



**East Ayrshire Community Health Partnership Committee
Monday 6 July 2009 at 9.30 am
Committee Room, House 1, Strathlea Resource Centre, Kilmarnock**

1. ATTENDANCE

Present: Councillor Drew Filson, Chair (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
Dr Mike Lavender, Observer (new EA CHP Forum Public Health Representative NHS Ayrshire & Arran)
Mrs Grace Moore, Assistant Director of Public Health (NHS Ayrshire & Arran) – Items 3 + 6
Ms Linda McCartan, Community Health Development Manager (East Ayrshire Council) – Item 5
Mr David Rowland, Head of Primary Care Development (NHS Ayrshire & Arran) – Item 4
Ms Pauline Sharp, Secretary to NHS Board Committees (Minutes)

Apologies: Dr Carol Davidson (NHS Ayrshire & Arran)
Councillor Elaine Dinwoodie (East Ayrshire Council)
Councillor Douglas Reid (East Ayrshire Council)
Mrs Mandy Yule, Health Care Director, Integrated Care & Partner Services (NHS Ayrshire & Arran)

Welcome: Councillor Filson welcomed Dr Mike Lavender as an observer to the meeting and introduced him to members advising he had just been appointed as the Public Health representative on the EA CHP Forum.

2. MINUTES OF THE PREVIOUS MEETING + MATTERS ARISING

Action

- 2.1 The minutes of the meeting held on 18 May 2009 were approved as an accurate account of events.
- 2.2 Integrated Resource Framework - Dr Gunning advised a letter had been received from the Scottish Government inviting applications to be involved in a test site. The Strategic Alliance had discussed and submitted a declaration of interest from NHS Ayrshire & Arran on behalf of the 3 CHPs.

3. PUBLIC HEALTH PRIORITY AREAS - TOBACCO

3.1 Mrs Moore provided a powerpoint presentation on another of the key public health priorities for the EA CHP Committee and advised there would be future presentations on “Obesity” and “Mental Health”. Tobacco she outlined is the single largest preventable cause of ill health and premature death in Scotland and is a major cause of health inequalities.

3.2 Other points of interest for the Committee included:

- Burdens of Disease – Coronary Heart Disease (1:5 deaths), diabetes, respiratory disease including passive smoking), cancers and others.
- Trends in smoking – slight downward trend.
- Trends in Smoking in Pregnancy – although targeted not a big change.
- Trends in Young People smoking – positive impact over the past few years although the number of girls smoking is still a problem.
- In comparison with other Scottish Health Boards NHS Ayrshire & Arran is the highest with East Ayrshire being the highest of the three local authority areas. This, therefore, is a huge issue for the EA CHP structure.
- Highest smoking rates found in areas of highest social deprivation, therefore, disproportionately affects those already disadvantaged.
- Difference in risk of death across social class groups in middle age – it is estimated two thirds is related to smoking.
- Mean age for starting smoking in NHS Ayrshire & Arran is 11.7.
- People in prison – complex group of people but 62% want to quit.
- People with mental health problems – high number smoke with over half wishing help to stop. Need to refocus Smoking Cessation Service to specifically target this client group.

3.3 Mrs Moore emphasised the need for caution when analysing data used since there was a number of limitations eg there had not always been a like for like comparison. She outlined the multi faceted programme being undertaken including prevention, education, control on sales and expansion of Smoking Cessation Services using a settings based approach. To move this forward there is a need for the CHP to commit to this as a priority and it be a feature of the work programme of the Officer Locality Groups. The importance of improving the picture of cessation across services was highlighted.

3.4 The Committee noted with concern this area of work for the CHP and discussed possible ways to reduce the figures and the effectiveness of current interventions. Included among these were:

- Ensure CHP sub structure members are aware of services and issues.
- Tasking the Improving Health and reducing inequalities Sub Group to target this work across the CHP and raise awareness amongst all partners.
- Monitoring performance through the Community Plan and SOA.
- Improving health indicators and localising.
- Raising awareness – Early Years Framework targeting pregnant women.
- Need to get message out early to children and young women.
- Culture change in staff – not just the remit of Tobacco Team.

3.5 The Committee thanked Mrs Moore for her informative presentation.

4. PRIMARY CARE STRATEGY CONSULTATION PROCESS - UPDATE

4.1 Mr Rowland was in attendance to provide a verbal update on progress made by the Primary Care Team over the last few months. They have been heavily involved with professional and public groups seeking their vision on the future direction for health care in NHS Ayrshire & Arran with emphasis on relationships, health improvement, shifting the balance of care and planned care. The recommendations were presented to the NHS Board on 24 June and endorsed with a consultation period starting 1 August and running to 31 October. As part of this the Team will be joining public/community events eg the Ayr Flower Show to raise awareness and engage with people as they go about their activities.

4.2 He outlined some of the proposals for the consultation including meeting with 60 groups to check that they had heard the same messages the Primary Care Team had heard and that they had been represented in fair way ie were the proposals what the public had asked for. They would also be consulting with a wider audience not already engaged with ie the hard to reach groups. Irene Campbell had been appointed as the dedicated Project Manager to get this process set up. The Team were concerned to ensure no opportunity was missed for the public to contribute to the vision for health care, therefore, to include people not part of groups a couple of formal public meetings would be held in each local authority area. These would be held as open sessions in a World café event style. Two sessions were to be held in Kilmarnock and Cumnock in the late afternoon and early evening. Detailed planning work would be undertaken through the consultation period looking at what resources would have to be shifted to support the proposed changes.

4.3 The CHP structures would play a key part with each CHP Forum running 12-15 focus groups across their patch. A formal response would be required from the CHPs on how they see the recommendations. It was considered the Primary Care Strategy was a weighty piece of work giving direction not just for Primary Care but for health care for years to come, therefore, it had been agreed for the findings to be presented to the NHS Board on a special Development Day in December 2009.

4.4 Councillor Filson enquired if it would be possible to hold sessions in other areas eg Irvine Valley and Doon Valley and Mr Rowland advised he would look into this and report back. The Committee further discussed:

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- The importance of the public having the opportunity to have a one to one discussion.
- The number of groups that could be interacted with eg Equalities Forum, Asian Young Mens Group, Children and Young Persons Forum and the Residents Panel.
- Challenges around how to describe changes and care pathways which do not mean much to people.
- Co-creating health.

4.5 The Committee considered this was a strategy of real interest to the public. The challenge would be how the Primary Care Team distilled all the feedback, although they were not starting from zero with there currently being much good practice in place.

5. HEALTHY WEIGHT CATRINE – SCOTTISH GOVERNMENT PATHFINDER PAPER

- 5.1 Ms McCartan provided background on the initiative advising the Scottish Government had announced an investment of 1.4 million pounds for Healthy Weight Community pilot programmes throughout Scotland to help tackle obesity. East Ayrshire Council had successfully been selected as one of eight communities to deliver pilots until April 2011. The concept of a Healthy Weight Community is inspired by very successful projects in France where obesity trends were reversed by targeting both children and the broader community.
- 5.2 The intention was to pull together existing services, using the infra-structure in Catrine eg nursery and primary schools, catering departments and GPs. Broad examples of the proposed tiered approach were listed within the paper although these were not exhaustive. The next steps included employing staff, establishing a Local Health Forum responsible for the local direction and on a broader sense holding a stakeholder event, which will be partly supported by the Scottish Community Development Centre.
- 5.3 The Committee thanked Ms McCartan for the very informative presentation and considered the initiative had huge potential to be beneficial for the community with good partnership working. Members wished to receive updates on progress of the programme.

6. CHILD HEALTH STRATEGY CONSUTLATION PAPER

- 6.1 This paper had been through the whole CHP process with the consultation period ending on 6 July. All views had been submitted back including the comment that physical activity was not as implicit as it should be in the paper. The EA CHP Committee tasked the OLG for Children and Young People to provide updates on the strategy implementation through the approved CHP substructure and performance reporting arrangements. As part of this process the OLG for Children and Young People would engage with as many stakeholders as possible.
- 6.2 The EA CHP Committee approved the approach, considered this highlighted the value of the local CHP and that the strategy had very good aims and objectives.

7. H1N1 INFLUENZA INFORMATION

- 7.1 Mr Fraser updated the Committee on the current actions being taken on a number of levels by partners. He advised Mrs Mandy Yule was chairing the Emergency Planning Operational Group including the 3 Local Authority Councils and NHS.
- 7.2 The OLG on 1 July had tasked a number of people across LA and NHS with revisiting the previous pandemic plan originated under the former CHP structure on how to take forward, in light of what is currently being learned, in preparation for the autumn. He highlighted the need to plan and co-ordinate priorities/responses with colleagues, particularly mental health services, addictions and children and family services. The area of ensuring individual

business continuity plans were in place for contracted services was also highlighted as a potential risk.

- 7.3 This update had been provided to re-assure the Committee, identify the major issues which are being worked through by officers and advise emergency arrangements were in place for over the summer.

8. SUB GROUP DEVELOPMENT AND PERFORMANCE MANAGEMENT

- 8.1 Ms Kelly tabled the first formal “Interim Performance Report for Sub Group Chairs” and advised the deadline for lead officers had been 1 July. She reminded the Committee that at the last meeting they had approved the Sub Structure and the links to the SOA on Improving Health and Wellbeing. This report brought together a number of reports submitted by lead officers who sit on the OLGs and who are taking the key responsibility.

- 8.2 Areas highlighted included:

i. Significant progress on:

- Corporate Parenting
- Rehabilitation, Enablement and Falls – The first meeting had been extremely positive.
- Improving Health & Reducing Inequalities – Had met on 30 June and agreed TOR.
- Early Years – SOA.
- Financial Inclusion
- Mental Health and Learning disability partnership
- Long Term Conditions – Importance of not duplicating work and ensuring the right people were on board.

ii. Concerns over meeting targets:

- Improving Health and Reducing Inequalities – Breast feeding co-ordinator appointed.

iii. Remedial Action or improvement areas:

- Further effort required through implementation of Infant Feeding Strategy and targeted work through the Infant Feeding Coordinator.

iiii. Performance information:

- Real enthusiasm and lot of innovation coming through.

iiv. Partnership issues – Ms Kelly advised this was an area to highlight good news, what EA CHP are doing well and can celebrate. She asked all members to give their views on the direction they wished to follow and which reports they wished to receive. She provided a summary:

- **Early Years** - Fit Ayrshire Babies had been selected from over 600 entries and was highly commented in the final of the Physical Activity category of the national Health for Kids Awards 2009.
- **Improving Health and Reducing Inequalities** - The Child Health Group to report through the Improving Health and Inequalities Group – this would possibly be reviewed.
- **Older People** - The Group have not met formally yet with the first meeting scheduled to take place on 16 July, although there is evidence of good partnership working in the past.

- **Alcohol and Drug Partnership** - A stakeholder event is planned for 14 August, Ms Kelly and Mr Fraser meeting to discuss. The partnership will be fully established by 1 October.
- **Young people and GIRFEC Groups** - These groups to be integrated into as the CHP.
- **Crosshouse Hospital Educational Service** - Has recently been accredited with the award of Health Promoting School – this was considered good partnership working and the first hospital service to achieve such an award in Scotland.
- **Children and Young People’s Service Plan annual report** – To be presented to the CHP Committee in August following Cabinet approval. This plan has been identified as a key driver for the work of the CHP in the SOA.
- **“We want good healththe same as you” – A Strategy to Improve the Health of Children with Learning Difficulties and Adults with a Learning Disability** - This strategy has been approved by NHS Ayrshire and Arran Board and will inform the CHP work locally.
- **The draft East Ayrshire Cares Action Plan** - Currently out for consultation with CHP membership and wider stakeholders and partners.
- **Ayrshire and Arran Child Health Strategy** – Need to make sure integrated into CHP work.

8.3 Dr Gunning highlighted the opening of the Paediatric Unit, Crosshouse as another area to be celebrated. Dr Gunning and Ms Kelly to meet to discuss how to ensure all areas of good practice are fed through and acknowledged. It was considered really important in the infancy of the CHP structure that these important achievements were highlighted to the NHS Board showing progress made. The Committee also had their attention drawn to the success of the Learning Disabilities Awareness Week long event and associated events.

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8.4 The Committee considered this a very encouraging approach and were pleased to hear the infrastructure would be kept under review ensuring there was no duplication of effort or resources.

9. OFFICER LOCALITY GROUP FOR CHILDREN AND YOUNG PEOPLE – 13 MAY MINUTES

9.1 Mrs Gilmour advised there had been another meeting held on 1 July. The current minutes she considered reflected a very full agenda and the commitment to partnership working. Some key issues highlighted included:

- Exclusive breast feeding and introduction of solid foods - the positive work in Hillside Special School had been highlighted and the impact on the ability to develop on an East Ayrshire wide basis.
- Parenting Support Action Plan – The approved roll out of the Solihull Approach.
- Structure to the OLG sub groups – Review of sub groups to ensure membership right and progressing in the right direction.

10. OFFICER LOCALITY GROUP FOR ADULTS AND OLDER PEOPLE – DRAFT 8 MAY MINUTES

10.1 Mr Fraser advised another meeting had been held on 1 July, the Group was

well attended and working well together. Areas discussed had included:

- Pandemic Flu
- Telecare Development – EA Council had matched the £100,000 from Scottish Government and Health partners were on board.
- Adult Support and Protection Training – A Co-ordinator has been appointed. EA Council have started their training, a training day is available for partners and someone from NHS Ayrshire & Arran was taking on the task. It was hoped to move this forward quickly.
- Equipment and adaptation services – Guidance review ongoing.
- Development of sub structure – The senior managers responsible for each of the sub structure groups on both sides of the organisations had been clearly. Following this event the models for the way forward will be agreed with all in place for 1 October 2009.

11. EAST AYRSHIRE CHP FORUM – DRAFT 5 JUNE MINUTES

11.1 Mrs Miller advised there had been very good attendance at the Forum meetings, but that currently there was a review of the meeting schedule, day and times, to ensure all representatives could attend and a good balance of specialities were able to contribute. The Forum had received a presentation on health inequalities, one of the very important areas for the CHPs to try and address. These presentations she considered built capacity in the Group to understand where development was required and links between different work streams. It was considered the Forum was making progress with the Work Programme moving on and other areas being added.

11.2 Other areas discussed by the Forum included:

- Child Health Strategy
- Report from the PPF - A very important link with the public.
- Verbal Updates from Community Federations - They have an agenda item for CHP business which allows them to raise areas of concern from their members.
- Financial inclusion report.
- Carers Action Plan report
- Integrated Resource Framework – Dr McAlpine EA Forum's representative provided a written report.
- Discussion on Primary Care Strategy – to be followed up at the next meeting with the forum taking an enthusiastic lead on this.
- Social work sustainability
- ADOC – Discussion on how we get best use of resources.
- OLG minutes come also for discussion.

11.3 Mrs Miller advised concerns raised by the Community Federations on their understanding of proposed changes to ADOC had been directly addressed by Mrs Liz Moore, Healthcare Director. She had provided re-assurance and an understanding of the rationale behind the proposed changes in line with Best Value. Mrs Miller considered this was a very positive sign of the Forum playing its part in the CHP structure.

12. ANY OTHER BUSINESS

12.1 There was no further business.

13. DATE AND TIME OF NEXT MEETING

**9.30 am Monday 24 August 2009, Room 1 Strathlea Resource Centre,
Kilmarnock**

Signed: Date: