



EAST AYRSHIRE CHP COMMITTEE
9.30 am Monday 31 January 2011
Council Chambers, Council HQ, Kilmarnock

Present: Councillor Drew Filson – Non Executive NHS Board Member – Chair
Dr Carol Davidson, NHS Ayrshire and Arran
Councillor Elaine Dinwoodie, East Ayrshire Council
Dr Allan Gunning, NHS Ayrshire and Arran
Mrs Rita Miller, NHS Ayrshire and Arran
Councillor John MacKay, East Ayrshire Council
Councillor Douglas Reid, East Ayrshire Council

In Attendance: Mr Tommy Burn, Health + Wellbeing Co-ordinator (Observer)
Mrs Amanda Coulthard, Assistant Director, Policy, Planning & Performance (Items 5+6)
Mr Eddie Fraser, Head of Service, Community Care
Mrs Kay Gilmour, Chair OLG Children (Item 7)
Mrs Shiona Johnston, East Ayrshire CHP Facilitator
Mrs Jean Hendry, Healthcare Manager
Ms Katie Kelly, Outgoing East Ayrshire CHP Facilitator
Mrs Cathy Roarty, Lead Public Health Practitioner (Item 4)
Mrs Mandy Yule, Health Care Director, Integrated Care + Partner Services
Ms Pauline Sharp (Minutes)

Welcome: Councillor Filson welcomed Mrs Shiona Johnston who had just been appointed as the new EA CHP Facilitator. He also welcomed Mr Tommy Burns who had just taken up the post as Health + Wellbeing Co-ordinator and was in attendance to observe. Mrs Coulthard, Mrs Gilmour and Mrs Roarty, who were in attendance to provide presentations, were also welcomed to the Committee

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

2. MINUTES OF THE MEETING HELD ON 22 NOVEMBER 2010

2.1 The Committee approved the minutes of the meeting held on 22 November 2010 as an accurate record.

3. MATTERS ARISING

3.1 All matters arising were covered in the agenda.

For the approval of EA CHP Committee

4. EAST AYRSHIRE CHP HEALTH AND WELLBEING PROFILES

4.1 Dr Davidson thanked the Committee for the opportunity to present a brief, but detailed overview of EA CHP Health and Wellbeing Profiles and Children and Young People Health and Wellbeing Profile. The data allowed comparison with all CHPs across Scotland and also across East Ayrshire. The reports illustrate the significant differences in the health of the population of East Ayrshire and largely reflect life circumstances such as poverty and social deprivation. She reminded members that some of the data required further analysis and to contact herself or Mrs Roarty if further clarification was sought. Paper 2 was highlighting a number of issues from the profiles for the EA CHP structure to address. These would help direct the priority setting and targeting of finances.

4.2 Dr Davidson provided a presentation on the 10 domains and 59 indicators for the East Ayrshire profiles compared to the national average. Among the areas she covered were:

- Premature mortality for coronary heart disease and cancer.
- Lifestyle indicators – Smoking attributable deaths and patients hospitalised with alcohol and drug related conditions significantly higher than Scottish average.
- High prescription of drugs for depression and anxiety.
- Obesity – Children who are obese in primary one.
- Diabetes – The association with obesity and implications for other services.
- Patients hospitalised with asthma. A discussion was held on the reasons behind this increase and the fact that East Ayrshire was more than double the Scottish average. Mrs Roarty was asked to provide a report on trends across Ayrshire and areas within East Ayrshire for the information of the EA CHP Committee. Members considered it vital to have an analysis of hospital admission indicators when facing the challenge of shifting the balance of care to ensure care pathways and these health indicators are linked together.
- Working age population claiming job seekers allowance and percentage of population income deprived.

4.3 Mrs Roarty provided an explanation on the 30 Intermediate Zone comparisons which drilled down comparing areas across East Ayrshire. When comparing data and trends from previous years she highlighted that this emphasised that East Ayrshire in terms of inequalities was going in the right direction. Among the areas where there was a wide variation in zones where premature mortality due to cancer, alcohol consumption, COPD, oral health, breastfeeding, patients hospitalised with asthma and income deprivation. Oral health was an area where vast improvement has been seen due in a large way to a concentrated effort and work within communities by the community project at North West Kilmarnock. The association of education having an impact on health and wellbeing was also highlighted. Mrs Roarty advised the presentation would also be given to the EA CHP Forum and the two OLGs.

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

- An analysis of trends from 2008 and comparison of rate of change would help the EA CHP structure to set priorities and take remedial action. Mrs Roarty advised she had a piece of work looking at differences for a number of indicators. This it was considered would highlight current good practice or issues that require to be tackled in a different way.
- Alcohol and drug issues and relating crime stand out as areas to focus on further. Mr Fraser assured the Committee the Alcohol and Drug Partnership were addressing these.
- The challenge of reducing the vast degree of variation in many of the profiles – this was mainstream CHP business.
- Ensure tie in with EA CHP Action Plan

The Committee thanked Dr Davidson and Mrs Roarty for the detailed presentation.

5. DRAFT IMPROVING HEALTH AND WELLBEING/CHP ACTION PLAN 2011-2015

5.1 Ms Kelly and Mrs Coulthard had agreed to combine items 5 and 6 together as a discussion. Ms Kelly advised that the Improving Health and Wellbeing/CHP Action Plan was setting out the progress 2011-15 allowing the CHP structure to plan their direction of travel. Following the review process it was proposed that the draft action plan would be finalised over the next month. The plan was based on an outcome approach, was an electronic document and would link in with other areas including the CHP Profiles and Change Fund to ensure the best use of data was being made. In Paper 3 the outputs coloured green would be dependent on available finance and the outputs coloured red still have to have a decision made regarding the target to be set. Ms Kelly outlined the work being carried out over the coming weeks to ensure the plan has been examined robustly including the development of a Quality Impact Statement. She assured the Committee that this was a very strong plan, that had been put together in difficulty financial times but very much reflected what has been learned over the last 2 years. She encouraged all to feedback any more comments and they would be included.

5.2 Members of the Committee considered this a very robust plan and that it was travelling in the correct direction but there was concern about the information on admissions. They were assured that Paper 4 addressed this major issue and that it was proposed to use the Change Fund also.

6. DRAFT HEALTH AND WELLBEING INDICATORS FOR INCLUSION IN SOA 2011-2015

6.1 Mrs Coulthard tabled Paper 4 "Provision of health related indicators – SOA review 2011/14" and advised the SOA indicators used pulled from a number of different sources. The document contained robust

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information and was related to the direction of travel. What was to be agreed regarding the use of the Change Fund would be incorporated into the information of Paper 4. Further detailed information would be provided for the Committee eg on mental health, learning disabilities, alcohol, drugs and hospital admissions indicators allowing them to make decisions and move forward. Financial inclusion would be another developing indicator that would require to be tested for robustness. This was very much work in progress.

- 6.2 The discussion was opened out to the Committee. Members considered it vital that the EA CHP committee need to be assured that the key indicators selected were comprehensive and are a mechanism for measuring the outcomes and monitoring the CHP's progress. Areas considered included home care provision, alcohol, nurture and parenting, low birth weight and live births
- 6.3 The Committee held a discussion on how to take the actions forward and the risk for some of the proposed actions in light of efficiency savings for both EA Council and NHS Ayrshire & Arran. Dr Gunning noted that many of the health improvement areas are linked to ring fenced monies from the Scottish Government. The NHS Board would know their budget allocation by mid March 2011. The Committee thanked Mrs Coulthard for her attendance and look forward to receiving the final suite of indicators at their next meeting **AC**

7. EAST AYRSHIRE COMMUNITY HOSPITAL (EACH) – RECENT DEVELOPMENTS

- 7.1 Mrs Hendry advised there had been many good developments since her last report. Work had started in early January on replacing the doors and flooring in the Frail Elderly and Elderly Mental Health Wards to widen the doors and make them fire resistant. It had been quite a complex exercise to ensure there was very little disruption to services with patients being decanted within the hospital in the GP lead section. Secondly work on the dental unit within EACH would commence in March 2011. A Project Group, Chaired by Mrs Hendry, has been set up to co-ordinate all the work. There has been a great deal of co-operation within services across the hospital. Previously the Cumnock area had been identified as a key area to focus on regarding improving dental health. The new unit would increase the capacity in the area and support improvement in people's oral health in that locality.

8. RESHAPING CARE FOR OLDER PEOPLE – CHANGE FUND – DIRECTION OF TRAVEL

- 8.1 Mr Fraser provided an update advising a number of partnership meetings had taken place in December followed by a well attended and very positive extended Officer Locality Stakeholder Event on the 19 January 2011. During this process a direction of travel diagram and Paper 5 an initial proposals paper had been developed to reflect the partnership approach to the Reshaping Care for Older People Change Fund submission. Nationally this Change Fund was £70 million with

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East Ayrshire share £1.6 million. The key measures still to be finalised and linked to the SOA were:

- Reduction in unplanned acute bed days for over 75s
- Reduction in bed-days lost to delayed discharge
- Remodelled care home use
- Increase in proportion of older people living at home
- Decreased number of Bed nights Double Funded (care homes and hospital) (number and %)
- Increase the number of older people receiving intensive supports at home
- A) Care home placements OP, number and rate, B) Home Care OP, (total, 10hrs+, 20hrs+), C) Continuing Care OP (People / Bed nights)
- Increased Number of OP People utilising Telehealth/Telecare
- Improved support for unpaid carers;
- Increases in housing related support
- Reduction of delayed discharge from six weeks to four weeks
- Increase in diagnosis of dementia and post diagnostic support
- Reduction of people dying in a hospital setting
- Reduction in Falls
- Increase in uptake of Self- directed Support
- Improved Wellbeing (WEMWEBS)

8.2 Paper 5 also outlined the work streams which highlight the proposed direction of travel for the EA CHP structure including promoting health and assisting people to be as independent as possible before they require the support of social services. A discussion on what was the best model to take this forward was held with the Committee considering this an important area for the EA CHP Structure to focus on. The Change Fund would be the bridging finance to help shift the balance of care and resources. The paper also outlined the timescales for development of the submission. With the initial change plan to be submitted to the Scottish Government by the end of February 2011. Mr Fraser advised it was intended to bring a draft plan to the EA CHP Forum on 16 February 2011 and also speak to other stakeholders. He asked the Committee to remit the Chair of the EA CHP Committee to sign off this plan before it was submitted to the Scottish Government. All members agreed.

8.3 Mrs Hendry confirmed the information provided about the direction of travel and the similarity of themes with the other CHPs. It would be essential to link the actions in Paper 5 and the outputs in the action plan and the IRF framework. The importance of the role local GPs currently have and can play in identifying services was emphasised. The Committee considered good baseline work in partnership had been accomplished, approved the direction of travel and looked forward to an update at its meeting in April.

9. EA CHP FORUM – 15 DECEMBER 2010 DRAFT MINUTES

9.1 Mrs Miller provided an overview of the discussions at the EA CHP

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Forum on 15 December 2010, these included:

- Presentation on the draft Maternity Strategy – people were very enthusiastic about the processes and development of this.
- CHP Profile report.
- Discussion on CHIP funding – Mrs Miller advised she was impressed by the co-operation of all in trying to deal with the situation and rethink into what was essential and what would be desirable.
- Report on engaging with Children and Young People.
- Engaging with independent sector.
- CVO report and proposed move to new premises developing a third sector hub. Ms Kelly to find out whether this move had been finalised.
- Carers sub group – development ongoing on how carers can influence policy. Also a member of the EA Carers Sub Group had recently been appointed as the Chair of Carers Scotland. Mr Fraser provided an update advising he had attended the Carers Sub Group and presented on the EA Council budget paper.

10. OFFICER LOCALITY GROUP FOR CHILDREN & YOUNG PEOPLE – 16 NOVEMBER 2010 DRAFT MINUTES

10.1 Mr Fraser advised the main focus of the meeting had been a discussion on the Community Plan and the Maternity Strategy. A further meeting of the OLG for Children and Young People had been held since these minutes. On 19 January 2011 a meeting had been held to focus on the use of the Change Fund money in terms of reshaping care. He also advised he would bring a fairly full report on the IRF to the next Committee and that there was very positive progress in terms of complex care in East Ayrshire.

11. OFFICER LOCALITY GROUP FOR ADULTS & OLDER PEOPLE – 17 NOVEMBER 2010 DRAFT MINUTES

11.1 Noted.

12. ANY OTHER BUSINESS

12.1 Members thanked Ms Kelly for all the work she had done over the past couple of years in helping to establish the current East Ayrshire CHP structure and ensure fruitful partnership working. They looked forward to working with her in her new post within East Ayrshire Council and wished her well.

13. DATE, TIME & VENUE OF NEXT MEETING

**MONDAY 4 APRIL 2011 AT 3.00 PM, COUNCIL CHAMBERS,
COUNCIL HQ, KILMARNOCK**

Chair Date