

CONFERENCE REPORT

**Exploring a Managed Care Network
Approach to Support Lanarkshire
Partnerships Delivering Services
for Older People**

August 2006

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Scottish Executive
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1. Introduction

1.1 Background

The Joint Improvement Team (JIT) is sponsored by the Scottish Executive, the Convention of Scottish Local Authorities (COSLA) and NHSScotland to work directly with local health and social care partnerships. The JIT aims to accelerate the pace of improvements delivered by health and social care partnerships with the objective of achieving service improvements for the benefit of service users and carers.

At meetings with the Joint Improvement Team, both North Lanarkshire and South Lanarkshire Health and Care Partnerships expressed interest in exploring the potential for a **managed care network** model for older people's care to take account of wider partnership working across health and social care services, including housing, transport and the role of voluntary organisations.

This is set against Lanarkshire's experience to date in developing **managed clinical networks**, with NHS Lanarkshire hosting the national demonstrator programmes for stroke and for vascular disease. Lanarkshire's Stroke MCN is widely recognised as an exemplar of collaboration and integration across acute and community settings. It is grounded in patient and carer involvement and has established partnership working with North Lanarkshire Council and South Lanarkshire Council as well as local and national voluntary sector groups.

This report provides an overview of the conference co-hosted by the Joint Improvement Team and by Lanarkshire Health and Care Partnerships on April 28th 2006 at Bell College, Hamilton. The opening address was delivered by the Minister for Health and Community Care.

1.2 The Objectives of the Conference

- To explore, with a range of stakeholders, the potential for a Managed Care Network approach to support Lanarkshire partnerships delivering a better experience and improved outcomes for older people who use services and their carers.
- Connecting partnerships to provide an opportunity for shared learning
- To highlight shared challenges and opportunities
- To explore potential areas of collaborative advantage
- To build capacity through collaboration with regional and national resources

This Lanarkshire partnerships event was a first step in a JIT thematic programme to explore the potential for a Managed Care Network model to support collaboration across partnerships around a care group. The report is intended for delegates and to serve as a shared learning resource for those who plan and provide services for older people across Scotland.

The programme and list of delegates are contained in the appendices.

2. Collaborative Networks: Background

2.1 Health & Social care Policy

Recent health and social care policy documents '**Building a Health service fit for the future**', '**Delivering for Health**' and '**Changing Lives, Social Work review for the 21st Century**' emphasise the pivotal role of collaboration, partnership, integration and networks in supporting organisations to deliver better outcomes for service users.

The **Community Health Partnership Statutory Guidance** (October 2004) underlines the importance of partnership working within health and across health and local authorities and the link with managed clinical/care networks.

The World Health Organisation (1998) described networks as '*a grouping of individuals, organisations, and agencies organised on a non-hierarchical basis around common issues or concerns*'. (*Competencies for Network Managers: Skills for Health* (February 2006)

2.2 Managed Clinical Networks

The concept of Managed Clinical Networks (MCNs) was first described by NHS Scotland in the report of the *Acute Services Review* (June 1998). Managed Clinical Networks are now established as an effective model to link staff across professional and organisational boundaries in order to redesign services around the patient journey and deliver equitable access to high quality services which deliver the best possible outcomes.

The reports '*Building a Health Service fit for the Future*' and '*Delivering for Health*' acknowledge the important contribution of MCNs to service quality, clinical improvement and redesign but highlight the need for MCNs of the future to deal with the whole patient and not just a single condition.

In fact the relevance of MCNs transcends the clinical context as their core principles, outlined in Health Department Letter (HDL) (2002) 69, are congruent with the five fundamental principles of public service reform:

- Personalised/user focus
- Quality and Innovation
- Efficiency/Productivity
- Joining up
- Accountability

The Scottish Executive Health Department are in the process of drafting further guidance on managed clinical network development, to be issued in the form of a Health Department Letter, (HDL) in September 2006. The first draft of the document is currently out for consultation and has been circulated to all health board chief executives and local authorities. The consultation document clearly outlines a commitment to joint working and the exploration of the managed care network concept.

2.3 Partnership Working

Multi-agency collaboration is essential to manage the interdependencies of partners in meeting rising expectations for increasingly complex but personalised services. *Partnership for Care (2003)* introduced the concept of 'care networks' which can address the problems of service users as they move from one provider or partner organisation to the next. Such care networks can improve the pathway of care and promote the better use of shared resources.

'*Changing Lives*', the recent review of Social Work, highlights the need to build capacity for service redesign within and across agencies and to create a supportive environment where innovative solutions can be developed.

The report commends the spread of good practice through shared learning opportunities on a local and regional basis and by connecting local partnerships through collaborative networks.

3. Older People

3.1 National Policy

The health improvement agenda, clearly articulated in *Improving Health in Scotland – The Challenge (2003)*, is as relevant for older people as for the population as a whole with 'Active Ageing' an important strategic outcome.

For older people specifically, *Adding Life to Years (2002)*; *National Framework for Services Change – Older People's Report (May 2005)*; *Better Outcomes for Older People (2005)* and the developing *Strategy for a Scotland with an Ageing Population* set out the needs and key objectives for meeting the needs of the increasing number of older people in Scotland.

Delivering for Health (2005), sets out the key priorities for the NHS in Scotland and outlines local and regional action plans relevant to older people:

- Provision of services as locally as possible
- Shifting the balance of care from acute to community
- Development of community hospital/resource centres
- Closer integration of health and social care

Older people and people with long term conditions are acknowledged as the core users of health and social care services. Community Health Partnerships are seen as the vehicles for delivering sustained improvements locally by:

- Addressing health inequalities
- Improving local access to healthcare
- Systematic approach to long term conditions
- Supporting people at home, avoiding inappropriate hospital admission
- Enabling appropriate discharge and rehabilitation

The Future Care of Older People in Scotland (May 2006): the second report of the Range and Capacity Review Group, underlines the need for a whole systems approach and outlines the framework which should guide joint health and local authority capacity planning and commissioning of services for older people.

Changing Lives – the 21st century review of social work (February 2006) highlights the need for improvement through redesign and transformational change, and by building workforce capacity through innovation and shared learning.

In their recent response to the Care 21 Unit report: *The Future of Unpaid Care in Scotland* (Sep 2005), the Executive acknowledges the important contribution of unpaid carers and tasks NHS boards with the development of carer information strategies by October 2006.

The review of nursing in the community and the emerging community rehabilitation framework will have particular relevance for care of older people.

3.2 Performance and Inspection

Local Delivery Plans (LDPs) and Health and Care Partnership Joint Future Information and Assessment Frameworks (JPIAF) contain specific targets for demonstrating progress in shifting the balance of care. Performance assessment against these frameworks and the corresponding Local Improvement Targets requires local organisational structures to have clear lines of accountability and robust governance arrangements. Future inspection of older people's services is moving to a multi-agency model, led by the Social Work Inspection Agency in partnership with NHS Quality Improvement Scotland and the Care Commission.

3.3 Lanarkshire Context

NHS Lanarkshire covers a population of 553,440. There are two Community Health Partnerships, North and South, coterminous with the local authorities. North and South Lanarkshire Councils are not coterminous with NHS Lanarkshire as both local authorities also cover parts of NHS Greater Glasgow and Clyde.

North Lanarkshire Council has an estimated population of 321,067 including 17,000 people living in the Stepps and Chryston areas within NHS Greater Glasgow boundary.

South Lanarkshire Council has a population of 307,400, including 56,560 people resident in Rutherglen and Cambuslang communities within NHS Greater Glasgow boundary.

Most Lanarkshire residents live in townships and there are high levels of deprivation and morbidity compared to the rest of Scotland. There are significant inequalities in health and life expectancy between communities in Lanarkshire, largely associated with deprivation, but even the most affluent areas compare unfavourably with affluent areas elsewhere.

Between 2003 and 2013 the Lanarkshire population age 75+ will increase by around 25% with the increase most marked in the 85+ age band.

North Lanarkshire and South Lanarkshire Health and Care Partnerships have made good progress against the JPIAF indicators and have met challenging delayed discharge targets each year 2003 – 2006. However there continues to be pressure from age 65+ emergency and repeat admissions. A number of initiatives are in place or are planned to help address this, including developments in the area of rapid response services, intensive home care support and housing.

Single Shared Assessment is particularly well progressed as is access to resources across health and social care boundaries. South Lanarkshire Council have worked with Office of Public Management in engaging users and carers in service developments and recently developed new day services and short breaks in community based facilities. North Lanarkshire Council have developed, with NHS Lanarkshire, an innovative integrated day care model and are exploring options to pilot a residential intermediate care rehabilitation initiative.

In the 'A Picture of Health', strategy consultation document, NHS Lanarkshire has set out its strategic vision for a modern and integrated health system. A Modernisation Board, reporting to the Corporate Management Team, has been established to ensure a systematic approach to planning, prioritising, resourcing and delivering the proposed strategic change and to ensure connectivity across a range of interdependent complex change programmes.

Older peoples' services is one of 8 major change programmes related to key service or care groups. The older people's work programme must engage effectively with locality services across both Community Health Partnerships and with both Health and Care partnership Joint Future structures, their locality planning groups and with NHS Lanarkshire acute division services.

It is in this context that the Managed Care Network is proposed as a supporting infrastructure to facilitate collaborations between the above partners and their existing structures.

4. Key Themes from Presentations:

All presentations can be viewed on the Joint Improvement Team website:

www.jitscotland.org.uk

Presentations considered policy and strategic issues as well as the Lanarkshire context. Key messages from the presentations were:

Andy Kerr, Minister for Health and Community Care

In his opening address, the Minister underlined the importance of building on examples of successful local partnership working. He highlighted the urgent need to generate a shared health and social care vision which will deliver real and sustained improvements for service users and carers through redesign, collaboration and transformational change.

MCNs offer a real solution to making services work for patients and ensuring best use of our workforce.

Mike Martin, Director Joint Improvement Team

Mike described a Managed Care Network potentially as:

- a partnership initiative to build services around people and to harness the collective impact of individuals within and across partnerships.
- a vehicle for reconciling national policies on quality, integration and shared learning, and at the same time delivering efficiency and economies of scale.
- well placed to support partnerships navigating the commissioning, accountability and inspection maze.

The challenge for JIT and for the Lanarkshire partnerships is:
- to identify the critical success factors for an effective MCN
- to consider the specific issues where an integrated health and social care approach would add value

Jess Barrow, Project Manager, Scottish Executive's Older People's Unit

Jess outlined the engagement and consultation process to develop *Age and Experience: The Strategy for a Scotland with an Ageing Population*: www.infoscotland.com/experience

Key themes of the emerging strategy are:

- Opportunity and contribution
- Effective integrated services
- Promoting and maintaining health and well-being
- Accommodation and the built environment

The strategy will recognise, support and value the contribution that older people already make and realise the potential that an older population can bring.

***We must change the dialogue from negative to positive
Ageing is a good thing - a success and not to be feared!***

Anne Hendry, Moira Forsyth and Bob Devenny, Lanarkshire Stroke MCN

Anne outlined the whole system approach of the stroke MCN and the success factors and impact identified by an independent evaluation undertaken by JIT.

The MCN approach ...

- Provides a supportive framework across partnerships
- Connects existing structures
- Nurtures collaborative working across partners at all levels
- Promotes a model of distributed leadership across teams
- Promotes shared learning, innovation and redesign across the system
- Embeds quality improvement within the service
- Maintains momentum and patient focus in the face of wider organisational change
- Offers collaborative opportunities with national academic, regulatory and voluntary sector bodies

Care of older people is a complex problem which needs a collaborative solution

A Managed Clinical and Care Network can harness the collaborative energy of partnerships and support them to secure solutions for their 'wicked problems'

Moira and Bob illustrated examples of improved patient experience achieved through collaborations with Big Lottery and Chest Heart and Stroke Scotland.

- Stroke Awareness Training delivered across partner agencies
- Lanarkshire Partnership with Higher Education institutions
- Patient and carer group collaboration at a regional level

MCNs can help partnerships punch above their weight!

Jim Wilson, Head of Older People's Services, South Lanarkshire Council

Jim outlined the existing structures for Older People's services in South Lanarkshire, indicating those services provided directly and those which are commissioned from other providers. He highlighted the successful Joint Future Management Structure underpinned by four well developed interagency locality management groups.

Successes:

- Single shared assessment and joint access to services
- Integrated evening care and the Care & Health Improvement Partnership for over 75s, (CHIPS), Project in Clydesdale
- Residential palliative care initiatives
- Integrated Day care provision
- Delayed discharge initiatives

Challenges:

- Ageing demography, increasing need and expectation
- Care home supply driving demand
- Financial pressures
- Workforce recruitment
- Quality assurance

Opportunities:

- Community Health Partnerships
- Care Management
- Aligned services
- Shared premises

Sandra Mackay, Planning and Development Manager (Community Care Partnerships), North Lanarkshire Council

Sandra outlined the existing structures for Older People's services in North Lanarkshire, and reported on the Sep 05 Stakeholder PATH event which set the North Lanarkshire vision for improved access to health and social care services, inclusion, citizenship and health improvement. She highlighted the revised North Lanarkshire Health and Care partnership structure which has four interagency partnership boards. These four care group partnership boards are underpinned by six localities, each with four locality planning groups aligned to key care groups.

Successes:

- Intensive home support and community alarm provision
- Single shared assessment
- Service alignments – joint equipment and out of hours
- Integrated day services and links to Locality Planning groups
- Delayed discharge initiatives

Challenges:

- Effectiveness of revised organisational structures
- Roll out of service alignment
- Effective engagement with service users and carers
- Reduction in age 65+ emergency admissions
- Continuous quality improvement

Opportunities:

- Joint resourcing through locality planning groups
- Major culture shift through peer group learning and co-location
- Development of community based intermediate care models
- Care management
- Sound basis for user and carer consultation and involvement

Margery Naylor, Social Work Inspection Agency
Henry Mathias, SW Regional Manager, Care Commission
Colin Brown, NHS Quality Improvement Scotland

This joint presentation outlined the current inspection and regulation of services for older people by single agencies, the acknowledged need to reduce the regulatory workload and the plans for a more co-ordinated approach in future.

Margery outlined the role of SWIA in the planned approach to multi-agency inspections and the intention to target inspections on specific themes which evidence progress in partnership working and in achieving better outcomes for people who use services and their carers.

Purpose of multi-agency inspections of services for older people:

- To inform the public how well older people are being served by services
- To assist services to jointly achieve the best outcomes for older people
- To agree targeted actions for commissioners and providers to deliver continuous quality improvement in services for older people

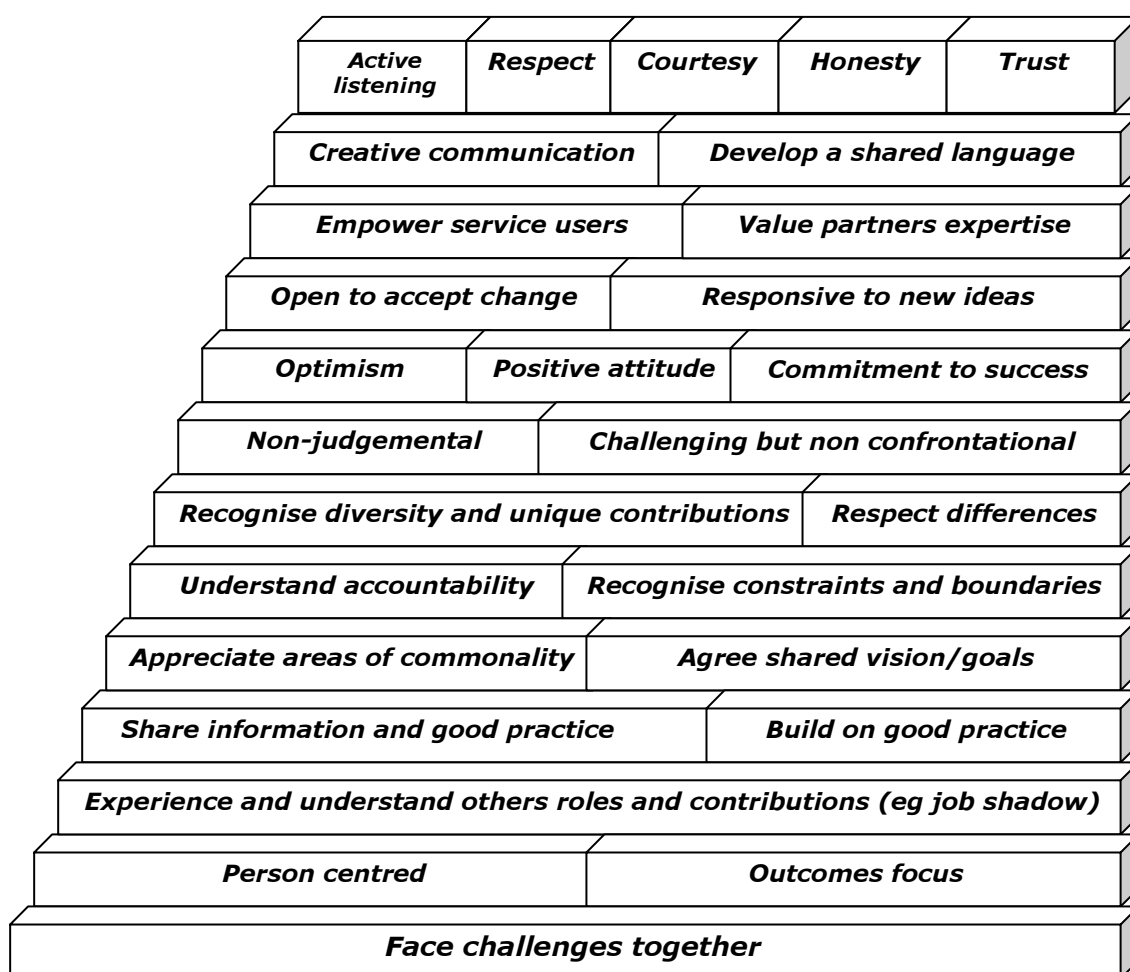
To support the forthcoming multi-agency inspections, an MCN approach could help partnerships develop and embed an integrated quality assurance framework within their routine practice, including measures which ensure staff are trained, skilled and supported to deliver joint services.

5. Workshops

Four parallel breakout groups discussed issues raised in the presentations and considered specific questions. Each group had a facilitator and a scribe to capture the views expressed.

The following commentary represents a consolidation of the discussions and views expressed across the four workshops.

(a) List 5 simple ground rules of behaviour to support partnership working in Lanarkshire



(b) What advantages might there be around shared learning and collaboration with regional and national agencies through a Managed Care Network approach to support Lanarkshire partnerships delivering services for older people and their carers?

Advantages of A Managed Care Network approach

- Person-centred – holistic focus on the person behind the patient/client
- Widens horizons – learning from experience of other partnerships within and beyond Lanarkshire
- Wider opportunities for peer support and mentoring
- Encourages relationship-building
- Improves understanding of roles and contributions within and across partnerships
- Increased cross-fertilisation of knowledge and skills
- Learning expands capability
- Joint learning, publicising and sharing good practice
- Prevents wheel re-invention and duplication of effort
- Comparing and contrasting with others
- Dovetailing of different approaches
- Builds on existing successes, celebrates achievements
- Focus on what's working well and how it can be improved
- Protected time and space empowers people to ask "naive" questions and present ideas for change
- Encourages incremental change and embedding of change in service

Disadvantages of A Managed Care Network approach:

- Do we need a managed care network?
- Will it detract from existing organisational arrangements?
- Too much network management may not put the person at the centre?
- How would it work?
- What are the areas where it would add value?

(c) What would be the key short term (1-3 years) and longer- term (3-5 years) outputs of a Managed Care Network, which would add value to the existing structures for older people in Lanarkshire?

Short Term

Define the purpose, remit and principles of the MCN:

- Identify the gaps, challenges and opportunities where the proposed MCN approach would add value
- Clarify the scope of the MCN by describing which “older people”
- Define its role as a ‘Change agent’ to support existing structures to improve outcomes
- Define its relationship to existing operational structures:

Consider how front-line staff, managers, users & carers would be engaged in the MCN development, at the same time recognising the need to:

- Preserve the unique perspective & contribution of the Locality groups
- Value & preserve the strategic direction & governance arrangements of:
 - South Lanarkshire Older People’s Joint Future Management Group
 - North Lanarkshire Older People’s Partnership Board
 - NHSL Modernisation Board’s Older People’s Services Programme Board.
- Value and preserve existing user and carer involvement arrangements in the planning and delivery of health and social care services.
- Develop a communication plan which includes a means of resolving any conflicts
- Agree an action plan for years 1 – 3 to define inputs and intended outputs
- Nurture acceptance and ethos of whole-system working
- Raise the profile of older people
- Mapping of current structures and services for older people as a baseline against which outcomes can be measured:
 - **structures** for older people’s services, the role of various stakeholders and responsibilities of key groups/individuals across the system.
 - **services** across the statutory, voluntary and independent sectors to include the contribution of carers
- Joint Strategy development:
 - Contribute to the development of a Lanarkshire-wide shared vision and strategy for older people’s services which will deliver the longer term outputs
- Progress priority workstreams from the strategy action plan where there is agreement that the MCN’s role and contribution would add value
- Build in evaluation and quality improvement measures and processes from the outset

Longer Term

Deliver better outcomes and more streamlined services, particularly for the workstreams where it has been agreed that the MCN has a key role in supporting improvements through redesign, development, education and training, and by promoting and embedding quality improvement.

E.g. Redesign and development of services to support residents in care homes, reduce delayed discharge, improve dementia/delirium pathway, develop and evaluate intermediate care models.

E.g. Underpinning activities such as care management, education & training to build workforce capability, and quality assurance.

(d) What workstreams might a Managed Care Network usefully facilitate and what would be the desired outcomes of that work programme for older people who use services in Lanarkshire and their carers?

In general it was agreed the MCN should most usefully focus on:

- Encouraging shared learning
- Improving practice and reducing variations in practice
- Informing change and innovation through evaluation and evidence
- Making change happen
- Assessing the impact of change
- Demonstrating improved outcomes

Simple criteria could point partnerships to specific issues where the supportive contribution of a MCN approach could add value to the existing health and care partnerships structure:

Older people's issues which are high impact and ...

- Where challenges are shared across partnerships
- Where solutions require regional or national collaboration with regulatory bodies
- Where solutions lie outwith the gift of an individual partnership
- Where solutions require changes negotiated with another partner

Examples of current and future challenges shared by partnerships and identified over the course of the day:

- Provide an overarching support framework to inform change and innovation of operational services, including service redesign, implementation and evaluation of service redesign. Potential examples might include:
 - Services to support residents in care homes
 - Interagency services to reduce avoidable emergency admission and to facilitate discharge – streamline teams and reduce variations in practice
 - Out of Hours Home care/community nursing interface – roll out of model to maximise impact

- Development of a dementia/delirium care pathway
- Intermediate care rehabilitation models

- Interagency education and training to build capability across the system
- Carer information and education initiatives
- Partnership quality improvement framework
- Evaluation of service change – e.g. care management/intermediate care impact

6. Conclusion

Margaret Whoriskey, JIT Assistant Director, concluded the conference with an overview of the day and outlined the process for progressing the work programme which the day had generated.

Margaret indicated that initial feedback would be collated and circulated to delegates and that a conference report would be prepared for consideration by the Lanarkshire partnerships.

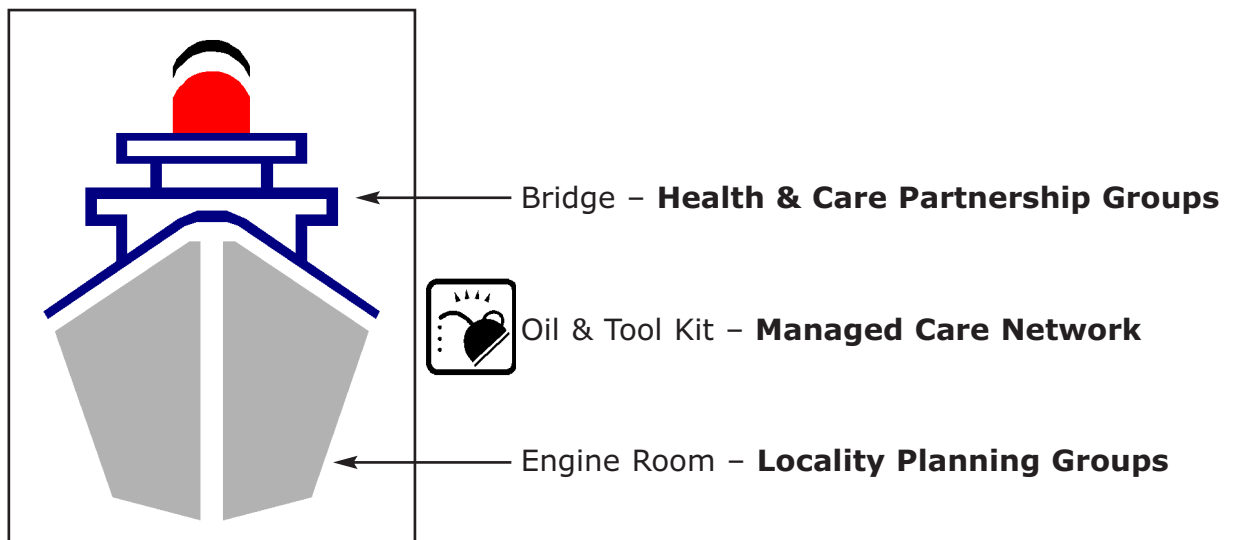
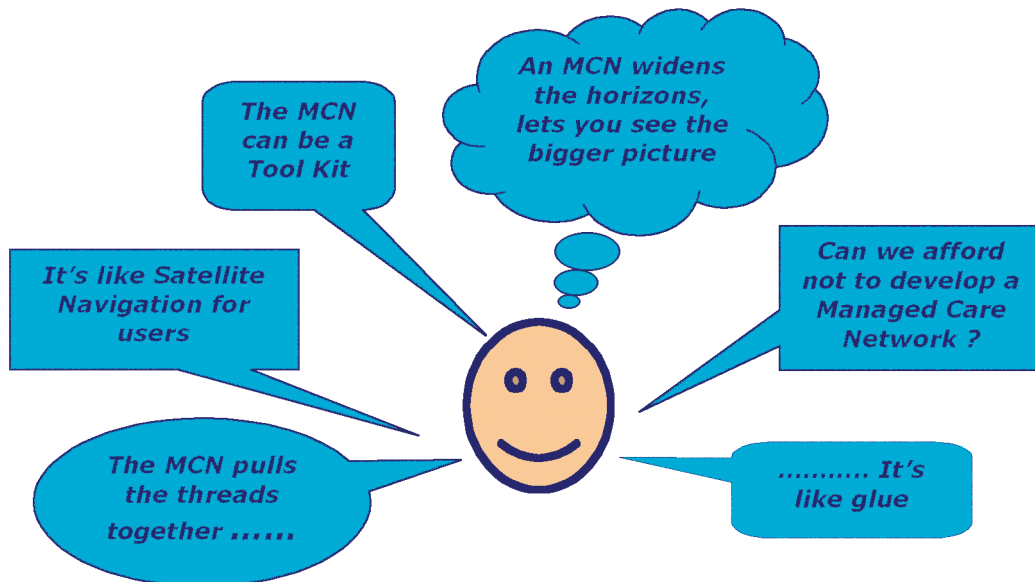
It was acknowledged there were potential collaborative advantages which a Managed Care Network approach could offer partnerships. However, the consensus was that this work should not be taken forward without first exploring the potential further through a development programme which ensures:

- the MCN approach preserves the unique identity of partner organisations
- the MCN approach reflects local needs & circumstances, which may differ
- the MCN approach adds value to existing organisational arrangements.

Based on the recommendations of the engagement conference it appears that a key role for the MCN would be as a cross system 'change agent', proactively supporting partnerships by providing a flexible but sustainable resource for:

- redesign of interagency services
- improving practice and building capability through education and shared learning opportunities
- reducing variation in practice through evaluation and feedback
- supporting engagement in roll out of new initiatives
- embedding quality improvement across partnerships

7. Quotes from Participants



8. The Next Steps

1. JIT has already completed an exercise to scope the learning to date in relation to the Lanarkshire stroke MCN (report accessible via JIT website).
2. The engagement conference report will be considered by North Lanarkshire and South Lanarkshire Health and Care Partnerships and by NHS Lanarkshire Modernisation Board – July 06.
3. The engagement conference report will be distributed across the Lanarkshire partnerships and to relevant regional and national stakeholder groups – July-August 06.

4. Seek approval from partner organisations to further scope the potential for a Managed Care Network for Older people as a national demonstrator development programme with support from JIT.
5. Subject to approval from the partner organisations, identify lead officers who would participate in a Pan Lanarkshire Project Group to steer the development programme.

This would be an iterative process informed by the participating partners, developed in the context of their local organisations and designed to complement their existing structures and work programmes.

A development programme is likely to encompass these stages:

- Map existing structures and develop a communication plan
 - Scope a programme plan
 - Agree an evaluation framework
 - Contribute to development of a joint strategy and action plan
 - Undertake an interagency learning needs assessment
 - Develop the appropriate Competency Framework(s)
 - Develop an education and training plan
 - Agree a Quality Assurance framework
 - Undertake an independent evaluation of the MCN model
6. Contribute to a national shared learning event in 2007 to share lessons with other collaborative partnerships (for example the South East Scotland Learning Disability Network).

9. Potential Objectives of the Development Programme

- To develop a framework to support whole system working for older people's services, underpinning the existing organisational structures across acute and community settings
- To contribute to delivery of a Lanarkshire wide joint strategy, action plan and underpinning financial framework for services for older people, in line with the emerging national strategy for older people and with current Joint Future policy, and aligned with the corporate and national objectives of partner organisations
- To support NHS Lanarkshire and its partners in meeting the relevant Local Delivery Plan, JPIAF and Local Improvement Targets
- To work with local, regional and national education partners to develop appropriate interagency educational resources which will develop staff roles, skills and competencies to build capability across the system
- To enrich user and carer experience, improve quality and deliver better outcomes through developing staff roles, skills and competencies across the system

- To consider the interface with other initiatives such as the condition specific managed clinical networks, unscheduled care collaborative programme, intermediate care, integrated transport programme, delayed discharge learning network and long term conditions management by Community Health Partnerships.
- To support the development of a quality assurance framework (in conjunction with the Social Work Inspection Agency, NHS Quality Improvement Scotland and the Care Commission) relevant to partnership working
- To develop a self-assessment toolkit which can support the forthcoming multi-agency inspection for older people's services.
- To contribute to the development of good practice guidance/key indicators in association with other collaborative partnerships (for example the South East Scotland Learning Disability Network).

Appendix 1 – Delegate List

Name	Designation
Nadia Ait-Hocine	Head of Physical Disability, South Lanarkshire Council
Marilyn Aitken	Locality Manager, Clydesdale, South CHP
Dr. Helen Alexander	Diabetes & Vascular MCNs Manager, NHS Lanarkshire
Dr. Pauline Banks	Senior Research Fellow, HealthQWest, School of Health, Bell College
Clare Barrett	Care Service Manager, North Lanarkshire Council
Jess Barrow	Older Peoples Directorate, Scottish Executive
Dr. Val Blair	Senior Lecturer, Research, School of Health, Bell College
Dr Neil Beattie	JIT Action Group
Kate Bell	Modernisation Directorate, NHS Lanarkshire
Barbara Bishop	Senior Home Support Manager, North Lanarkshire Council
Audrey Brogan	Senior Development Officer, North Lanarkshire Council
Colin Brown	NHS Quality Improvement Scotland
Ravind Busgeeth	Service Development Manager, Wishaw Locality, North CHP
Elaine Campbell	Chief Speech & Language Therapist, Monklands Hospital, NHS Lanarkshire
Maureen Carroll	CHD & Respiratory Networks Manager, NHS Lanarkshire
Yvonne Chalmers	Organisational Development, NHS Lanarkshire
David Clark	Chief Executive, Chest, Heart & Stroke Scotland
Anne Connor	Chief Executive, Outside the Box Development Support Ltd.
Jessica Craig	Team Leader, Clydesdale Local Office, South Lanarkshire Council
Linda Craig	South Lanarkshire Carers Network
Craig Cunningham	Locality Manager, East Kilbride, South Community Health Partnership
Alex Davidson	Head of Adult Services, Social Work Dept, South Lanarkshire Council
Tim Davison	Chief Executive, NHS Lanarkshire
Bill Deerin	Senior Officer, Home Care, North Lanarkshire Council
Bob Devenny	Project Manager, Lanarkshire Stroke MCN, NHS Lanarkshire
Evelyn Devlin	Senior Residential & Day Care Officer, South Lanarkshire Council
Belinda Dewar	Consultant Nurse for Older People – The Care Commission
Linda Douglas	SW Team Leader, the Care commission
Jean Donaldson	Home Care Liaison Nurse, NHS Lanarkshire
Susan Dunne	Deputy Director, Organisational Development, NHS Lanarkshire
Sheila Drysdale	Senior Social Worker, North Lanarkshire Council
John Edmonstone	Management Consultant
Frances Finlayson	Senior Nurse, Stonehouse Hospital, NHS Lanarkshire
Tony Fitzpatrick	Modernisation Directorate NHS Lanarkshire

Moira Forsyth	Manager, Lanarkshire Stroke MCN, NHS Lanarkshire
Iain Hair	Head of Community Planning, North Community Health Partnership
Linda Haverstock	Unit Manager, North Lanarkshire Council
Dr. Anne Hendry	Lead Clinician, Lanarkshire Stroke MCN, NHS Lanarkshire
Martin Hill	Modernisation Director, NHS Lanarkshire
David Hume	General Manager, Emergency & Medical Services Acute Division, NHS Lanarkshire
George Janczak	Senior Community Care Officer, North Lanarkshire Council
Kay Johnson	Falls Service Nurse, NHS Lanarkshire
Dr. Eileen Kerr	G.P, Primary Care, NHS Lanarkshire
Stephen Kerr	Locality Manager – Cumbernauld & Kilsyth, North Community Health Partnership
Fiona Kettles	Rehabilitation Co-ordinator, Clydesdale Locality, South Community Health Partnership
George Lindsay	Principle Pharmacist, NHS Lanarkshire
Fiona Lundie	Practice Development Centre, NHS Lanarkshire
Sandra MacKay	Planning & Development Manager, North Lanarkshire Council
Ursula MacKintosh	Service Development Manager, Clydesdale Locality, South Community Health Partnership
Karen Malone	Integrated Service Manager (Motherwell- Wishaw-Clydesdale LAG), NHS Lanarkshire
Helen Maitland	West of Scotland Regional Manager Unscheduled Care Collaborative Centre for Change & Innovation
Trudi Marshall	Care Management Project, NHS Lanarkshire
Henry Mathias	S.W. Regional Manager, Care Commission
Mike Martin	Director, Joint Improvement Team
Geraldine Marsh	Lead Nurse, A&E Services, NHS Lanarkshire
Margaret Meek	Service Manager, Medicine for the Elderly, NHS Lanarkshire
Margaret McCallum	Senior Nurse, NHS Lanarkshire
Janice McClymont	Head OT, Monklands (Formerly Manager, Early Supported Discharge Team (Monklands/Cumbernauld))
Peter McCrossan	Professional Adviser, Podiatry, NHS Lanarkshire
Marilyn McDonald	Sister, Rehab. Wing, Carrickstone House
Joe McElholm	Area Service Manager, North Lanarkshire Council
Denise McElroy	Senior Home Support Manager, North Lanarkshire Council
Anne McWilliams	Day Hospital Manager, Coathill Hospital, NHS Lanarkshire
Louise Mercer	Unit manager, David Walker House, Rutherglen, South Lanarkshire Council
Janice Miles	Senior Nurse, Wester Moffat Hospital, NHS Lanarkshire
Pam Milliken	Programme Director, Modernisation Directorate, NHS Lanarkshire
Dr. Mini Mishra	Scottish Executive Health Department
Margaret Moncrieff	North Lanarkshire Carers Together

Brenda Morgan	Co-ordinator, Health Liaison (Older People), North Lanarkshire Council
Gina Muir	Co-ordinator for Carers, Monklands Hospital, NHS Lanarkshire
Anne Marie Murphy	SCN, Old Age Psychiatry, NHS Lanarkshire
Margery Naylor	Social Work Inspection Agency
Jim Nisbet	Manager, Older People's Services, North Lanarkshire Council
Dr. Steve Novosel	Consultant Psychiatrist (Older People), NHS Lanarkshire
Dennis O'Donnell	Monitoring & Standards Manager, North Lanarkshire Council
Dr. John O'Dowd	Department of Public Health, NHS Lanarkshire
Geraldine Queen	Service Development Manager, Cumbernauld Locality, North Community Health Partnership
Danny Reilly	Service Co-ordinator (Home Care), North Lanarkshire Council
Patricia Reilly	Senior Community Care Officer, North Lanarkshire Council
Ian Ross	Chief Executive, Acute Division, NHS Lanarkshire
Sandra Sage	Older Peoples Service Manager, South Lanarkshire Council
Mary Samson	Unison Rep, Partnership Forum, NHS Lanarkshire
Joan Shaw	Ward Sister, Kilsyth Victoria Hospital, NHS Lanarkshire
David Shields	Service Development Manager, Coatbridge Locality, North Community Health Partnership
Colin Sloey	Director, North Community Health Partnership, NHS Lanarkshire
Dr. Vijay Sonthalia	G.P, East Kilbride
Lorraine Smith	Service Development Manager, East Kilbride Locality, South Community Health Partnership
Harry Stevenson	Director of Social Work, South Lanarkshire Council
Julie Stewart	Social Worker, East Kilbride, South Lanarkshire Council
Jane Marie Stobie	Head O.T, Hairmyres Hospital, NHS Lanarkshire
Ann Teale	Community Care Senior, North Lanarkshire Council
Kate Thomas	Head of Workforce Development, NHS Lanarkshire
Marilyn Thomas	Senior Home Support Manager, North Lanarkshire Council
Janice Turner	Regional Education Programme Manager (West), NHS Education for Scotland
Alistair Walker	Social Worker (Hairmyres Hospital) South Lanarkshire Council
Shona Welton	Head of Patient Affairs, Acute Services, NHS Lanarkshire
Margaret Whoriskey	Assistant Director, Joint Improvement Team
Eleanor Wilson	Locality Manager – Motherwell, North Community Health Partnership
Jim Wilson	Head of Older Peoples Services, South Lanarkshire Council
Kate Wilson	Service Development Manager, Hamilton Locality, South Community Health Partnership
Jim Wright	Locality Manager – Coatbridge, North Community Health Partnership
June Wylie	Professional Practice Development Officer, Allied Health Professions, NHS Quality Improvement Scotland

Appendix 2

Exploring A Managed Care Network Approach to support Lanarkshire partnerships delivering services for older people

- 0900 Registration and Coffee
- 0930 Welcome
Tim Davison – Chief Executive NHS Lanarkshire
- 0935 Opening Remarks
Andy Kerr – Minister for Health and Community Care
- 0955 The role of the Joint Improvement Team
Mike Martin – Director JIT
- 1005 Age and Experience: Developing the Strategy for a Scotland with an Ageing Population
Jess Barrow – Older People’s Unit, Scottish Executive
- 1020 What can a managed care network offer Lanarkshire Partnerships?
Anne Hendry, Moira Forsyth and Bob Devenny – Lanarkshire Stroke MCN
- 1110 Coffee**
- 1140 Lanarkshire Partnerships: Successes, challenges and opportunities
**Jim Wilson – SLC Head of Older People’s Services
South Lanarkshire Health and Care Partnership
Sandra Mackay – NLC Planning and Development Manager
North Lanarkshire Health and Care Partnership**
- 1230 Lunch**
- 1330 Joint Inspection: Implications for partnerships
**Margery Naylor – Social Work Inspection Agency
Henry Mathias – SW Regional Manager, Care Commission
Colin Brown – NHS Quality Improvement Scotland**
- 1400 Workshops
- 1525 Tea**
- 1545 Plenary Feedback
John Edmonstone – OD consultant
- 1615 The Next Steps
Margaret Whoriskey – Assistant Director JIT
- 1630 Close

Appendix 3 – References and Useful Links

Adapting to the Future an Audit Scotland Study of the management of community equipment and adaptation services

Adding Life to Years the Chief Medical Officer's expert group report on the Healthcare of Older people (January 2002)

Assistive Technology: Independence and well-being (4 March 2004) Audit Commission report

Better Outcomes for Older People: A Framework for Joint Services (May 2005)

Building a Health Service Fit for the Future: A National Framework for Service Change in the NHS in Scotland (the Kerr Report) (May 2005), including:

- *National Framework for Service Change in the NHS in Scotland Care of Older People Action Team Report* (May 2005)
- *National Framework for Service Change in the NHS in Scotland Long Term Conditions Action Team Report (2005)*

Care Homes for older people in the UK Office of Fair Trading (May 2005)

Changing Live: Report of the 21st Century Social Work Review published by the Scottish Executive (February 2006)

Community Health Partnerships Statutory Guidance Scottish Executive Health Department (October 2004)

Delivering for Health Scottish Executive (October 2005) available at: <http://www.scotland.gov.uk/Publications/2005/11/02102635/26356>

Developing the Strategy for a Scotland with an Ageing Population Consultation document: www.infoscotland.com/experience

Drivers for Change paper produced for the Kerr Report available at: www.show.scot.nhs.uk/sehd/nationalframework

Equipped for inclusion the report of the Strategy Forum: equipment & adaptations

Healthy Life Expectancy in Scotland ISD Scotland (March 2004)

HDL 2002(69): Scottish Executive Health Department Letter on Managed Clinical Networks

HDL 2006: Promoting the Development of Managed Clinical Networks in NHSScotland (consultation document June 06)

How Ageist is Britain? Research report commissioned by Age Concern (Sept 05)

Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England Department of Health consultation paper (March 2005)

Intermediate Care Learning Network
Joint Improvement Team www.jitscotland.org.uk

Management Executive Letter 1999 (10): Managed Clinical Networks

Meeting Complex Needs: the future of social care Institute for Public Policy Research (October 2004)

Moving on? An overview of delayed discharges in Scotland

Moving on? A handbook on modelling the whole system for delayed discharges in Tayside Audit Scotland

National Health Service Networks www.networks.nhs.uk/34.php

National Primary Care Networks

National Strategy for the Development of the Social Services Workforce in Scotland 2005-2010, Scottish Executive (November 2005) available at:

<http://www.scotland.gov.uk/Publications/2005/11/07104403/44040>

NHS End-of-Life Programme: www.endoflifecare.nhs.uk

Opportunity Age: meeting the challenges of ageing in the 21st century HM Government (April 2005)

Personalisation through participation: A new script for public services Demos (2004)

Personalisation and Participation: The Future of Social Care in Scotland (November 2005)

Policy Framework for Integrated Care for Older People. Aug 04 CARMEN Network report published by King's Fund

Population projections for Scotland: October 2004 published by the Registrar General for Scotland (October 2005)

Projections of community care service users, workforce and costs, the first report of the Range and Capacity Review Group (July 2004)

Report on Recent Trends in Capacity in the Care Home Sector in Scotland Health Economics Research Unit, University of Aberdeen (November 2004) unpublished

Scotland's Social Care Labour Market Report published by the Scottish Executive (August 2004) available at: www.scotland.gov.uk/library5/social/ssclm-00.asp

Scottish Executive Response to the Care 21 report: April 2006

Skills for Health Online Database for National Occupational Standards: www.skillsforhealth.org.uk/standards_database/index.htm

The Future Care of Older People in Scotland: Range and Capacity Review Group 2nd Report May 2006

The future of unpaid care in Scotland: Report of the Care 21 Unit (September 2005)