# Kirkcaldy & Levenmouth CHP Committee Meeting

**TUESDAY 8th JULY 2014 AT 1:30PM, IN THE LARGE COMMITTEE ROOM, FIRST FLOOR, TOWN HOUSE, KIRKCALDY**

1. Welcome and Introduction  
2. Apologies for Absence  
3. Declaration of interest – Committee members are asked to declare an interest in any of the Agenda items at this point and state what form that interest takes.  
4. Minute of previous meeting held on 13th May 2014  
5. Matters Arising  
6. General Manager’s Update  
7. Improving Health  
  7.1 Local Community Planning Report  
8. Patient/Staff Experience  
  8.1 Attendance Management Report  
  8.2 PPF Reference Group (Verbal Report)  
  8.3 PPF Annual Report 2013/14  
9. Planning For Service Improvement  
  9.1 Intensive Psychiatric Care Unit (IPCU)  
  9.2 Stratheden Hospital Site (Verbal Report)  
10. Delivery & Efficiency  
  10.1 Financial Governance  
  10.2 Voluntary Organisations  
11. Items for Information:  
   (a) Clinical Governance Quality & Safety Group 17th April 2014  
   (b) Local Partnership Forum 21st January 2014  
   (c) PPF Reference Group 24th January 2014  
12. Dates for Diary:  
   Committee Meeting 9th September 2014, 1.30 p.m., Large Committee Room, Town House, Kirkcaldy

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MR ALASTAIR ROBERTSON, CHAIR, KIRKCALDY & LEVENMOUTH CHP
01/14 WELCOME AND INTRODUCTION
The Chair opened the meeting and welcomed the Committee members and the presenters to the May Meeting. A warm welcome was extended to Mrs Potter who joined the Committee in her role as Assistant Director of Finance.

An update on the recruitment for the non-executive board members was provided in that an offer of acceptance had been submitted and Chair
was hopeful that the new board members would be in place soon. Due to the impending European Elections the Board is in purdah until midnight on 22 May 2014. No items have been removed from the agenda as a result of purdah.

02/14 APOLOGIES FOR ABSENCE
Apologies for absence were received from Dr Lynda Anderson, Mr Gordon Penman and Mr Simon Little

03/14 DECLARATION OF INTEREST
There were no items raised.

04/14 MINUTE OF THE PREVIOUS MEETING
The minute of the previous meeting held on 11th March 2014 was agreed as a true and accurate record of the meeting.

05/14 MATTERS ARISING
There were no items raised.

06/14 GENERAL MANAGER’S UPDATE
Mrs Porter updated the Committee on the following items;

Joint Older People’s Service Inspection
The joint inspection of the Older Peoples Services is currently underway with a number of staff from both Health and Social Work in attendance. The Committee were made aware that the work undertaken prior to the inspection involved a total of ten full time members of staff. A report will be brought to a future Committee meeting, however, at this stage it is not sure what the output will be.

Director of Health & Social Care Partnership
Interviews for the post of Director of Health & Social Care Partnership are scheduled to take place on 4th June 2014 and it is expected that an announcement will be made shortly afterwards.

Clinical Director for K&L CHP
Dr Anderson has advised the CHP that she will stand down as Clinical Director to K&L CHP at the end of June 2014. Mrs Porter advised that a meeting has been arranged with Dr Montgomery to discuss the outcome and further details will be brought to a future Committee meeting. Chair asked that thanks be passed to Dr Anderson for her contributions to the K&L CHP.

The Committee noted the General Manager’s Verbal Report

07/14 K&L CHP ANNUAL REPORT
The Chair advised that the K&L CHPs Annual Report is part of NHS Fife Boards annual assurance which all Committees are expected to
compile and present. K&L CHPs Annual Report contains a conclusion under item 9 and once ratified will be presented to the Audit Committee in June 2014 with other Committee Annual Reports. Once these are authorised a summary will be sent to the NHS Fife Board at the end of June 2014 along with other evidence. Chair requested confirmation that the Annual Report reflected the CHPs work throughout 2013/14 in order that he may proceed with signing of the report.

The Committee approved the K&L CHP Annual Report.

08/14  IMPROVING HEALTH

Keep Well
Mrs Morgan opened the discussion and advised that the purpose of the paper was to update the Committee on the progress made towards mainstreaming the Keep Well Service and to update on the progress in K&L CHP.

Mrs Bell provided some background information and that Keep Well has been a National Demonstration Programme since 2008 with the focus being on narrowing the health inequalities between those in the most and least deprived areas of Scotland. The Keep Well focus was to reach the most vulnerable groups and the age targeted was 35 to 64. A review of the results showed that NHS Fife has successfully carried out 6916 health checks in K&L CHP since June 2008. 59% of all Health Checks in 2013 took place within K&L CHP that holds 47% of the eligible Keep Well population living in the 20% most deprived postcode areas of Fife.

In 2013 Keep Well staff attempted to contact 4255 eligible people, with 737 attending, across the K&L area. 54% of those seen required a referral to a General Practitioner (GP). The Clinical Outcomes Review showed that a third of the people referred to a GP was due to unsatisfactory blood pressure results. In total 22% received a prescription for High Blood Pressure and by the end of the year 8% were added to the QOF register for Hypertension.

A discussion took place on the top five causes of death in K&L CHP and in 2008 Coronary Heart Disease was the primary cause of 22% of deaths. However with Keep Well involvement this was reduced to 19% by 2012 with the greatest reduction shown in the most deprived quintile. A percentage reduction of 44% was found, which is >10 times the percentage reduction seen in quintile 2 and quintiles 3, 4 & 5 combined.

The financial impact was discussed and the potential number of emergency admissions avoided due to Keep Well Intervention. In 2013 this may have contributed to a saving of over £3M in K&L CHP.

Lipid and blood glucose testing are also carried out with referral to the
General Practitioner when clinically indicated. Clinical Pathways have proven to be robust, as demonstrated by new 1\textsuperscript{st} time prescription and additions to disease registers. Participants are also offered early intervention in relation to stress and anxiety and physical activity through access to commissioned service to support self management and behaviour change.

Keep Well has also started to lead a pilot with the Smoking Cessation teams on the Detect Cancer Early - Lung Cancer Strand. The pilot works across secondary and primary care to deliver an early screening tool which includes the nurses being able to offer a direct referral for a chest x-ray. A number of good quality early referrals have already been seen with positive outcomes for the patient.

Dr Wilson questioned the assertion of the number of emergency admissions predicted and pointed out that actual emergency admissions due to hypertension would be significantly less. Mrs Morgan explained that this was a first attempt to capture the possible financial savings due to preventive work and noted Dr Wilson’s comments.

It was discussed that after 2016 Keep Well has no government funding and required discussion at Board level. Chair said he would speak to Mr Allan Burns, Chairman with regards to if this should be taken forward.

The Committee noted the Keep Well Report.

**Heart Disease MCN Endorsement**

Mrs Connor said the purpose of the paper was to provide an update on NHS Fife’s first endorsement panel for MCN’s. In March 2007 a Health Department Letter recommended that MCN’s seek accreditation from their Boards, this was further strengthened in July 2012 by the publication of CEL 29 (2012) which outlined a more pragmatic approach and an endorsement to be carried out every three years. On Monday 24\textsuperscript{th} March 2014, NHS Fife held the first endorsement panel meeting and, after reviewing the self assessment and evidence submitted, the Heart Disease MCN was fully endorsed with no gaps identified.

Mrs Connor added that the endorsement process will now be discussed with the other MCN’s within Fife.

Chair said that the volume of evidence provided was significant and that the panel had six weeks to read. Particular thanks were to be passed to Mr Ian Dall, the representative from Public Partnership Forum who provided the assessment.

The Committee noted the Heart Disease MCN Endorsement Report.
Annual Statement of Assurance for K&L CHP, Health & Safety Group 2013/14

Mrs Connor advised that as Chair of the K&L CHP Health & Safety Group there is a requirement on an annual basis to bring the Annual Statement of Assurance to the Committee for approval. The paper outlines the membership of the group, appendices and business that was discussed during the year 2013/14. The Committee was asked for approval and that the Annual Statement of Assurance was signed on behalf of the CHP.

The Committee approved the Annual Statement of Assurance for K&L CHP, Health & Safety Group 2013/14 Report.

Patient Flow & Capacity (Verbal Report)
Mrs Dobson provided a verbal update on Patient Flow and Capacity. A discussion took place on the introduction of the Discharge Hub at Victoria Hospital which was established in August 2013 in order to manage the patients being discharged. Each patient that requires support is seen within four hours if referred before midday and assessed by a Patient Flow Co-ordinator and an agreed pathway is arranged with the patient and their families. The Discharge Hub was then rolled out across all wards in Victoria Hospital and approximately 80 to 100 patients are now seen each week. The Hub development was highlighted recently in Auditor General's recent report on Accident and Emergency as an example of good practice which will now be shared with other Boards across Scotland.

In addition local work continues to take place at Cameron Hospital and Randolph Wemyss Memorial Hospital to minimise delays. The white board rounds continue to take place with staff working alongside the Patient Flow Coordinator to discuss each patient on a daily basis with regards to a plan to go home. Local Management Group meetings take place to discuss patients who have particular difficulties to ensure that the patient can be sent home or to their final destination of care.

Cllr Rodger asked that future reports on Patient Flow and Capacity to the Committee be written reports rather than verbal and this was agreed by Mrs Dobson.

Mr Shields asked if there was a feedback mechanism in place that allowed Pharmacies to report back any difficulties with a patient who has been discharged. Mrs Porter said these were valid points that had been raised and that a feedback mechanism should be discussed.

The Committee noted the Patient Flow & Capacity Verbal Report.
**Staff Governance Action Plan**

Ms Nelson advised that the Appendix 1 (page 60) contained within the Committee Report had been attached in error. This document is the overarching review for the NHS Fife Staff Governance Action Plan for 2013/14 (SGAP) rather than the annual review specifically for the Kirkcaldy & Levenmouth CHP for 2013/14. Arrangements will be made to circulate the revised document to the Committee. Ms Nelson reported that the K&L CHP contribution to the overall position for NHS Fife for 2013/14 was very positive. It has also been seen as positive by all involved to have dedicated meetings involving the APF and LPF Co-Chairs to discuss the SGAP and how it can be made more meaningful for staff and what it may look like in terms of format going forward. In terms of meeting the requirements of Scottish Government, the format has remained unchanged for the 2013/14 annual review. It is the case that the SGAP includes actions arising from the result of the 2013 staff survey. A further survey is to be carried out later in 2014 and it may be the case that, dependant upon when the results are available, that action points from this survey may also be included for the latter part of the year if practicable to do so. Discussions are taking place at APF and LPF meetings with regards to taking a potentially different approach to the development and content of the SGAP. This is to be based upon making the linkages between other overarching strategies and the desire to make the SGAP a “living document” which is more meaningful to staff at a local level.

Ms Nelson again apologised to the Committee for the error made with regard to Appendix 1 and will arrange to have the K&L CHP SGAP for 2013/14 emailed to members of the Committee as a priority.

The Committee **noted** the Staff Governance Action Plan Report.

**PPF Reference Group (Verbal Report)**

Mr Barber advised that the last PPF Meeting had taken place on Friday 2nd May 2014 and that a presentation had been provided by Heather Bett on the Fair Isle Clinic. In addition Mr Barber said that he had been involved in the Hygiene Awareness which had taken place within Stratheden, Whyteman’s Brae, Cameron and Randolph Wemyss Memorial Hospitals.

Dr Rogers left the Committee Meeting.

The Committee **noted** the PPF Reference Group Verbal Report.

**CHP Committee Development Session – 10\(^{th}\) June 2014**

Chair discussed the agenda for the CHP Development Session scheduled for Tuesday 10\(^{th}\) June 2014 and it was proposed that instead of the usual K&L CHP Development Session an alternative date should be sourced for a Joint Development Session on Health & Social Care Integration.
In addition Mr Allan Shields said he could bring a presentation to a Development Session on the progression of medication services and this would also be linked into Smoking Cessation.

The Committee noted the Committee Development Session Verbal Report.

10/14 PLANNING FOR SERVICE IMPROVEMENT

**Hospital at Home**
Mrs Dobson said that Hospital at Home (H@H) in KLCHP has managed approximately 390 patients to date with approximately 12 to 17 patients seen each day. The aim is for H@H to see approximately 60 patients across Fife per day. The particular challenges for K&L H@H have been around staffing with the team currently having a vacancy for a GP who is leaving and how the CHP will sustain the Service over that period. Recruitment is currently taking place within both Dunfermline/West Fife and Kirkcaldy & Levenmouth CHP’s to fill the vacancy. The group are looking at developing Fife Wide rather than geographically.

Dr Wilson asked what percentage of people are referred to H@H and considered not suitable which then results in a transfer to the hospital. Mrs Dobson said she would collate the information and forward to the Committee members.

Mr Shields raised a few points with regards to medical administration, carers and compliance aids. Mrs Connor said that there is an issue around compliance aids and the ability to swap/change is not easy. It was agreed this would be taken back to the ICASS Implementation Group.

The Committee noted the Hospital at Home Report.

11/14 DELIVERY & EFFICIENCY

**Financial Governance**
Mrs Potter advised that the Financial Report represented the full-year outturn for 2013/14 and confirmed that across NHS Fife, all financial targets have been achieved, subject to review by external audit. The K&L CHP are reporting an overspend of £385K against Managed Clinical Services and an underspend of £203K within Prescribing for the year. The key issues of overspends on page 90 of the Committee report were discussed.

As part of the financial framework the K&L CHP Efficiency Savings target for 12/13 was £192K and the total plan identified for the year was £216K all of which was cash releasing and delivered at Period 12.
The Capital allocation programme for K&L CHP during 2013/14 largely related to the decentralization of boilers at Stratheden Hospital and refurbishment work at Cameron Hospital.

The Chair congratulated Mrs Porter and her team and asked that this be fed back to the staff.

The Committee noted the Financial Governance Report.

**NHS Fife Balanced Scorecard / CHP Workplan Comparison 2013/14**

Mrs Porter provided the Committee with a report on the year end position in respect of CHP Workplan/Balanced Scorecard Comparison 2013/14. The CHP Workplan identified eighteen key priorities that are part of the NHS Fife Target. In addition K&L CHP Management Team have identified another seventeen objectives which the K&L Management Team worked through, giving a total of thirty five targets for the CHP for 2013/14. It was noted that the report provided explanations for those targets which have not been met as at 31st March 2014 and also where target performance has improved.

The Committee noted the NHS Fife Balanced Scorecard / CHP Workplan Comparison 2013/14 Report.

**12/14 ITEMS FOR INFORMATION**

Clinical Governance Quality & Safety Group - 20.02.14  
Fife Health & Wellbeing Alliance Group - 19.03.14  
Pharmaceutical Care Services in NHS Fife 2014/15

**13/14 DATES FOR DIARY**

Next Development Session:  
The date is still to be confirmed for a Joint Development Session.

Next K&L CHP Committee:

Tuesday 8th July 2014 at 1:30pm within the Town House, Kirkcaldy
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<td>Agenda Item No. 5</td>
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Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 8\textsuperscript{th} July
Agenda Item No. 6

GENERAL MANAGER’S UPDATE
Local Community Planning in Kirkcaldy Area

Report by: Paul Vaughan, Senior Manager, Corporate Services
(Policy, Communications and Area Management)

Wards Affected: 10, 11, 12 and 13

Purpose
To update Members on progress in implementing the Kirkcaldy Area Local Community Plan

Recommendation(s)
Members are asked to:
- Comment on progress; and
- Agree amendments to themed group structure as outlined in Section 3.

Resource Implications
Local Community Planning activities will be funded through various sources, including the Area Budget, Service and Partner budgets, external funding and other local funds.

Legal & Risk Implications
There are no legal or risk implications.

Impact Assessment
An IIA Checklist is not required for the following reason: This paper is reporting on the development of Local Community Planning in the Kirkcaldy Area.

Consultation
The Local Community Planning Group partners were consulted on the compilation of the report and a copy sent to the General Manager of the Kirkcaldy and Levenmouth Community Health Partnership.

1.0 Background

1.1 Kirkcaldy Area Committee approved the Kirkcaldy Area Local Community Plan (LCP) at its meeting on 19 June 2013. The LCP is based around four themes:
   - Improving Economy, Employment and Learning Opportunities;
   - Promoting Neighbourhood Development and increasing Neighbourhood Pride;
   - Improving outcomes for Families, Early Years and Young People; and
   - Improving Health and Well-Being.

1.2 The Committee also approved a structure based on these themes that consists of working groups that involve Elected Members from the Area Committee. This approach enabled Members to be more involved in shaping improvement priorities and increase the pace of implementation.

1.3 This report sets out the progress so far in implementing the Local Community Plan and proposes some amendments to the plan and the themed group structure.

2.0 Progress towards delivering outcomes

2.1 This section highlights some examples of activities and improvement actions against the themes in the Local Community Plan. Further detail can be found in the appendices to this report.

Improving Economy, Employment and Learning Opportunities

2.2 Two modern apprenticeships in community development were funded through FSF in addition to three modern apprenticeships funded through the Fife Youth Jobs Contract. All have gained various qualifications and have gained practical experience supporting a range of voluntary organisations, community projects and youth initiatives across the Kirkcaldy Area. Some would not have been able to undertake this programme had it not been for the funding support.

2.3 Members will be aware of the Kirkcaldy Welfare Reform Action Plan (WRAP) agreed by Committee in April 2014. The WRAP was developed around outcomes identified in the LCP and objectives include:
   - Development of a community hub in Kirkcaldy Town Centre;
• Providing additional support for digital inclusion and employability in the Neighbourhood Development Areas;
• Establishment of 1.5 Welfare Support Assistant posts and a Youth Employability Worker; and
• Providing training and support for job applications, attending interviews and increasing employment prospects.

The Executive Committee of Fife Council has agreed to funding of £168K to support the WRAP and a work has now started to put the plan in action.

Promoting Neighbourhood Development and increasing Neighbourhood Pride

2.4 Gallatown has succeeded in acquiring £950,000 from the Scottish Capital Regeneration Fund which will be used to develop a ‘Gallatown Gateway’, an environmental project that will greatly enhance the old Salvation Army Hall site and associated road junction to provide a modern community space and focus for the area. An extensive consultation exercise has been undertaken that has engaged the community in the design of the project. The Link-Up project has encouraged further community involvement with over 200 people participating in its activities and over 70 volunteering to help with projects. Alongside ongoing work with the Neighbourhood Development Plan continues to be implemented. Achievements over the past year include:

• A new play park in Sinclairstown which again involved the community in its design;
• Family Fun Nights held in Pathhead Primary School;
• Improved community communication including erecting noticeboards and production of a local newsletter;
• Internet Café at the Gallatown Park Bowling Club;
• Gardening Project including establishing an orchard;
• The Big Breakfast and Veg Co-op;
• The Bike project;
• Street Sports and Youth Club;
• Gallatown Gala Organising Group;
• Gallatown Craft Group.

2.5 A Neighbourhood Development Group has been established in Linktown & Invertiel comprising mainly of representatives from local community organisations supported by Council Officers, Elected Members and other Agencies including Greener Kirkcaldy and Kingdom Housing Association. The Group has met regularly over the last year and has:

• Drafted a Neighbourhood Development plan;
• Plans to establish a credit union collection point in the area
  o Currently working on the recruitment of volunteers;
• Established regular multi-agency ‘walkabouts’
• Action plan drafted and being worked on;
• Established an Environmental Sub Group;
  • Action Plan drafted and priorities include:
    • Improving the community garden Links Street;
    • Improving Stocks car park, Links Street;
    • Tackling problem of untidy gardens, Links Street;
    • Establishing an EATS bed, Invertiel Road; and
    • Provision of a community notice board, Leslie Street

2.6 Kirkcaldy Town Centre regeneration is part of this theme in the Kirkcaldy Area LCP. Members have already received an update report on this work at the Committee meeting in May 2014.

2.7 Two Local Development Officers have recently been appointed to further develop neighbourhood development. Their initial tasks will be to review the current Neighbourhood Development Plans and to produce NDPs for Templehall and Burntisland Castle area. A further report on this and the wider neighbourhood development work will be brought to a future Area Committee.

Improving outcomes for Families, Early Years and Young People

2.8 The Families Early Years and Young People group have developed proposals to support secondary school students at important stages in their first four years of school. This programme includes:
  • S1 Jigsaw Programme;
  • S2 Early Curriculum Support Programme;
  • S3 Intervention Programme; and
  • S4 Additional Support Programme.

2.9 The Early Years and Parenting sub-group report to the Kirkcaldy Getting It Right group and they will play a significant role in implementing the early years outcomes of the Local Community Plan. Their focus will be to improve outcomes for vulnerable parents and children pre-birth to 3 years, in particular those who are not subject to statutory intervention but who may require additional support.

Improving Health and Well-being

2.10 The Well on Wheels van offers health information and health checks within local communities in Kirkcaldy and so far the project has visited the Burntisland Castle Area, Links Street, Templehall, Cairns Street, Gallatown Park Bowling Club, Overton Community Centre and Fair Isle Primary School and the B & Q store. The nurses are working in partnership with the Welfare Reform Team from Citizens and Advice Rights Fife, Clued Up, the Alcohol and Drug Partnership and the Dental Health Service. Nearly 200 people have been seen by the WOW nurses with 43% of them being referred on for further health advice.

2.11 Green Gyms have been built in Beveridge Park and Gallatown Park. Both have proved to be very popular and regularly used.

2.12 The Fife Community Food Project (FCFP) has provided support to a number of organisations working on food and health initiatives in the Kirkcaldy Area
along with their Community Food Champions. They have also assisted the creation and development of the Kirkcaldy Foodbank.

### 3.0 Proposed amendments to Local Community Plan

3.1 The current themes and outcomes in the Local Community Plan are still relevant for the Kirkcaldy Area. Some developments do require some minor amendments and additions to be made to the LCP and the supporting structure.

3.2 Members have requested that a Health and Wellbeing themed working group be established to look at the areas of health and social integration; care of older people; physical activity; and sports and facilities strategy. Therefore, it is proposed that initially two sub-groups be set up: *Health and Social Care Integration group* to focus primarily on care for older people and the integrated assessment process; and *Physical Activity and Sports Strategy group* to initially consider the issues arising from the Sports and Facilities Strategy report presented to Committee in May 2014, and then to look at the wider issues of physical activity and sport in the Kirkcaldy Area.

3.3 It was intended to establish a Neighbourhood Development themed group. However, on further reflection the purpose of such a group seemed unclear as most of the development work happens at a neighbourhood level and involves Members, Services and other agencies. Instead, once Neighbourhood Development Plans and actions have been established we will look to hold an event that brings together those involved across the four NDAs, including communities, to review progress and share learning.

### 4.0 Next Steps

4.1 Fife Community Planning Partnership will undertake a strategic assessment throughout the summer of 2014 to support the delivery of the Single Outcome Agreement and Fife’s Community Plan whilst improving the quality and focus of Local Community Plans.

4.2 The defined aim of the Strategic Assessment will be to identify, assess and assist in the prioritisation of issues across Fife and those facing the seven committee areas within Fife, providing a robust, wide-ranging evidence base that will allow local areas to make informed decisions in setting priorities that require medium to long-term action, supported by a programme management approach. This will form the basis of redrafting Local Community Plans in a consistent format across the 7 committee areas towards the end of 2014.

4.3 At a local level we hope to develop a community engagement framework for the Kirkcaldy Area. It would not be appropriate to develop a community engagement strategy as the diversity of projects, groups and stakeholders require the applicable approach for the work being undertaken. What is
required is a set of principles along the lines of the National Standards of Community Engagement.

### 5.0 Conclusion

#### 5.1 The past two years have seen a development phase in local community planning as we have sought to analyse and understand the profile of the Kirkcaldy Area, identify priority outcomes, and source resources and funding to plan for implementation. At the same time we have made some good progress in starting to deliver towards the outcomes identified in the Local Community Plan.

#### 5.2 We have also developed a local community planning structure based on themed working groups involving Members that is achieving shared improvement priorities and increasing the pace of implementation.

#### 5.3 The concept of themed Area Committee meetings will encourage Services and strategic partnerships to present on how they are contributing to the outcomes in the Local Community Plan and the Fife Council Plan, and engage in more detailed dialogue with Members.

### List of Appendices

1. Kirkcaldy Area LCP Progress Reports

### Background Papers

None

### Report Contact

Danny Cepok  
Area Services Manager (Kirkcaldy)  
Kirkcaldy Town House

Telephone: 08451 55 55 55 480233

Email – danny.cepok@fife.gov.uk
### Theme: Improving Economy, Employment and Learning Opportunities

#### Outcome
School leavers progress to positive destinations and sustain participation in the labour market

#### Improvement Action
Establish Modern Apprenticeships in Community Development

#### Progress Update:
Kirkcaldy apprentices – 5 in total – 2 studying at HNC level, 2 year post funded through FSF funds. 3 studying at NC level recruited and funded through Fife Youth Jobs Contract for 13 months.
All 5 apprentices are from the Kirkcaldy area, 4 of the 5 apprentices live in SIMD datazone postcodes. (3 Templehall; 1 Sinclairtown & Gallatown).
All 5 have completed certificates in: 1st Aid; Food Handling & Hygiene. All 5 are progressing towards either an NC or HNC Working In Communities Qualification and a Youth Achievement Award.
Additional training undertaken: Child Protection; Children's Rights; Games Training.
All 5 have been supporting a range of work across the Kirkcaldy area, this includes: Clued Up Project – Drop In Support Group; Link Up The Gallatowns – Youth Work and cycling repair activities; Viewforth Youth Club; Primary Schools (Pathhead; Valley) Schools music programmes; S3 alternative curriculum support programme; Kirkcaldy YMCA evening youth work programmes; Community Based Adult Learning Classes; Active Kids programme. 2 apprentices also supported the Cottage project for 5 weeks; however, the experience on offer did not meet the needs of the apprentices as the work was with pre-school children.
2 of the young people involved have additional learning support needs, this being provided by both the College and YMCA staff. 2 of the apprentices would not have been able to financially take up further education without the support of the programme.
3 of the apprentices have now concluded their NC Working In Communities course at Fife College and await results. These 3 young people are also in process of completing Bronze & Silver Youth Achievement Awards. 2 of the young people (both from Templehall) have been accepted into further courses of study at Fife College, commencing August 2014 and are seeking part-time employment to build experience and support them through college. The third NC student is actively seeking full-time paid employment within the learning/social care field. These 3 young people finish their apprenticeship programme on 2nd May 2014.
The 2 HNC apprentices are in process of concluding studies and submitting work to the college, with the learning programme completing in June 2014, both are on course to pass their HNC. 1 of these students is looking to take a ‘year out’, taking up part-time/casual employment whilst deciding their future options. The other HNC student will begin seeking employment once the college course concludes. The end date for these apprentices is 31 August 2014.

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### Theme: Improving outcomes for Families, Early Years and Young People

#### Outcome
There is a network of family activities and family centre provision throughout the Kirkcaldy Area

#### Improvement Action
Targeted family support to the four Neighbourhood Development Areas Develop an integrated family and parenting strategy across the Kirkcaldy Area

#### Progress Update: Chris Miezitis
Kirkcaldy Early Years and Parenting sub group is a sub group of the Fife Early Years Strategy Group
and also reports to the Kirkcaldy Getting It Right group. The groups’ purpose is to drive Early Years priorities in the Kirkcaldy area.

Voluntary and Statutory organisational stakeholders across the Kirkcaldy Wide area were invited to participate in a Development Day held on 5th March. The day was planned in collaboration between Education, Educational Psychology and Kirkcaldy Health Visiting Service. The session was facilitated by the Family Nurture Co-ordinator.

Participants agreed on an appropriate group membership, structure and strategy in order to meet the following five sub group Roles and Responsibilities, as identified by the Fife Early Years Strategy Group:

1. Early Years Strategy priorities at a local level
2. Assessing need, reducing duplication and filling gaps
3. Building local capacity
4. Co-ordinating development locally, sustainably and in partnership
5. Raising awareness of Early Years at a local level

16 Statutory and Voluntary organisations have now agreed group membership:
Social Work; The Cottage Family Centre; Gallatown Nursery; Barnardos; Kirkcaldy Health Visiting Service; Vulnerable in Pregnancy Service; Family and Community Support Team; Community Learning and Development; Gingerbread Teen Pregnancy Project; Fair Isle Family Centre; Home Start; Kirkcaldy North Primary; Family Support In Fife; Family Nurture; Educational Home Visiting Service; Family, Early Years and Young People Themed Group Chair.

The membership has agreed a clear action planning process to monitor and drive progress on priorities. The group has identified it's overarching outcome as being:

"To improve outcomes for vulnerable parents and children pre-birth to 3 years, in particular those who are not subject to statutory intervention but who may require additional support".

The group is due to agree on and finalise appropriate actions that support this overall outcome on Tuesday 13th May.

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Kirkcaldy Area Local Community Plan
Annual Progress Report – April 2014

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<th>Theme</th>
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<td>Local people understand the importance of healthy eating and regular exercise</td>
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<tr>
<td>Improvement Action</td>
<td>Health points are available in community spaces to provide health advice.</td>
</tr>
</tbody>
</table>

**Progress Update:**

Nurses working on the Well on Wheels van are able to offer health information and health checks within local communities in Kirkcaldy. The team has driven into local streets and areas to park up and offer health and wellbeing support to local people. The WOW project has been really welcomed by people who appreciate the Nurses coming to their local streets and areas.

The team started in June last year and so far the project has visited the Castle in Burntisland, Link Street, Templehall, Cairn street and the Bowling Club in Gallatown, Overton Community Centre and Fairisle Primary School for the parents and grandparents and B & Q store.

The Nurses are working in partnership with the Welfare Reform Team from Citizens and Advice Rights Fife, Clued Up, the Alcohol and Drug Partnership and the Dental Health Service.

A random sample of people on the WOW van were asked to fill in a satisfaction questionnaire, these are some of the comments:

- They listened and understood my problems their advice was first class and I feel hopeful
- Staff made me feel welcome allayed my anxiety
• Very pleasant friendly staff
• Nurses made appointment for me at dentist. Very thankful for their time as I would have not done this on my own.
• Supporting service accompanied me to local library to look up learning opportunities. Have access to health point at various places.

From June until December 2013, 192 people came aboard the Well on Wheels van to speak with the Nurses. Eighty three were men and 106 were women (3 missing data). Eighty two referrals were made. This is a high number of referrals, being 43% of the total people seen.

The team and the van have not been in working over the winter months of January to March, due to the rain and colder weather. The project has now commenced in Cairn Street in the Gallatown and will be in a variety of sites and venues from April until November this year.

<table>
<thead>
<tr>
<th>FSF Allocations</th>
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<tbody>
<tr>
<td>2012/13</td>
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Kirkcaldy Area Local Community Plan
Annual Progress Report – April 2014

<table>
<thead>
<tr>
<th>Theme</th>
<th>Improving Health and Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Local people understand the importance of healthy eating and regular exercise</td>
</tr>
<tr>
<td>Improvement Action</td>
<td>Green Gyms are provided in parks to encourage people to exercise</td>
</tr>
</tbody>
</table>

**Progress Update:**

**Beveridge Park**
The provision of the Green Gym has been welcomed by the Beveridge Park Development Group and users of the park. The facility has proved to be popular with a wide range of age groups and people with varying abilities. There is significant number of individuals using the equipment on an adhoc basis whilst visiting the park for recreational reasons.

**Gallatown Park**
Installation has been completed March 2014. Green Gym is now operational. Awaiting further feedback from local development team.

**Next steps**
Consideration is being given to installing a Green Gym in Volunteers Green as part of Kirkcaldy Town Centre regeneration.

<table>
<thead>
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<td>2014/15</td>
<td>£20,000</td>
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Kirkcaldy Area Local Community Plan
Annual Progress Report – April 2014

<table>
<thead>
<tr>
<th>Theme</th>
<th>Improving Health and Well-Being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Services and support are delivered in flexible ways which meet the health and wellbeing needs of different communities, neighbourhoods and equality groups</td>
</tr>
<tr>
<td>Improvement Action</td>
<td>Healthy eating advice, community food education and foodbanks provide an integrated approach to food health food poverty</td>
</tr>
</tbody>
</table>

### Progress Update:

**2013-14**

During 2013-14, 10 Kirkcaldy based Development workers and volunteers have received Cooking with the Community training. These workers are engaged with a range of groups including young people, families, gypsy and travellers, people recovering from substance misuse and mental health conditions.

The project has provided support to a number of organisations working on food and health initiatives, including those who have been through training and also existing Community Food Champions. This has included awarding one-off FCFP grants to local groups.

Examples of work include:

- Advice and support to Harvest Day event at the Cottage Family Centre (September 2013) including facilitating funding, tutors and delivery of workshops
- Co-ran a parent and child cooking skills programme at Heatherywood Traveller site (February-March 2014)
- Providing funding support to:
  - Parents cooking skills programme (Oct-Dec 2013 AT Fair Isle Nursery)
  - Frontline Fife for Healthy Eating Hub project based in Kirkcaldy Town Centre (ongoing), providing training for volunteers who prepare affordable meals for people experiencing homelessness
  - Munch Club resources and children workshops in Burntisland
  - FAT Club for delivery of Winning by Losing programme(weight management) in Gallatown
  - SAMH Eats project to continue site based work to support participants, growing, cooking and eating locally grown produce.
  - Support regular practical Health In Mind programmes for parents at the Cottage Family Centre
  - Support a weekly cook club at Clued Up supporting vulnerable adults
Development and support - Kirkcaldy Foodbank

FSF funding assisted the development and creation of Kirkcaldy Foodbank. Launched in December 2013 and based at Dysart St. Clair Parish Church it provides emergency food aid via 4 collection centres (Cottage Family Centre, Link Living, St Bryce Church and the Salvation Army) to people in need who are referred from a network of authorised referral agencies. It is run by a registered charity by a team of over 60 volunteers.

In the first quarter of 2014 it provided 649 food parcels to 1243 people. FCFP used FSF funding to provide a range of promotional materials and practical resources to help support the foodbank including leaflets, banners, supermarket display boards, stationary etc. FCFP has continued to provide support to the foodbank including development of promotion activities and volunteer training.

2014-15

FCFP seeks to build on the progress made during 2013-14 and proposes to:

- Continue to provide advice and support to Community Food Champions
- Explore the potential of a community kitchen/community food hub in Kirkcaldy with local partners
- Continue to provide relevant food skills training opportunities for local staff and volunteers
- Continue to provide support to Kirkcaldy Foodbank
- Plan and deliver Canny Cook workshops
- Pilot training programme with ASDA staff in Kirkcaldy to create ASDA Food Champions

FSF Allocations

<table>
<thead>
<tr>
<th></th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>£0</td>
<td>£3000</td>
<td>£1500</td>
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**Vision**
Our ambition is to make a lasting difference to the Kirkcaldy Area, a place with clean, vibrant, attractive neighbourhoods and town centres where our communities are proud to live and work, and where people will want to visit.

We will work together with local people and make sure they have opportunities to learn and flourish, making a lasting impact in their local community.

We are committed to creating a true culture of working together where all are enthusiastic and motivated to improve the quality of life for everyone throughout the Kirkcaldy Area.

**Strategy**
The Kirkcaldy Area Local Community Plan is built around four themes:
- Improving Economy, Employment and Learning Opportunities;
- Promoting Neighbourhood Development and increasing Neighbourhood Pride;
- Improving outcomes for Families, Early Years and Young People;
- Improving Health and Well-Being.

We are contributing to two high level outcomes of the Fife Community Plan: Tackling Inequalities and Increasing Employment, so we have a particular focus on four Neighbourhood Development Areas, where inequalities are greatest and employment lowest:

- Gallatown and Sinclairstown;
- Linktown and Invertiel;
- Templehall; and
- Burntisland Castle area.

Our approach reflects recent learning from the Scottish Government Equally Well test site in Templehall and our commitment to public services reform, particularly in relation to involving communities in decision making. Our driving principles are two key objectives from the *Commission on the Future Delivery of Public Services* (The Christie Commission report):
- Public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience; and
- Public service organisations work together effectively to achieve outcomes – specifically by delivering integrated services which help to secure improvements in the quality of life and the social and economic wellbeing of the people and communities of Scotland.
KIRKCALDY AREA PROFILE

Introduction

Kirkcaldy consists of the main settlement of Kirkcaldy town and surrounding residential neighbourhoods, and the smaller settlements of Kinghorn, Burntisland and Auchtertool. The population of the area has been steadily rising over the past 10 years with a current population of around 60,000. The area is very mixed socio-economically with relatively affluent areas and pockets of extreme disadvantage.

The barchart below shows the distribution in Kirkcaldy of least and most deprived datazones (small areas of approx 400 population) from the Scottish Index of Multiple Deprivation (SIMD). This distribution is similar to that of Fife and Scotland as a whole.

Barcode chart: distribution of Kirkcaldy Area’s datazones in SIMD 2012.

Kirkcaldy Area’s history is one of prosperous industry. Early industries associated with Kirkcaldy include nail making, salt panning, coal mining and textiles. During the late 19th century, the main industries in the town were flax spinning and linen weaving. In 1847 the town became a prosperous centre of linoleum and floor coverings which are still manufactured in the town to this day, albeit on a smaller scale. Kirkcaldy has three industrial estates – Mitchelston, Hayfield and Randolph as well as the John Smith Business Park at Chapel. The first phase was completed and purchased by MGt in 1997. Significant investment followed including the completion of a £3.5 million high specification office development in 2005, completion of all infrastructure work, and the opening of the Evans Business Centre in 2010. MGt is Fife’s largest private sector employer, employing over 1,000 people. The Business Improvement District (BID) company Kirkcaldy 4 All was established in Kirkcaldy in 2010.

Kinghorn is a seaside resort with two beaches, Kinghorn Beach and Pettycur Bay. The Pettycur Bay Holiday Park with its uninterrupted views across the Firth-of-Forth is a popular holiday park for caravan holidays. Burntisland developed as a sea port and ship building became an important industry in the town, with the Burntisland Shipbuilding Company founded in 1918. The shipyard closed in 1969 and was bought by Burntisland Fabrications (BiFab) in 2001, for the fabrication of major structures for the oil and gas industry.

In terms of household tenure, 67% of homes owner occupied, 27% social rented (80% of those are Local Authority), 5% private rented and 1% classified as second homes. Kirkcaldy has 22.5% of all Fife Council Housing stock, the highest in Fife with subsequently higher numbers of homeless applications and allocations compared to the other 7 local authority areas.
The area is experiencing a post-industrial phase where larger industries have gone into decline and Town Centres need to respond to the rise of retail parks, non-food supermarket sales and internet shopping. However, there are a number of assets in the area. It boasts a beautiful coastline, sandy beaches and numerous historic harbours. There is a strong cultural heritage in the area with outstanding historic buildings, theatre and world class art gallery and museum along with stunning parks woodlands, coastal path and cycle paths. An impressive new leisure complex is nearing completion in Kirkcaldy and the main campus for the new Fife College is based in the town. Communication links are provided for employers and visitors with good rail and road connections.

The primary asset is Kirkcaldy’s people – proud and committed to building on the strong cultural heritage of the area and strengthening their local communities. Kirkcaldy can be proud of its famous local heroes of business, science, sport, politics and culture from Adam Smith, Sir Sandford Fleming, Robert Adam, John McDougall Stewart and Mary Somerville to Jim Baxter, Sir David Steel, Val McDiarmid, Jack Vettriano and the Rt Hon. Gordon Brown MP.

A key objective is to tackle the inequality across the area so that all can enjoy a good quality of life in a secure community. This local community plan will nurture and build upon Kirkcaldy Area’s numerous assets to benefit local residents and visitors. The Council and its partners will be expected to match their service delivery and strategy in the area to achieve the outcomes of the plan and the aspirations of the local people.
Economy, Employment and Learning Opportunities

For the Kirkcaldy area overall, 14.3% (5170 people) are employment deprived in 2012, compared to 13.2% (4655 people) in 2009. Compared to an ‘average’ area Kirkcaldy has just over the expected number of datazones in the 20% most deprived band with 24% of its datazones in this band.

From the tables below it can be seen that the number of people claiming Jobseekers Allowance (JSA) rose sharply during the recession of late 2008 and early 2009 with a 25% increase from 2008 – 2010. For those aged 24 and under the claimant rate increased by 31.5%.

Number of JSA Claimants in the Kirkcaldy Area, 2006 - 2010

Claimants Aged 24 and Under in the Kirkcaldy Area, 2006 - 2010

The following information is being sought for this section:

- Available job opportunities in both quantity and quality (such as pay levels, qualifications needed, career prospects);
- Current skills gaps in the area;
- Employability pathways and current barriers to learning and employment opportunities; and
- Successful formation and development of SMEs.

We will seek to improve skills and employment opportunities for people in the area, and look to support children and young people, both in school and in their community, to raise their educational attainment and progress to positive destinations when they leave school.
Neighbourhood Development and Neighbourhood Pride

The 2012 SIMD identifies a number of areas of Kirkcaldy as being in greatest need relative to other areas of Scotland. There are a total of 74 SIMD (Scottish Index of Multiple Deprivation) zones in the Kirkcaldy Area, of which 21 fall in the 20% most deprived in Scotland, representing 24.1% of all Fife SIMD zones in this category and the highest of all seven Council areas.

The table below shows those areas that feature in the 20% most deprived banding in two or more domains, highlighting that there are different factors underlying areas relative positioning on the Index. It can be seen that for each of the indicators of health, education, employment and income Gallatown features in the top 5% deprived. Particularly high SIMD zones are grouped into the following neighbourhoods:

- Gallatown and Sinclairstown;
- Templehall;
- Linktown and Invertiel; and
- Burntisland Castle area.

<table>
<thead>
<tr>
<th>Datazone name</th>
<th>SIMD12</th>
<th>SIMD09</th>
<th>Change 09 to 12</th>
<th>Income12</th>
<th>Empt12</th>
<th>Health12</th>
<th>Educn12</th>
<th>Crime12</th>
<th>Hsg12</th>
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<td>-67</td>
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<td>158</td>
<td>299</td>
<td>251</td>
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<td>250</td>
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<td>450</td>
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<td>611</td>
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<td>2477</td>
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<td>3864</td>
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</tbody>
</table>

* A negative change between 2009 - 2012 shows that an area has moved up the index, relatively more deprived.
<table>
<thead>
<tr>
<th>Datazone name</th>
<th>SIMD12</th>
<th>SIMD09</th>
<th>Change 09 to 12</th>
<th>Income12</th>
<th>Empt12</th>
<th>Health12</th>
<th>Educn12</th>
<th>Crime12</th>
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<td>1844</td>
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</tbody>
</table>

* A negative change between 2009 - 2012 shows that an area has moved up the index, relatively more deprived.

These four neighbourhoods will be a focus for developing local community planning. In each we will seek to develop a Neighbourhood Development Plan with the local community that will be owned and overseen by local people. The Neighbourhood Development Plans will be supported by an Officers Group.

Kirkcaldy Town Centre will also feature under this theme and the Kirkcaldy’s Ambitions *Time For Action* Plan will strive to create a modern town centre that not only provides retail opportunities, but also a social hub and place where people will want to live.
## Families, Early Years and Young People

Details of datazones in the 20% most education deprived.

<table>
<thead>
<tr>
<th>Data Zone</th>
<th>Datazone Name</th>
<th>Change in Education rank 09 - 12</th>
<th>Working age people with no qualifications (2001)</th>
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<td>Dunearn</td>
<td>1251</td>
<td>-371</td>
</tr>
</tbody>
</table>

* A negative change between 2009 - 2012 shows that an area has moved up the index, relatively more deprived. Proportions less than 5% are subject to disclosure control.

Other key facts about Kirkcaldy Area relative to the rest of Fife include:

- The percentage of children under 16 living in poverty in Kirkcaldy Area is 21.6% (compares with 20% in Fife and 19.1% in Scotland);
- Highest number of young people on the Child Protection Register; and
- Highest number of non-offence Cause for Concern from Fife Constabulary per 100,000 population.

We will provide further information about comparative data and numbers of children who fall into specialised categories, e.g. at risk register, looked after children, child protection register, in specialised accommodation, cause for concern, etc.

We will also seek to support and influence the Early Years Strategy of creating transformational change so that it recognises the size and complexity of the Kirkcaldy Area and the needs of our children and families.
Health and Well-Being

Further data and information will be sought within the following categories:
- Mental health;
- Addiction and substance misuse;
- Lifestyle and obesity;
- Sexual health of young people; and
- Care for older people, including provision to enable social contact and activity.

<table>
<thead>
<tr>
<th>Datazone Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gallatown West</td>
<td>299</td>
</tr>
<tr>
<td>Templehall</td>
<td>525</td>
</tr>
<tr>
<td>Linktown East</td>
<td>594</td>
</tr>
<tr>
<td>Sinclairstown Central</td>
<td>618</td>
</tr>
<tr>
<td>Mitchelston &amp; Randolph</td>
<td>664</td>
</tr>
<tr>
<td>Templehall North Eastern</td>
<td>1209</td>
</tr>
<tr>
<td>Dunearn</td>
<td>1219</td>
</tr>
<tr>
<td>Linktown Central</td>
<td>1301</td>
</tr>
</tbody>
</table>

Admissions for Drugs and Alcohol Misuse

<table>
<thead>
<tr>
<th>Datazone Name</th>
<th>Kirkcaldy Area Committee</th>
<th>Fife</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital admissions for alcohol misuse (2001-2004)</td>
<td>55.39</td>
<td>48.52</td>
<td>72.27</td>
</tr>
<tr>
<td>Hospital admissions for drugs misuse (2001-2004)</td>
<td>15.28</td>
<td>13.74</td>
<td>12.75</td>
</tr>
</tbody>
</table>

Source: Scottish Neighbourhood Statistics

Smoking in pregnancy

<table>
<thead>
<tr>
<th>Datazone Name</th>
<th>Kirkcaldy Area Committee</th>
<th>Fife</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of women who smoke during pregnancy (2002-2004)</td>
<td>29.8</td>
<td>28.4</td>
<td>24.2</td>
</tr>
</tbody>
</table>

Source: ISD, NHS Fife

The table below also makes clear that health inequalities are concentrated within the Neighbourhood Development Areas.
<table>
<thead>
<tr>
<th>Theme</th>
<th>Outcomes</th>
<th>Improvement Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improving Economy, Employment and Learning Opportunities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long</td>
<td>Local people have increased employment and skills opportunities</td>
<td>Establish Modern Apprenticeships in Community Development</td>
</tr>
<tr>
<td></td>
<td>Educational attainment is raised and education inequality is reduced</td>
<td>Establish Enterprising Communities Workers</td>
</tr>
<tr>
<td></td>
<td>Enterprising communities are providing local services</td>
<td>Establish a community hub in Kirkcaldy Town Centre</td>
</tr>
<tr>
<td>Medium</td>
<td>School leavers progress to positive destinations and sustain participation in the labour market</td>
<td>Produce and implement a Welfare Reform Action Plan</td>
</tr>
<tr>
<td></td>
<td>Unemployed people have opportunities and effective support to access and sustain education, training and employment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People have increased skills, knowledge and opportunities to improve their financial situation.</td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Outcomes</td>
<td>Improvement Actions</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>---------------------</td>
</tr>
<tr>
<td><strong>Promoting Neighbourhood Development and increasing Neighbourhood Pride</strong></td>
<td>Long: Local people lead on making a difference to their communities Neighbourhood Development Areas are seen as attractive and successful by residents, businesses and visitors Kirkcaldy Town Centre is a vibrant retail and social hub for the area and beyond with good transportation links Kirkcaldy Esplanade is an attractive public realm with a single carriageway with more space for leisure development to attract people to the seafront.</td>
<td>Medium: Neighbourhoods have robust social networks and active community participation Communities are actively involved in the design, delivery and management of services Communities feel safe and secure living in their neighbourhoods Kirkcaldy High Street (West End) public realm is attractive. Kirkcaldy Sea Wall has been rebuilt and Esplanade walkway is improved</td>
</tr>
<tr>
<td>Theme</td>
<td>Outcomes</td>
<td>Improvement Actions</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Improving outcomes for Families, Early Years and Young People</td>
<td>We have supportive and supported families throughout the Kirkcaldy Area</td>
<td>Targeted family support to the four Neighbourhood Development Areas</td>
</tr>
<tr>
<td></td>
<td>Children grow up in nurturing, safe and secure environments</td>
<td>Develop an integrated family and parenting strategy across the Kirkcaldy Area</td>
</tr>
<tr>
<td></td>
<td>Young people have a secure future in education and work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There is a network of family activities and family centre provision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>throughout the Kirkcaldy Area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There are improved health outcomes for families and children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Education attainment has improved by S4</td>
<td></td>
</tr>
<tr>
<td>Theme</td>
<td>Long</td>
<td>Medium</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Improving Health and Well-Being</td>
<td>The health inequality gap across the Kirkcaldy Area is narrowing. Local people understand the importance of healthy eating and regular exercise. There is a marked reduction in substance misuse and its consequences across the Kirkcaldy Area.</td>
<td>Vulnerable pregnant women, children, young people and families are reducing the risks of poor health outcomes. People have the personal skills, strengths, knowledge and opportunity to improve their health and wellbeing. Services and support are delivered in flexible ways which meet the health and wellbeing needs of different communities, neighbourhoods and equality groups.</td>
</tr>
</tbody>
</table>
**Kirkcaldy & Levenmouth CHP Committee Meeting**

8th July 2014  
Agenda Item. 8.1

**PATIENT / STAFF EXPERIENCE: ATTENDANCE MANAGEMENT REPORT**

<table>
<thead>
<tr>
<th>1. INTRODUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 This report contains both statistical data and narrative in respect of the current absence levels within Kirkcaldy / Levenmouth CHP. In addition it provides specific detail of the actions being adopted within the CHP to manage attendance in line with the relevant NHS Fife policies.</td>
</tr>
<tr>
<td>1.2 The HEAT standard of 4% remains in place for all NHSS systems.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. CHP ABSENCE POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Details of the CHP’s percentage absence position for the 12 month period from 1 April 2013 to 31 March 2014 are provided below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2013</td>
<td>5.57%</td>
</tr>
<tr>
<td>May 2013</td>
<td>5.52%</td>
</tr>
<tr>
<td>June 2013</td>
<td>5.05%</td>
</tr>
<tr>
<td>July 2013</td>
<td>5.17%</td>
</tr>
<tr>
<td>August 2013</td>
<td>4.49%</td>
</tr>
<tr>
<td>September 2013</td>
<td>4.41%</td>
</tr>
<tr>
<td>October 2013</td>
<td>5.06%</td>
</tr>
<tr>
<td>November 2013</td>
<td>5.01%</td>
</tr>
<tr>
<td>December 2013</td>
<td>4.71%</td>
</tr>
<tr>
<td>January 2014</td>
<td>4.75%</td>
</tr>
<tr>
<td>February 2014</td>
<td>4.70%</td>
</tr>
<tr>
<td>March 2014</td>
<td>4.01%</td>
</tr>
</tbody>
</table>

| 2.2 The position again reflects a variable pattern. The CHP average for the period is 4.87% with March being the best month in relation to attendance, when the percentage was 4.01% and the peak was in April when the percentage recorded was 5.57%. In comparative performance terms, the performance for 2013/14 is an improvement on that achieved in 2012/13. This improvement in performance has to be recognised in terms of the commitment of the staff and also the partnership work undertaken to manage attendance. |

| 2.3 Over the 12 months from April 2013 to March 2014, comparisons can be drawn between the CHP performance for 2013/14 against the overall performance within NHS Fife for the same period, Appendix 1. In addition, comparative data has been provided between the CHP performance for 2011/12, 2012/13 and 2013/14, Appendix 2. |

| 2.4 There are a variety of reasons for this absence rate, including both short-term absence and staff with long-term health problems and localised issues in relation to staff absence. |

<table>
<thead>
<tr>
<th>3. CHP ABSENCE RATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 The data contained within Appendix 3 provides a more detailed breakdown of the absence levels within all CHP service areas for the period April 2013 to March 2014.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. ATTENDANCE MANAGEMENT ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 The local Attendance Management Group continues to develop action plans at a local level. Specific attention continues to be paid to the areas of Nursing Inpatients and Mental Health.</td>
</tr>
</tbody>
</table>
4.2 In conclusion, as reported previously there is continued room for improvement within certain areas and the need to sustain the improved performance in others and the CHP General Manager and the Management Team are committed to ensuring that this is achieved in this financial year.

5 RECOMMENDATION

5.1 The Committee is asked to:

- note the content of this report and the activity which is continuing in relation to attendance management.

Report by: Prepared by Barbara Anne Nelson, Deputy Director of Human Resources presented by Bruce Anderson
Comparison of CHP Absence Rates and NHS Fife Absence Rates for 2013/14
Comparison of Absence Figures Between Services – 2013/14

<table>
<thead>
<tr>
<th>Service</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCAL SERVICES</td>
<td>8.00%</td>
<td>9.00%</td>
<td>6.36%</td>
<td>6.52%</td>
<td>6.22%</td>
<td>5.26%</td>
<td>6.01%</td>
<td>5.15%</td>
<td>5.57%</td>
<td>5.57%</td>
<td>6.14%</td>
<td>5.47%</td>
</tr>
<tr>
<td>FIFE WIDE SERVICES</td>
<td>2.89%</td>
<td>2.46%</td>
<td>1.81%</td>
<td>2.75%</td>
<td>3.31%</td>
<td>3.97%</td>
<td>2.82%</td>
<td>3.68%</td>
<td>5.40%</td>
<td>3.25%</td>
<td>4.57%</td>
<td>2.84%</td>
</tr>
<tr>
<td>IMPROVING HEALTH TEAM</td>
<td>5.29%</td>
<td>1.26%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>4.17%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>LONG-TERM CONDITIONS</td>
<td>1.76%</td>
<td>5.51%</td>
<td>4.71%</td>
<td>0.00%</td>
<td>5.04%</td>
<td>6.36%</td>
<td>5.30%</td>
<td>0.77%</td>
<td>0.25%</td>
<td>0.44%</td>
<td>0.18%</td>
<td>2.12%</td>
</tr>
<tr>
<td>PHARMACY SERVICE</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.14%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>2.92%</td>
<td>0.78%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>A&amp;C SERVICES</td>
<td>2.09%</td>
<td>4.92%</td>
<td>3.37%</td>
<td>6.00%</td>
<td>5.87%</td>
<td>5.55%</td>
<td>4.88%</td>
<td>2.13%</td>
<td>4.35%</td>
<td>3.17%</td>
<td>1.77%</td>
<td>3.27%</td>
</tr>
<tr>
<td>MENTAL HEALTH SERVICE</td>
<td>5.42%</td>
<td>4.78%</td>
<td>5.17%</td>
<td>5.15%</td>
<td>3.94%</td>
<td>4.08%</td>
<td>5.11%</td>
<td>5.50%</td>
<td>4.45%</td>
<td>4.91%</td>
<td>4.50%</td>
<td>0.00%</td>
</tr>
<tr>
<td>TOTAL CHP</td>
<td>5.57%</td>
<td>5.52%</td>
<td>5.05%</td>
<td>5.17%</td>
<td>4.49%</td>
<td>4.41%</td>
<td>5.06%</td>
<td>5.01%</td>
<td>4.71%</td>
<td>4.75%</td>
<td>4.70%</td>
<td>4.01%</td>
</tr>
</tbody>
</table>

Note: Local Services includes Nursing
**Kirkcaldy & Levenmouth CHP Committee Meeting**

**Tuesday 8th July**  
**Agenda Item No. 8.2**

**PATIENT/STAFF EXPERIENCE:** PUBLIC PARTNERSHIP FORUM REFERENCE GROUP (Verbal Report)
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 8th July
Agenda Item No. 8.3

PATIENT/STAFF EXPERIENCE: PUBLIC PARTNERSHIP FORUM ANNUAL REPORT

KIRKCALDY & LEVENMOUTH COMMUNITY HEALTH PARTNERSHIP

PUBLIC PARTNERSHIP FORUM

ANNUAL REPORT
2013 - 2014
1. FOREWORD

Another very busy year with members attending and contributing to the various groups.

- CHP Committee
- NHS Fife Patient Focus Public Involvement (PFPI) Standing Committee
- NHS Fife Point of Care Testing (POCT) Committee
- NHS Fife Operational Division Dementia Co-ordinating Group
- NHS Fife Pharmacy Practices Committee
- Community Pharmacy Services Group
- Acute Services Division Clinical Governance Group
- Acute Services Division Endoscopy
- Health & Social Care Integration – Communications Work Stream

Our members are able to contribute to these groups by bringing not only any special knowledge gained from their professional background but hopefully and most importantly a more patient focused approach.

The PPF Reference Group has also received presentations on a few topics. These have included:

- Whyteman’s Brae Hospital Site Naming Proposal
- Hospital @ Homes / ICASS
- Website – Getting Involved
- Public Involvement in Health & Social Care – Focus Group Discussion
- Continuing Care Beds
- Health & Social Care Integration
- Community Chaplaincy Listening Service
- National Falls Work
- Inspection Model for Community Pharmacists
- Developing the Strategic Direction

This represents an important facet of our work, not only because it keeps our members informed of the latest strategic thinking within the NHS but gives us the opportunity to advise on any planned changes and the methodology of communicating that to the general public. We believe that we are in a good position to give help because of the variety of age, experience and diversity, which the group represents.

The significant change for health over the coming year will be the integration of the Health & Social Care. The impact this will have on the people of Fife and what role the PPF’s will have in ensuring that NHS Fife remains person-centered.

Nick Barber
Chairman
2. INTRODUCTION

The NHS Fife Scheme of Establishment for Community Health Partnerships (CHP) published in December 2004 outlined the statutory requirement for CHPs to develop Public Partnership Forums. A forum is described as a “meeting for the open discussion of subjects of public interest”. It is anticipated that the PPF will remain true to this definition supporting the open discussion of issues relating to health and health services in Kirkcaldy & Levenmouth.

The PPF is an important part of the work of the CHP and of wider health service planning and delivery. As such it should be involved as appropriate in all aspects of the CHP.

The PPF is the main mechanism by which the CHP engages, communicates and maintains a meaningful dialogue with the people of Kirkcaldy & Levenmouth.

The development of the PPF has been based on the following principles:

- Openness;
- Honesty; transparency;
- Learning from patients’ experience; tackling health inequalities and promoting health improvement; developing a meaningful ongoing dialogue with individuals and communities;
- Engaging with people;
- Respecting and promoting equality and diversity;
- Respecting and valuing the individual;
- Listening to, hearing and acting upon what people say;
- Giving and receiving feedback;
- Inclusion; and
- Learning from each other.

The PPF acts in all respects as an equal opportunity organisation, ensuring that all barriers to involvement and inclusion are overcome as far as is feasible.

The PPF is committed to the equality and diversity approach, which addresses the needs of all individuals. The PPF must also consider the needs of people who are affected by a range of cross cutting issues: for example poverty and homelessness, mental ill health, involvement in the criminal justice system.
3. PPF MEMBERSHIP

At present we have 84 groups and 39 individuals on our Register of Interest and 8 members on our PPF Reference Group.

4. PPF INVOLVEMENT

4.1 PPF Project Register

The CHP PPF was involved in 58 projects from the 1st April 2013 until 31 March 2014. A full list is attached at Appendix 1.

The breakdown is as follows:

<table>
<thead>
<tr>
<th>Project Involvement</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Consultations</td>
<td>7</td>
</tr>
<tr>
<td>NHS Fife Consultations</td>
<td>9</td>
</tr>
<tr>
<td>CHP Consultations</td>
<td>13</td>
</tr>
<tr>
<td>Invitations to Events</td>
<td>7</td>
</tr>
<tr>
<td>Invitations to join working groups/project team</td>
<td>14</td>
</tr>
<tr>
<td>Items for information only</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>

Over the last year, we have seen a significant drop in the number of projects the PPF has been involved in.

5. PPF DEVELOPMENT

During 2013 – 2014 the three PPF’s have been meeting jointly on a quarterly basis. This approach has provided an opportunity for improved integration of the PPF’s and also provided a platform for local Service Managers to access the PPF’s, this preventing need for duplication of effort.

A review of this meeting was carried out in October 2013 where it was agreed that these meetings provided an opportunity to get together for development, discussion and integration but that a number of issues need to be resolved e.g. formality of meeting, providing more opportunity for discussion.

A Terms of Reference, Agenda Framework and process for raising issues, highlighting topics for discussion has been developed to support the ongoing development of the joint meetings.

6. PPF EVALUATION

As part of the ongoing review and development of the PPF we have been looking at ways to demonstrate how the PPF has made a difference.

In the evaluation, we looked at four key areas:
Feedback from PPF members at PPF Reference Group Meetings

Out of 2 presentations held – 13 members responded.

Q1 11 PPF members were very satisfied with the information provided about the presentation prior to the meeting. 2 PPF members were mostly satisfied.

Other comments received:-

- Felt informed and involved.
- Received papers in good time.
- Very competent delivery.
- Presentation team able
- Clear, concise, informative.
- Good presentation.
- Presentation information sent out with Agenda.

Q2 10 PPF members reported that the presenter did make effective use of visual/presentation materials.

Q3 12 PPF members reported that the presenter showed detailed knowledge of their subject.

Q4 12 PPF members reported that the presenter did answer questions fully.

Q5 Other comments:

- Raised challenging issues.
- Appreciated the option of learning about developments at Whyteman’s Brae Hospital.
- Impressed with vision for ongoing care.
- Valuable information.
- Very relevant.
- Very good presentation.

Feedback from Staff attendance at PPF Reference Group Meetings

Staff members responses: 4 issued, 2 returned

Q1 The staff found out about the PPF:

- Aware of the PPF through the Clinical Governance meetings.
- Being asked to present at meeting.

Q2 Both staff members reported that this was their first contact at the PPF Reference Group meetings.

Q3 The staff expectations of the PPF:

- I was unsure as I did not know much about the PPF.
- I did expect a larger group and did expect questions and discussions.
Q4 One member was mostly satisfied with the preparation provided by the support staff prior to their attendance at the PPF meeting.

Q5 Both members were able to complete their presentation.

Q6 One member reported that the feedback from the PPF given at time useful and understood the basis for the PPF. One staff member advised that some of the PPF members did not understand the concept of ICASS therefore some questions and discussions were not appropriate. May have been useful to send them a short summary of the presentation prior to the actual event.

Q7 One member felt that the feedback from the PPF members did contribute to the further development of the project. One staff member reported that the service was about a new developing service and we are currently promoting this service with a variety of groups within Fife.

7. CHALLENGES FOR 2014 - 2015

7.1 Seek evidence to show the PPF has made a difference.

7.2 Seek evidence to show the PPF influenced the CHP and its services.

7.3 Ensuring a role for the PPF in the new Health & Social Care.
<table>
<thead>
<tr>
<th>Date</th>
<th>Project Title</th>
<th>Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>15/04/2013</td>
<td>Fife Dermatology Service</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>15/04/2013</td>
<td>Methadone / Suboxone Patient Information Leaflets</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>16/04/2013</td>
<td>District Nursing Service Patient Information Leaflet</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>18/04/2013</td>
<td>Consultation on Regulations, Guidance and Directions relating to the</td>
<td>Requesting PPF members to comment on consultation.</td>
</tr>
<tr>
<td></td>
<td>Self Directed Support Act</td>
<td></td>
</tr>
<tr>
<td>25/04/2013</td>
<td>Scottish Patient Safety Programme</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>30/04/2013</td>
<td>Visit to Radernie Low Secure Unit at Stratheden Hospital</td>
<td>Invite to attend visit to Radernie Low Secure Unit at Stratheden Hospital.</td>
</tr>
<tr>
<td>30/04/2013</td>
<td>Pharmacy Practices Committee</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>09/05/2013</td>
<td>PCES - Open Meetings may 2013</td>
<td>Invite to attend Open Meetings in May 2013.</td>
</tr>
<tr>
<td>10/05/2013</td>
<td>Appointment Reminder Working Group</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>23/05/2013</td>
<td>Organ Donation Committee</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>27/05/2013</td>
<td>Diabetes MCN Information Leaflet</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>31/05/2013</td>
<td>Hospital @ Home / ICASS Service</td>
<td>Attend future PPF meeting to discuss Service.</td>
</tr>
<tr>
<td>03/06/2013</td>
<td>Fife Carers Centre Newsletter</td>
<td>For Information Only</td>
</tr>
<tr>
<td>13/06/2013</td>
<td>QMH Development Newsletter</td>
<td>For Information Only</td>
</tr>
<tr>
<td>17/06/2013</td>
<td>Patient Information Leaflet - Lomond Ward</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>27/06/2013</td>
<td>Fife Elderly Forum User Panels</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>02/07/2013</td>
<td>Directory for Older People</td>
<td>For Information Only</td>
</tr>
<tr>
<td>02/07/2013</td>
<td>St Andrews University Project - Adults Volunteering</td>
<td>Requesting PPF member to complete online survey</td>
</tr>
<tr>
<td>10/07/2013</td>
<td>Better Together Newsletter</td>
<td>Newsletter submitted for comments.</td>
</tr>
<tr>
<td>15/07/2013</td>
<td>NHS Fife Joint PPF Evaluation</td>
<td>Requesting PPF member to complete evaluation.</td>
</tr>
<tr>
<td>Date</td>
<td>Project Title</td>
<td>Request</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>23/07/2013</td>
<td>Heart Disease MCN Information Leaflet</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>23/07/2013</td>
<td>QMH Development Project - Public Information and Engagement Consultation 2013</td>
<td>Details of the engagement and information events.</td>
</tr>
<tr>
<td>24/07/2013</td>
<td>NHS Fife Re-accreditation Investing in Volunteers</td>
<td>Invite to attend Celebration Event on 4th September 2013</td>
</tr>
<tr>
<td>23/08/2013</td>
<td>NHS24 Visit</td>
<td>Request to visit NHS 24 South Queensferry</td>
</tr>
<tr>
<td>29/08/2013</td>
<td>Health &amp; Belief Dialogue Event - 26th September, 2013</td>
<td>Invite to attend event on 26th September, 2013</td>
</tr>
<tr>
<td>29/08/2013</td>
<td>Cancer Patient Experience Quality Performance Indicators - Consultation</td>
<td>Consultation for comments.</td>
</tr>
<tr>
<td>12/09/2013</td>
<td>Practice Guidance for Carer Advocacy Consultation</td>
<td>Requesting PPF members to comment on consultation.</td>
</tr>
<tr>
<td>17/09/2013</td>
<td>Queen Margaret Development - Reception - Sub Group</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>24/09/2013</td>
<td>K&amp;L CHP Development Session</td>
<td>Invitation to attend Development Session</td>
</tr>
<tr>
<td>01/10/2013</td>
<td>NHS Fife’s Annual Review: Self Assessment Material</td>
<td>Requesting PPF members to comment on readability and understanding.</td>
</tr>
<tr>
<td>01/10/2013</td>
<td>NHS Fife’s Annual Review</td>
<td>Invite to attend 3 events to prepare for annual review.</td>
</tr>
<tr>
<td>01/10/2013</td>
<td>Chronic Pain Guideline Launch</td>
<td>For Information Only</td>
</tr>
<tr>
<td>03/10/2013</td>
<td>NHS Fife Clinical Governance Committee</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>27/11/2013</td>
<td>Employers Kitemark for Carers</td>
<td>Requesting PPF members to complete online survey.</td>
</tr>
<tr>
<td>03/12/2013</td>
<td>Procedure for Carers, Patients and Volunteers’ Internet Access Point</td>
<td>Requesting PPF members to comment on procedure.</td>
</tr>
<tr>
<td>04/12/2013</td>
<td>HIS: Driving Improvement in Healthcare - Our Strategy 2014 - 2020</td>
<td>Requesting PPF members to comment on consultation.</td>
</tr>
<tr>
<td>10/12/2013</td>
<td>Patient Observation - Patient Information Leaflet</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>12/12/2013</td>
<td>MCN Endorsement Panel - Heart Disease</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>18/12/2013</td>
<td>Do You Know Your Status - Patient Information Leaflet</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>06/01/2014</td>
<td>School of Nursing and Midwifery Dundee University - Focus Group</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>Date</td>
<td>Project Title</td>
<td>Request</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>09/01/2014</td>
<td>Detect Cancer Early Programme Board</td>
<td>Requesting PPF members to join Board.</td>
</tr>
<tr>
<td>07/01/2014</td>
<td>Patient Information Leaflet - MRA's</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>13/01/2014</td>
<td>Pharmaceutical Care Services in NHS Fife 2014/15 Report Consultation</td>
<td>Requesting PPF members to comment on consultation.</td>
</tr>
<tr>
<td>23/01/2014</td>
<td>Carers Legislation</td>
<td>Requesting PPF members to comment on consultation.</td>
</tr>
<tr>
<td>31/01/2014</td>
<td>Mental Health &amp; Wellbeing Conference</td>
<td>Invitation to attend National Conference.</td>
</tr>
<tr>
<td>07/02/2014</td>
<td>CPN Information Leaflet</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>07/02/2014</td>
<td>NHS Fife Board - Adverts &amp; Information for Non-Exec Board Members</td>
<td>Request for PPF member to join NHS Fife Board</td>
</tr>
<tr>
<td>26/02/2014</td>
<td>Fair Isle Clinic Proposal</td>
<td>Request to attend a future PPF meeting.</td>
</tr>
<tr>
<td>28/02/2014</td>
<td>Fife's Diversity Week</td>
<td>Invitation to attend launch.</td>
</tr>
<tr>
<td>04/03/2014</td>
<td>NHS Fife Area and Therapeutics Drugs Committee</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>05/03/2014</td>
<td>Review of Signage - Whyteman's Brae</td>
<td>Requesting PPF members to test letter</td>
</tr>
<tr>
<td>05/03/2014</td>
<td>Dunnikier Park Edible Landscape Project</td>
<td>For Information Only</td>
</tr>
<tr>
<td>01/03/2014</td>
<td>SIGN Patient Network - DECIDE Conference</td>
<td>For Information Only</td>
</tr>
<tr>
<td>13/03/2014</td>
<td>Planning Your Discharge</td>
<td>Patient Information leaflet submitted for comments</td>
</tr>
<tr>
<td>14/03/2013</td>
<td>D&amp;W Fife CHP Newsletters</td>
<td>For Information Only</td>
</tr>
<tr>
<td>17/03/2014</td>
<td>Infection Control Hand Hygiene Awareness Sessions</td>
<td>Requesting PPF members to join group.</td>
</tr>
<tr>
<td>18/03/2014</td>
<td>Adult Protection Internet Safety Information</td>
<td>For Information Only</td>
</tr>
<tr>
<td>26/03/2014</td>
<td>Short Break - Glenmore Lodge</td>
<td>For Information Only</td>
</tr>
</tbody>
</table>
## PLANNING FOR SERVICE IMPROVEMENT:
INTENSIVE PSYCHIATRIC CARE UNIT (IPCU) STRATHEDEN HOSPITAL

### 1. BACKGROUND

1.1 Kirkcaldy and Levenmouth CHP manage the Fife-wide Mental Health Services under the strategic direction of NHS Fife. In conjunction with its partners, the CHP provides the following clinical services across the region:

- Inpatient mental health services for adults and the elderly at Stratheden, Queen Margaret and Whyteman’s Brae hospitals.
- Day hospital provision for adults and the elderly at several locations across the region.
- Outpatient and community mental health services for adults, the elderly, children and adolescents, and those with addiction problems provided at numerous locations across the region.
- Specialist community mental health teams serving the needs of particular groups including forensic patients, eating disorders, alcohol related brain disorders and young onset dementia.
- Assessment and referral, where required, to regional and national units.

1.2 The IPCU is located on the Stratheden Hospital site and is the only intensive psychiatric care ward for the Fife service. Patients who require a period of intensive care will transfer from the adult acute inpatient wards located at Queen Margaret Hospital, Dunfermline, Whyteman’s Brae Hospital, Kirkcaldy and Stratheden Hospital, Cupar. The unit also acts as a receiving ward for patients referred from the Courts, as well as taking patients from other Board areas when there is a high regional or national demand for IPCU beds.

1.3 In a paper presented to Kirkcaldy and Levenmouth CHP Committee in September 2013, it was highlighted that the current IPCU which is a 10 bedded unit located on the ground floor of a Victoria building on the Stratheden site, is not conducive to delivering high quality care. Kirkcaldy and Levenmouth CHP, therefore, produced an Initial Agreement Document (IAD) which summarised a planned investment for an IPCU.

### 2. PROJECT PROPOSAL

2.1 The IPCU is considered an essential function in the overall pathway for acute psychiatric care within Fife. It provides care for patients who are highly vulnerable and who can pose a high degree of risk to themselves and others. Accordingly, there is an expectation and need that the service provides safe and effective, high quality healthcare in an appropriate and therapeutic environment.

2.2 NHS Fife’s strategic vision for service improvement was published in the document “Getting Better in Fife” in August 2012. The document identified key themes for improvement, including Safe and Accessible Mental Health Services. Within that theme, the strategy identified specific aims for Mental Health Services including:

- Ensuring that inpatient care and treatment is person-centred, safe and effective, and delivered in therapeutic environments, appropriate to the patients’ needs.
- Providing appropriate inpatient services for those with forensic mental health needs.

2.3 The Strategy goes on to describe how addressing the key themes will improve the patient experience and reduce harm, waste and variation. It states:

- The provision of therapeutic facilities and environments which offer privacy and maintain dignity is an essential aspect of good patient care. We will continue to seek improvements in the quality of the mental health estate with the initial focus on developing a proposal for the re-provision of the Intensive Psychiatric Care Unit.

2.4 As is currently provided, the IPCU is unable to meet both the broad and specific strategic aims for the service. Whilst the physical nature and design of the current facility is a key issue affecting the ability to improve the overall care environment, the limitations and inadequacies of the building impacts significantly on the work of the clinical staff and their desire and ability to deliver care effectively.

The broad aims of the re-provision are:

- To improve the quality of experience of inpatient care for patients.
- To make the best use of existing clinical resources.
- To improve the safety of patients and staff.
- To improve the quality and effectiveness of accommodation used for service delivery.

2.5 Key stakeholders associated with the re-provision of the Intensive Psychiatric Care Unit are:

- NHS Fife
- Dunfermline and West Fife CHP and Glenrothes and North East Fife CHP
- Fife Council Social Work Services
- Patient and Carer Representative Groups
- Community representatives including local councillors and public representatives.
- Mental Welfare Commission for Scotland

3 PROGRESS

3.1 The paper presented to the CHP Committee in September 2013 advised that, as the proposed project was estimated to cost more than £1.5m, there was a requirement, as per guidance from the Scottish Government Health & Social Care Directorate (SGHSCD), that all Initial Agreement Documents (IADs) and Business Cases are approved by the SGHSCCH Capital Investment Group (CIG) as this exceeds the Board’s delegated limit.

It can now be confirmed that the IAD was approved by the CIG in February 2014 and the simplified approval route through the Standard Business Case (SBC) was undertaken as the value of the project was estimated to be less than £5m.

3.2 A project manager was appointed on 06/06/14 and A principal supply chain partner (PSCP) was appointed on 10/06/14.

3.3 The NHS Fife estimated cost of the project is £4.4m. NHS Fife’s capital funding commitments mean that the project cannot exceed the available budget.

3.3 A Project Board has been established, the role of which is:

- To provide strategic direction and leadership and ensure the implementation of the strategic vision for Mental Health Services in Fife.
- To direct and lead the development of the Intensive Psychiatric Care Unit (IPCU) ensuring that NHS Fife complies with its legal and financial responsibilities and that all actions are progressed in a timely manner and within budget.
The Project Board will meet on a monthly basis and the suggested membership is:-

- General Manager, Kirkcaldy and Levenmouth CHP (Chair)
- General Manager, Mental Health
- Assistant Director of Finance, NHS Fife
- Consultant Psychiatrist
- Director of Estates, Facilities & Capital
- Estates Services Manager
- Facilities Manager
- Chair, Kirkcaldy and Levenmouth CHP
- Senior Project Manager
- Staff Side Representative
- Public Representative

3.4 An operational group has been set up to support the work of the Project Board. The main purpose of this group is to maximise the input of relevant stakeholders – staff, patients and the public in the design and early planning stages of the project.

3.5 Projected key timescales are as follows:

The Project can commence no earlier than March 2015 due to the capital plan programme.

- September 2014 – establishment by PSCP of full business case and target price.
- March 2015 – New IPCU construction works to commence.
- March 2016 – New IPCU construction works complete.

4. RECOMMENDATION

4.1 The Committee is asked to:-

- **Note** the content of this paper.

---

Report by: Graham Monteith  
Acting General Manager, Mental Health Services  
Kirkcaldy and Levenmouth CHP
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 8th July
Agenda Item No. 9.2

PLANNING FOR SERVICE IMPROVEMENT: STRATHEDEN HOSPITAL SITE
(VERBAL REPORT)
NHS FIFE

Report to Kirkcaldy and Levenmouth CHP Committee

Financial Report for the 2 Months to 31st May 2014

1. Income and Expenditure

The Income and Expenditure position for the CHP for the two months to 31st May 2014 is showing an overspend of £152k against Managed Clinical Services.

This information is summarised in the following table:-

<table>
<thead>
<tr>
<th>Service</th>
<th>Budget for Year</th>
<th>Budget for Period</th>
<th>Expenditure for Period</th>
<th>over/under</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife Wide Services</td>
<td>10,276</td>
<td>1,908</td>
<td>1,981</td>
<td>72</td>
</tr>
<tr>
<td>Local Services</td>
<td>13,510</td>
<td>2,311</td>
<td>2,382</td>
<td>71</td>
</tr>
<tr>
<td>Management, Admin &amp; Other</td>
<td>3,985</td>
<td>620</td>
<td>596</td>
<td>(24)</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>36,687</td>
<td>6,174</td>
<td>6,207</td>
<td>33</td>
</tr>
<tr>
<td>Voluntary Organisations</td>
<td>632</td>
<td>213</td>
<td>213</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Clinical Services</strong></td>
<td>65,090</td>
<td>11,227</td>
<td>11,379</td>
<td>152</td>
</tr>
<tr>
<td>Prescribing</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>65,090</td>
<td>11,227</td>
<td>11,379</td>
<td>152</td>
</tr>
</tbody>
</table>

**Memorandum: Fife Wide - PMS Service and FHS**

<table>
<thead>
<tr>
<th>Service</th>
<th>Budget for Year</th>
<th>Budget for Period</th>
<th>Expenditure for Period</th>
<th>over/under</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMS</td>
<td>47,513</td>
<td>8,027</td>
<td>7,987</td>
<td>(40)</td>
</tr>
<tr>
<td>Dental</td>
<td>19,671</td>
<td>3,398</td>
<td>3,398</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>7,715</td>
<td>1,287</td>
<td>1,287</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>11,402</td>
<td>1,885</td>
<td>1,885</td>
<td>0</td>
</tr>
</tbody>
</table>

Information on Prescribing is not shown to Period 2 as data is not currently available due to the time lag in collation at National level. This will be available from next month.
2. Income Analysis

The Financial Framework and budgets for 2014/15 were approved by the Board at their Special Board meeting in March 2014. As further allocations are received adjustments are made to the individual budgets in line with the available funding.

The main budget allocations in Period 2 were:

- ADP Addictions: £1.7m
- Hepatitis C Action Plan: £591k

A total budget of £65,090k was available for Clinical Services for the year.

3. Expenditure Commentary

In line with previous years, expenditure will be monitored against budgets throughout the financial year and the following table summarises variances being reported against the individual budgetary areas. More detailed reports behind the individual service areas are provided to the relevant managers via the CHP Management Accountants.

The main variances are:-

<table>
<thead>
<tr>
<th>Fife Wide Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>£2k</td>
<td>0.2%</td>
</tr>
<tr>
<td>Supplies</td>
<td>£70k</td>
<td>9.32%</td>
</tr>
</tbody>
</table>

An overspend within the Fife Rehab and Rheumatology Service is offset by vacancies within the Sexual Health service.

The overspend in supplies is due to Anti TNF drugs and Sexual Health drugs. Additional anti TNF non-recurring budget has been allocated for the two month period to partially offset the ongoing increased costs.

<table>
<thead>
<tr>
<th>Local Services</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>(£21k)</td>
<td>(1.0%)</td>
</tr>
<tr>
<td>Supplies</td>
<td>£92k</td>
<td>38.0%</td>
</tr>
</tbody>
</table>

Pays are underspent in Community Nursing, partially offset by an overspend in Inpatient Nursing at both Cameron and RWMH.

The non pays overspend is due to recharges in respect of complex care packages in the community, in partnership with Fife Council, and an overspend in surgical sundries and equipment.
<table>
<thead>
<tr>
<th>Management, Admin &amp; Other</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay</strong></td>
<td>(£21k) (3.8%)</td>
<td>Pays are underspent within Business Management, MCN administration vacancies and nurses in training.</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>(£3k) (4.1%)</td>
<td>Supplies are underspent across various lines.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay</strong></td>
<td>(£116k) (2.0%)</td>
<td>The underspend in Stratheden is offset by the overspend recorded as supplies in respect of the Rehab Discharges and associated transfer of resources to Fife Council.</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>£149k 30.1%</td>
<td>The overspend relates to costs associated with referrals to Lothian for the CAMHS service and the Resource Transfer to Fife Council in respect of Rehab Discharges which offset the corresponding Stratheden Pays underspend.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Voluntary Organisations</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pay and Supplies</strong></td>
<td>-</td>
<td>This is break even.</td>
</tr>
</tbody>
</table>

A memorandum note has also been included in the main table to show the overall position on PMS Services and FHS Services across the whole of Fife.

Graphs are included for the CHP to show the movement in year for both Pays and Supplies expenditure against budget.

![KL CHP - MONTHLY PAYS 2014/2015](image-url)
4. **Efficiency Savings**

The CHP was allocated a cash releasing savings target of £608k at the time of the approval of the Financial Framework. Achievement of this is required as a minimum, as well as delivering further non-cash savings to meet the Efficient Government target of 3%.

Total plans identified for the year were £131k, all of which was cash releasing and £22k of which has been delivered at Period 2.

5. **Capital**

The Capital allocation for the CHP as at 31\textsuperscript{st} May 2014 is shown in the attached appendix.

The specific allocation for Kirkcaldy & Levenmouth at this time is £1.636m.

The total expenditure against the overall allocation to Period 2 is £145k, relating largely to works at Stratheden and Cameron.

6. **Summary**

The position as at 31\textsuperscript{st} May 2014 is showing an overspend of £152k on revenue budgets within Clinical Services.

7. **Recommendation**

The CHP Committee is asked to: **Note** the contents of this report

**CAROL POTTER**
Assistant Director of Finance
31\textsuperscript{st} May 2014
NHS FIFE - CHP's

CAPITAL PROGRAMME EXPENDITURE REPORT - MAY 2014

FOR FINANCIAL YEAR 2014/15

<table>
<thead>
<tr>
<th>Project</th>
<th>CRL New Funding</th>
<th>Total Expenditure to Date</th>
<th>Projected Expenditure 2014/15</th>
<th>Projected Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratheden - IPCU</td>
<td>500,000</td>
<td>500,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total K &amp; LM CHP</strong></td>
<td><strong>610,000</strong></td>
<td><strong>610,000</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHP Statutory Compliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Balcurvie/Balconie &amp; Balfour Roofing</td>
<td>235,000</td>
<td>100,313</td>
<td>235,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Letham/Balcurvie Service Refurb</td>
<td>295,000</td>
<td>40000</td>
<td>295,000</td>
<td></td>
</tr>
<tr>
<td>RWMH - Roof Refurbishment</td>
<td>192,000</td>
<td>192,000</td>
<td>192,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Asbestos Removal</td>
<td>30,000</td>
<td>30,000</td>
<td>30,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Decentralisation Project</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Generator</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Workplace Transport Ph3</td>
<td>70,000</td>
<td>70,000</td>
<td>70,000</td>
<td></td>
</tr>
<tr>
<td>Whyteman's Brae - Fire Hazard Rooms (Ravenscraig Ward)</td>
<td>40,000</td>
<td>40,000</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total CHP Statutory Compliance</strong></td>
<td><strong>882,000</strong></td>
<td><strong>140,313</strong></td>
<td><strong>882,000</strong></td>
<td></td>
</tr>
<tr>
<td>CHP Capital Minor Works</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Lomand Ward</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
<td></td>
</tr>
<tr>
<td>Whyteman's Brae Hospital - Reception Area</td>
<td>60,000</td>
<td>60,000</td>
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### DELIVERY & EFFICIENCY: VOLUNTARY ORGANISATIONS

**1. PURPOSE**

1.1 The purpose of this report is to provide an annual update to the Kirkcaldy and Levenmouth CHP Committee in relation to the management and funding allocated to the Voluntary Organisations managed within this CHP.

**2. BACKGROUND**

2.1 As reported to the CHP Committee previously, NHS Fife moved to a single approach to the monitoring and evaluation of voluntary organisations with Fife Council, for those budgets devolved to the CHPs and for those organisations funded from drug and alcohol allocations. This arrangement remains in place and Fife Council continue to provide annual monitoring, three yearly evaluations and also draft the Service Level Agreements (SLA) on behalf of the CHP.

2.2 There are a number of reasons for moving to a single approach to monitoring including to:

- Ensure robust monitoring arrangements;
- Facilitate joint working and decision in terms of services funded to avoid duplication and to ensure services needs met;
- Streamline and reduce bureaucracy both for the statutory and the voluntary organisations;
- Provide clarity regarding all of the funding an organisation is in receipt of and the purposes thereof;
- Provide a clearer and more transparent system including single point of contact for application and monitoring processes;
- Align funding cycles

**3. FUNDED VOLUNTARY ORGANISATIONS**

**Arden House, Leven**

Arden House provide an active ageing service to older people in the Leven area and offer an activity programme that is tailored to the needs of the service user. They promote the social and physical well being of those who attend the service. They encourage community involvement and integration in the local community through the use of volunteers and by providing groups that are locally based.

**Barony, Kirkcaldy**

This organisation offers an open access day resource for individuals (18+) experiencing Mental Health problems. As well as providing drop-in facilities and a café service, the Centre provides a planned programme of activities in direct response to service user requests e.g., guitar classes, art group, gardening group, creative writing, music workshop, women’s group, social evenings, fitness session etc.

**Alzheimer, Scotland**

Alzheimer Scotland, provides personalised support and information, a weekend day care
service and a community and home support service for people over 65 years of age with dementia, their families and carers.

**Crossroads Central**
Crossroads Central provides a care attendant to offer respite support to carers and individuals of all ages in their own home or outwith to allow them to continue their caring role to their relative/friend. The service will be provided to approximately 114 families. Recipients of the service are elderly or have physical, mental or sensory impairment.

**Fife Employment Access Trust**
FEAT provides targeted care and support to vulnerable adults to help them to maximize their quality of life with a view to them eventually being able to be actively socially and economically involved in their communities. In particular FEAT enable clients who have a mental disability to access a range of employment opportunities and support them through the process. FEAT offer a personalised service to meet individual needs and offer daytime courses that help to build confidence and self-esteem as well as giving an opportunity for social interaction.

### 3 MONITORING

3.1 Regular meetings with all voluntary organisations take place throughout the year and these help set out what will be included in the SLA for the future term.

3.2 The above Voluntary Organisations have had Service Level Agreements in place relating to 2011 – 2014 i.e., for a three year cycle. The three year evaluations, for this period, have now been concluded and copies provided to the CHP.

3.2 It has been agreed that for 2014/2015, the Voluntary Organisations will receive a one year Service Level Agreement only, with one year funding rolling forward. This will allow time for arrangements within the Health and Social Care commissioning strand to take shape. Fife Council will draft the Service Level Agreements which will be discussed with and agreed by each service and by the CHP.

### 4. RECOMMENDATION

4.1 The Committee is asked to:

- **Note** the report in relation to Voluntary Organisations funded by Kirkcaldy and Levenmouth CHP

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**Report by:** Mary Porter  
**General Manager, Kirkcaldy and Levenmouth CHP**
PRESENT: 

Nicky Connor, A/Associate Nurse Director, Kirkcaldy & Levenmouth CHP (Chair)
Heather Bett, Clinical Services Manager, Fife Sexual Health Service/Rheumatology Service
Heather Fernie, Business Manager
Simon Fevre, Staff Side Representative
Mike Kelly, Mental Health Representative (for Graham Monteith)
Julie O’Neill, Risk Manager
Mrs Mary Porter, A/General Manager
Sally Tyson, Primary Care Development Pharmacist (for Dr Anderson)

IN ATTENDANCE:

Karen Gibb, Clinical Nurse Specialist, Vascular Services
Maureen Sullivan, PA to Clinical Director

1. WELCOME

Nicky Connor welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE

Apologies were received from: Dr Anderson, Claire Dobson and Graham Monteith.
3. **PREVIOUS MINUTES** (20TH FEBRUARY 2014)

It was agreed that the minutes were a true reflection of the meeting. Heather Fernie mentioned that as the name of the group had changed that the heading on the minutes should reflect this. Following agreement of this amendment the minutes from 20/02/14 were confirmed.

**Outstanding Actions from the Clinical Governance, Quality & Safety Group Meeting 20th February 2014.**

Action 1 – (20/02/14) – listed as agenda item. **Action cleared.**
Action 2 – (20/02/14) – a response is required within 4 weeks – reminder to be issued. **Action ongoing.**
Action 3 – (20/02/14) – listed as agenda item. **Action cleared.**
Action 4 – (20/02/14) – may need to be included in Complaints Procedure – reminder to be issued. **Action ongoing.**
Action 5 – (20/02/14) – now listed on CHP Risk Register. **Action cleared.**
Action 6 – (20/02/14) – position not yet clarified. **Action ongoing.**
Action 7 – (20/02/14) – listed as agenda item. **Action cleared.**
Action 8 – (20/02/14) – details forwarded to Dr Anderson. **Action cleared.**
Action 9 – (20/02/14) – listed as agenda item. **Action cleared.**
Action 10 – (20/02/14) – position not yet clarified. **Action ongoing.**
Action 11 – (20/02/14) – details to come to meeting on 12/06/14. **Action ongoing.**

4. **MATTERS ARISING**

4.1 There were no matters arising.

5. **ITEMS FOR DISCUSSION**

5.1 **GOVERNANCE**

5.1 Patient Event

Karen Gibb presented a case event relating to a patient fall which resulted in a Significant Adverse Event Review. This led to discussion regarding falls and the process for understanding and managing this in the CHP; Fife-wide work relating to falls and also NHS Fife Significant Adverse Event Review Process. Consideration to be given to how learning can and will be shared with the wider workforce.

Nicky Connor said that Falls was a considerable area of risk and Mary Porter added that she needs to have an oversight of the numbers being investigated within the CHP. The Falls Steering Group, which Mary Porter chairs, also needs an overview of the learning and how it is shared.

Nicky Connor stated that in future once any Significant Adverse Event Review or Rapid Event Investigation Reports have been completed they will be brought to the Clinical Governance, Quality & Safety Group.

5.2 **K&L CHP Clinical Governance, Quality & Safety Group Role & Remit**

The Role and Remit had been circulated to the group for consideration. Heather
Fernie queried Part 4.5 and it was confirmed that this would relate to 2014-15.

The Kirkcaldy & Levenmouth CHP Clinical Governance, Quality & Safety Group therefore duly endorsed the Role and Remit.

5.3 K&L CHP Clinical Governance, Quality & Safety Group Work Plan

Julie O’Neill had prepared a draft Work Plan which had been circulated to the group for consideration. The various sections were discussed and agreement was reached as to how often the items in each section would come to the group for discussion. Julie O’Neill will finalise the Work Plan following the outcome of today’s discussions.

5.4 Service Reports for Discussion/Approval – Old System

5.4 (1) DRS Annual Report 2012-13

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.4 (2) MCNs – Diabetes and Stroke Summary Reports 2013

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the reports.

5.4 (3) Nutrition & Dietetics Annual Report 2012-13

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.4 (4) Occupational Therapy Annual Report 2012-13

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.4 (5) Physiotherapy Annual Report 2012-13

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.4 (6) Podiatry Annual Report 2012-13

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

Service Reports for Discussion/Approval – New System

5.4 (7) Addictions

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.4 (8) Health Improvement
The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.4 (9) Pharmacy

Sally Tyson said that she appreciated that, under the new procedures, the Clinical Governance Sub-group had come out to visit her Service which improved the sense of involvement.

The K&L CHP Clinical Governance, Quality & Safety Group duly noted the report.

5.5 Service Reporting Procedure

The draft procedure to cover the new reporting process was circulated to the group for consideration and agreement was reached on the ‘clustering’ of services under the new system. Business Continuity and Information Governance were 2 areas that would also be included in the procedure.

The Kirkcaldy & Levenmouth CHP Clinical Governance, Quality & Safety Group approved the current procedure which will be reviewed as and when required.

6. PERSON CENTRED

6.1 K&L CHP Complaints Procedure

This is the first draft for managing complaints within the CHP. It was noted that Rheumatology has been missed from the list of Services. If anyone has any other comments/amendments then they should advise Julie O’Neill within the next 14 days.

7. SAFE

7.1 CHP Risk Register

- **Risk 38** – this risk will be re-written to ensure up-to-date
- **Risk 39** – Julie O’Neill advised that an update has been received in respect of Cameron site. An update has also been received from Mental Health but some points still need to be clarified.

Heather Bett raised the issue of a new risk which has been identified in respect of the delivery of homecare medicines. She said that a local contingency plan is currently being worked on in the event of the existing service from the contracted homecare company being withdrawn or suspended. A national contingency plan is also being prepared.

It was agreed that this risk should be added to the CHP Risk Register but the group felt that it should also be included in the NHS Fife Risk Register.

Julie O’Neill advised that Claire Dobson also has 2 new risks for consideration but discussion was held over as Claire Dobson was unable to be in attendance today.
7.2 HEI/HAI Audit Programme – Discussion Paper

There was a general discussion around the governance arrangements for rollout. Heather Bett advised that she is circulating the paper to the WBH Site Users Group for their comments. She has an Aide Memoir which she is happy to circulate.

Any comments on the discussion paper should be fed back in advance of the next meeting – a 14 day timescale was set.

7.3 Adverse Event Procedure

This is the first draft of a new procedure for dealing with adverse events within the CHP. Julie O’Neill said that she needed to get everyone signed up to the procedure as there are specific deadlines that need to be followed.

Simon Fevre queried what was happening in the other CHPs and discussion took place regarding Fife policy covering standardisation and local procedures supporting implementation.

If anyone has any comments/amendments then they should advise Julie O’Neill within the next 14 days.

7.4 Annual Risk Report to SMT

This report has come to the group for approval before it is submitted to SMT.

The Kirkcaldy & Levenmouth Clinical Governance, Quality & Safety Group duly approved the Annual Risk Report.

8. EFFECTIVE

8.1 MCN Endorsement: Heart Disease MCN

This paper detailed the outcome of NHS Fife’s first Endorsement Panel and has come to the group for noting. Congratulations were extended to the Heart Disease MCN for this excellent achievement.

The Kirkcaldy & Levenmouth Clinical Governance, Quality & Safety Group duly noted the paper detailing the Heart Disease MCN Endorsement. The paper will now go forward to the K&L CHP Committee.

8.2 SIGN Discussion Paper

This paper was brought to the group to provide details of the NHS Fife procedure on National SIGN Guidance Review, Dissemination and Implementation. Nicky Connor asked if there was value in this information coming to the group. Mary Porter said that she thought it would be useful if this came to the group as it would highlight the topics with CHP involvement and who was leading on them. Heather Bett said that Dr Banerjee was leading on Hep C but this was not listed in the paper and Julie O’Neill agreed to check this out.

8.3 Health Improvement Scotland Discussion Paper

This item was carried forward to the next meeting.
8.4  Professional Registration

Nicky Connor advised that a Fife Policy is being produced and the CHP needed to ensure that it had the proper mechanisms in place. She queried how checks were currently made and the governance around that. Each Service should review what their current arrangements are for all professions as assurance will be requested in the near future.

9.  CIRCULATED FOR INFORMATION ONLY

9.1  SPSO Reports – February 2014, March 2014

The reports were noted by the group. One item in the March report related to a GP Practice in NHS Fife but it was not a Practice within Kirkcaldy & Levenmouth.

10.  AOCB

There was no further business for discussion.

11.  Date and Venue of Next Meeting:

Thursday 12th June 2014 in Meeting Room 1, Cameron House
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 8th July
Agenda Item No

FOR INFORMATION: KLCHP LOCAL PARTNERSHIP FORUM MINUTES OF MEETING HELD 21ST JANUARY 2014

LOCAL PARTNERSHIP FORUM CONFIRMED
CONFIRMED MINUTE OF THE MEETING OF LOCAL PARTNERSHIP FORUM HELD ON TUESDAY 21ST JANUARY 2014 AT 2:00PM IN MEETING ROOM 1, CAMERON HOUSE

CHP Representation:
Heather Bett, Clinical Service Manager, Sexual Health Service HB
Heather Fernie, Business Manager, K&L CHP HF
Bob McLean, General Manager, Mental Health Services BM
Barbara Anne Nelson, Deputy Director of HR BAN

Staff Side Representation:
Simon Fevre, Staff Side Representative (CHAIR) SF
Lynn Davies, Staff Side Representative LD
Lynne Parsons, Staff Side Representative LP

In Attendance:
Brenda Ward, Corporate Services Administrator (Minutes) BW

ACTION

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Mary Porter, Nicky Connor, Lynda Anderson and Fiona McKenzie.

2. MINUTE OF THE MEETING HELD ON 25TH SEPTEMBER 2013

The minute of the meeting on 25th September 2013 was accepted as a true and record.

NOTE OF THE MEETING HELD ON 21ST NOVEMBER 2013

The note of the meeting on 21st November 2013 was accepted as a
true and record.

3. **MATTERS ARISING**

3.1 **Rationalisation of Dining Rooms**

**Randolph Weyms Memorial Hospital (RWMH)**
Mr Fevre asked if the changes had taken place to change the dining room at RWMH to a staff kitchen and it was discussed that this had still to be taken to Area Partnership Forum (APF). SF advised that an updated paper was taken to APF in December 2013 and thought that the decision was now with the RWMH Site User Group.

**Cameron Hospital**
With regards to Cameron Hospital the proposal was around the dining room opening hours in afternoons and weekends. A suggestion had been provided by the LPF to ascertain whether a facility could be provided closer to the wards for patients and visitors. FM had taken an action last LPF Meeting on 21st November 2014 to discuss with Marion Sapcote the Chair for the Cameron Site User Group.

**Whyteman’s Brae Hospital (WMB)**
In WMB the dining room are piloting a new and improved service and a review is scheduled to take place in March/April 2014. It was agreed that if the six monthly figures were available it would be beneficial to discuss at the March LPF meeting.

3.2 **Staff Briefing Sessions 2014**
HF advised that MP has stated that she would like the CHP to improve engagement and would like to review different methods of carrying this out. SF agreed and said that visiting Community Health Centres would assist. HB added that the MT are reviewing Clinical Governance Meetings and instead of reports being provided a core group would visit different departments and have discussions on key issues raised at the last meeting. This is being piloted within five Services and will be reviewed with the aim to potentially take forward to other Services. There will be an obligation for the remaining Services to provide an Annual Report and this will be tabled at the Clinical Governance Meetings. HB agreed to give an update on the pilot at the next LPF meeting.

3.3 **Fair Isle Clinic**
HB said that a paper had been taken to SMT on 6th January 2014 requesting permission to consult on the relocation of healthcare services from Fair Isle Clinic to WMB. SMT have asked for the options appraisal to be further developed around Fair Isle Clinic being upgraded or rebuilt and was the best option to move to WMB. The transfer of Fair Isle Clinic is currently on hold until the option appraisal is taken forward and MP has approached Jim Leiper with...
regards to who will take the lead from the Estates Department.

Rationalisation within WMB is still taking place with discussions on potentially co-locating the Mental Health Services into one area of the building.

3.4 Retiral of Bob McLean
SF advised that this was BMs last LPF meeting before he retires from NHS Fife in February 2014. SF passed thanks and said that his support was appreciated at both the LPF and APF when deputising for the General Manager. The staff always appreciated his honesty and personal thanks were given for his valued contribution to both meetings.

4. STAFF GOVERNANCE 2013/14

4.1 Feedback From CHP Committee And Management Team
BM advised that the CHP position at November 2014 was an overspend of £539K which is mainly due to anti-TNF drug costs. The CHP are anticipating the costs will continue to rise, therefore are projecting over a £1M overspend. HB added that an Audit had been carried out by NHS Tayside into prescribing practise and a review to see if the CHP are adequately resourced for the patient volume. Benchmark work across Scotland is also being undertaken to ascertain if there is a reason why NHS Fife is different to other boards and to date nothing has been uncovered. HB said that Rheumatology is a chronic condition with a third of patients being added to the caseload who will then be put on expensive medication, which is the reason behind the cost increase.

The CHP had submitted cash efficiency PIDS to NHS Fife and they are relatively limited bids.

The CHP Committee took place on Tuesday 14th January 2014 and the agenda covered; NHS Fife Board position on the end of the pilot for non-elected board members, Well on Wheels, HEI/HAI Inspection and the Staff Survey.

4.2 Carry Forward of Annual Leave
BAN said the “NHS Fife Guidance on carry forward of annual leave entitlement during long term sick leave” guidance was issued as a result of the European court judgement. The document is a guide for managers when dealing with a situation where a member of staff has been absent.

4.3 Staff Survey
BAN advised that Bruce Anderson had taken a paper on the Staff Survey results to the CHP Committee on Tuesday 14th January 2014.
A lengthy discussion took place on the overall results and SF summarised on the following actions: An NHS Fife Wide communication on the Staff Survey Results was still to be issued, a CHP Staff Briefing was suggested for April 2014 or brought forward if necessary, BAN to review the overarching responses and provide a breakdown.

The meeting of the LPF Chairs will take place in February 2014 and the staff survey results and action plans will be on the agenda.

4.4 Staff Governance Action Plan 2013/14
A discussion took place on the SGAP objectives that were currently not met/delayed, these were:

- **Well Informed**: the number of active emails accounts within the CHP.
- ** Appropriately trained**: a target of 80% of staff to have a PDP agreed and signed off in eKSF, the CHP require an addition 461 to be completed by March 2014 (255 in Mental Health and 206 in the rest of the CHP)
- **Treated Fairly and Consistently**: achieve the HEAT standard of below 4% staff sickness absence.

4.5 Staff Governance Monitoring Tool
SF advised that he had completed the Local Monitoring and Assessment Tool template with Janie Gordon, he added that he thought it was interesting and will be useful for the person who pulls the SGAP information together. The final SGAP 2013/14 is to be completed by the end of March 2013.

4.6 CHP Health & Safety Group – Staff Side Representative
HB raised that there has been no Staff Side Representative at the last two CHP Health & Safety Group Meetings. As a result they have been unable to sign off the minutes as the meeting was not quorate. SF advised that he has a clinic on Thursday afternoon’s therefore is unable to attend most of the dates. It was agreed that LP would look at the dates with regards to representation.

BW was asked to send the dates for Clinical Governance and H&S Meetings to SF and LP.

It was raised that the CHP are currently reviewing the Clinical Governance arrangements and at the last meeting the governance of H&S was discussed and how the decision making is prioritised. The MT will be discussing further with regards to a different approach and this will be brought back to the LPF at a future date.

4.7 Attendance Management
BAN discussed the CHPs Absence Report that covered the period April 2013 – December 2013. The CHP figures were showing an improvement from 5.67% reported in 2012 to 4.71% in 2013. It was
discussed that 4.71% is relatively close to the HEAT target of 4%. Over the past few months the CHP have shown an improvement in attendance management and this is due to the consistency of managing absence more effectively. The Mental Health Service reported the lowest five consecutive months in the previous seven years.

4.8 Estates and Facilities
BM reported that work was taking place at Ravenscraig Ward within Whyteman's Brae and the decentralisation of the boiler at Stratheden Hospital.

4.9 Well at Work
The NHS Fife Working Well Group minute and NHS Fife Well at Work Action Plan were noted. LP advised that the feedback received from Janie Gordon was good and that Well at Work continues to take place on different sites (e.g. Health Checks, Cycle to Work and Kingdom Weight Challenge).

4.10 Development of Queen Margaret Hospital (QMH)
HB said that significant work is taking place at QMH and agreed to circulate the workplan which details all the areas where extensive work is taking place. The main reception has been redesigned; there will be one main waiting area, a new café and an extensive change to car parking which will be a one way through the front of QMH.

The approval to close Carnegie Clinic has been put forward, however no timescale has been provided yet. Work is taking place toward the Primary Care Resource Centre and work to create it within QMH for 2015. Feedback received has been centred around the car park and a lot of consultation brought up these points.

5. AOCB
BM advised that Graham Monteith has been appointed Acting General Manager for Mental Health Service.

6. DATE OF NEXT MEETING
The next LPF meeting will take place on Tuesday 18th March 2014 at 2:00pm within Meeting Room 1 within Cameron House.

1:00pm Staff Side
2:00pm Local Partnership Forum
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 8th July
Agenda Item No. 11 (c)

DELIVERY & EFFICIENCY: KLCHP PUBLIC PARTNERSHIP REFERENCE GROUP
MINUTES OF MEETING HELD 24TH JANUARY 2014

KIRKCALDY & LEVENMOUTH CHP
MINUTES OF THE PUBLIC PARTNERSHIP REFERENCE GROUP MEETING
HELD ON FRIDAY 24TH JANUARY, 2014, AT 2.00PM,
IN MEETING ROOM 1, CAMERON HOUSE, CAMERON HOSPITAL

Present: Nick Barber
          George Sime
          David Henderson
          Ron Parsons
          Alison Simpson

Apologies: David Balfour
          Jack Carr

In attendance: Julie O’Neill
               Judith Knox
               Sharlyn Dobbie

1. WELCOME AND INTRODUCTION

   Nick welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE

   Apologies were received from David Balfour and Jack Carr.

3. MINUTES OF PREVIOUS MEETING HELD ON 19TH APRIL, 2013

   Minute of the meeting held on 19th April, 2013 were approved as an
   accurate record.

4. MATTERS ARISING

4.1 NHS 24 Visit

   PPF members provided feedback from their recent visit to the NHS 24
Headquarters. They were impressed with the set up and were unaware of all resources that was available within NHS24.

4.1 Nutritional Champion

Julie advised the role of the Nutritional Champion is to support other staff.

4.2 Working Agreement

No comments have been received, the group approved the Working Agreement.

4.3 Code of Conduct

No comments have been received, the group approved to Code of Conduct.

5. UPDATE ON MEETINGS ATTENDED

5.1 CHP Committee Meeting held on 14\textsuperscript{th} January, 2014

Nick provided an update:

- Wheel on Wheels – piloted in Kirkcaldy and now in Levenmouth.

5.2 CHP Clinical Governance Meeting held on 12\textsuperscript{th} December, 2013

Julie provided an update:

A number of services had presented their annual reports. A copy of the papers are available if anyone is interested.

5.3 PFPI Standing Committee Meeting: 8\textsuperscript{th} January, 2014

Nick was unable to attend this meeting.

Discussion took place re the public members as non-executive members of the Board whose contracts had been terminated. This was a 2 year pilot over 3 NHS Boards. Judith Knox agreed to forward any feedback or evaluation re the public elected members to Julie for issuing to PPF members. 

JK
5.4 Health & Social Care Integration: 28th November, 2013

Nick Barber provided an update:-

- Presentation received from Joan Mitchell, Co-chair of the Shadow Board
- Fifelife Newsletter – communication not reaching the public as previously in the past.
- Health & Social Integration progressing well in Fife.

It was agreed to send an update to group members of the Health & Social Care Integration – Stage 2 of Bill.

It was suggested to invite Doreen Bell to a future meeting to provide an update re Health & Social Care Shadow Board.

6. FUTURE DATES

A list of future dates of PPF meetings issued. The Group were asked to consider topics for future presentations. Suggestions were received from group:-

- Provision for Primary Care Services within Kirkcaldy area. Julie agreed to liaise with Dr Lynda Anderson / Mary Porter.
- Integration of Social Care - Julie advised Stephen Moore will attend the Joint PPF meetings.
- Sir George Sharp Unit – under 65 rehab.

ALL

7. ELECTION OF VICE-CHAIRMAN

Due to the resignation of Roy Nelson, the group were asked to give consideration to the vacant post of Vice Chairman.

The Group unanimously agreed to the appointment of Ron Parsons.

Nick gave a vote of thanks to Ron and welcomed him back as Vice-Chairman.

8. Better Together

Julie advised as part of Better Together a postal survey is being carried out to find out what it is like for patients who have used our inpatient services.

The results of the 2012/2013 Scottish Inpatient Experience Survey for NHS Fife will be available in August 2014.

9. Patient Opinion

Julie advised Patient Opinion is intended to complement NHS Fife’s
own processes for dealing with feedback and complaints. It provides a rich source of ‘real time’ information on what is working well in our area and what needs to be improved. A information sheet was distributed to group for their information.


Julie reported that NHS FIFE received one months notice of an announced inspection to look at its own performance against the Standards for Healthcare Associated Infection (HAI). This inspection was carried out on the 24th September, 2014 at Cameron Hospital.

Cameron Hospital was the first Community Hospital to be inspected.

Nick as Chairman of the Reference Group was interviewed by the Inspection Team.

The inspection resulted in two requirements and two recommendations:

- Requirement 1 – Non compliant sinks – Julie advised this has now been resolved.
- Requirement 2 – HAI objectives within staff Personal Development Plan.
- Recommendation 1 – Assurance Checklists such as Cleaning Schedules and Bed Space checklists – Julie confirmed that an audit will be undertaken in April by the Clinical Governance Team.
- Recommendation 2 - Reinforce the system of signing off job requests once the work has been completed.

The CHP have set up an HAI Audit Programme – this involves a Team auditing every clinical area where a report is prepared detailing scoring results and recommendations. Depending on the score a follow up audit will take place within 6 weeks/ 6 monthly intervals. This programme is to be rolled out to at Stratheden, Whyteman’s Brae and Queen Margaret Hospitals (CHP areas only).

Julie advised that HEI have asked for an update to the Action Plan.

11. ITEMS FOR INFORMATION

11.1 CHP Committee Minutes of 9th July and 10th September and 12th November, 2013
11.2 CHP Clinical Governance Group Minutes of 11th September, 2013

11.3 PFPI Standing Committee Minutes of 11th September, 2013

11.4 Health & Social Care Integration Minutes of 5th September, 2013

11.5 NHS Fife Operational Division Committee of 17th July and 18th September, 2013

11.6 Kirkcaldy & Levenmouth CHP Newsletter – Winter Edition

11.7 Press Release – Investment for Balgonie Ward

11.8 Relocation of Ravenscraig Ward, Whyteman’s Brae Hospital – Report to Board

Group members suggested inviting Graham Monteith, Head of Quality Improvement to a future meeting.

12. Any Other Competent Business

12.1 CHP Committee Development Session

The K&L CHP Committee Development Session scheduled to take place on 11th February, 2014 has been cancelled.

Future dates of Committee meetings to be sent to Ron. SD

12.2 Managed Clinical Network (MCN) Endorsement Representative

Julie reminded group members of the request for public representation for the MCN Endorsement Panel - Heart Disease.

13. DATE & TIME OF NEXT MEETING

The next meeting will be held on 2nd May, 2014 at 2.00pm in Meeting Room 1, Cameron House, Cameron Hospital, Windygates.

Distribution: Those Present
John McKendrick
David Balfour
Jack Carr

For info:- Dr L Anderson
Mrs M Porter
Mr A Robertson