Dunfermline & West Fife CHP
Community Health Partnership

UNCONFIRMED MINUTES OF THE MEETING OF DUNFERMLINE & WEST FIFE COMMUNITY HEALTH PARTNERSHIP COMMITTEE HELD ON THURSDAY 13 NOVEMBER 2014 AT 2.00PM WITHIN CONFERENCE ROOM 4, LYNEBANK HOSPITAL, DUNFERMLINE

NOT YET ENDORSED

Present:
Karen Baxter, AHP Representative
Andrew Hepburn, Optometry Representative
Rona Laing, Non-Executive Board Member
Simon Little, Non-Executive Board Member (Chair)
Cllr Peter Lockhart, Fife Council Member
Dr Alan McGovern, CHP Clinical Director
Susan MacLeod, Nursing Representative

Cllr Billy Pollock, Fife Council Member
Mary Porter, Interim General Manager, DWF
Alastair Robertson, Non-Executive Board Member
Lorna Sherriffs, LPF Representative
Isobel Vernolini, PPF Representative
John Winton, PPF Representative
Dr Anne Woods, GP Representative

In Attendance:
Lorraine Cooper King, Business Manager, DWF CHP [Minutes]
Fiona Forrest, Lead Pharmacist, DWF CHP
Anne McAlpine, LMG Lead / Lead OT, NHS Fife

Lisa Milligan, Service Manager, PCES, NHS Fife
Margaret Pirie, Service Manager, Learning Disability Service, DWF CHP
Carol Potter, Assistant Director of Finance, NHS Fife

NO HEADING ACTION
45/14 WELCOME, INTRODUCTION AND OPENING REMARKS FROM THE CHAIRMAN

Alastair Robertson welcomed everyone to the meeting and introduced Simon Little, who will take over as Chair of D&WF CHP Committee following his resignation from the Board at the end of December 2014.

Chairmanship was handed over to Simon Little at this point, and thanks were expressed to Alastair Robertson for his commitment and contribution to NHS Fife over the last 10 years.

46/14 APOLOGIES FOR ABSENCE

Apologies were received from:

- Nicky Connor, Interim Associate Nurse Director, DWF CHP
- Colin Cossar, Pharmacy Representative
- Lawson Rennie (KStJ), Carer Representative
- Pauline Small, Associate Nurse Director, DWF CHP

47/14 DECLARATION OF MEMBERS’ INTERESTS

No declarations of interest were intimated.
48/14 MINUTES OF PREVIOUS MEETING HELD ON 11 SEPTEMBER 2014

Dr McGovern and Carol Potter to be added to the ‘present’ list. Thereafter, the minute of the previous CHP Committee meeting was confirmed as an accurate record pending these additions.

49/14 MATTERS ARISING FROM THE PREVIOUS MINUTE

No matters arising intimated.

50/14 GENERAL MANAGER’S REPORT [Mary Porter]

50/14 (1) Staff Briefing Sessions

Mary Porter reported on the Staff Briefing sessions that are taking place across D&WF (and K&L) CHP throughout November. These sessions are an opportunity for staff to engage in the latest developments of the Health & Social Care Integration, and discuss other relevant topics of interest.

50/14 (2) Health & Social Care Integration (H&SCI)

The H&SCI Localities Consultation closed on 3rd November 2014. A second series of integration events has been organised for November 2014. These sessions offer staff from within health and social care to be part of the integration planning. Sandy Riddell will provide the opening address.

51/14 ASSOCIATE NURSE DIRECTOR REPORT

Carry forward to next meeting.

52/14 RESHAPING CARE FOR OLDER PEOPLE [Anne McAlpine]

Anne McAlpine reminded Committee members of the background of the Reshaping Care for Older People Change Fund; a four year fund, which concludes in March 2015, aimed at improving services for older people by shifting care towards anticipatory care and prevention.

Within Fife, a number of initiatives have been rolled out, including:

- Integrated Community Assessment and Support Service (ICASS) – multidisciplinary teams who provide care for patients in their own home or in a homely setting.
- Hospital at Home – set up under the umbrella of ICASS, this service is now fully operational within D&WF. The average caseload is between 15-20 patients per week, with an average length of stay being 8-9 days.
- Re-ablement has been incorporated in the mainstream homecare service.
- Short Term Assessment and Re-ablement (STAR) beds – offer alternative to remaining in hospital beyond an acute episode of care. Four units are available across Fife.
- Development of a Community Capacity Building Programme – a partnership programme with Fife Voluntary Action.

The report outlines nine projects, from within the third sector, funded as part of the Community Interventions Fund.
The Reshaping Care for Older People programme is overseen by the Partnership Management Group, who are also responsible for coordinating and receiving the evaluation reports from the projects being funded as part of the programme.

Following discussion, it was noted a final evaluation will be undertaken which will contribute to determining what models of care there will be from April 2015, with a recommendation paper going to the Health & Social Care Partnership Shadow Board to inform the work of integrating and delivery of services.

Representation and accountability of the Partnership Management Group (PMG) was outlined. However, with reference to the STAR beds, it was intimated there was a lack of involvement and consultation with General Practitioners and District Nurses.

The Committee **Noted** the progress made to date.

**DELAYED DISCHARGES / EMERGENCY ACCESS** [Anne McAlpine]

Anne McAlpine advised there were 142 patients in delay, across Fife, up to w/c 10 November 2004. The target for Fife is no patient in delay for more than four weeks. From April 2015, this will reduce to a more challenging two weeks.

There are a number of significant delays across Fife (acute service) with a significant number within the wards at QMH. D&WF CHP has the highest number of residents across Fife in delay; 38%.

Nationally, Fife is the fourth highest board; higher than the Scottish median. Committee members were advised the figures provided by ISD are adjusted to reflect population figures.

Over the past 12-24 months a considerable amount of collaborative work has been implemented across the partnership to manage capacity within the system. This includes; daily capacity calls and weekly delayed discharge verification meetings. These meetings focus on specific patients with a proactive approach to tackle what the issues, possible solutions and pathways to help to move people out may be.

Again, Committee members noted the solution to delayed discharges needs to be a joint approach between health and social care, with wrap around support services available within GP Practices to ensure earlier input to patients to avoid admissions.

It was also noted that people facing life changing circumstances are given the time to adjust and not discharged too early in order to meet the two week target.

The Committee **Noted** the current position with delivery of this important target and the further working being undertaken to achieve this.
INTEGRATED COMMUNITY ASSESSMENT AND SUPPORT SERVICE (ICASS) EVALUATION  [Anne McAlpine]

Anne Mcalpine presented the evaluation report of the ICASS service, which was undertaken by Mhairi Gilmour, Public Health Research and Development Officer. The report covers all the services under the ICASS umbrella over the past three years, and provides twelve recommendation points which are being taken forward by the ICASS Implementation Group.

The overall aspiration of ICASS is not a cost cutting exercise but to reduce long term care and provide community services to avoid unscheduled / avoidable acute care / admissions.

During discussions of the report, it was noted there are no plans to extend to 24 hour care at the present time in line with the original plans.

PRESCRIBING / MEDICINES MANAGEMENT  [Fiona Forrest]

Fiona Forrest presented the annual update on the current situation with regards to prescribing within NHS Fife overall and local CHP prescribing.

NHS Fife spends approximately £94m per annum on medicines across primary and secondary care. The majority of spend - £71m – is within primary care. Over the past few years, NHS Fife has had the highest cost per patient, in primary care, of any mainland health board in Scotland. As a result, the Prescribing Efficiency Group was established to oversee the delivery of Fife’s Prescribing Action Plan to reduce harm, waste, and variation in the use of medicines.

Highlighted progress within 2013/14 and 2014/15, includes:

- Polypharmacy – working with GPs and care homes to ensure the review of patients who are taking multiple medicines or ‘high risk’ medicines and who, as a result, are at risk of adverse effects, falls or hospital admission. A Fife-wide network of pharmacist-led polypharmacy review clinics within primary care has been established. Funded through Prescribing for Excellence, this network will feed into the work of the Fife Frailty Project board.
- Repeat Prescribing – 76% of Fife-wide General Practices are now signed up. Admin staff have been attending the training programme led by the primary care pharmacy team. This initiative is in the early stages but already some benefits have been identified.
- Antibiotic prescribing – focus on appropriate prescribing to reduce the risk of antimicrobial resistance. 64% of practices have now exceeded the target of below the lower quartile for Scotland. Fife compares favourably with other health boards and has seen a reduction in spend of £100k as a result.
- Hypnotic and anxiolytic prescribing – a new Fife-wide policy is now in place to ensure appropriate prescribing of these medicines on a short term basis.
- Social prescribing – as presented to the Committee last year, a pilot initiative has been established within the Lochgelly area (Lochgelly Health Centre) to help patients manage their mental health without the requirement of medications. The one-to-one health coach provides signposting and support. This initiative is a partnership approach with Fife Council, who have provided some of the funding. The project is due to be evaluated.
shortly, with a report back to Committee following this.

- Finance – last year, NHS Fife’s spending within Primary Care reduced by £6m. Fife is no longer the highest spending health board in Scotland. Additionally, the gap between Fife and the Scottish average has reduced from £9m to £5m. NHS Fife delivered £1.6m in efficiency savings as a result of projects delivered through good engagement with GP practices. Locally, DWF CHP is underspent by £234k for the first quarter of 2014. In order to improve Fife’s position further, phase 2 of a two-year GP incentive scheme has commenced.

- Reducing medicines waste in care homes – an invest to save initiative is being delivered by pharmacy technicians working in care homes across Fife. Four months into a 15 month project, £33k savings have been delivered.

- Pharmacy resource and skill mix – a skill mix review has been undertaken across primary and secondary care to best utilise the skills of the existing workforce. Through the Prescribing for Excellence, pharmacy technicians will be recruited in order to release pharmacist prescribers to utilise their skills in undertaking polypharmacy reviews.

The achievements, engagement and confidence between pharmacists and GP practices were recognised. Feedback from practice admin staff, who have found peer support from other practices in line with the training programme, was also recognised.

The Committee **Noted** the significant progress in reducing prescribing expenditure; **Noted** the progress in delivery of the Prescribing Action Plan; **Supported** the need to progress engagement with acute services to deliver the prescribing action plan; and **Recognised** and **Supported** the need for ongoing commitment to implement the Fife Prescribing Action Plan.

**56/14 LEARNING DISABILITY DISCHARGE PROGRAMME** [Margaret Pirie]

Margaret Pirie provided an update to Committee regarding the discharge programme for two of the ward areas within Lynebank; Mayfield Assessment and Treatment Unit (13 bedded ward) and Levendale (8 bedded ward).

With particular reference to discharge plans for four patients from Mayfield, due to issues with the environment of planned new accommodation, the decision has been taken to delay the planned discharge. It is now unlikely these patients will be discharged before Christmas.

Committee were advised support to patients on discharge will be done within the current staff provision. Nursing support will be reviewed on an ongoing basis. The discharge programme does not present a risk to staff posts. There is currently a waiting list for accommodation placements within the Mayfield unit. However, there is a need to understand why the discharge of some of the patients is a year behind schedule.

Thereafter, the Committee **Noted** the content of the report.
GOVERNANCE ITEMS

56/14(1) Patient Focus Public Involvement Report [Isobel Vernolini]

Isobel Vernolini provided a verbal report, highlighting the recent joint Public Partnership Forum meeting where presentations on the Health & Social Care Localities Consultation and Capacity and Flow were heard. Isobel Vernolini was disappointed that the minutes from the meeting were not available.

56/14(2) The Unconfirmed Minute of the Local Partnership Forum 10 September 2014 [Lorna Sherriffs]

Amalgamation of the D&WF and K&L Local Partnership Fora was noted.

56/14(3) The Unconfirmed Minute of the Clinical Governance Group 16 September 2014 [Dr McGovern]

Nothing to highlight from the minutes.

Issues around lack of coherent joined up IT systems between and Hospital at Home and GP systems was raised in terms of patient safety. These issues are being looked at. Similarly, issues within PCES IT systems were also noted.

56/14(4) The Unconfirmed Minute of the Health & Safety Group 16 September 2014 [Dr McGovern]

Nothing to highlight from the minutes.

CHP FINANCE REPORTING [Carol Potter]

57/14(1) Income and Expenditure: Financial Report for the 6 Months to 30 September 2014

The Income and Expenditure position for the CHP for the six months to 30th September 2014 is showing an underspend of £216k against Managed Clinical Services and an underspend of £8k within PCES. Prescribing are showing an underspend of £234k for the year to date.

The CHP was allocated a cash releasing savings target of £394k. Total plans identified to date are £291k, all of which are cash releasing and £160k of which has been delivered at period 6.

57/14(2) Capital Programme Expenditure Report to 30 September 2014

The specific allocation for DWF CHP in 2014/15 is £796,728. Expenditure to date relates to maintenance / work on the Lynebank site.

The financial position of the CHP will continue to be monitored.

Thereafter, the Committee noted the contents of the report.
ITEMS FOR INFORMATION

The Committee Noted the following items for information:

58/14(1) Preparing for Winter 2014/2015

58/14(2) The Minute of the Learning Disabilities Management Team 29 September 2014

58/14(3) The Unconfirmed Minute of the Child Health Commissioner Group 21 August 2014

58/14(4) The Unconfirmed Minute of the General Practice & Primary Care Clinical Group 17 September 2014

58/14(5) The Minute of the Queen Margaret Project Board Meeting 03 September 2014

ANY OTHER COMPETENT BUSINESS

FUTURE DATES:

Date of Next Form CHP Committee Meeting (in Public): The next Formal meeting will be Thursday 28 January 2015 at 2.00pm, Conference Room 4, Lynebank Hospital, Dunfermline.