

EAST AYRSHIRE COUNCIL

COUNCIL MEETING – THURSDAY 27 JUNE 2002

COUNCIL RESPONSE TO CONSULTATION ON AYRSHIRE AND ARRAN NHS DRAFT LOCAL HEALTH PLAN 2002/03

Report by the Depute Chief Executive/Director of Corporate Resources

1. PURPOSE OF REPORT

- 1.1 To recommend consideration of a council response to the consultation on the Ayrshire and Arran NHS Draft Local Health Plan 2002/03.

2.0 BACKGROUND

- 2.1 Ayrshire and Arran NHS Board has approved the draft Ayrshire and Arran NHS Local Health Plan for 2002/03 (a copy of which, together with an executive summary, has been placed in the members lounge for information) and has initiated a consultation thereon.
- 2.2 In seeking to produce a robust local health plan, Ayrshire and Arran NHS Board aims to canvas the views of those with an interest in health and health care in Ayrshire and Arran. An important aspect of this process is a wide ranging consultation with key stakeholders in relation to their views on the strategic vision for health and health care encompassed within the draft Local Health Plan.
- 2.3 Representatives from a number of council departments, through their involvement in established liaison groups with Ayrshire and Arran Health Board, have already had an opportunity to provide their input to the draft Local Health Plan. However, the Council as a key stakeholder has now been invited to comment on the draft plan as part of the Health Board's formal consultation.

3.0 AIMS OF THE LOCAL HEALTH PLAN

- 3.1 The key aims of the Local Health Plan are summarised below:
- to ensure a co-ordinated approach to planning and delivering the whole health agenda;
 - to provide a sharp focus on the actions for which the NHS is responsible, including public health, health improvement, reducing inequalities and health care services;
 - to achieve better informed and more rigorous planning;

- to achieve more effective and responsive services; and
- to support clearer local accountability.

4.0 COUNCIL RESPONSE

4.1 In compiling a council response to the draft Local Health Plan, all Directors were requested to provide their comments on the plan. Comments received were then used to form the basis of the Council's proposed response which is enclosed as an appendix to this report.

5.0 FINANCIAL AND LEGAL IMPLICATIONS

5.1 None directly arising from this report.

6.0 POLICY IMPLICATIONS

6.1 The content of the proposed response is consistent with the Council's operational framework and partnership working framework with Ayrshire and Arran Primary Care (NHS) Trust and the Council's commitment to working in partnership with Community Planning Partners.

7.0 RECOMMENDATION

7.1 The Council is asked to:

- (i) consider the proposed response to the Ayrshire and Arran NHS draft Local Health Plan 2002/03 as detailed in the appendix to this report;
- (ii) endorse this as the Council's formal response to the consultation; and
- (iii) otherwise, note the terms of this report.

Fiona Lees

Depute Chief Executive/Director of Corporate Resources

FL/JC/AMD

21 June 2002

BACKGROUND PAPERS

1. Ayrshire and Arran NHS draft Local Health Plan 2002/03 – Consultation Draft
2. Ayrshire and Arran NHS draft Local Health Plan 2002/03 – Executive Summary

Any person wishing further information on this report or wishing to inspect the background papers listed above should contact Fiona Lees, Depute Chief Executive/Director of Corporate Resources on 01563 576019 or Implementation Officer John Clayton, Head of Corporate Development and Communication on 01563 576105).

CONSULTATION EXERCISE ON AYRSHIRE AND ARRAN NHS DRAFT LOCAL HEALTH PLAN 2002/03 – PROPOSED COUNCIL RESPONSE

Introduction

The council welcomes the opportunity to comment on the Local Health Plan and the inclusive approach being taken by the Health Board in developing the Plan. It is appreciated that the Plan will be further developed to reflect the outcomes of the Joint Health Improvement Plan and the Community Planning Process as both these initiatives are progressed further.

Strong partnership working, community involvement and a committed workforce will be essential in ensuring that the services identified as being required for the people of Ayrshire and Arran are delivered and sustained.

The Council therefore supports and welcomes NHS Ayrshire and Arran's principles of: -

- The right of stakeholders to be involved, informed and consulted;
- Early involvement of staff and their Trade Unions in the planning process's for service change and development ; and
- A firm routing of partnership in the process of formulating and monitoring the Local Health Plan.

The implementation of the high level principles contained within the Plan through the involvement of stake holders at every level is essential to ensure the efficiency of joint working and to maximise the impact of action identified for service delivery.

Whilst there is undoubtedly a need to be comprehensive in its approach, the Plan may be viewed as lengthy and technical in nature and as a consequence may be difficult to use in practice as a working tool. In addition, greater emphasis could perhaps be placed on the need for a shift in the balance between the acute sector and primary care, including the promotion of health. This is reflected within the Health Improvement Section of the Plan which the Council feels is overly descriptive and could be strengthened by an increased concentration on outcomes. This is in stark contrast to the Health Care Section, and in particular the proposals which relate to the Acute Trust. The council considers that this is an issue which will require to be addressed by the Board.

The Council recognises that the Board is required to review and update the Local Health Plan on an annual basis. There should, however, be an appreciation within the Plan that it links to plans which have a longer life time. In order to develop, implement and evaluate any strategic vision of service delivery in partnership, it is essential to look beyond one year. The associated annuality of funding that exists may also be a barrier to effective Partnership Working and is worthy of consideration within the Plan.

More specific comments on the various sections of the draft Plan are provided below: -

Executive Summary

Within the Executive Summary it would be helpful if the link between the Joint Health Improvement Plan and the Community Planning Process could be emphasised.

Community Learning should also be included as a bullet point under section 2.2 Health Improvement and Protection.

Identifying Local Needs

The council feels that this section could be strengthened by reflecting the wider determinants of Health and that it may be useful to provide statistics on employment figures and poverty indicators which are acknowledged as having a direct correlation to health. This could be taken further by developing local profiles which would allow an assessment of the needs of the population to be translated into targeted action by the Health Service and their partner organisations.

Improving Health

The commitment by NHS Ayrshire and Arran to develop new ways of involving people in the development, design and delivery of Health and Social Care is to be commended. Local Authorities already carry out significant work in relation to involving service users and carers in the planning of services and it maybe, that to avoid duplication, and in the interests of Best Value, that the Health Service could feed into existing mechanisms rather than necessarily establishing their own arrangements. It would be helpful if this could be reflected as a commitment within the plan.

Advocacy

The Council's Social Work Committee in April 2002 endorsed the independent Advocacy Plan 2001-2004 for Ayrshire and Arran which sets out how independent advocacy will be developed on a partnership basis in Ayrshire and Arran. The completion of this task should perhaps be reflected within the Plan.

Joint Health Improvement Plans

The Council welcomes the LHCC's commitment to developing and improving good working relationships with partner agencies in East Ayrshire to ensure that Health Planning reflects the aspirations of other organisations in an effort to improve the Health and wellbeing of the population of East Ayrshire. It is recognised, in view of the timescales available for producing the plan, that there would have been little, if any opportunity to ensure a consistency of approach across the three Ayrshire Local Authorities and it is appreciated that this section of the plan will be enhanced as further work is undertaken on the Joint Health Improvement Plan and the Community Plan which will allow LHCC's and Local Authorities to create solutions at a local level to meet the needs of the local population.

The North Ayrshire Joint Health Improvement Plan includes a section on strategic development and categories against which progress will be monitored. This is helpful way of illustrating the planning process and it is suggested that similar indicators could be included within the plan for East and South Ayrshire.

The council also notes the Health action points contained within this section of the Plan and suggest that the under noted initiatives could be added to strengthen this section: -

- The work of the Care and Repair Working Group which has been set up within East Ayrshire, to develop worked up proposals for a pilot Care and Repair project in East Ayrshire. A representative of the East Ayrshire LHCC already sits on this group; to promote proactive working with health in developing a range of home based community care measures to allow people to remain living in their own homes.
- The joint commissioning of the recently completed first stage research into Homelessness in East Ayrshire, as a basis for the development of the East Ayrshire Homelessness Strategy, in partnership with colleagues in both Health and Communities Scotland. Representatives of the NHS Board also liaise with the pan-Ayrshire Rough Sleepers Initiative, START project, which is co-ordinated by Rowan Alba, providing support to vulnerable people at risk of homelessness.
- The joint working of the East Ayrshire Multi-Agency Domestic Abuse Forum, which draws together a wide range of partner agencies, to include Health, so as to develop a Domestic Abuse Strategy for East Ayrshire, making essential linkages to other Plans and Strategies both existing and proposed, to ensure effective service delivery across a range of services and promote health and well being. The Forum has also bid for the development of two new refuge facilities in East Ayrshire, in accordance with the requirements of the Scottish Executive's Funding for Refuge Development criteria.
- Joint working with colleagues in Educational and Social Services, Health and Communities Scotland to promote health and independent living for the elderly and for people with learning disabilities, through the programme to discharge people from long-term care in hospital to appropriate accommodation in the community.
- Joint working on Shared Assessments of clients is currently being piloted with colleagues in Educational and Social Services and Health
- Greater emphasis in the Plan should be placed on the Supporting People Initiative, particularly in relation to the Joint Futures agenda.

Making Changes to Improve Health

The council is aware of the national push to develop the NHS as a single, integrated service. As stated in the introduction, the balance between primary care and acute trusts remains an issue. It is suggested that consideration could be given to strengthening the outcomes within this section in line with the targets for health improvement, which are set out within the context of "Towards a Healthier Scotland". This would provide more structure to this section and a basis for illustrating progress in key areas.

The fundamental shift in the role of Health Visitors and District Nurses etc which will be required in relation to “Nursing for Health” will potentially be one of the most significant changes for the Health Service, particularly in relation to its interface with Local Authorities. As a consequence, it would be beneficial if the implications of this initiative were set out in more detail within this section, particularly, how it will balance with current clinical duties.

The Council welcome the emphasis placed on preventative Health Care and the promotion of healthier lifestyles as a method of reducing the risk of CHD and strokes. These are areas in which the council expects to play a key role in the coming year through the CHIP van and other initiatives being delivered in partnership with Health Service colleagues.

The council through its role as Education Authority within schools is committed to: -

- Reducing the instance of substance misuse, alcohol and smoking among young people;
- Reducing the instance of coronary heart disease by promoting healthy lifestyles among young people
- Improving oral health
- Improving mental health
- Strengthening links and joint working with the school nursing service and health promotion in particular as well as with other areas within the health service.

Schools will also be actively involved in addressing the areas identified for improvement within this section of the Health Plan and will have a key role to play in the implementation of the strategy within schools. A stronger reference to the role of schools within this section of the Plan could possibly be considered.

The council welcomes the inclusion of a section within the Plan covering domestic abuse, however it is felt that this should be supported by a commitment to increase resources in this area of activity

Children’s’ Health

While the reference in the Plan to New Community Schools is welcome, this initiative represents a minority of activity in terms of health service – education joint working. It is disappointing that the plan as a whole does not promote any extensive return of the role of school doctors and school nurses and how their role will be developed. The implications of this are developed in some of the points below.

The statement from the Scottish Executive on the Educational National Priorities Action Fund makes specific reference of the funding stream associated with the Health Promoting School. It would be helpful to have clearer statements on how this important venture will be taken forward.

There is a statutory requirement on local authorities now to integrate children with special educational needs into mainstream schools. The success of this programme will require a commitment to care planning from education, social work and health colleagues. Again the implications of this within the health service will be wide-ranging and should be considered in the plan.

There is increasing pressure on health and educational services from children with autistic spectrum disorders. It is understood that the presence of Daldorch House School in East Ayrshire area has thrown this into sharp focus. The range of services necessary to support these children adequately in the community, or in specialist provision deserves consideration.

The increase of prescription of Ritalin is strong evidence of a rise in the population of children with Attention Defecit Hyperactivity Disorder (ADHD) and related conditions. How the health service will work jointly with social work and education to meet the needs of the population and their families deserves consideration. The issue has already been discussed extensively with colleagues in a number of inter disciplinary forums. It is envisaged by all concerned as an important and increasing problem.

Contact with parents of children with special educational needs has recorded perceptions of a service gap following release from maternity hospitals. It is not that services are unavailable, so much as parents are unaware of who can support them, in what way, and at what stage. The design of a simple information/action pack on a tri-partite basis (education – social work – health) could go a long way to meeting this need. The cost would be minimal, but for many families the benefits would be very real. A commitment to this within the plan would be helpful.

There is a significant demand for parents for improved speech and language therapy services for young people. How provision of this important source of support will be improved is also worth consideration in the plan.

The Local Health Plan talks about a description of the work of the Ayrshire-wide Children's Service Planning Group which will form part of the Child Health Strategy report. This needs to be more strongly stated and should translate into quite specific actions in line with the issues raised above to take forward the Child Health Strategy.

Inequalities and Access to Health Care

The Local Health Plan describes the impact of unequal access to health care, particularly for the socially excluded and deprived population groups. The Council is concerned, however, that it does not explain how the Health Board intends to address these inequalities. Clearly as a Local Authority which has both a socially inclusive approach and has adopted the four Core Values of Quality, Equality, Access and Partnership, we are keen to push very hard to ensure that those who are most disadvantaged in East Ayrshire have equal access to health care through initiatives such as the North West Kilmarnock Primary Care Neighbourhood Centre and extending this approach to other areas where deprivation exists. It may be appropriate for the Health Service to strengthen their commitment to our common objective of addressing these issues within the Health Plan.

Recognition of Health Service representatives attending the East Ayrshire Ethnic Minority Forum could also be added to the section of the Plan identifying initiatives in relation to Ethnic Minority Groups.

Modernising Primary Care

A reference to Local Authority participation and involvement in the Ayrshire and Arran property strategy review together with stronger recognition of East Ayrshire Council's commitment to working in partnership with the Primary Care Trust to provide joint solutions which meet the needs and aspirations of local communities as evidenced by projects in Dalmellington, Drongan and North West Kilmarnock could be included to strengthen this section of the Plan.

Health Improvement Fund

The Council welcomes the recognition of the excellent projects which are currently receiving funding from the Health Improvement Fund. There is a concern, however, that these are being presented as new projects and that no additional investment is proposed to facilitate similar initiatives in the future.

Access to Primary Care

The Council commends the introduction of the target of a 48 hour access to GPs. There is little explanation within the Plan as to how this target will be met from within existing resources and the Council considers that further explanation of how this is to be achieved should be made within the Plan. Comment on the potential impact of the new target on Local Authority Social Care Services also merits inclusion within the Plan.

Measuring Performance towards Health Improvement

The Council supports the implementation of a transparent and robust system of performance management and evaluation underpinning the Local Health Plan. As well as needing to be specified before the implementation of the Plan so as to be effective, the systems must also be accessible in the short term, and compatible in the longer term with those of partner agencies, if data analysis is to be effective in informing future service delivery.

The Council welcomes the shift from process focus to outputs and outcomes that are SMART. However, as a cautionary note, whilst continuing to monitor and evaluate on an annual plan, there can be little time for effective service evaluation and future budget planning, 'set against' the long-term planning frameworks of related Plans which require to be considered in the development of future targets to achieve the strategic vision set out in the Local Health Plan.

Finally, the Council supports the greater level of accountability to be afforded through greater public involvement. Again, for patients and the public to consider and shape the strategic vision for improving health and health care, as well as the targets for measuring progress, the ability not only to report these on an annual basis, but also to promote continuous improvement over a longer Plan period, would afford the public the opportunity to influence service delivery on an ongoing basis across agencies and fields of related activity, so as to realise tangible health benefits in the wider context for the people of Ayrshire and Arran.

Glossary

The definition of Rough Sleepers Initiative (RSI) is misleading in that it states the RSI effectively holds the remit locally for homelessness in Ayrshire. This is not the case in East Ayrshire, where the RSI forms part of a package of solutions to homelessness.

In referring to Housing strategies, it would be appropriate to refer to these as Local Housing Strategies, as per the Housing (Scotland) Act 2001 and provide a explanation within the Glossary at the end of the document. The following explanation is offered and is based on the current draft guidance from Communities Scotland viz:-

A local housing strategy should map out the course between the current operation of the housing system and how the local authority, with partners, wants the housing system to operate in five or ten years time, taking into account the national priorities set by the Scottish Executive. It should:-

- Show how the housing circumstances for households across all tenures will be improved and contribute to wider community development by guiding local action and planning effective intervention and;
- Demonstrate the fit between national housing priorities and local requirements.
- Identify the broad picture of investment needs for existing and new housing priorities.

AGENDA
