarkshire and work is ongoing with Local Authority and Voluntary partners to continue to develop models of service. A similar arrangement is now being considered in South Lanarkshire.

The GP Care Home Contract was implemented in 2008. At the advent of the new GP Contract, the Care Home Liaison Team was extended to include an additional member of staff and a physiotherapist. The GP component part of this initiative was introduced through a LES within the GMS contract. Initial evaluation showed this service has led to improved communications and improved prescribing, and has had a positive impact on A&E presentations and hospital admissions.

The Rehabilitation Framework is being introduced to promote recovery, reduce disability and will avoid unnecessary institutionalisation; whether hospital or care home. This will be achieved through the planned redesign of community rehabilitation services e.g. Early Supported Discharge, Rapid Response, Falls teams and some further work with Older People teams, inclusive of Long Term Conditions teams, allied health professionals and Social Work teams. There is a considerable way to go yet and plans may be superseded by the Scottish Government programme for Reshaping Care for Older People.

Intermediate care models are now in place through work with Local Authority partners ensuring safe and speedy discharge as well as prevention of hospital admissions as well as length of stay. In respect to beds, a limited service is available in North Lanarkshire with circa 10 beds in two care homes. In South Lanarkshire there are two palliative care/respite beds.

<p>By 2009, we will make changes to the Old Age Medicine bed capacity in Lanarkshire, increasing the number of acute assessment beds. (see 6.2.19)</p> <p>In 2006, we will agree and commence implementation of the preferred option for future provision of Old Age Medicine intermediate and continuing care beds. (see 6.2.22)</p>	
<p>THEME 17 Palliative Care</p> <p>Over the 3 years, starting in 2006, we will invest at least £150,000 to expand palliative care services in the community, and will have identified a site for the Kilbryde Hospice Appeal, initially for use as a Community Palliative Care Resource Centre. (see 6.6.9)</p> <p>An assessment of hospice bed requirements will be completed by 2009 in light of other changes in A Picture of Health. (see 6.6.10)</p>	<p>NHS Lanarkshire invested £150k per annum in Kilbryde Hospice and signed an agreement with them in 2007. In the first instance the funds were to enable a temporary day hospice to be set up in the Red Deer Centre, East Kilbride in 2008. It provides specialist nurse advice and support, complementary therapies, and a range of activities and groups are run. NHS Lanarkshire approved the availability of two acres of land on the Hairmyres Hospital site for the Kilbryde Hospice Appeal in December 2009. Building will commence 2011.</p> <p>The fullest health needs assessment informed the version of the Palliative Care Strategy that was written in 2005 prior to the publication of A Picture of Health. The Palliative Care Strategy was subsequently revised and submitted to the Corporate Management Team in 2007. The number of beds in St Andrew's Hospice, Airdrie was increased to 26 because of demand and occupancy rates at St Andrew's and in Strathcarron (for Cumbernauld & Kilsyth etc. Lanarkshire patients) are monitored on an ongoing basis. Some work has been done by the Planning Dept on what performance indicators should be measured for the hospice contracts. An audit of respite needs for people in the dying phase is about to be undertaken, but the results won't be available for some months. All of this work is aligned with the implementation of Living and Dying Well a national action plan for palliative and end of life care in Scotland, 2008</p>
<p>THEME 18 Mental Health</p> <p>By 2007, we will have replaced in modern facilities the services currently in outmoded accommodation at Hartwoodhill Hospital, and will dispose of the site. (see 7.3)</p> <p>By 2008 we will have developed new facilities for adults with complex needs and will close the Airbles Road Centre. (see 7.5.2)</p>	<p>Since 2005/06 there has been a further shift in the balance of care with additional investment in both Community and Patient services. This has included:</p> <ul style="list-style-type: none"> ◦ £1.768m in community services for older people with mental health problems. This investment has enabled a variety of developments, including: <ul style="list-style-type: none"> - Additional staffing to enhance community teams including Clinical Psychology, AHPs and Medical. - Early onset dementia, care home liaison and memory clinics in each locality. - Implementation of the Integrated Day Service in North Lanarkshire and the Community Day Service in South Lanarkshire. <p>To support the rebalancing of care in Adult Mental Health Service provision, £4.956m has been invested to develop a range of community based alternatives to hospital admission. These included:</p> <ul style="list-style-type: none"> ◦ Extended working hours within locality CMHTs to ensure full implementation of the national crisis standards. ◦ Redesign existing community services to implement the Psychological Therapies Review.

<p>Between 2006 and 2010 we will complete and implement in full a Mental Health Services Strategy, providing an appropriate balance between community and hospital based care. (see 7.4-7.14)</p>	<ul style="list-style-type: none"> ◦ Establishment of Acute Inpatient Support Workers in each of the acute mental health units. <p>This investment has made improvements in the range, quality and access to Adult Community Services across Lanarkshire, in particular Forensic Resettlement Teams and Eating Orders Service.</p> <p>Reprovision of all services at Hartwoodhill Hospital will conclude in February 2011 with the transfer of the two remaining wards to a new purpose built facility (12 inpatient beds for Complex Care needs and 15 Low Secure inpatient beds for mental health care) at Caird House, Beckford Lodge in Hamilton. The capital investment for this development is £8.14m.</p> <p>Glencairn is the new 12-bed Complex Needs Unit at Coathill Hospital. The opening of this recovery-focused unit in July 2010 replaced the outdated Rehabilitation Unit at Airbles Road Centre in Motherwell. However, Community Mental Health Services will continue to be provided from the Airbles Road site for the foreseeable future. The capital investment for this development was £4.9m.</p> <p>The planned capital project for delivering a North Mental Health Unit for acute admissions has been deferred owing to the current financial constraints placed on NHS Boards. In the interim NHS Lanarkshire has decided that it cannot stand still. The Mental Health Management Team is developing an alternative plan for reducing the number of inpatient sites for acute admissions from three to two by 2013, supported by a concomitant increase in the community infrastructure. There is also an acceptance that we will need to provide dedicated IPCU provision for Lanarkshire. Work is underway to develop an action plan to demonstrate to the NHS Lanarkshire Board how this may be achieved.</p>
<p>THEME 19 Specialist Hospital Services</p> <p>By 2009, two of the three general hospitals will have been developed to concentrate on emergency inpatient care, and the third to concentrate on planned (elective) care. (see 9.44)</p> <p>By 2009, Wishaw General Hospital will have been developed as one of the two emergency inpatient hospitals. (see 9.51)</p> <p>In early 2006, views will be sought through a formal process of public consultation on the remaining two options, viz.</p> <ul style="list-style-type: none"> ◦ either Hairmyres as the second emergency inpatient hospital, Monklands as planned (elective), recognising this as the 	<p>In June 2006 the deputy health minister approved the APoH plan to reduce the provision of Emergency Care services from three to two sites in Lanarkshire. However, in June 2007 the new Cabinet Secretary for Health and Wellbeing formally reversed this decision, which affected A&E services at Monklands Hospital, and set out the next steps required to implement that decision. NHS Lanarkshire then reviewed the provision and configuration of clinical services to enable A&E services to be provided across all three acute hospital sites.</p> <p>A first submission of the, 'Review of Accident and Emergency Services' was made in September 2007 to the Independent Scrutiny Panel set up by the Cabinet Secretary. A second submission was made in December 2007. This identified options that would support the decision of the Cabinet Secretary; offer the right balance of quality, safety and value for money; have the support of the public; and be both deliverable and sustainable. In its formal response, the Independent Scrutiny Panel was of the view that the Board had not made a convincing case for significant changes to emergency services.</p> <p>In January 2008, in making its decision about the future provision of A&E services in Lanarkshire, the Board reviewed the findings of the option appraisal and the formal response of the Independent Scrutiny Panel, as well as the information contained in the first and second submissions to the Panel. In February 2008, the Cabinet Secretary confirmed her approval of the Board's amended proposals which included:</p> <ul style="list-style-type: none"> ◦ The continuing provision of A&E services in the three acute hospitals in Lanarkshire ◦ Delivery of a Primary Percutaneous Coronary Intervention service for Lanarkshire patients at Hairmyres Hospital as part of the regional planning for these services ◦ Concentration of the Haematology inpatient services at the Lanarkshire Cancer Centre at Monklands Hospital, when it is developed ◦ Development of an Emergency Response Centre which will enhance the area's emergency services

emerging preferred option from the option appraisal process

- or Monklands as the second emergency inpatient hospital, Hairmyres as planned (elective), which is the only remaining option.

(see 9.30)

Beyond 2009, each of the three general hospitals will continue to deliver the role as a local hospital, providing a full range of outpatient, day case and diagnostic services including accident and emergency departments for minor injuries and illness. (see 9.57-9.59)

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