

**East Ayrshire Community Health Partnership Committee  
Monday 24 August 2009 at 9.30 am  
Committee Room, House 1, Strathlea Resource Centre, Kilmarnock**

**1. ATTENDANCE**

**Present:** Councillor Drew Filson, Chair (East Ayrshire Council)  
Dr Carol Davidson (NHS Ayrshire & Arran)  
Councillor Elaine Dinwoodie (East Ayrshire Council)  
Dr Allan Gunning (NHS Ayrshire & Arran)  
Mrs Rita Miller (NHS Ayrshire & Arran)  
Councillor John Mackay (East Ayrshire Council)

**In attendance:** Mr Eddie Fraser, Head of Service, Community Care (East Ayrshire Council)  
Mrs Kay Gilmour, Chair Locality Group Children (East Ayrshire Council)  
Ms Katie Kelly, East Ayrshire CHP Facilitator  
Mrs Grace Moore, Assistant Director of Public Health (NHS Ayrshire & Arran) – Item 3  
Mrs Ann Robertson, Community Planning Officer (East Ayrshire Council)  
Mrs Helen Sinclair, Community Planning Officer (East Ayrshire Council)  
Mrs Mandy Yule, Health Care Director, Integrated Care & Partner Services (NHS Ayrshire & Arran)  
Ms Pauline Sharp, Secretary to NHS Board Committees (Minutes)

**Apologies:** Councillor Douglas Reid (East Ayrshire Council)

**Welcome:** Councillor Filson welcomed Professor Stevely to the meeting. Professor Stevely advised he was attending all the CHP Committees and Forums and believed the CHP structure was extremely important to deliver for the local communities and that he was keen to see the structures develop.

**2. MINUTES OF THE PREVIOUS MEETING + MATTERS ARISING**

**Action**

- 2.1 The minutes of the meeting held on 6 July 2009 were approved as an accurate account of events.
- 2.2 The Committee were advised the Primary Care Strategy consultation process was progressing well. Extensive engagement was ongoing with the community and clinicians. The Forum is taking the lead for the CHP structure and would be presenting their findings officially to the Committee.

**3. PUBLIC HEALTH PRIORITY AREAS – EQUALLY WELL**

- 3.1 Mrs Moore provided a presentation on Equally Well Reducing Health Inequalities across Scotland (see appendix attached). She outlined the

mechanisms including area-wide work and performance management to take this forward and advised Scotland's health was improving but still lagged behind the rest of Europe with poverty being the biggest contributory factor.

3.2 The evidence is clear that most influencing factors lie outwith the control of the NHS. Mrs Moore discussed the importance of placing more emphasis on prevention and focussed on the following themes:

- Early years + young people.
- Tackling poverty + increasing unemployment.
- Physical environment + transport.
- Health + wellbeing.
- Vulnerable people – access to services.
- Target approaches – anticipatory care and role of Primary Care.
- Delivering change – pathways into public service – focussing on role of third sector.
- Resource allocation.
- Skills development.
- Holistic approach – intergenerational factors – importance of universal service.
- Alcohol, drugs + violence.

3.3 Mrs Moore further discussed the value of reflecting on current approaches, learning and developing new initiatives. The national implementation plan has been produced and locally performance management for health will provide more detailed updates.

3.4 The Committee discussed relating issues including:

- Whether the Strategic Alliance could be used to establish which services are more cost effective if carried out locally or on an area-wide basis.
- Working in silos – how to join up - closely link to Strategic Alliance and CHP to pull some of these strands together.
- Unemployment – build on positive healthy lifestyles promoted in some workplaces.
- Learning from current good practice - e.g. Healthy Weight Catrine Project + Financial Inclusion Group developing crosscutting groups between OLGs.
- How to ensure messages reach and motivate school children.

3.5 The Committee thanked Mrs Moore for her informative presentation. Mrs Moore to provide the Committee with updates. **GM**

#### **4. EAST AYRSHIRE COMMUNITY PLAN – 2008/09 PERFORMANCE REPORT**

4.1 Mrs Helen Sinclair provided the Committee with a comprehensive report on the actions and high level processes including SOA and other drivers. The CCP Board has reviewed the thematic Action Plans and amalgamated some with reporting arrangements being streamlined. A summary of progress against all national and local actions was detailed with the projected outputs being well achieved by partnership approach.

- 4.2 The Annual Performance Report provided an overview of key achievements against the planned outputs contained within the thematic Action Plans. In respect of the Improving Health Action Plan Mrs Sinclair highlighted Action 2.2 “Target smoking cessation programmes at the most deprived communities and key target groups, including pregnant women”. This important issue was being tackled across the board by different mechanisms and different agencies with support being provided in rural areas via the CHIP Van.
- 4.3 A summary of key achievements against the planned 2008/09 outputs for the remaining 5 Action Plans was detailed in Appendix 1 of the paper. Members were advised if they required further detail on the Action Plans this could be found on the Community Planning website.
- 4.4 Areas the Committee sought clarification on included:
- Action 2.5 “Target programmes to prevent unintended teenage pregnancies in areas with the highest levels” – Denominational schools had opted out of the Truth on Teenage Pregnancy programme but did have their own initiatives.
  - Action 1.5 “Raise awareness of positive sexual health and relationships and provide a range of sexual health information and services to meet the needs of all population groups” – This was noted as not achieved for looked after and accommodated children. Circumstances had changed from when the action had been established and reasons this had not been achieved were reflected in the full report.
- 4.5 The Committee welcomed the comprehensive nature of the report and the way it linked areas together. They noted the progress and endorsed the process from a health perspective.

## **5. EAST AYRSHIRE SINGLE OUTCOME AGREEMENT – 2008/09 PERFORMANCE REPORT**

- 5.1 Mrs Ann Robertson advised the Committee the SOA had been signed off by the Scottish Government on 23 July and the first report on progress made in 2008/09 was due to be submitted to the Scottish Government by September 2009. The Concordat Oversight Group (COG) had issued a template which Councils and CPPs were to use in presenting this yearly information with 15 national outcomes to be reported on. Reporting template returns in respect of all health related outcomes had been approved by NHS Ayrshire and Arran’s Policy, Performance and Planning Team.
- 5.2 Mrs Robertson provided a brief progress report on the 4 health related local outcomes under relevant National Outcomes as follows:
- National Outcome 5 “Our children have the best start in life and are ready to succeed” – The target for Dental Health for children well exceeded.
  - National Outcome 6 “We live longer, healthier lives” – There has been a revision during the summer months with there being 9 indicators. Caution was expressed about the figures for life expectancy and the Committee wished to be informed of trends.
  - National Outcome 7 “We have tackled the significant inequalities in Scottish society”.

- National Outcome 15 “Our public services are high quality, continually improving, efficient and responsive to local people’s needs”.

5.3 Issues discussed by the Committee included:

- Quality of data + not look at year in isolation.
- Anti-depressant prescribing – not necessarily an indicator of how doing with mental health since can be prescribed for different purposes.
- The significant amount of work having been taken forward in respect of health inequalities.
- Dr Davidson to provide updated information on CHD by timescale.
- HEAT indicators included last year – all of these will not be reported on in the revised SOA.

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5.4 Ms Kelly advised the SOA 2009/10 approved by the Committee has been built on with a far wider range of indicators included, giving a more comprehensive picture up ahead. The Committee noted the vast amount of work already achieved and looked forward to updates in the future. They considered it important to provide highlights beyond performance eg Delayed Discharges constantly good and work at Crosshouse for “vulnerable children”.

## 6. H1N1 INFLUENZA UPDATE

6.1 Mr Fraser provided a verbal update advising planning across East Ayrshire and Pan Ayrshire continues with the focus on business continuity. Each service is looking at how they would fulfil their role at peak times developing models, joint plans and protocols. As an example they are looking at Care Homes and the delivery of services for mental health and the vulnerable sector. Work is also ongoing regarding arrangements for the vaccination programme.

6.2 Mrs Yule continued advising scenario planning was being carried out and that arrangements for the vaccination programme cannot be finalised until national agreements have been confirmed regarding GP participation. Dr Davidson advised she would be meeting with the 3 Chief Executives of the Local Authorities to discuss issues relating to communication and ensure all agencies were working in partnership.

## 7. INTEGRATED RESOURCE FRAMEWORK

7.1 Mr Fraser provided an overview of the paper which was the initial look at the combined NHS Ayrshire & Arran and Local Authority Social Care budgets. He considered Mrs Moore’s presentation gave absolute clarity on the need to understand where money is spent and the wider implications. This would help to analyse how services can be done differently

7.2 Dr Gunning advised NHS Ayrshire & Arran had been successful in becoming a test site, Tayside, Lothian and Highland being the others, for protocols and procedures for shifting resources. A meeting to be held in September with the Scottish Government and the other test site applicants. The areas that would be looked at were:

- i) Elderly Peoples’ Services – SA doing work with the Joint Improvement

Team.

- ii) Expensive packages of care in the community – Mr Fraser leading a piece of work.
- iii) IRF programme been agreed for adults and elderly people, applying for children's services.
- iv) Underpinning Self management – how support people with chronic conditions.

7.3 Members enquired about the published information on psychiatry. Dr Gunning had raised this at the IRF Steering Group and Mr Jim Crichton was look at this in detail. The Committee also considered it would be of interest to compare the variations across the 3 localities and commended the work behind this process and the valuable information now available.

## **8. OFFICER LOCALITY GROUP FOR CHILDREN AND YOUNG PEOPLE – 1 JULY MINUTES**

8.1 Mrs Gilmour advised the Sub Groups were all established and had held their first meetings, with TOR and reporting mechanisms in place. She highlighted the following:

- Annual Review of Children and Young Persons Plans was going to the EA Council Cabinet on 2 September and following this would come to the CHP Committee. Mr Jim Lyon, Principal Officer, Children and Young people would provide a presentation on the tie in to the SOA, Community Plan and Equally Well Plan.
- The proposed roll-out of the Integrated Assessment Framework for Children and Young People. A draft implementation plan had been agreed on 21 August.

## **9. OFFICER LOCALITY GROUP FOR ADULTS AND OLDER PEOPLE – DRAFT 1 JULY MINUTES**

9.1 Mr Fraser considered the Group was developing well and was well attended by both NHS and Local Authority members. He highlighted the main areas of work including the presentation on Primary Care, updates on the pandemic flu plan and East Ayrshire Community Hospital. Ideas were still being sought for the Telecare Development Strategy and Scottish Government money would be used for the appointment of a Training Officer for Adult Protection. Part of the meeting involves updates from the Sub Groups with only the Local Alcohol and Drug Partnership still to hold there first meeting on 29 September. A very positive stakeholders event had been held on 14 August. These are very important working and planning groups, linking in across community partners. Work is ongoing to ensure there is no overlap, with a website where the groups can check and post messages.

## **10. EAST AYRSHIRE CHP FORUM – DRAFT 22 JULY MINUTES**

10.1 Mrs Miller advised members of the Health Council had been in attendance and that a presentation had been provided on the Healthy Weight Catrine project. The Forum members had been very enthusiastic about this approach and if successful looked forward to it being rolled out to other areas. Another presentation had been provided on child protection. Mrs Miller considered these presentations a vital development for members,

building up capacity within the Forum to understand local issues and inform decision taking.

10.2 Other areas she highlighted included:

- Primary Care Strategy – first large piece of work for Forum members, the importance of their clinical view and that the Forum will bring a report to the Committee.
- IRF – Mrs Joanne Aitkinson would be coming to the next Forum meeting.
- PPF had reported on their progressing innovative work.
- EA Community Hospital – Clarity and open discussion had been held on a misunderstanding of proposed changes.

10.3 Mrs Miller considered the role of the Forum was building and consolidating with the sharing of professional advice and strengthening of the community involvement. The Committee held a discussion on the importance of promoting the work the CHP structure is involved with and how this could avoid duplication.

**11. ANY OTHER BUSINESS**

11.1.1 **Potential Service Development Opportunities at East Ayrshire Community Hospital (EACH)** – Mrs Yule advised NHS Ayrshire & Arran had been reviewing patient activity at EACH with there being a long standing under-utilisation of bed occupancy. This was the result and a good example of the success of shifting the balance of care from secondary to primary care. To ensure space and resources are effectively managed a Clinical Operational Group had been formed to facilitate contributions from staff on the future direction and enhancement of services. This had unfortunately been misrepresented in the press as a reduction in beds causing concern among staff and local residents.

11.1.2 Concern was expressed by members of the Committee on the decision making processes and timescales. The Committee were advised the Clinical Operational Group had been asked, following the optional appraisal, to come to their conclusions by December 2009, to submit this to the CHP Committee and then to the NHS Board. This was an important opportunity for the OLGs to influence the development of innovative and sustainable services. Lessons it was felt could be learned on how to communicate the advantage of service changes. It was agreed to invite the EA CHP Committee to the Forum meeting being held on Wednesday 2 December at 9.30 am at the EACH and allow a site visit by both bodies.

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11.2 The Committee discussed moving the venue of the 2 November meeting to London Road in order that a visit to the Management Centre could be tied in.

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**12. DATE AND TIME OF NEXT MEETING**

**9.30 am Monday 2 November 2009, Room 1 Strathlea Resource Centre, Kilmarnock**

Signed: ..... Date: .....

## Equally Well

Grace Moore  
Assistant Director of Public Health

## Outline

- Background
- Themes
- Principles
- How we take it forward - mechanisms
- Balance between area wide work and local work
- Performance management

## Background

- Scotland's health is improving but...
- It lags behind the rest of Europe
- Health inequalities wider where a large income gap between rich and poor (much less in Scandinavia)

## Background

- Evidence clear for a long time that most of the factors that impact on health and health inequalities lie out with the NHS
- That is why the Government commissioned this work

## Equally Well

- About approaches to address social justice
- Unacceptable that some people die earlier than others simply due to an accident of birth or social circumstance

## Themes

- Early Years and Young People
  - Impact of alcohol and drugs
  - Impact of education beyond 16
- What works
  - Parenting programmes
  - Targeted interventions
  - Alleviating poverty

## Themes

- Tackling poverty and increasing unemployment
  - Affects health (including mental health) of families and young children
  - Work has a positive impact on health
- Actions
  - Support to maximise income
  - Fuel and food

## Themes

- Physical environment and transport
  - Play and recreation
  - Transport and planning policies
- Actions
  - Support healthy weight
  - Community safety
  - Value of green space



## Themes

- Harms to health and well-being: alcohol, drugs and violence
  - Linked
  - Treatment and early intervention (? Not enough emphasis on prevention)
  - Domestic abuse
- Actions
  - Focus on young people
  - Recovery

## Themes

- Health and well-being
  - CVD, Mental Health and Well-being
  - Vulnerable people and access to services
  - Anticipatory care – targeted
- Role of Primary Care
  - Not whole story
  - Target in communities – role of others

## Themes

- Delivering change
  - Pathways to public services
  - Role of third sector – challenging in diminishing funding
  - Resource allocation (recognises ring fenced funding)
  - Skills development
  - Role of Government e.g. Health Data

## Principles

- Holistic approach – life circumstances as well as lifestyles and priority health topics
- Inter-generational factors
- Involvement/mutuality – those most at risk
- Universal services important but also need to target – and not just on socio-economic inequalities

## Taking it Forward

- A lot of processes are already in place both locally and area wide (for some issues more cost effective if West of Scotland)
- Area wide health improvement plans/strategies all have local input and local identity in place
- Agree reporting mechanisms at a local level
- Use of Strategic Alliance to consider things that are best done on an area wide basis?
- Early Years – Local mechanisms in place
- Poverty and unemployment
- Physical environment and transport

## Taking it forward

- Alcohol, drugs and violence – local mechanisms being developed
- Health and Well-being – local mechanisms being developed – underpinned by a range of area wide strategies with mechanisms in place

## Questions/Reflection

- Are we as joined up as we could be?
- Do we really work collaboratively or is it just that issues have been identified across agencies and we still work in silos
- For example....

## Questions/Reflection

- The school curriculum should have a strong focus on health and well-being – how involved is health (other than school nurses) in supporting schools with evidence based approaches to health in the curriculum? Should health be involved?
- Is working in the classroom delivering the curriculum a suitable role for school nurse? If so – how do we support them to be effective in this role?

## Indicators

- Intermediate indicators are included in the plan – very broad
  - E.g. Healthier lifestyles among younger women (diet, smoking, alcohol)
- Local indicators have been produced for consideration in SOAs – but not one for the above – closest that relates to young women is about pregnancy in under 16s

## Progress

- A national implementation plan has been produced
- Need to (regularly) map actions from the implementation plan against progress in all strategies and plans – local or area wide to get a detailed overview
- Work has started on the design of performance management system that can be used by all partners and will prevent duplication and provide that overview

## Progress

- 78 recommendations have been assessed across Ayrshire and Arran – September 2008
- Children and Young people – 13
- Tackling poverty/increasing employment – 11
- Physical environment/transport – 9
- Harms to health and well-being alcohol, drugs and violence – 8
- Health and well-being -8
- Vulnerable groups – access to services – 10
- NHS wider role – 3
- Delivering change – 14
- Government - 2

## Progress

- Process to gather updates for this September has already commenced – Health Promotion Managers will gather the information for health responsibilities
- Government will carry out a review of progress next year (a lot of the data can only be collected nationally)

## Examples of progress

- Early Years
- September 2008 – Child Health Strategy being reviewed
- September 2008 – Child Health Strategy has been reviewed, consulted upon and ready to consider consultation comments before starting implementation, processes started to agree performance management

## Examples of progress

- Breastfeeding – about improving breastfeeding rates in disadvantaged groups
- September 2008 – Appoint a public health nurse, implement the local strategy, develop effective monitoring and evaluation procedures
- September 2009 – Public health nurse appointed, BfN working in disadvantaged areas, M&E processes being developed
- Ayrshire has already achieve Baby Friendly (Hospital) – focus now on community

## Constraints

- Last year's assessment of progress not comprehensive but sought to reassure that all bases were covered
- A number of strands still being developed nationally with different time frames and dissemination methods – a lot still being developed
- Highlights need for effective co-ordination of the various elements

### Constraints

- Equally Well described health outcomes for individuals or target groups), rather than the areas in which they live e.g. children, people with long term conditions, most available data to describe health inequalities based on socio-economic factors is area based – with no/limited linkage at present

### Constraints

- Both opportunity and constraint is that there is no separate reporting process for Equally Well – but that also presents a challenge locally unless we systematically gather information – where is the detailed overview of the whole document?

### Summary

- Equally Well summarises actions required across a range of agencies on a range of factors that impact on health inequalities
- These factors are an example of a complex programme with a huge amount of detail and where expertise and leadership lie in a range of agencies

### Summary

Performance management system for health will provide a more detailed update of progress than currently available