

To: SPECIAL JOINT MEETING OF AIRDRIE, COATBRIDGE AND NORTH AREA COMMITTEES	Subject: RESPONSE TO 'A PICTURE OF HEALTH' CONSULTATION
From: CHIEF EXECUTIVE	
Date: 14 FEBRUARY 2006	Ref: BM

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise Committee of the NHS Lanarkshire consultation document, 'A Picture of Health' and consider the emerging Council response (attached in draft form at Appendix 1).

2. BACKGROUND

- 2.1 "A Picture of Health" is a 5-year strategy produced by NHS Lanarkshire to improve health services in Lanarkshire. It describes Lanarkshire's poor health status and the need for change, and makes proposals on a wide range of health services.
- 2.2 The document was approved by NHS Lanarkshire Board for a consultation period of three months. Responses are required by 28 April 2006. The finalised Council response will be considered by Policy & Resources Committee on 18 April 2006.

3. ISSUES

- 3.1 That NHS Lanarkshire has taken a comprehensive, strategic view of the development of health services is to be welcomed. There is much to commend in the document, including:
- The proposed shift towards better locality working and development of community health services
 - Major new capital investment in health facilities
 - An emphasis on health improvement (including North Lanarkshire Community Health Partnership being one of 5 national pilots)
 - An intention to target resources towards areas of high deprivation
- 3.2 Inevitably, however, much attention to the report has focussed on the proposal to reduce fully functioning emergency and admission units from three to two acute hospitals and the potential impact on Monklands hospital and the area it serves. This means that, whilst all sites would continue to treat minor illness and injury, emergency inpatient services would take place on only two sites, with the third site being used for planned (elective) inpatient services.

3.3 "A Picture of Health" states that the status quo as unsustainable because of:

- Moving to two sites for emergency inpatient care would concentrate expertise and therefore provide safer, improved outcomes for patients
- NHS Lanarkshire state that they cannot recruit sufficient clinicians across three small sites as the populations they serve are too small to support the kind of medical and surgical specialisation needed
- Increasingly investigation and treatment is done on an outpatient, day patient, or short stay basis so the time people spend in hospital is much reduced
- Legal changes in working time directives for doctors

3.4 The document does not make a firm recommendation on location. However, it cites the outcome of an Option Appraisal Exercise and indicates that the "clear preferred option" emerging from that process is for Wishaw and Hairmyres to be the two emergency inpatient hospitals. The choice presented lies between Monklands or Hairmyres as the third site.

4. COUNCIL RESPONSE

4.1 The Council's response welcomes the strategic approach taken and the positive features of the document, as set out in para 2.1 above. The attached draft response addresses these elements in more detail. However, the Council is implacably opposed to the downgrading of Monklands hospital and believes this would be a serious error of judgement because:

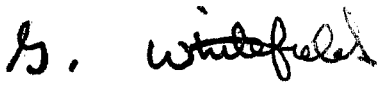
- Monklands serves some of the most deprived communities in Scotland and has one of the worst health profiles as a result. This is evidenced by a wide range of data from the 2001 census and the Scottish Index of Multiple Deprivation which show high rates of long term limiting illness, reduced life expectancy, high incidence of heart disease, hospital admissions due to drug use alcohol use etc. Removing emergency inpatient care from such a location would adversely affect the already very poor health of local communities.
- Downgrading Monklands will cause more patient flow into Glasgow, as it will be easier to access for many people in the north of the authority than Wishaw or Hairmyres. This in turn is an additional cost burden in cross-boundary charges to NHS Lanarkshire and may compromise its capacity to deliver commitments such as waiting times in its own hospitals.
- Monklands is the busiest of the three acute hospitals for planned inpatient care, emergency inpatient care, day cases and accident & emergency attendances whereas Hairmyres only serves approximately 15% of the Lanarkshire population and is poorly located to serve a wider population.
- Monklands hospital is in the right geographical location but is being penalised for years of under- investment by NHS Lanarkshire, so that its facilities are not as modern as the other two hospitals.
- Wishaw and Hairmyres are PFI hospitals where there is an economic imperative to, at least, sustain existing service levels. The Scottish Executive has an interest in supporting this option for that reason. If Monklands was a PFI hospital it would be regarded as the obvious location for emergency inpatient services.
- The consequences of removing emergency inpatient services from Monklands would lead to a major reduction in other services delivered from the site. Around 200 beds would be transferred to Hairmyres, resulting in losses of employment for an area of high economic need, to a much more prosperous part of Lanarkshire.

4.2 The Council does not accept that the options appraisal exercise resulted in a "clear preferred option" for Hairmyres to be the second emergency inpatient hospital, and contends that the outcome of the exercise, in fact, produced a much more ambiguous result.

5. RECOMMENDATIONS

5.1 It is recommended that Committee:

- (i) consider the content of the emerging draft response to NHS Lanarkshire's 'A Picture of Health' consultation; and
- (ii) otherwise note the content of this report.



Gavin Whitefield
Chief Executive
6th February 2006

For further information on this report please contact Mary Castles, Assistant Chief Executive or Duncan Mackay, Head of Social Work Development

Appendix 1

North Lanarkshire Council Draft Response to “A Picture of Health”

Introduction

There have many occasions when North Lanarkshire Council has made comment on documents produced for consultation by the NHS, but none where the implications of the content have been so far-reaching. Consequently this response has been informed by discussions with representatives of local communities, in order to properly reflect the views of the people of North Lanarkshire.

The Council welcomes the strategic approach adopted in the report to the future of health services in North Lanarkshire, and believes that such an approach is necessary to tackle the deep-rooted causes of Lanarkshire’s poor health status.

The Council considers that it has an important role to play in addressing these problems alongside NHS Lanarkshire and NHS Greater Glasgow, and is committed to working in partnership with both bodies to further this challenging agenda.

There is much to commend in the report. In particular the Council supports:

- The proposed shift towards better locality working and development of community health services
- Major new capital investment in health facilities
- An emphasis on health improvement (including North Lanarkshire Community Health Partnership being one of 5 national pilots)
- An intention to target resources towards areas of high deprivation

It is inevitable, however, that a large part of this response will relate to the potential downgrading of Monklands hospital. North Lanarkshire Council believes that would be a seriously flawed decision, one that would have a major adverse impact on the area and the health of the population. The Council is implacably opposed to such a measure and is not persuaded that there is a strong case to take such an action.

Proposals for reducing emergency inpatient care from three to two acute hospitals

The highest profile, and most contentious, aspect of "A Picture of Health" relates to the proposal to move emergency inpatient care from three to two hospital sites. The reasons for moving away from the status quo are noted, though the report itself does not contain any evidence of the improved clinical outcomes to be gained by increased specialisation. Consequently some people in our communities remain to be convinced that the case is as clear cut as NHS Lanarkshire states, particularly for many common procedures where surgical interventions are less of a high risk.

The case for separating planned and emergency care is clearly set out in section 9 of the report, but it would have been helpful to demonstrate evidence of the projected improvements based on experience elsewhere.

The Council recognises that the majority (reported to be 68%) of presentations to accident and emergency units are for minor illness or injury and that these needs can be addressed local health care services, *provided they are properly resourced and accessible*. However that still leaves a considerable volume of activity, some of it of a critical nature, to be displaced if the proposal is accepted.

Whilst it is acknowledged that "A Picture of Health" does not make a specific recommendation about the location of the second site (having determined Wishaw to be the first), it states that Hairmyres is the "clear preferred option" to have emerged from the options appraisal exercise.

It is accepted that the options appraisal exercise was a genuine attempt to canvas views from a wide range of stakeholders, and that representatives of public groups were involved to some degree. However, many of the contributions were not expressed from an impartial position and the findings should be treated with great caution. From a Council perspective, the ability to exert anything other than minimal influence was never going to be possible when the number of participants exceeded 60 people.

In any case, it is contended that the scoring that emerged from the process did not generate a substantially convincing margin for one option over another in respect of Monklands and Hairmyres hospitals.

If NHS Lanarkshire are to pursue plans for deliver emergency hospital care on only two sites, then North Lanarkshire Council believe there is an unarguable case that one of those sites should be Monklands hospital. The Council would vigorously oppose any downgrading of Monklands Hospital for a range of reasons that are set out below.

- **Deprivation and poor health of the Monklands catchment area**

As 'A Picture of Health' states : "The health of the people of Lanarkshire is not improving as fast as it should and the gap between Lanarkshire and Scotland is not decreasing." This particularly applies to the Monklands area which includes some of the most deprived communities in Scotland and has one of the worst health profiles as a result.

NHS Lanarkshire's general high rate of emergency admissions is usually interpreted in the context of the socio-economic and epidemiological profile of the population. It is widely acknowledged that North Lanarkshire has overall poor health compared to other areas, with lower life expectancy and higher than average levels of limiting long term illness. This is characteristic of almost the whole Council area and is strongly linked to other deprivation indicators (see North Lanarkshire Joint Health Improvement Plan).

It is right that the development of effective interventions to avoid unnecessary admission should be developed, but there is a wealth of data to illustrate the scale of the problem in North Lanarkshire as a whole, and in the areas serviced by Monklands hospital in particular.

The 2001 census found that over 13% of people in North Lanarkshire considered their health to be 'not good' - considerably higher than the figure of 10% for Scotland as a whole and the second highest proportion of any Council area, behind Glasgow.

For the Coatbridge area, this figure increases to 15%, the highest in North Lanarkshire. Many wards within Coatbridge and Airdrie score even higher:

Airdrie Central 16%
Townhead 16%
Bargeddie and Langloan 16%
Shawhead 17%
Kirkwood 18%

The 2001 census also found that 23% of persons in North Lanarkshire have a limiting long-term illness (a long-term illness that limits their daily activities or the work they can do), compared to the Scotland figure of 20% and a 1991 figure of 17%. Again, only Glasgow City has a higher level. When the relationship between long-term illness and age is considered, this is even more striking as North Lanarkshire has a relatively young age profile.

Within some wards in Coatbridge and Airdrie this is even more marked:

Shawhead 31%
Kirkwood 28%
Townhead 28%
Airdrie Central 28%
Bargeddie and Langloan 27%

Academy 25%

The Scottish Index of Multiple Deprivation (SIMD) 2004 identifies the most deprived areas across Scotland. It is based on 31 indicators in six individual 'domains' of: current income; employment; housing; health; education; skills and training; and geographic access to services and telecommunications. In the health 'domain', 16 data zones in Airdrie and Coatbridge figure are ranked among the most deprived 10% of zones in Scotland and a further 26 are ranked in the most deprived 20% of zones.

This score is derived from 7 health indicators, namely; comparative mortality and illness factors; indicators for alcohol and drug related hospital episodes; emergency admissions; drugs prescribed for anxiety, depression or psychosis; and low birth weight.

The generally poor health status this area of North Lanarkshire must surely be taken into account in reaching the final decision on the future of acute services in Lanarkshire. This was not something that appears to have been specifically considered by the options appraisal process.

- **Presenting Need for Acute Hospital Services**

Unsurprisingly, given the health profile described above, Monklands is the busiest of the three Lanarkshire acute hospitals in terms of planned inpatients; emergency inpatients; day cases; and attendances at accident and emergency. In 2004/5 the number of emergency inpatients treated at Monklands was 5% greater than Wishaw and 7.5% greater than Hairmyres. Presentations at accident and emergency were very similar at Wishaw and Monklands but 7% greater at Monklands than Hairmyres.

According to the Annual Report for 2004 by the Director for Public Health for Lanarkshire "Children and young people represent about 25-30 % of accident & emergency attendances and calls to out of hours patient general practice. It is estimated that around a fifth of children aged 12-15 years experience an injury requiring medical attention each year and about 30,000 children attend one of the three accident and emergency departments in Lanarkshire".

In terms of the estimated mid year population by age group and LHCC area 2004 (page 112) there are 16,129 children and young people aged under 5 to 14 years in East Kilbride LHCC area with 31,456 children and young people of this age range with the Airdrie, Coatbridge and Cumbernauld LHCC areas. Consequently, significantly more children and young people, approx 6,000, are likely to attend the accident & emergency Department in Monklands General with around half of this number presenting to Hairmyres.

In general, there is an increased tendency that children from deprived areas are more likely to experience an injury requiring medical attendance.

If NHS Lanarkshire elects to support the so-called "clear, preferred option" it would be downgrading the busiest hospital in its Board area, in its area of poorest health. There may be reasons for making such a decision, but they are not related to need, deprivation or ill-health.

- **Accessibility and patient flow**

Neither could the potential change be justified on grounds of accessibility. This is not simply about access for the patient in emergency situations, important though that is, it is about access for a range of hospital services that would also leave Monklands. And it is about access for their families and carers.

There has already been widespread concern expressed that the increased distance between the communities served by Monklands Hospital and their access to emergency care will lead to avoidable deaths. The report seeks to meet that fear by emphasising the professionalism and quality of the Scottish Ambulance Service. North Lanarkshire Council recognises this but the geography of the area is hampered by poor north-south transport links.

There are well-founded concerns about the distance from Hairmyres and Wishaw General to the Monklands, Cumbernauld and Kilsyth areas. The document states that most people travel to hospital, whether as patients or visitors by private car. The report's accompanying chart shows that in average, off-peak, conditions, it takes substantially longer to reach either Hairmyres or Wishaw from Airdrie, Coatbridge and Cumbernauld and marginally quicker from Kilsyth. From all these areas it will be easier to access Glasgow Royal Infirmary and, in the case of Cumbernauld and Kilsyth, the new acute hospital in Forth Valley which will become operational in 2009.

Downgrading Monklands will therefore cause more patient flow into surrounding areas, particularly Glasgow, from the north of the authority. This in turn is an additional cost burden in cross-boundary charges to NHS Lanarkshire and may compromise its capacity to deliver commitments such as waiting times. It will inevitably stretch the capacity of NHS Greater Glasgow and the Royal Infirmary in particular in ways that have not previously been envisaged.

The difficulty of accessing Hairmyres or Wishaw increases when travelling by public transport. The census returns referred to above also supply car ownership figures. It is no surprise that the most deprived areas have the lowest incidence of car ownership and therefore the least capacity to travel further to access care. For example, within the Coatbridge Central ward, 42% of households have no motor vehicle, compared to 37% for North Lanarkshire as a whole and 34% for Scotland. In the Shawhead ward, the figure is 52% and within the Whinhall ward of Airdrie, 48% of residents have no private motor transport.

For people relying on public transport, access to hospitals is more difficult and travel times are considerably longer than for car users. For example, from Airdrie it takes 4 minutes to arrive at Monklands hospital by bus. The journey to Wishaw takes 1 hour, and to Hairmyres 1 hour 20 minutes. Similar differences apply to Coatbridge. In both cases bus times to Glasgow Royal Infirmary are slightly shorter while from both these towns there is a frequent rail service to Glasgow City Centre.

Lanarkshire is not Glasgow or Edinburgh; Aberdeen or Dundee. It has a mix of the rural and urban; there are no cities. The sorts of solutions in place elsewhere in Scotland for acute hospital health care may not be workable in Lanarkshire. It is important that the decision making processes at work here are sensitive to local circumstances.

- **Financial Considerations**

“A Picture of Health” sets out the challenges in developing Hairmyres and Monklands as emergency inpatient hospitals current. The capacity needed for each would be 650 beds against the present 523 at Monklands and 492 at Hairmyres. The report states that “Monklands would be a significantly more difficult project, involving major development of an older hospital on a relatively congested site.”

There is a recognition that Monklands requires significant capital investment and development. Indeed, at the end of last year, discussion took place between health officials and officers from the Council's Department of Planning and Environment with a view to ensuring that Monklands was capable of being considered as one of the emergency admission sites.

These meetings identified some limited capacity to accommodate new building and discussed the possibility of moving Airdrie Health Centre and providing additional bed spaces through redevelopment of the accommodation block and new build adjacent. The meetings also looked at the possibility of creating a multi-storey car park with a residents parking scheme and improved traffic flow from Coatbridge to Airdrie.

Wishaw and Hairmyres are PFI hospitals where there is an economic imperative to sustain, at least, the level of current services. The Scottish Executive has an interest in supporting the Wishaw/Hairmyres options for that reason. The capital requirements for Monklands must be balanced by the scale of charges levied by the owners of Wishaw and Hairmyres, both for current commitments and for the scale of redevelopment proposed.

A glance at the map of Lanarkshire and the position of major population settlements in relation to the acute hospital sites shows that Monklands is in the right location. If it was a PFI hospital this debate would not be taking place. The Council believes the people of North Lanarkshire should not be penalised by placing financial considerations above health considerations. If a decision to downgrade Monklands is taken it will be the consequence of

years of under-investment and haphazard planning by NHS Lanarkshire, not for reasons of the health needs of the population.

- **Economic Impact**

The loss of emergency facilities would also result in the downgrading of Monklands Hospital, involving the loss of approximately 200 beds and loss of the renal and ear, nose and throat units. The consequences would be a significant transfer of function, and therefore workforce to Hairmyres, one of the most prosperous parts of Lanarkshire.

If Monklands Hospital was downgraded, jobs would be lost to the area such as catering, cleaning, nursing and auxillary staff. This would have a damaging impact on the local economy and income levels which would, in turn, exacerbate the poorer health of the area. Employment and income are important determinants of health – the stated commitment to targeting health improvement in North Lanarkshire is at odds with this prospect.

It should not be forgotten that Monklands hospital was built over 30 years precisely because the area desperately needed such a facility. Previously people had to travel into Glasgow. The need for this type of facility is substantially greater now than it was then, as admission and treatment figures show (see above). Downgrading Monklands would turn the clock back thirty years and once again require critically ill people to travel outwith the area for emergency health care.

The remainder of the Council's response concerns itself with other parts of "A Picture of Health."

Carers

Given the extent to which statutory agencies rely on unpaid carers to support vulnerable people with health and care needs, the very short section on carers seems undeveloped. It is known that the Scottish Executive are preparing guidance for the NHS on the statutory duty to provide information to carers, but there are a number of practical ways NHS Lanarkshire could support carers that do not feature here. For example, contributing more significantly to the joint funding of umbrella organisations or funding a support service to help carers support people on discharge. At present such a service exists at Monklands hospital- funded through Council funds set aside for carers and well evaluated but with no contribution from NHS Lanarkshire- but not at all at Wishaw.

Older People

There is increasing scope for the Council to work closely with NHS Lanarkshire in the planning and delivery of health and care services, not least for older people. Some of the joint work to date, such as the development of

joint day hospital/day care and the PATH event held in September 2005, seems not to be fully reflected in "A Picture of Health."

There is principled support for the concept of a Managed Care Network that maps the patient journey, and sets standards for interventions across agencies. It is important, in this context, to recognise scope for this to be developed in different ways across the two Lanarkshire local authorities, in ways that respect the distinctive approaches and separate governance arrangements that apply. In turn North Lanarkshire recognises that NHS Lanarkshire will wish the core health element of a Managed Care Network to apply across its organisation.

The proposal to retain existing levels of NHS continuing care for older people is noted, in the context of the need to replace some existing, outmoded accommodation. It would be constructive if any thinking on the re-provisioning of such care within the care sector was discussed with the Council at an early stage. This would help establish whether a joint strategy could yield better outcomes for frail older people and ensure the Council's commissioning balances with any proposals.

The proposals to increase acute assessment/intensive rehabilitation beds and reduce intermediate care should also be the subject of joint discussion in respect of delayed discharge action plans.

Mental Health

Since 1995 NHS Lanarkshire has closed 223 psychogeriatric long stay hospital beds for older people with mental health problems, including dementia. Unlike other sectors which have seen a progressive transfer of funding from NHS Lanarkshire to local authorities in response to the transfer of responsibility, only 30 of those beds have been the subject of joint financial agreement.

North Lanarkshire Council recognises that many older people with mental health problems would benefit from care in a more appropriate setting. Wherever possible this should be in their own home, if that is their wish. If not then it should be in a more homely care environment than a long stay hospital ward. It is not an attractive proposition for an older person to live the final stage of their life in a hospital as a place of permanent residence.

There is, therefore, no principled opposition to the prospect of further shifting resources away from long stay hospital beds for this care group, towards community settings.

However, the Council could only support this direction if it is accompanied by suitable reinvestment in community based social care services. The burden of responsibility for funding the care of people who would once have gone into long term care has fallen to the Council, without appropriate financial recompense. The social care system cannot sustain the level of current and

future demand for this type of care without a substantial financial transaction from NHS Lanarkshire.

It is acknowledged that the current NHS Lanarkshire Board have recognised the current position and are committed to working in closer partnership with the Council in this respect than previous regimes. The development of the approach set out in "A Picture of Health" will be an acid test of those new arrangements.

It would also be necessary to discuss any implications arising from paragraph 7.6.1 on people who have brain damage with psychiatric disorder. It is recognised that the current accommodation at Hartwoodhill hospital is unsuitable but also that some people have health and care needs similar to people leaving Kirklands hospital, for whom other arrangements have been made.