**UNCONFIRMED MINUTE OF THE KIRKCALDY AND LEVENMOUTH CHP COMMITTEE MEETING HELD ON TUESDAY 11th SEPTEMBER 2012 AT 2:00PM WITHIN MEETING ROOM 1 AT CAMERON HOUSE.**

**PRESENT:**
Mr Alastair Robertson, Chair of Kirkcaldy and Levenmouth CHP  
Mr Peter Adams, Non-Executive Board Member  
Dr Lynda Anderson, Clinical Director  
Mr Harry Blyth, Non Executive Board Member  
Councillor Lawrence Brown, Council Representative  
Professor Ian Campbell, Education Representative  
Mrs Nicky Connor, Acting Associate Nurse Director  
Mr Simon Fevre, Area Partnership Forum Representative  
Mr Simon Little, NHS Fife Non-Executive Board Member  
Mr Ron Parsons, Public Partnership Forum Representative  
Mrs Mary Porter, Acting General Manager  
Councillor Andrew Rodger, Council Representative

**IN ATTENDANCE**
Mr Andrew McCreadie, Assistant Director of Finance  
Ms Louise Bell, Fife Council Officer Representative  
Mrs Brenda Ward, Corporate Services Administrator (Minute)

**ACTION**

**23/12 WELCOME AND INTRODUCTION**

Mr Robertson opened the meeting and welcomed Councillor Brown to his first Committee meeting as Fife Council's Kirkcaldy Area Committee Representative. Congratulations were given to Councillor Rodger in his new role as Chair to the H&SC Partnership and to Mrs Porter, Acting General Manager and Mrs Nicky Connor, Acting Associate Director of Nursing, as both secondment posts have now been extended to March 2013.

A paper listing all the events that Chair had attended was distributed.

Mr Blyth said that the Committee will remember the presentation by Marlene Walker and Catriona Macinnes on the Centre for the Vulnerable Child, which was at the June 2012 Development Session. At the end of the presentation there had been discussions in respect of how the service receives its funding as a large percentage of the monies were received on a non-recurring basis. All agreed this was an important area providing essential care throughout Fife and as a result Committee Chair spoke to Fife Council and has since met with Mr Steve Moore, Executive Director of Social Work and Mr Ken Greer, Executive Director of Education. Both spoke positively that they would endeavour to ensure Vulnerable Children was kept as a high priority to ensure the budget would not be cut. Mr Blyth has spoken to the team at Vulnerable Child based at Whyteman’s Brae informing them of his meeting.

**24/12 APOLOGIES FOR ABSENCE**

Apologies were received from Mrs Samantha Allen, Mr Jim Bett, Mrs Moira Dunsire, Mr Gordon Penman, Mr Stephen Rogers, Mr Allan Shields, Mr George Sime and Dr Brian Wilson.
25/12 DECLARATION OF INTEREST
There were no declarations of interest.

26/12 MINUTES OF THE PREVIOUS MEETING HELD ON 10th JULY 2012
The minutes of the previous meeting held on Tuesday 10th July 2012 were agreed as a true and accurate record of the meeting.

27/12 MATTERS ARISING

INTEGRATION OF HEALTH AND SOCIAL CARE – THE PARTNERSHIP APPROACH IN FIFE
Mrs Porter brought the final response to the Integration of Adult Health & Social Care prepared by NHS Fife and informed the Committee that no comments were received by Committee members.

Mr Parsons added that he has responded personally and feels that a General Practitioner is required and the paper does not mention this as being part of the Executive Group. Mr Little added that is a high level report and it would be up to NHS Fife how they deliver this at a local level, therefore if NHS Fife requires a GP with a voting membership it would be their choice. Dr Anderson added that this is still at the early stages, however agrees that GPs are key in the development of the partnership. Mr Little added that a number of studies have been carried out at trying to involve GP’s and this is very difficult. Dr Anderson added that the CHP’s are required to encourage GP’s to understand the opportunities of the proposed integration and this was an opportunity to modernism things over the next few years.

Councillor Rodger added that both Fife Council and NHS Fife's submission were very close to each other.

The Committee noted the Integration of Health and Social Care – The Partnership Approach in Fife Verbal Report

MUIREIDGE SURGERY PROJECT
Peter Adams asked for an update on Muiredge Project. Dr Anderson advised that she is waiting for a meeting being set up to discuss the Muiredge NUKA Project to allow further discussion with her own Practice. Reports thus far have been very positive from the staff and patient perspective. The funding allocation ends in March 2013. It was agreed that a paper will be brought to the Committee at the end of January 2013, which will describe the CHP’s exit strategy.

The Committee noted Muiredge Surgery Verbal Report

28/12 IMPROVING HEALTH

COMMUNITY KITCHEN
Mrs Connor reported that Fife’s Community Kitchen Executive Report was being brought to the Committee to highlight the important work that is taking place in the community. Discussion took place regarding the value of this work. Mrs Connor updated the Committee on the recommendations and plans for sustaining and developing community kitchens. A copy of the full report is available and committee members were requested to contact Brenda Ward
should they wish a copy.

The Committee **noted** the Community Kitchen Report.

**HUB ANNUAL REPORT**
Mrs Connor presented the HUB annual report and outlined the innovative work that is going on throughout HUBS in Fife to promote sexual health for young people aged 12-25.

Mr Connor added that the Hub are using a variety of ways to engage with young people. There is also considerable other work going on to promote sexual health and reduce teenage pregnancy rates. Work is taking place in local communities and in partnership with high schools which enables a variety of different types of support to be available for young people to access.

Peter Adams asked about underage pregnancy rates. Mr Little added that as NHS Fife are worse than other areas, then the CHP should be required to take action quickly and learn from other Boards. Current teenage pregnancy rates data were discussed and it was highlighted that work is ongoing to review this data and target health improvement work in response to need.

It was agreed a future Development Session should cover the work that takes place through the Health Improvement Team, School Nursing Service and the linkage with Alcohol Services.

The Committee **noted** the Hub Annual Report.

**29/12 PATIENT STAFF EXPERIENCE**

**SCOTTISH PATIENT SAFETY PROGRAMME – MENTAL HEALTH (SPSP-MH)**
Mrs Porter presented the paper that was prepared by Mr McLean on the Scottish Patient Safety Programme – Mental Health. This is a follow up to the paper given to the Committee on 13 March 2012. The Patient Safety Programme in Scotland for Mental Health will be launched in 2013 where participation is voluntary and scoping work is taking place. Mental Health Service in Fife have been working with the Patient Safety National Programme and discussing areas to go forward for improvement and the paper is the outcome. NHS Fife will be looking at seclusion, restraint and emergency tranquillisation.

Mrs Porter added that this is an exciting and challenging piece of work that is being taken forward by Mental Health. This will be closely monitored and further reports will be provided to Committee at a later date.

The Committee **noted** the Scottish Patient Safety Programme – Mental Health (SPSP-MH) Report.

**PPF REFERENCE GROUP**
Mr Parsons advised that the last PPF Reference Group received a presentation on Wasted Medicines.

The Committee **noted** the on PPF Reference Group verbal report.
30/12 PLANNING FOR SERVICE IMPROVEMENT

IMPLEMENTATION OF HOSPITAL AT HOME WITHIN KIRKCALDY & LEVENMOUTH CHP

Mrs Connor reported that Hospital at Home is moving forward well. The team are based at Whyteman’s Brae co-located with the ICASS team and Mrs Connor highlighted the benefits of co-location. The nursing staff are undergoing a comprehensive orientation programme of Clinical Skills Training and the medical model is being finalised and pathways are being developed. The new referrals will be limited from 9am-5pm on Monday to Friday’s and the referral criteria will broaden over time. Care will be delivered from 8am to 10pm, 7 days per week. Consideration is being given to E-Health and the CHP are putting in robust pathways and protocols to manage specific conditions which are consistent throughout Fife. Service user involvement is being included in the Fife Wide evaluation and the CHP will report back to the Committee with this information at a later date.

D&W FCHP started in April 2012 and to date have seen 78 patients. The majority of patients would have been hospital admissions had Hospital at Home not been in place.

The K&L CHP is proposing late autumn for a go live date with a couple of GP Practices and this will be rolled out further across the CHP. In addition a GP subgroup is being created to ensure close engagement with GP colleagues.

The Committee noted the Implementation Of Hospital At Home Within Kirkcaldy & Levenmouth CHP

31/12 DELIVERY & EFFICIENCY

FINANCIAL GOVERNANCE

Mr McCreadie advised that the Financial Report covered four months to July 2012. The overall position highlighted that the CHP was reporting an underspend of £38K against Managed Clinical Services. Prescribing reported an underspend of £180K, however NHS Fife remains a high cost prescriber when compared to the rest of Scotland and performance in this area continues to be reviewed by the Prescribing Groups. Within Clinical Services, Fife Wide Services, Management and Administration are showing an underspend, although this rate of underspend is not expected to continue throughout the year. The Mental Health underspend is due to vacancies and again this is not expected to continue at this rate. The supplies for Mental Health are overspent by £159K and this relates to patients receiving treatment in facilities outside Fife.

The Efficiency Savings plans identified by the CHP at time of the financial framework were £1.27M. Delivery to date is ahead of what the CHP is expected to deliver, as is the year-end anticipated outturn.

Mr McCreadie highlighted that the total Capital Allocation for 2012/13 was £1,053,000 and not £1,206,000 as stated in the paper.

At present there has been limited expenditure on the Stratheden – Low Secure
Inpatient programme.

The expectation is that the CHP’s capital programme will be fully spent by the year end.

The Committee noted the Financial Governance Reports.

**CHP WORKPLAN /BALANCED SCORECARED COMPARISON 2012/13**

Mrs Porter provided the Committee with a report on the CHP Workplan/Balanced Scorecard Comparison 2012/13. The CHP Workplan identifies nineteen key priorities that are part of the NHS Fife Target. In addition K&L CHP Management Team identified another eighteen objectives which the K&L Management Team are working through, giving a total of thirty seven. The seven targets that are not on track were discussed.

The Committee noted the CHP Workplan /Balanced Scorecared Comparison 2012/13

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### 32/12 ITEMS FOR INFORMATION

- Local Partnership Forum – 24th May 2012
- CHP Clinical Governance Group – 16th May 2012
- FHWA – 7th June 2012
- Newsletter - Improving Health Team Update

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### 33/12 DATES FOR DIARY

**Next Development Session:**
Tuesday 9th October 2012 at 1:00pm – 3:00pm within the Activities Room, Playfield Institute.

**Next CHP Committee Meeting:**
Tuesday 13th November 2012 at 2:00pm - 4:30pm within the Training Room, Ward 7, Cameron Hospital.