

NHS LANARKSHIRE
NORTH COMMUNITY HEALTH PARTNERSHIP
NORTH LOCALITY

Date of Report: 23rd September 2013

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Subject: Locality Update Report to the Local Area Partnership

1. NHS Lanarkshire Wide Update

1.1. Primary Care Hub

As updated previously, the Outline Business Case submitted to the Scottish Government was passed and the Full Business Case has now been submitted for approval. Final approval from the Scottish Government is expected in October. Work in Kilsyth is planned to commence in January 2014, with a move in date in the Spring of 2015.

Further meetings with the Kilsyth Councillors will be set up following Full Business Case approval.

1.2. Health Board Boundary Changes

From 1st April 2014, health board catchment areas are to be realigned with local authority boundaries. The Cabinet Secretary for Health and Well Being, Alex Neil, announced the planned change noting "any mismatch of health board and local authority boundaries presents an administrative barrier to integrated working, complicating the planning and delivery of health and social care services".

NHS Lanarkshire and NHS Greater Glasgow and Clyde are the Boards greatest affected by the Boundary Change as follows:

| Area | Population from NHSGG&C to NHSL | Population from NHSL to NHSGG&C | Population from NHSL to NHSFV |
|---|---------------------------------|---------------------------------|-------------------------------|
| Cambuslang and Rutherglen | 58,583 | | |
| Northern Corridor | 20,450 | | |
| Busby | | 1,677 | |
| Area South West of Carmunock "White Gables" | | 100 | |
| Area South West of Carmunock "Parklea" | | 6 | |
| Blackridge | | | 408 |
| Total | 79,033 | 1,783 | 408 |
| NHSL Net Change | | +76,842 | |

For North Locality, this will see the area of the Northern Corridor formally becoming an integral part of the Locality, consisting of 20,450 patients.

NHS services, including Independent Contractors, in the Northern Corridor area will therefore transfer from NHS Greater Glasgow and Clyde into NHS Lanarkshire. Within the area, 15 Independent Contractors will transfer across to NHS Lanarkshire as follows:

- 4 GP Practices
- 5 Dental Practices
- 1 Optometrist
- 5 Community Pharmacies

It is worth reiterating that Mr Alex Neil, Cabinet Secretary for Health and Well Being, has confirmed that “patients will stay with the same GP practice and continue to receive treatment in their local hospital, even if their catchment area has changed.”

Following the Cabinet Secretary’s announcement in June, a joint Steering Group for NHS Lanarkshire and NHS Greater Glasgow and Clyde has been initiated, including patient representation from the public partnership forums. Individual workstreams have been established to work on the detailed planning required for each of the services that are transferring.

This work will include discussions with independent contractors and service leads to identify by 31 December 2013 exactly what the current services are provided by NHS Greater Glasgow and Clyde to these areas and the plans for transferring these to Lanarkshire.

The principle aim is to overcome the administrative barriers which misalignment presents to integrated working and ensure the areas affected become an integral part of the adult health and social care integration process set out in the Public Bodies (Joint Working) (Scotland) Bill.

A comprehensive joint communications plan has been developed for both Board areas, which will ensure patients, staff, independent contractors and other key stakeholders are kept up to date and involved with progress throughout the planning and implementation process.

2. Health Improvement

2.1. Collaborative Themes Working Group

The Collaborative Working Campaign is a partnership that comprises a range of stakeholders from inter-related disciplines encompassed within NHS Lanarkshire, North and South Lanarkshire Councils, Lanarkshire ADP, Choose Life, Strathclyde Police, Strathclyde Fire & Rescue and the voluntary and community sectors, to ensure better joint planning and delivery of overall health and wellbeing developments as opposed to working on different themes in a “silo” fashion. The themes addressed through the work of the programme include the impact of alcohol, mental health, suicide prevention, sexual health and tobacco.

Health improvement continue to support the work of the Collaborative Themes Group and recently received 8 resource boxes to support work both within North locality and through partners. . Each of the partners will use the resources to support a range of initiatives to raise awareness of the key issues with their respective clients, including young people, staff and the wider community.

2.2. Youth Diversionary Activity - Street Soccer NL

Street Soccer NL is a mobile 5 a side pitch (including flood lights) that can be placed in any location. The programme operates across all localities in North Lanarkshire. Locations are identified using data and information from the Community Safety Group and partners . The programme targets young people between the ages of 9 and 21 years, many of whom do not engage with other services.

In Carbrain over the summer period a number of activities have been delivered in partnership with the local community. A priority for the partnership has been to ensure that activities are on offer for children and young people. For ten weeks between July and September, young people were able to participate in the Street Soccer NL programme. An average of 20-25 young people attended each week from late primary/early secondary school age. . The uptake was mainly from boys, however a small number of girls also attended.

As part of the wider diversionary activities programmes that take place in local areas,, community leagues have been set up for football and dance. This encourages teams from different local areas to participate in a regular competition with the results going towards final league positions. The leagues have helped to break down territorial barriers, allow young people from different areas to get to know one another and to build confidence.

2.3. See Me - North Locality Community Forums

Over the last few months considerable progress has been made in relation to the promotion of the 'See Me' campaign across North Locality. The aim of the programme is to reduce the stigma and discrimination that surrounds mental illness and to promote positive mental health. The three local community forums have been at the forefront of taking this work forward. Recent events have included the promotion of 'See Me' at the Cumbernauld Gala Day on 13th July and the production of a newsletter developed by the Community Forums to promote 'See Me' activity within the local area. A local 'See Me' event is to be held on 9th October where a number of local organisations will sign up to the campaign.

2.4. Youth Sexual Health

The Youth Sexual Health Service operates on a Monday evening from Central Health Centre from 4pm to 6 pm. The service provides a confidential drop-in service where young people under the age of 20 can access information and advice on a range of sexual health and family planning issues. In addition to sexual health, health improvement staff provide input on a range of other health topics. Over July and August the focus was on raising awareness about breast care and testicular cancer. Work is also ongoing to promote Just Quit - a smoking cessation service specifically for young people.

More information about sexual health services available can be found at www.lanarkshiresexualhealth.org

2.5. Cervical Screening Amnesty

Cervical cancer is the eleventh most common cancer in UK women and the third most common gynaecological cancer. In 2011, 313 Scottish women were diagnosed with cervical cancer. In 2011, 108 Scottish women died from the disease. Cervical screening is an effective way of reducing the incidence and mortality of cervical cancer. Women between the ages of 20 and 60 years are invited to a screening session every 3 years.

In an attempt to reach women who had not attended for cervical screening in the last three

years, a local GP practice, supported by Health Improvement staff, piloted a cervical screening amnesty programme. 12 women between the age of 25 & 59 years attended the amnesty. Evaluations were extremely positive and the majority of the women highlighted that they would attend the smear test in 3 years time. The pilot programme has helped to raise awareness of the importance of cervical screening and will be used to inform work with other local GP practices.

3. Conclusion

The LAP members are asked to note the content of this report for information.