UNCONFIRMED MINUTES OF THE MEETING OF **DUNFERMLINE & WEST FIFE COMMUNITY HEALTH PARTNERSHIP COMMITTEE** HELD ON THURSDAY 14 NOVEMBER 2013 AT 2.00PM WITHIN CONFERENCE ROOM 4, LYNEBANK HOSPITAL, DUNFERMLINE

**NOT YET ENDORSED**

**Present:**
- Moira Adams, Chair
- Susan Manion, General Manager, DWF
- Susan Archibald, Non-Executive Board Member
- Cllr Peter Lockhart, Fife Council Member
- Dr Alan McGovern, Clinical Director, DWF
- Dr Anne Woods, GP Representative
- Anne McGovern, Non-Executive Board Member
- Susan MacLeod, Nursing Representative
- Isobel Vernolini, PPF Representative
- John Winton, Non-Executive Board Member
- Cllr Alice Callaghan, Fife Council Member
- Pauline Small, Associate Nurse Director, DWF

**In Attendance:**
- Ann Hatton, Head of Clinical Governance, DWF
- Graeme Pettigrew, Business Manager, Dental Service, NHS Fife
- Val Hatch, Depute General Manager, DWF
- Andrew McCreadie, Assistant Director of Finance, NHS Fife

**Observer:**
- Michael Ryan, Senior Registrar, Orthodontist

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Moira Adams welcomed all to the meeting, and observer Michael Ryan.

Moira Adams then brought to the Committee’s attention.

- The sad news of Helen Eadie, MSP’s death; Mrs Eadie showed a great interest in the work of the CHP and will be sorely missed.
- An informal meeting will be arranged with the newly elected MSP Cara Hilton, who has replaced Bill Walker, to provide information on the work of the Committee.
- The Scottish Government has announced changes to direct elections to Health Boards. It was noted that all four of the D&WF CHP Board members, including the Chair, are elected. Further information is awaited.
- The NHS Fife Annual Review will take place on Monday 25 November 2013. Members of the public can attend as observers and pose questions to the Cabinet Secretary.
- Val Hatch, Depute General Manager is taking up post of General Manager for Unscheduled Care in the Acute Services Division in
December. The Chair thanked Val for her contribution to the work of the CHP and the Committee and on behalf of the Committee wished her well in her new post.

- Attendance at Health and Social Care Shadow Board meetings; group is progressing well with an eagerness to work together. Working Sub-Committees are now established.

57/13 APOLOGIES FOR ABSENCE

Apologies were received from Karen Baxter, AHP Representative; Lawson Rennie, Carer Representative; Lorna Sheriffs, APF Representative; Cllr Helen Law, Fife Council Member and Kenny Murphy, Voluntary Sector Representative.

Attendees

Apologies were received from Margaret Pirie, Chair Learning Disability Management Team, DWF; Dougie Dunlop, Fife Council and Evelyn McPhail, Chief Pharmacist, NHS Fife.

58/13 DECLARATION OF MEMBERS’ INTERESTS

There were no declarations of interest noted.

59/13 MINUTES OF PREVIOUS MEETING HELD ON 12 SEPTEMBER 2013

The minute of the previous CHP Committee meeting was confirmed as an accurate record.

60/13 MATTERS ARISING

No matters arising were noted.

61/13 GENERAL MANAGER’S REPORT [Susan Manion]

Susan Manion provided the following update:

- a series of staff meetings have been arranged, these meetings allow staff the opportunity to raise questions/queries they may have;
- the presentation for the Alison Scott Memorial Award 2013 has taken place; the recipient was Rachael Daniels, Lead Podiatrist at Queen Margaret Hospital/Specialist Podiatrist, Integrated Community Assessment Support Service (ICASS);
- the ICASS Team were recently shortlisted for a National Award;
- the potential impact of election changes on the Committee in terms of both individual contribution and the logistics of how the Committee operates.

62/13 HEALTH & SOCIAL CARE PARTNERSHIP/INTEGRATION [Susan Manion]

The Shadow Partnership Board continues to meet; a development session was held with the third sector and care sector with a further session planned,
focussing on aspects of integration.

There has also been work carried out on the set up of the infrastructure and discussion on how to take this forward will be held at the next meeting.

It was noted that discussions will be held with staff, ensuring there is a consistent approach, as well as how to take forward to the next phase. A lot of work is being carried out in terms of governance, and mechanisms such as the patient and public involvement will be used to distribute information.

63/13 DELIVERING EMERGENCY ACCESS TARGET/PREPARING FOR WINTER 2013/14 [Val Hatch]

The paper outlined the requirement for NHS Boards to have an agreed winter plan signed off by their Chief Executive. The plan ensures the Board is fully prepared, along with their partners for winter. As in previous years, NHS Fife have developed a winter planning framework and an escalation procedure to support this. Alongside this, there is a detailed Local Unscheduled Care Plan which outlines specific actions being undertaken to improve capacity and flow and help deliver and sustain emergency access performance, particularly over this period.

Key to supporting these arrangements for CHPs are:

- the reshaping care work focussed on developing new models of care;
- reducing delayed discharges;
- leadership of this programme of work through the Local Management Groups and Partnership Management Group

In relation to Reshaping Care for Older People, the following was noted:

Hospital at Home – the service is now operational on a Fife-wide basis, to date there have been approximately 770 patients managed by the teams. The service at full capacity will be able to accommodate 50 patients by the end of December 2013. The average stay is 5 to 8 days. Early data indicates a reduction of approximately 6% of hospital admissions for over 75s in the Dunfermline and West Fife area.

Intermediate Care Services (ICS) – The ICS Teams in each of the 3 CHPs are being strengthened by employing additional Health Care Support Workers to help support activity over the winter. In D&WF, the Team currently supports approximately 200 individuals at home each month.

In addition to this, investment from the Change Fund has been allocated to develop a supportive re-ablement model with the Independent Sector providers in Fife. Funding has been allocated to provide a small number of beds in three care homes across Fife. These beds will be specifically used for people being discharged from hospital who need some further support before returning to independent living.

Fife Council is also providing an intermediate care facility in two areas of Fife, Glenrothes and Cowdenbeath, it’s expected these units will take admissions
from both hospital and community and will operate in the same way as the Independent Sector. The average length of stay is expected to be no more than 6 weeks.

**Discharge Hub** – created in Victoria Hospital, supports discharge home for frail, (in the majority elderly patients) by co-ordinating discharge packages and directly accessing services available across Health and Social Care. The Hub is supported by a team of Patient Flow Co-ordinators who are able to provide an assessment function for individuals and to expedite more timely discharge.

**Delayed Discharge** – the number of patients reported as being in delay at the end of October was 72, this is a reduction on previously reported figures. The number within this overall figure that had been delayed at 4 weeks was 12 and over 2 weeks 42.

The report outlines continued progress in implementing an ambitious service redesign in the delivery of community service across both Health and Social Care that supports the overall strategic intent laid out in the Reshaping Care for Older People Programme and which contributes to the delivery of the Emergency Access target in Fife, particularly over the winter period.

The Committee noted the ongoing progress in the delivery of new community services for older people and the current position with delivery of the delayed discharge target in Fife.

**64/13 DENTAL SERVICES REPORT** [Graeme Pettigrew]

Graeme Pettigrew explained the Fife Community and Salaried Dental Service (now Public Dental Service) is a Fife-wide Department that provides Primary Care Dental Services which are not or cannot be provided within the General Dental Service (GDS). The Public Dental Service (PDS) merger of both services took place on 19 September 2013.

From the Dental Services report, he highlighted the following D&WF CHP and NHS Fife achievements.

**Dental Registration** – overall registration in D&WF CHP has been steadily increasing, current registration for the area is 76.8%, which is just below the national average of 78%. Additionally, noting an increase across all age groups since 2012.

**Registration Targets** – the main target is to have 75% of under 2’s registered with a dentist by March 2016. This is a significant challenge, with less than half currently registered. The Dental Services Team has been very proactive in relation to this target and have investigated a number of approaches to address.

‘Let My Childsmile’ – to address registration issues and targets, the Dental Team is currently trialling the ‘Let My Childsmile’ project with Health Visitors in the Glenrothes and North East Fife area. The trial runs until February 2014, at which point it will be evaluated, amended as required and implemented in
other CHPs.

**HEAT Target/Childsmile Activity** – The Heat Target (H9) for Fife 60% of all three and four year old children to have at least two applications of fluoride varnish per year, by 31 March 2014. Progress against this target was improved significantly following the integration of Childsmile as part of Dental Remuneration in 2011. For the period April 2012 – March 2013, the number of children aged 0-5 receiving the range of Childsmile interventions at their registered dentist has doubled from the same period the previous year.

**Fife Dental Advice Line** – call volume relating to dental registration has decreased by 25% in 2012, following a 30% decrease in 2011. This indicates a continuation of the improvement of access to dental service. Less than 20% of all calls were generated from the D&WF CHP area.

The Committee **noted** the contents of the report and work being carried out across the range of service within the Public Dental Service.

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**65/13 CAPITAL EXPENDITURE 2013/14**

The short paper presented by Andrew McCreadie provided a brief for the Committee on approved Capital expenditure for 2013/14 within the D&WF CHP area of responsibility. The funded schemes are:

**Decentralisation of Boilers** – funding of £726k secured from the Scottish Government Carbon Reduction Fund for the decentralisation of the existing Lynebank Boiler Plant. This will result in significant revenue savings and will allow for the disposal of unutilised property on the Lynebank site.

**Minor Works** - £13k secured from the Board’s Minor Works Funding for additional work to complete the new Tayview Ward on the Lynebank site and £17k for the replacement of doors in the Mayfield Unit on the Lynebank site.

These schemes are complimented by the Statutory Compliance Funding which is prioritised and allocated by the Director of Estates, Facilities and Capital Services. Schemes within the D&WF CHP area include:

- roofing replacement at Lynebank Hospital;
- improvements to the Fire Alarm system on the Lynebank site;
- upgrade to Ward 12 heating system;
- ongoing window replacement and Asbestos removal at Lynebank Hospital.

The Child Assessment Unit at Leven Health Centre is undergoing refurbishment as part of a £70k scheme for the Health Centre.

The Committee **noted** the content of the report.
66/13  COMMUNITY PHARMACY CONTRACT REPORT

Susan Manion introduced the paper advising that it is an update on the report presented to the Committee in September 2012.

It was also noted that Andrea Smith and William John attended the last Committee Development Session to outline the Pharmaceutical Strategic Plan.

The Committee noted the progress with the implementation of and uptake of core elements of the contract, particularly CMS and serial prescribing; the increasing community pharmacy contribution to 46% of all successful 4-week quits by all stop smoking specialists and the involvement of community pharmacy in delivering clinics for patients with chronic pain.

67/13  PRIMARY CARE RESOURCE CENTRE COMMUNICATION AND PUBLIC INVOLVEMENT [Ann Hatton]

The purpose of the paper is to update the Committee on the Primary Care Resource Centre (PCRC) consultation in relation to the relocation of various Primary Care Services to Queen Margaret.

PCRC Workstream – the services identified for relocation include Podiatry, Nutrition and Dietetics, Speech and Language Therapy, Diabetic Services, Children’s and Adult Physiotherapy, Children’s Occupational Therapy, Clinical Psychology, Children and Adolescent Mental Health Services, Learning Disability Out-patients and Specialist Dental Services supported by administration services. These services are currently delivered from Carnegie and Abbeyview Clinics.

PCRC Communication and Public Involvement Plan – the requirements of a communication plan within NHS Scotland consists of, Informing, Engaging, Consulting People in Developing Health and Community Care Services (CEL 4 (2010)); Public Partnership Forums and National Standards for Community Engagement; Healthcare Improvement Scotland/Scottish Health Council Major Service Change Guidance (2010); Equalities Impact Assessment and Visioning Outcomes in Community Engagement (VOICES). Each of these requirements were outlined within the paper.

In preparation of the Plan the above requirements and processes have been taken into account. This is to allow for interested parties to be involved in the process, have a say and be listened to.

The participation exercise involved a wide range of parties including: Public Partnership Forums; Local Councillors; Local MP & MSPs; established Community Groups e.g. LGBT and Equality Groups; Public Sector groups such as Community Councils; Local and Area Staff-side Forums and Fife Clinical Forum.

The information on the website was provided in five community languages and distributed to the appropriate groups in British Sign Language, Large Print and Braille.
Equality Impact Assessment Outcomes – an Equality Impact Assessment was carried out to determine the impact of the development of a PCRC on patient groups and produced recommendations to mitigate potential impacts.

Communication, Involvement and Engagement Action Plan – engagement since January 2012 amounts to 62 activities including verbal updates, papers and presentations to staff-side, CHP Committee, NHS Fife Board Development Session, Public Partnership Forum and Local Councillors. The timetable for engagement was outlined within the paper.

PCRC Development Plan Period of Consultation – the active phase of public involvement commenced May 2013 and closed 30 September 2013. The active period of engagement was made known to key stakeholders via an e-newsletter distributed widely, with some paper copies being made available as well as leaflets, NHS Fife website and announcements in the local press.

Information has been gathered with the aim to collect any issues and ensure they are considered ahead of any decision being made, 200 validated responses were received. The full survey report will be made available on the NHS Fife Website at www.nhsfife.org/queenmargaret.

Public Displays – the General Public were able to give their comments via Carnegie and Duloch Libraries, Carnegie and Abbeyview Clinics as well as via the website. A total of 90 comments were received this way.

Healthcare Improvement Scotland/Scottish Health Council Service Change Documentation – the documentation has been updated and forwarded to the Scottish Government with a copy of the Equalities Impact Assessment and the letter from the Scottish Health Council, for their view.

Summary of results from the Equalities Impact Assessment, Patient Survey and Public and Staff comments were outlined as issues relating to car parking; public transport; Carnegie building and the hospital environment.

Taking the issues forward – the issues have been highlighted and discussed at the Queen Margaret Development Project Team and Project Board. It has been agreed all issues will be forwarded to the appropriate Workstreams for consideration and action as appropriate.

Susan Manion advised that this report will also be submitted to the Queen Margaret Project Board to inform that the Committee has agreed with the recommendations.

The Committee noted the completion of the active public and key stakeholders involvement in line with requirements; the service change documentation sent to Scottish Government; the issues identified transferred to the appropriate Workstreams for consideration and action as appropriate and agreed the relocation of services, as described, from Carnegie Clinic and Abbeyview Clinic and to proceed in line with NHS Fife Board requirements to follow the procedures laid down in the NHS Property Transactions Handbook.
Isobel Vernolini provided the following update:

- very interesting presentation at the Joint PPF meeting from Stephen Moore, Interim Director for Health and Social Care Integration, which generated lots of questions from members;
- enlightening talk from Linda Wright, Healthcare Chaplain on the Community Chaplaincy Listening Service and advised of the Chaplaincy on prescription;
- Joint PPF Evaluation Report received a 46% response, has been agreed a ‘special’ meeting will be held to go over the concerns and will take place on 25 November 2013;
- 12 requests for involvement since last report, membership remain at 10.

Discussion followed on minutes from the Joint PPF meetings and concerns highlighted, it was agreed this would be looked into.

The Committee noted the content of the report.

The UNCONFIRMED MINUTE OF THE LOCAL PARTNERSHIP 11 SEPTEMBER 2013

Nothing to highlight.

The UNCONFIRMED MINUTE OF THE CLINICAL GOVERNANCE GROUP 17 SEPTEMBER 2013 [Dr McGovern]

Dr McGovern highlighted the very positive Keep Well Annual Report presented by Margaret Bell, Keep Well Manager; noting the Keep Well Team have done remarkably well and commended Margaret Bell for what has been achieved. It was also noted that the service has successfully ‘dove-tailed’ with General Practice using their information or working from GP premises, and has received positive feedback.

M Adams reiterated the good work done and will highlight to the Board.

The UNCONFIRMED MINUTE OF THE HEALTH & SAFETY GROUP 17 SEPTEMBER 2013 [Dr McGovern]

Dr McGovern highlighted that C Difficile rates have remained low, with Fife being the third lowest mainland Board for April – June 2013.

John Winton raised a question in relation to Item 9.2 – Power Outage - what measures are being taken to ensure this incident is not repeated. It was explained that both incidents are being escalated through Datix by the Estates Department and will be dealt with in line with policy.
72/13  CHP FINANCE REPORTING

72/13/1 Income & Expenditure: Draft Financial Report for the 6 Months to 30 September 2013 [Andrew McCreadie]

The Income and Expenditure position for the CHP for the six months to 30 September 2013 is showing an underspend of £239k against Managed Clinical Services and an underspend of £45k within PCES. Prescribing is showing an underspend of £329k.

In line with previous years, expenditure is monitored against budgets throughout the financial year. The breakdown of over and underspends against budgetary areas were highlighted and discussed. This included highlighting the Interpreting Service and the significant work being undertaken by Service to reduce the significant overspend.

The CHP identified cash releasing savings of £300k, plans identified to date are £199k of which £76k cash releasing savings have been delivered at Period 6.

Andrew McCreadie raised for information that the planning process is underway for 2014/15, the first draft of the Plan is to be considered by the Strategic Management Team and will subsequently be submitted to the Board.

72/13/2 Capital Programme Expenditure Report 30 September 2013 [Andrew McCreadie]

The Capital allocation was previously outlined in Item 65/13.

Thereafter, the Committee noted the contents of the report.

73/13 ITEMS FOR INFORMATION:

The Committee noted the following items for information:

The Unconfirmed Minute of the DWF Clinical Services Management Team 15 October 2013.

John Winton sought clarification on Item 5, it was advised that the paper related to the 4 core provision sites in Dunfermline only and agreement was required by CSMT that the service could be moved to the QMH Primary Care Resource Centre.

The Minute of the Learning Disabilities Management Team meeting 8 October 2013.

The Unconfirmed Minute of the Child Health Management Team 19 September 2013.

The Unconfirmed Minute of the General Practice & Primary Care Group 16 September 2013.
74/13 ANY OTHER COMPETENT BUSINESS

74/13/1 Health Board Elections – Cllr Lockhart expressed his view on the changes, and felt whatever system is introduced it should include as wide a range of people as possible as the NHS is a public service and members of the public need to be aware. It was noted limited information is available at this time.

75/13 FUTURE DATES:

Date of Next Formal CHP Committee Meeting (in public): Thursday 9 January 2014 at 2.00pm in Conference Room 4, Lynebank Hospital, Dunfermline.

Date of Next CHP Development Committee Meeting: Thursday 12 December 2013 at 2.00pm in Conference Room 4, Lynebank Hospital, Dunfermline.