



**Draft Minutes of East Ayrshire CHP Committee meeting
held on Monday 23 August 2010 at 3.00 pm in Council Chambers, Council HQ,
Kilmarnock**

1. ATTENDANCE

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 Millar, NHS Ayrshire and Arran
Councillor Douglas Reid, East Ayrshire Council

In Attendance Mr Eddie Fraser, Head of Service, Community Care
Ms Katie Kelly, East Ayrshire CHP Facilitator
Ms Joanne Atkinson, Programme Manager – IRF
Mrs Jean Hendry, For Mrs Yule
Mr Owen Mosley, Health Economist
Mrs Helen Sinclair, Community Planning Officer
Ms Pauline Sharp, Minutes

Apologies Mrs Kay Gilmour, Chair, Locality Group Children, East Ayrshire
Council
Councillor John MacKay, East Ayrshire Council
Mrs Mandy Yule, Health Care Director, Integrated Care and Partner
Services

2. MINUTES OF THE PREVIOUS MEETING + MATTERS ARISING

- 2.1 The Committee approved the minutes of the meeting held on 17 May 2010 as an accurate record.
- 2.2 Ms Kelly advised the SLA work had been welcomed and a report would be submitted in October.

2.3 All other matters arising were covered in the agenda.

3. IRF PHASE ONE

3.1 Mr Owen Mosley provided a powerpoint presentation (please see appendix 1 attached). This outlined the National Resource Allocation Committee (NRAC) formula in comparison with the actual spend in NHS Ayrshire and Arran. The main points covered were:

- The approach adopted by NHS Ayrshire & Arran.
- Caveats and limitations.
- NRAC and Actual Budget Allocation by Locality and Actual GP Expenditure by Locality.
- Discussion on the variation between actual and NRAC allocation of resources and whether considered "fair share".

3.2 The discussion was opened out to the Committee. Issue raised by members included:

- The different demographics of the 3 Local Authority areas and appropriateness of "fair share".
- Caution around assumptions made through the analysis and how this could be misinterpreted.
- Committee wished to have an understanding of resource utilisation.
- Cross boundary flow.
- Ability to track expenditure to individual patient.
- Inequalities and deprivation of East Ayrshire and how this is not reflected in the model.
- Exercise would be really useful if we compare like for like.

3.3 Ms Atkinson advised the paper provided very basic information and that there more detailed work was ongoing which would inform future discussions.

3.4 Councillor Filson thanked Ms Atkinson and Mr Owen for attending the EA CHP Committee and looked forward to a more detailed update in the future, including Phase 2.

4. EAST AYRSHIRE COMMUNITY HOSPITAL UPDATE ON DEVELOPMENTS

4.1 Mrs Hendry provided an update on the current situation regarding the proposed service changes and improvements. Detailed planning work has been continuing with representatives from dental services, elderly mental health and frail elderly services to consider these services and how each of the service models could be integrated with the hospital. At its meeting on 21 July 2010, NHS Ayrshire & Arran's Capital Steering Group approved in principle the proposals for a £3 million redevelopment of EACH. Cumnock's two dental practices will relocate to EACH along with the dental service from

Cumnock Health Centre. The changes are part of NHS Ayrshire & Arran's longer term strategic plans to make the best possible use of community hospitals, putting them at the centre of health care for local communities. Members were assured that the Dental Practices will have sufficient capacity to fill currently unmet demand.

- 4.2 Further detailed planning is now being carried out, including more consultation with staff and partners. Planning will include reviewing service models along with the accommodation space requirements, and a review of staffing levels, in Elderly Mental Health and Frail Elderly services to reflect changed patterns of care. The proposals include inpatient beds for 13 Frail Elderly patients and 16 Elderly Mental Health patients; currently there are 25 beds in each area. The redesigning of Frail Elderly and Elderly Mental Health services in the hospital will release resources to the Local Authorities under the Resource Transfer Agreement which exists between NHS Ayrshire & Arran and the three Local Authorities.
- 4.3 Proposals have been extensively discussed at the EA CHP Forum and OLGs with the CHP structure being crucial to the changes. A further update report will be presented to the EA CHP Forum on 10 September. A final paper will go to the NHS Finance Committee on 23 September. The Committee noted the current position and supported the proposed next steps. Councillor Filson was greatly encouraged by the substantial investment in the local community.

5. PROPOSED COMMUNITY REHABILITATION PILOT EAST AYRSHIRE COMMUNITY HOSPITAL

- 5.1 Mrs Hendry advised this paper provided a report on the progress of the important Community Rehab Service and also highlighted issues requiring further consideration. A 6 month pilot is proposed to start on 30 August and will provide a single point of access for GPs in the locality from Monday-Friday 9-5 pm. The virtual team members will come from Occupational Therapy, Physiotherapy, District Nursing, Day Hospital, Speech and Language Therapy, Dietetics, Burnock Ward, Social Work Teams, both hospital and area teams Administration. This team will assess the person's needs and agree a care plan. The outcomes of the service/pilot will be feedback to the Committee.
- 5.2 The Committee discussed the advantages of the service including reducing duplication and preventing repeat admissions. Besides the partnership working of the NHS and Social Work, Housing and Leisure would also be involved. Members also considered it would be very important to work towards having integrated IT systems.
- 5.3 The Committee approved the commencement of the Community Rehabilitation Service in EACH for a pilot period of 6 months from 30 August.

6. CARING TOGETHER – THE CARERS STRATEGY FOR SCOTLAND AND LOCAL DEVELOPMENTS INCLUDING DEVELOPMENT OF CHP CARERS SUB GROUP

- 6.1 The paper, Mr Fraser advised, provided the Committee with an overview of the recently released “Caring Together” Strategy for Carers in Scotland 2010-2015 and “Getting it Right for Young Carers” Strategy for Young Carers in Scotland 2010-2015. It also outlined key actions in the strategies and what is intended in terms of partnership working. The strategy sets out the shared vision for unpaid carers in Scotland and states that despite the extreme pressures on public finances, local authorities and Health Boards will commit to delivering incremental improvements to support for carers. It also focuses on the need for all agencies to prioritise support to carers in greatest need ensuring “An emphasis on preventative action and early intervention should be the default position rather than crises-led responses”
- 6.2 Mr Fraser discussed the issue of recognising young carers and supporting children as carers. The Carers Centre had advised 50% of young carers have education problems. There is also a huge stigma for children when looking after a parent with a drug or alcohol problem. Mrs Miller, as Chair of the EA CHP Forum, advised two interim carers representatives had attended the last Forum. Ms Kelly updated the Committee advising they had met on a couple of occasions with the Carers Sub Group and progress is being made. The Carers Sub Group will be appointing its Chair and Vice at the beginning of September. Mr Andrew Moore is the lead Officer for Carers in NHS Ayrshire & Arran and is keen to take this good practice Ayrshire wide.
- 6.3 The Committee agreed to remit the EA CHP Forum and Sub Group to take this Strategy forward.

7. SINGLE OUTCOME AGREEMENT (SOA) AND IMPROVING HEALTH AND WELLBEING ANNUAL PERFORMANCE REPORT 09/10

- 7.1 Mrs Sinclair presented to the Committee the Annual Performance Report on health related outcomes to be included in the East Ayrshire Community Planning Partnership SOA. This has to be presented to the Scottish Government by the end of September 2010 and commended the support from the NHS in preparing this report.

She provided an update on the health related local outcomes under the relevant National Outcomes:

- National Outcome 5: Our children have the best start in life and are ready to succeed. – Progress been made on breastfeeding issue – more detailed information to be supplied at the next CHP meeting.
- National Outcome 6: We live longer, healthier lives. – There has been good progress made regarding respiratory disease and anti depressant prescribing.

- National Outcome 7: We have tackled the significant inequalities in Scottish society. – Ongoing.
- National Outcome 11: We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

Progress in respect of nine local indicators in our updated SOA is measured by the results of the Community Planning Residents' Survey. Subject to the approval of the CHP Committee this will be included in the consolidated SOA Annual Report presented to the Scottish Government.

7.2 The discussion was opened out to the Committee. Members advised they appreciated the format this had been presented in and found it easy to understand. Among areas discussed were:

- Areas the Committee wished the OLGs to focus on and report back were breast feeding rates, teenage pregnancies and hospital admissions. Ms Kelly advised a paper providing a critical review on breast feeding would be on the agenda for the next meeting.
- Linking initiatives to outcomes.
- Working more closely with GP colleagues to ensure aware of the impact of their decision making. It has recently been agreed that the GP locality minutes will be share with the CHP Forum. The OLGs to be asked to prepare an improvement plan regarding re-admissions.

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7.3 The Committee noted the recommendations and agreed to them.

8. DRAFT CHP ANNUAL REPORT 09/10

8.1 Following the presentation at the NHS Board in February by the 3 Facilitators the NHS Board Chairman had requested that CHP Committees provide an Annual Report. Ms Kelly provided a short overview of the different sections providing background to the CHP structure and the work of the EA CHP.

8.2 Ms Kelly advised the Annual Report required to be submitted to the October NHS Board. All members commended Ms Kelly for the vast amount of work and effort invested in producing the document and considered that once it was linked with full data it would be of great value. Elements of the annual plan including good practice, partnership working and photographs will be included in a forthcoming edition of the Healthwise publication.

9. COMMUNITY PLANNING FOUR YEARLY REVIEW – STRATEGIC PRIORITIES

9.1 This paper had been prepared for the Community Planning Partnership Board and had been started in January this year. It provided a detailed report on Stage 1 of the review process. There had been wide-ranging engagement with partner agencies and changes made subsequent to that

consultation. Under each of the remits of the Community Plan all strategic priorities were current up until March 2011. The Community Planning Partnership Board had agreed in June. Stage 2 of the process will comprise the development of new Community Plan Action Plans with a series of meetings involving partners being organised to develop the actions related to the new local outcomes. The Committee discussed the great need in the current financial climate to consider the challenges about service provision and use of resources effectively but ensuring quality not affected.

9.2 The Committee noted the progress, endorsed the revised guiding principles, the new Strategic Priorities and local outcomes. They also noted and approved the proposals for Stage 2 of the Review process.

10. CHILDREN AND YOUNG PEOPLE'S SERVICE PLAN 2011-2014 – STRATEGY FOR CONSULTATION WITH CHILDREN + YOUNG PEOPLE

10.1 The paper outlined the processes for beginning to engage with young people and children. It was considered key to future planning for the CHP. The Committee endorsed the approach outlined in the paper and considered it dovetailed with the work Mrs Sinclair had described.

11. LEAD OFFICERS PERFORMANCE REPORT

11.1 The paper provided an update to the Committee on the EA CHP performance for the first quarter was for the first quarter and highlighted areas of good practice/ areas for improvement.

12. AUDIT SCOTLAND – NATIONAL AUDIT OF CHPS RETURN FOR EAST AYRSHIRE

12.1 A national audit of CHPs had been carried out with Mrs Hendry co-ordinating across Ayrshire. All 40 CHPs had to complete a proforma and Councillor Filson as Chair had signed this off. Mrs Hendry advised the information had been really effective and Audit Scotland would report on the outcomes in February 2011. A letter had been submitted by the 3 CHP Committee Chairs advising they would welcome being involved in the pilot schemes being undertaken since the local CHP model was so different from other Scottish models.

12.2 The Committee discussed whether it would be possible to make some representation to Audit Scotland about the benefits of looking at the East Ayrshire CHP model in more detail. Ms Kelly to discuss with Mr Kenny Leinster, SA Council, who sits on the National Reference Group.

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13. DEMENTIA DEMONSTRATOR PROJECT – INITIAL EXPRESSION OF INTEREST

13.1 Mr Fraser circulated a paper on "Proposal for Dementia Whole Systems

Redesign - Demonstrator Site” which included the appendix previously circulated. He provided background advising the Dementia Strategy states that Scottish Government and its partners in local government and the voluntary and private sectors will seek to demonstrate a commitment to delivering world class dementia services in Scotland.

- 13.2 Mr Fraser advised if EA CHP were chosen as the demonstrator site that work is already well progressed in this pathway. The Committee endorsed the expression of interest. Mr Fraser to bring a paper to the EA CHP Committee on how the strategy will be developed. **EF**

14. EA CHP FORUM DRAFT 28 JULY MINUTES

- 14.1 Mrs Miller highlighted:

- Carers Forum reps.
- IRF – GP practice concerns regarding cross border patients impacting on resources.
- IRF – Concern from carers in not being involved in regarding people’s care packages. Had been re-assured would be involved in the consultation process and that the Carers sub group to be kept informed.
- PPF – Annual event on 21 April had been very successful and the next will be held on 27 April 2011.
- PPF Surgeries – These were having good results with CAB and Employability attending.
- Scottish Youth Parliament – Engagement through Dialogue Youth.
- PPF – concerns about continence products. A report and presentation will be given to the next Forum.
- Clarification is being sought on waiting times for secondary dental care for patients on Warfarin.

- 14.2 Mrs Miller advised there are a number of good examples of issues being addressed and filtered out to the wider public. The feedback has been good with regard to this and is leading to stronger relationships within the Forum. The EA CHP Forum is well attended.

15. OFFICER LOCALITY GROUPS FOR CHILDREN AND YOUNG PEOPLE DRAFT 22 JUNE MINUTES

- 15.1 Noted.

16. OFFICER LOCALITY GROUP FOR ADULTS AND OLDER PEOPLE DRAFT 23 JUNE MINUTES

- 16.1 Mr Fraser advised a meeting had been held the previous week. Matters from the June meeting included an input oral health, telehealth and papers on EACH. He considered the OLG were developing and keeping real focus on

CHP related issues.

17. ANY OTHER BUSINESS

17.1 Councillor Filson wished to have more information on the use of "Life Bottles" which are kept in a client's fridge and allows Paramedics to check a person's medication. Ms Kelly to make enquires and report back.

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18. DATE AND TIME OF THE NEXT MEETING

Friday 8 October 2010 at 1.30 pm, Council HQ, Kilmarnock

Chair Date