



East Ayrshire
COUNCIL



East Ayrshire CHP Committee
3.00 pm Monday 4 April 2011
Council Chambers, Council HQ, Kilmarnock

- Present:** Councillor Drew Filson – Non Executive NHS Board Member – Chair
 Dr Carol Davidson, NHS Ayrshire and Arran
 Dr Allan Gunning, NHS Ayrshire and Arran
 Councillor Douglas Reid, East Ayrshire Council
- In Attendance:** Mr Eddie Fraser, Head of Service, Community Care
 Mrs Kay Gilmour, Chair OLG Children
 Mrs Shiona Johnston, East Ayrshire CHP Facilitator
 Mrs Sharon Lindsay, Assistant Director of Finance NHS
 Ms Pauline Sharp (Minutes)
- Appointments:** Councillor Filson advised that Mr Alistair McKie had been appointed as a Non Executive Director of NHS Ayrshire & Arran from 1 April 2011 and would be the new Chair of the EA CHP Forum. He would represent the Forum on the CPP Board and has a great experience of interagency working which would be beneficial in his role.
- Leave taking:** Councillor Filson also passed on the best wishes of the EA CHP Committee to Mrs Rita Miller who had stepped down as Chair of the EA CHP Forum and Non Executive Director of NHS Ayrshire & Arran on 31 March 2011. He wished to thank her for her considerable input over the past few years. The Committee also wished to pass on their best wishes to Mr Paul Ardin (Director of Primary Care Development) and Mrs Penny French (Director of Communications), who were both leaving NHS Ayrshire & Arran, and thank them for their involvement in the CHP structure
- 1. Apologies for absence** **Action**
 - 1.1 Councillor Dinwoodie, Councillor MacKay, Mr McKie and Mrs Yule.
 - 2. Minutes of the meeting held on 31 January 2011**
 - 2.1 The Committee approved the minutes of the meeting held on 31 January 2011 as an accurate record.
 - 3. Matters arising**
 - 3.1 **Item 9 EA CHP Forum CVO report** – Mrs Johnston advised that the

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CVO had now moved into new premises at Belford Mill and that it was proposed the centre would act as a third sector hub.

3.2 All other matters arising were covered in the agenda.

4. Presentation on NHS budget setting process

4.1 Mrs Lindsay provided a powerpoint presentation (please see appendix 1 attached) outlining the budget setting processes for NHS Ayrshire & Arran, which differed in stages from East Ayrshire Council. She provided a summary which included the National Revenue funding and revenue allocation increase. Cost pressures were detailed eg pay inflation, overspend areas (especially Frail Elderly Nursing costs), supplies, drug costs (Dabigatran in replacement to Warfarin, MS drugs and Anti TNFs), funding free prescription charges, clinical negligence provision, provisions to meet waiting times including bank and locum cover and other clinical pressures. She advised NHS Ayrshire & Arran have 3 main groups to identify likely increases eg the Clinical Resource Group, Medicines Resource Group and Pay and Prices Group. Among the challenges for the coming year there was the requirement to match available funding for 2011/12 with the cost pressures identified and find efficiency savings to fund shortfall. Detail was provided on the variety of work streams being carried out by each Directorate to ensure a sustainable future. Mrs Lindsay assured the Committee remedies had been identified to these cost pressures.

4.2 The Committee agreed the presentation had been very helpful and had highlighted the recurring themes and pressures being addressed by both the NHS and Local Authority. Discussion was held on the common agenda of how to reshape service provision in the current financial climate and the importance of ensuring prevention and early years intervention was not lost sight of. Mrs Johnston was undertaking a piece of work focussing on joint services provision with the Children and Young Peoples Officer Locality Group, which would include joint budget information. Councillor Filson thanked Mrs Lindsay for providing the informative presentation.

5. Change Fund progress

5.1 Mr Fraser highlighted the main points from the paper which provided an update and gave the current position regarding the Change Fund and the significant work undertaken since the last EA CHP Committee in January 2011. It included a copy of EA CHP's final approved submission to the Scottish Government and advised on the investment and implementation strategy to utilise the resources allocated in supporting further progression to the Reshaping Care agenda. The Scottish Government have approved all 32 Local Authorities submissions.

5.2 Among the main points and links highlighted by Mr Fraser were:

- Promotion of community wellbeing + universal services.

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- Sustaining Independent/promoting self management – homecare services.
- Integrated Rehabilitation and Enablement Services – across health and social care – preventing admissions to hospital.
- Intensive supports – eg virtual wards, specialised support.
- Hospital based services (acute/specialist care) – shifting the balance of care and resources.
- Role of Single Point of Contact.
- Key changes to be achieved over the next five years including local move to 4 weeks for Delayed Discharges.

5.3 The discussion on targets for the Change Fund was held by the Committee and included:

- Hospital Admissions + bed days – NHS Ayrshire & Arran's position in relation to the rest of Scotland.
- Need for infrastructure to be robust – confidence of service users and GPs.
- Principles of the model – promoting community wellbeing – making sure to address change at population level through public health messages.
- Longer term outcomes – building community capacity.

5.4 The Committee noted the content of the paper including the aspiration of older people to stay at home and the significant challenges posed by demography and diminishing resources. They endorsed the general principles and approach for an EA Change Plan which provided the opportunity to progress the shifting the balance of care agenda and looked forward to receiving future updates as the programme developed.

6. IHW Plan and SOA

6.1 Mrs Johnston provided an update advising that following thorough consultation the plan had been signed off by the Community Planning Board on 29 March 2011. She thanked all for their contribution to the process which had been a well organised and thought through. The documentation was available to download from the Community Planning website. The final Annual Report had to be submitted by May 2011 and would be tabled at the next EA CHP Committee meeting.

7. Community Health Improvement Partnership (CHIP) service redesign

7.1 The report provided information relating to the re-design of CHIP services in response to new funding allocations and new local and national priorities. Following consultation specific priority services areas had been identified and included Mental Health and Wellbeing, Alcohol and Drugs, Older Adults, Community Outreach programme, Intensive Volunteer Programme and Activity on Prescription. The new redesigned service would meet the outcomes and outposts required. The report had been well received and supported by the Adult Officer Locality Group. The financial implications were explained.

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7.2 The Committee were encouraged to receive the current proposals in light of the changes in funding notified six months ago. They supported the proposals but expressed a few concerns including:

- The broad range of activities, and the challenges in monitoring impact
- Overall impact of alcohol on EA community – alcohol awareness week.
- Activity around prescriptions.

7.3 The Committee thanked Mrs Johnston for her update, and agreed that they would be keen that Ms Katie Kelly would be invited to a future EA CHP Committee to provide a further update on the implementation of this innovative work.

SJ

8. Integrated Resource Framework Action Plan

8.1 Mr Fraser provided an update on Phase 2 of the IRF pilot. East Ayrshire IRF work had focused on adults aged 16-65 with learning disabilities and/or mental illness who were defined as having complex needs. The IRF team had provided a very comprehensive report with the findings outlined in Section 3 of Paper 4.

8.2 NHS Ayrshire and Arran and EA Council are jointly committed to resourcing the delivery of next steps which include:

- To take forward a process of joint reviews, with some of the packages are risk averse and the importance of monitoring.
- Direct engagement with services users, families and carers regarding a shared responsibility and ownership for budgets.
- Extending the Resource Allocation Group to include local health, housing and leisure representation and ensure a fully aligned body. This is a very important group in the process.
- To move to greater devolved responsibility of the budgets to locality teams.
- Ideas come from locality and build on existing services and professionalism.
- Maximising opportunities presented by improvements in telehealth & telecare.

8.3 Mr Fraser advised there had been a great deal of learning from across different areas of work and that the plan had been well received by the IRF steering group. The Committee considered this was a very positive report and approved and supported the process to ensure the work commences in April 2011.

9. GIRFEC paperwork

9.1 Three sets of paperwork had been presented to the Committee 1) Getting it Right for Every Child (Guidance for Parents and Carers), 2) Getting it Right for Every Child (Guidance for Young People) and 3) My

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Views – Getting it Right for Every Child.

9.2 The Committee considered they were a very good set of papers and endorsed them to be used universally across services.

10. Lead Officers Report

10.1 Mrs Johnston highlighted a number of points to note from the paper for the Committees information. These included:

- Continued excellent progress with the Improving health and wellbeing agenda.
- Very innovative partnership work under improving health and inequalities and work with National Prison Oral Health Improvement Group and local Health Promoting Prison Group to establish oral health training programme for prisoners.
- The Alcohol and Drug Partnership have directed a sub group to work in partnership with Strathclyde Police delivering the unique and innovative public reassurance model within the North West area of Kilmarnock.
- Getting it right for every child - The Integrated Assessment Framework was first implemented on 18 January 2010 and in the first year of implementation there have been over 1,100 assessments completed.
- Older People - East Ayrshire Older People Conference took place on 26 November 2010. The benefits of the Change Fund in terms of bringing on some of the work already established relating to the Reshaping Care agenda.
- Joint Equipment review - The benchmarking process has been completed and an agreement has been reached that an option appraisal should be carried out to ensure the most cost effective way of providing a single service.

10.2 The discussion was opened out to the Committee and areas discussed included:

- Cllr Filson reported that the Dalmellington pharmacy in Doon Valley had undertaken a very successful smoking cessation initiative for local schools in conjunction with Fresh Air-shire, and thanked all involved. This will be commended through the communications team of both NHS and East Ayrshire.
- Dr Davidson welcomed the note under Section 5 that although there has been a reduction in the capacity of school nurses, the focus will continue to be the most vulnerable children and young people. She highlighted her concern regarding the impact on the wider public health agenda by the changes in Community Nursing. Mrs Gilmour provided re-assurance by advising links into specialist support are better coordinated allowing access to wider resources eg paediatric.
- Mr Fraser advised the Community Planning Board had received a presentation from the ADP in relation to their public reassurance model.

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- East Ayrshire Council and Community Planning partners have adopted the “East Ayrshire Promise” to combat stigma (against looked after children and young people) throughout the authority

10.3 The Committee discussed the value of the Change Fund in progressing many of these issues. A further Lead Officers Report providing updates would be brought to the next EA CHP Committee in June.

11. East Ayrshire Community Hospital (EACH)

11.1 Mrs Johnston provided a powerpoint presentation (please see appendix 2 attached) providing a 5 month review position on the Community Rehabilitation Service at EACH implemented on 30 August 2010. The paper also outlined the opportunities to develop and redesign services and the challenges to be undertaken including capacity of staff and duplication of assessments and paperwork. Among the areas discussed by the Committee were:

- Criteria for use of single point of contact.
- Number of referrals and referral source.
- Reasons for referral.
- Number of interventions by discipline.
- Home care packages put in place.
- Ensuring other stakeholders were involved in the process

11.2 The Committee endorsed and supported the process to date and the principles and approach for the continued development of an integrated health and social care services model within EACH. They looked forward to receiving updates on progress as part of the Reshaping Care process.

12. Social Work Standby

12.1 Mr Fraser advised the paper had already been to the Council Cabinet and outlined EA Councils intention to notify Glasgow City Council that they are to withdraw from the current Social Work Standby and give the required 12 month notice. It also outlined the agreement to work in partnership with North and South Ayrshire Council to establish a local out of hours Social Work Service for Ayrshire and Arran.

12.2 Inspection reports in respect of Social Work Performance and joint Child Protection arrangements had made comment on the out of hours service and particularly around the accessibility of the service. A profile of current service activity and the three Councils financial contribution was detailed also in the paper. Discussions have been ongoing with Mrs Liz Moore, Health Care Director - Integrated Care and Emergency Services and Mr Jim Crichton, Director Mental Health Services to ensure future service provision is aligned to health services. The Committee considered this a very good piece of work and looked forward to future updates.

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13. EA CHP Forum – 16 February 2011 draft minutes

13.1 The majority of the business had been taken up in discussing the Change Fund and the role the Forum had in identifying priorities and supporting progress on an ongoing basis. The Forum had also received a similar presentation to the one received to the EA CHP Committee from Mrs Lindsay, Assistant Director of Finance. It had been agreed that both NHS Ayrshire & Arran and EA Council would provide annually to the CHP structure a brief overview of the budget setting proposals.

14. Officer Locality Group for children and young people – 25 January 2011 draft minutes

14.1 Mrs Gilmour advised two presentations had been proved one on the Child Dental Health Strategy Outcomes and Action Plan and the other on Improving Maternal and Infant Nutrition: A Framework. The positive impact on the improvement on oral health since the opening of North West Kilmarnock was noted. Other areas of significance discussed were the outcome of consultation with children and young people about the children and young person services plan and East Ayrshire Council proposed efficiency savings and the potential impact on the protection of children.

15. Officer Locality Group for adults and older people – 9 March 2011 draft minutes

15.1 Mrs Johnston had chaired the meeting and all items of interest had already been raised on the current EA CHP Committee agenda.

16. Any other business

16.1 There was no further business.

17. Date, time and venue of next meeting

Monday 6 June 2011 at 3.00 pm, Room 1, Strathlea House, Kilmarnock

Chair Date

National revenue funding to territorial boards

Ayrshire & Arran

	£ million
Change Fund	70
Free prescriptions compensation	57
Move to NRAC parity	24
Others (pay, supplies, VAT, NI)	81
Total	232

Revenue allocation increase 2011/12

Ayrshire & Arran

	£ million	
Increase from £559.2 million to £574.7 million	15.5	Increase (2.8%)
Cost of abolition of prescription charges	(4)	
To be invested in "Change Fund"	(5.5)	
Funding available for pay, prescribing and supplies cost pressures	6	(1%)

Pay inflation 2011/12

Ayrshire & Arran

	£ million
£250 for staff earning below £21,000	1.1
Incremental point up scale	3.2
Junior doctor travel	0.3
Increase in National Insurance	1.0
Others	0.1
Total	5.7

2010/11 overspend areas

Ayrshire & Arran

Structural deficit	Overspend £000	Approach
Frail elderly nurse staffing (bank use)	680	Reshape services – change fund
A&E staffing (locums)	430	Recruitment approach
Orthopaedic implants activity	500	Supplies cost pressure
Radiology/radiography staff	760	Clinical cost pressures
Minimally invasive surgery	350	Supplies cost pressure
High cost packages of care	400	Supplies cost pressure
Surgical appliances, e.g., wigs	180	Supplies cost pressure

2011/12 supplies cost pressures

- General RPI increase from January – October 2010 = 3.63%
- Recent increases in commodities costs; food; cotton; petrol; energy
- VAT increase to 20%
- Increased activity in-house for orthopaedics therefore more hips and knees

2011/12 drug cost pressures

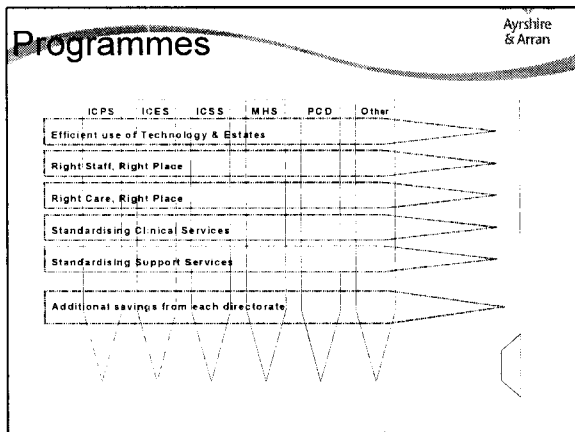
- GP prescribing budget of £75 million
 - New drugs – SMC decision re Dabigatran
 - if Ayrshire and Arran patients switch from Warfarin extra cost about £6.5 million
- MS drugs increase £395,000
- Anti TNF drugs increase = £1,445,000

Cost pressures 2011/12

Cost pressure	£ million
Pay (including increments, 1% increase in national insurance etc)	5.7
Supplies (including increase to 20% VAT)	12.4
Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)	1.0
Primary, secondary and tertiary prescribing, and new drugs	3.8
Orthopaedics, radiology and other waiting times	1.6
Other clinical pressures, e.g. CAMHS, insulin pumps	0.9
Total	25.4

Summary 2011/12

Summary	£ million
Cost pressures	25.4
Allocation uplift	(6)
Income increase	(1.5)
Efficiency savings and cost cutting required	17.9



- ## Savings/cost release
- Ayrshire & Arran
- Individual beds – can't reduce nursing staff
 - Ward – can release nurse/medical staffing, cleaning, food
 - Hospital – save rates, capital charges, maintenance, property related costs

- ## Process timetable
- Ayrshire & Arran
- 11 February 2011 - 2011/12 allocation notified
 - 22 February – Directors' Team agree efficiency savings and cost pressures supported
 - 3 March - Integrated Care Modernisation Board
 - 8 March - Finance Committee
 - 23 March - Board Meeting



Team members



The virtual team members came from:

- Occupational Therapy (additionally funded 3 days per week)
- Physiotherapy
- District Nursing
- Day Hospital
- Dietetics
- Burnock Ward, EACH
- Speech and Language Therapy
- Support Assistant (Home from Hospital service)



CRITERIA for use of Single Point of Contact (SPOC)



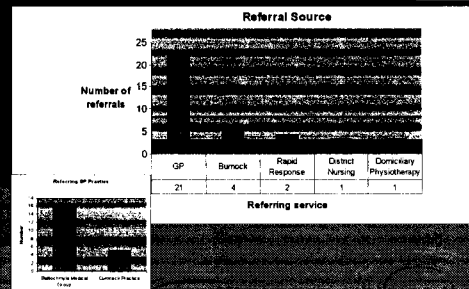
- Prevention of admission
- Functional deterioration
- Opportunity for rehabilitation and enablement
- Not acutely unwell
- Reduced mobility/repeat falls
- Over 60 years of age (consideration will be given to suitable referrals for those aged less than 60)
- Requires multi-disciplinary/multi-agency input
- Will require input for a period of less than 6 weeks
- Within hours: Monday-Friday, 9am to 5pm

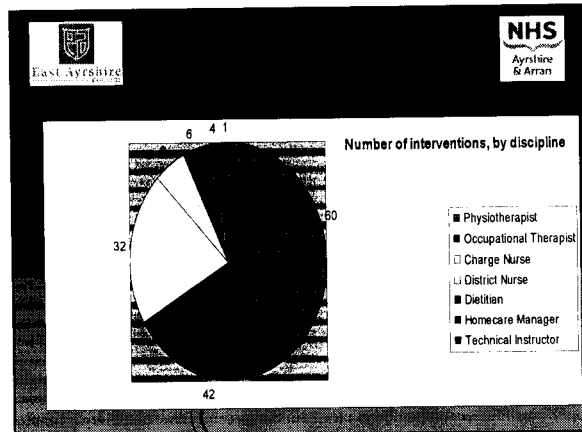
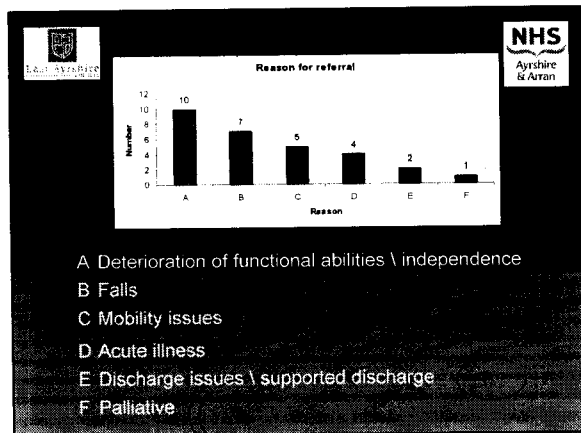


Activity Report – SEARCH pilot, 30th August 2010 to 22nd February 2011 (data collected on shared RRT database)



- Number of referrals received – 29
- Number of referrals accepted – 29
- Number of prevented hospital admissions – 24
- Number of supported \ early discharges – 5
- Number of bed days saved – 135





Home Care Packages put in place – 3

- Package 1 – 3 x 0.5 hr visits per day (1.5 hrs per day) for 6 weeks – 126 visits in total – 63 hrs
- Package 2 – 1 x 0.5 hr visit per day (0.5 hrs per day) for 3 weeks – 21 visits in total – 10.5 hrs
- Package 3 – 1 x 0.5 hrs per day (0.5 hrs per day) for 3.5 weeks – 26 visits in total – 13 hrs

Challenges

There have been a number of challenges in the commencement and development of this initiative:-

- Capacity of staff working within the virtual team, whilst continuing current roles within prospective organisations
- Duplication of assessment processes and paperwork
- Operational administration and co-ordination role, database support
- Referral criteria development and communication with referrers
- Case/Care management of appropriate patients



Opportunities



A number of opportunities exist to further develop this work:

- The further development of a Single Point of Access to service. This would include full administration support to provide an access point to a range of rehabilitation and enablement services in hours and out of hours
- Alignment through redesign of other staff groups to support capacity issues and allow improved response times, expand supported discharge opportunities, and manage increasingly complex patients (this could include jointly managed posts)
- Establish communication systems with Discharge Co-ordinators to support early discharge



Opportunities



- Greater integration of primary care services, e.g. pharmacy and GPs, to support the case management of long term conditions or 'end of life' patients (links with virtual ward initiatives)
- Integration of District nursing services, and other specialist practitioners (including out of hours nursing services)
- Further develop the existing supports provided through geriatricians, day hospitals, day care and care homes
- Further develop communication systems between mainstream and 'Home from Hospital' home care staff



Recommendations



The CHP Committee is asked to:

- endorse and continue to support the progress of EACH as a test site for integrated health and social care hubs
- To agree to receive future progress updates as part of reshaping care agenda