



## East Ayrshire CHP Committee

3.00 pm Monday 6 June 2011

Community Room, East Ayrshire Community Hospital, Cumnock

**Present:** Councillor Drew Filson – Non Executive NHS Board Member – Chair  
Dr Carol Davidson, NHS Ayrshire and Arran  
Dr Allan Gunning, NHS Ayrshire and Arran  
Mr Alistair McKie, NHS Ayrshire and Arran

**In Attendance:** Mr Eddie Fraser, Head of Service, Community Care  
Mrs Kay Gilmour, Chair OLG Children  
Mrs Shiona Johnston, East Ayrshire CHP Facilitator  
Mrs Mandy Yule, Health Care Director, Integrated Care + Partner Services  
Ms Pauline Sharp (Minutes)

**Wecome:** Councillor Filson welcomed Mr McKie to his first EA CHP Committee meeting.

### 1. **Apologies for absence** **Action**

1.1 Councillor Dinwoodie, Councillor MackKay, and Councillor Reid.

### 2. **Minutes of the meeting held on 4 April 2011**

2.1 The Committee approved the minutes of the meeting held on 4 April 2011 as an accurate record dependent on the following change:

Item 8.2 1<sup>st</sup> bullet to be worded – “To take forward a process of joint reviews, with some of the packages being risk averse and highlight the importance of monitoring.”

### 3. **Matters arising**

3.1 All matters arising were covered in the agenda.

### 4. **Reshaping care/change fund progress**

4.1 Mr Fraser provided a brief summary of the paper which detailed the governance structure supporting the Reshaping Care for Older People Change Fund. A Change Fund Benefits Realisation Plan for EA CHP had also been attached. The importance of clear links between resource allocation, performance measures and expected outcomes

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and the need to move from quantitative to qualitative measuring was highlighted. It was proposed that the funding would be distributed to all three CHPs through the Integrated Care and Partner Services Directorate. This would be monitored in the normal way with performance reports and spend measured. If an area was not measureable or making a positive impact consideration would require to be given on how to accomplish the outcome differently. National developments would also require to be kept in mind.

4.2 The discussion was opened out to the Committee. Among the areas discussed were:

- With the CHPs being the key strategic driver for the reshaping care agenda the importance of the EA CHP Committee having a focus on developments, receiving regular feedbacks to ensure they had a close eye on progress was emphasised. The need to make certain this could be supported by robust evidence was also stressed.
- Mrs Johnston advised a template had been devised for all 3 CHPs outlining allocation, projections and outcomes.
- The need to keep reflecting on plans and that not all proposals be judged the same.
- Regarding the Change Fund Benefits Realisation Plan the need to clarify that the target was to maintain and improve the health and quality for patients and their carers while reducing current provisions eg number of bed days.
- The complex nature of the proposals and the short period of time to draw together. The commissioning strategy would take longer.
- The pan Ayrshire overview of the Strategic Alliance.

4.3 The Committee noted the contents of the paper and approved the proposed governance structure.

## 5. Alcohol and drugs – Mapping spend

5.1 Mr Fraser advised this paper had been produced following a discussion at the Community Planning Partnership (CPP) Board where there had been a request for the Alcohol and Drug Partnership (ADP), through the CHP, to look in more detail not only on the spend on Alcohol and Drug Services but also the impact of the misuse of alcohol and drugs in East Ayrshire. Previously Audit Scotland had done a national survey but there had been no drill down to precise localities. A specific piece of work would be undertaken over the next six months to identify activities related to alcohol and drugs and their outputs and outcomes plus the amount of spend on alcohol and drugs services across all CHP partners. This work would also identify future spend proposals to tackle the local alcohol and drugs agenda and the costs associated on universal services eg children looked after and accommodated. Mr Fraser would bring an update to the EA CHP Committee early in 2012.

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5.2 The Committee discussed:

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- Difficulty in quantifying since the final figures might be an underestimate because although alcohol and drug use was a major contributory factor, this would not necessarily be the counted reason.
- Connection to the Integrated Resource Framework and the impact on the Community Plan.
- Help decision makers to see the worth of investing in change to have a positive health and economic impact in the future.

### 6. Alcohol and drugs strategy

6.1 Mr Fraser provided a verbal update and advised that the Alcohol and drugs strategy should be available at the August EA CHP Committee meeting. He informed the Committee there had been substantial progress in the ADP and that the ring-fenced money had been devolved to the alcohol and drugs partners, which had been a very positive exercise. Ring-fenced money would be used to fund the piece of work described at Item 5. Two people who use the Alcohol and drug service are now full members of the ADP and have been providing very useful knowledge from their viewpoint. Currently the ADP are looking at the treatment of the individual and Mr Fraser advised he would keep the EA CHP Committee updated with progress.

6.2 The Committee continued the discussion the ADP had on substitute prescribing and how to change the culture in Ayrshire and Arran with there being the perception that the person was only getting treatment if they were receiving a substitute prescription. It was agreed for the Committee to receive a presentation on the work being carried out locally to change this culture and also a presentation showing the experience of service users and their preferences. Committee members agreed, in light of the national impetus to combat Scotland's drink problem that this would be a vital area for the EA CHP Committee to focus on.

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### 7. Health and homelessness – 1 year plan

7.1 In Mrs Hendry's absence Mrs Johnston provided an overview of the papers and the development processes. Paper 5 was proposing that a one year interim action plan be prepared for the period 2011/12, followed by a 4 year action plan which will dovetail with Local Housing Strategies and reflect new national guidance. The multidisciplinary group Health and Homelessness Action Plan Implementation Group (HAHAPIG) hosted an event on 26 November 2010 to promote engagement with a wide range of stakeholders in Ayrshire and Arran in order to inform priority setting in the revised Health and Homelessness Action Plan. This event had been well attend and a number of cross cutting themes had been identified which have been central to informing the direction of the action plan which links into the alcohol and drug theme. Further development of service pathways would be required in order to ensure equity of access to services for

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homeless people. Priorities include mental health services and out of hours health care. Key target groups include the prison population and young people in through-care. In addition, the need for stronger, more effective partnership working arrangements to support the most vulnerable individuals with the most complex needs, in order to prevent crisis, had been identified by HAHAPIG as an issue which requires particular consideration and support from the EA CHP Committee. An evaluation of the approach to implementing the Health and Homelessness Standards in Ayrshire and Arran was currently being undertaken by the Public Health Research team in NHS Ayrshire and Arran.

7.2 The discussion was opened out to the Committee who wished to see the report be more outcome focused including short, medium and long term although acknowledging the different outcomes are very diverse. Single shared assessments were highlighted as a useful vehicle for this. Areas of good practice were noted by the Committee including befriending and that 98% complied with the standard. The need to look at resources and the number of different agencies providing support for one person was also stressed.

7.3 The Committee noted and approved the content of the report and action plan and acknowledged the good partnership work to date.

### **8. East Ayrshire Community Hospital (EACH)**

8.1 Mrs Yule provided a brief update on the issues behind the lack of progress with the new developments at EACH. The EA CHP Committee considered this was very unsatisfactory and looked forward to a successful conclusion with the negotiations, allowing the proposed work to proceed.

### **9. East Ayrshire CHP Forum – 20 April 2011 draft minutes**

9.1 Mrs Johnston provided a brief overview of the meeting advising the Coalfield Communities Federation were very keen to have regular updates on EACH. Mrs Carolyn Wyper the Keep Well Programme Manager had provided a very informative presentation on current Keep Well developments. Mrs Denise Pentland would be joining the Forum as the first Independent sector representative and Mr Ian Williams was retiring and, therefore, standing down as the Area Dental Professional Committee representative. The Committee thanked Mr Williams for his contribution to the Forum, and looked forward to welcoming a new representative.

### **10. Officer Locality Group for children and young people – 22 March 2011 draft minutes**

10.1 Mrs Gilmour advised that another meeting had been held the previous week but that the minutes are not yet available. She provided an overview of the March meeting which included:

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- Presentation by Mrs Cathy Roarty, Public Health Practitioner on the Children and Young peoples profiles with a lengthy discussion on teenage pregnancies. This work was being taken to the sexual health programme board.
- The Attention Deficit Hyperactivity Disorder (ADHD) pathway had been signed off and the launch had gone very well. A presentation was to be provided to head teachers on the new ADHD pathway and on Child & Adolescent Mental Health Services.
- Outcome guide for practitioners – This was a very good and positive piece of work for practitioners to help them think about outcomes and had been a joint piece of work with child protection committee. A short life working group will develop an implementation plan and following the completion of a pilot a report would be tabled for the EA CHP Committee.

### 11. **Officer Locality Group for adults and older people – 18 May 2011 draft minutes**

11.1 Mr Fraser provided a brief overview of the minutes for the meeting held on 18 May 2011. Among the areas discussed were:

- Issues raised by William Coffey, MSP regarding the delivery of health services within New Farm Loch and including the distance people have to travel to get to services. Mrs Cathy Roarty had agreed to look at population profiles and provide the OLG with feedback. Discussion had taken place on the possibility of providing a podiatry clinic within the church at New Farm Loch and Mr Fraser had alerted the Primary Care Team. It was considered that the Patient Public Forum might be a starting point to help develop an appropriate model of service delivery.
- Reshaping Care Progress - Reshaping Care Pathway - Measuring Improvement – Benchmarking Change - East Ayrshire Reshaping Care Action Plan.
- Alcohol and Drugs – Mapping Spend.

### 12. **Any other business**

12.1 **Audit Scotland CHP Review** – The report, which had been released on Thursday 2 June 2011 to be circulated to the EA CHP Committee and Forum for information. The report would firstly go to the NHS Audit Committee for consideration and then to CHP Committees and finally the CPP Board. Mrs Johnston had been asked to do a briefing paper for the CPP Board. The report obviously contained matters of importance and some interesting benchmarking information for the CHP Committee to consider. The report was to be debated in the Scottish Parliament the following Wednesday.

**PS**

12.2.1 **Southern Cross Care Homes** – Mr Fraser updated the Committee on the impact in EA of the current situation within Southern Cross Care Homes. He advised there were three care homes within EA

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(Kilmarnock, Hurlford and Auchinleck) and that these provided 210 places of which about 150 people were residents from EA. Mr Fraser and the Chief Executive of EA Council had requested a meeting with the Scotland and Northern Ireland Regional Manager to discuss. EA Council's biggest issue with Southern Cross has been about quality of care. Although not having their own care homes EA Council have developed a contingency plan in case of closures.

12.2.2 On a separate but relating issue Mr Fraser advised he would be bringing a separate report on contractual arrangements around the quality of care homes in EA to the EA Council Cabinet. EA Council are in discussion about establishing a virtual team, including general nursing support and advisory Community Psychiatric Nurses to improve quality of care. Discussion was held on the role of the Care Commission and the effectiveness of sanctions.

**13. Date, time and venue of next meeting**

**Monday 15 August 2011 at 3.00 pm, Council Chambers, Council Headquarters, Kilmarnock**

Chair ..... Date .....

DRAFT