MINUTE OF THE KIRKCALDY AND LEVENMOUTH CHP COMMITTEE MEETING HELD ON TUESDAY 11TH NOVEMBER 2014 AT 1.30 P.M. IN THE TOWN HOUSE, KIRKCALDY

PRESENT:
Mr Alastair Robertson, NHS Non-Executive Board Member (Chair)
Mr Nick Barber (MBE), Public Partnership Forum Representative
Mr Jim Bett, Voluntary Sector Representative
Mrs. Nicky Connor, Associate Nurse Director
Mrs Moira Dunsire, Registered Allied Health Professional
Mr Simon Little, NHS Non-Executive Board Member (Chair)
Mrs Mary Porter, General Manager
Mr Allan Shields, Pharmacy Representative

IN ATTENDANCE
Mr Bruce Anderson, Head of Partnership
Mrs Heather Bett, Clinical Services Manager, Sexual Health Service
Mrs Lorraine Cooper-King, Business Manager [DWF CHP] (Minutes)
Mrs Moira Duncan, Care Manager
Mrs Carol Potter, Assistant Director of Finance
Mrs Kathryn Quinn, Clinical Psychologist

ACTIONS

41/14 WELCOME AND INTRODUCTION
Mr Alastair Robertson welcomed all to the meeting and in particular to Mrs Kathryn Quinn and Mrs Moira Duncan who were in attendance to give a presentation on the Dementia Post Diagnostic Support Service.

Mr Robertson went on to advise Committee members that interviews for three new Non-Executive Board Members would be taking place later this week. Mr Robertson also advised of Mrs Ann Faulds’ resignation from the Board. Mrs Rona Laing, Non-Executive Board Member will now take over Chairmanship of the Audit Committee.

42/14 APOLOGIES FOR ABSENCE
Apologies were received from Professor Ian Campbell, Mr Simon Fevre, Mrs Karen Gibb, Mr. Ron Parsons, Mr Gordon Penman and Dr Steven Rogers.

43/14 DECLARATION OF INTEREST
Mrs Dunsire intimated a declaration of interest in relation to agenda item 11.2.
44/14  **MINUTE OF THE PREVIOUS MEETING**

The Minute of the previous meeting held on 9\textsuperscript{th} September 2014 was reviewed, the following amendments were discussed:

- Minute 39/14 – Efficiency Savings: amendments to the narrative of the report only; no amendments to the figures reported required.
- Minute 39/14 – Rheumatology High Cost Drugs Review: incorrect reference to suggestions made by the chair regarding the use of biologics.

Thereafter, the Committee agreed to approve the minutes as an accurate record pending the amendments noted above.

45/14  **PRESENTATION: DEMENTIA POST DIAGNOSTIC SUPPORT SERVICE**

Mrs Quinn began the presentation by outlining her role as Clinical Lead, and that of Mrs Duncan’s as Care Manager, within the Dementia Post Diagnostic Support Service.

The Post Diagnostic Support Service was established on 1\textsuperscript{st} September 2014 as a response to Scotland’s National Dementia Strategy, with the aim of ‘improving post diagnostic support’ in line with the Scottish Government’s (HEAT) target around this area.

The service in Fife is based on the Alzheimer’s Scotland ‘five pillars’ model, which is a self management approach to empower and support patients to remain at home for as long as possible. The central Fife service is an amalgamation of two historical services, which has allowed for an integrated skilled workforce, and is currently working towards an eight pillar model to provide support for those with more complex needs.

Mrs Quinn did explain however, that early diagnosis does not always mean early in the disease progress for this patient group.

Mrs Duncan then outlined the role of the Care Manager, and in particular the importance of having one central point of contact for the patients to ensure a streamlined process.

The Post Diagnostic Support Service aims to provide an anticipatory and empowerment approach.

To date, NHS Fife is achieving 53% diagnostic rate, with referrals increasing month on month. A total of 84 referrals have been received so far and is beginning to even out across Fife; 45%, 30% and 25% received from Central Fife, Dunfermline & West Fife and North East Fife respectively. 14 referrals have been declined in total – many due
to diagnosis before the cut off date of 1st September 2014. These patients will still be seen by appropriate services but will not be coordinated through the Post Diagnostic Service. The Service will continue to raise awareness of the referral criteria to ensure the focus is kept on early stage intervention.

It was noted, however, that to date, no referrals have been received from GPs. The service will work with GPs to encourage and support diagnosis.

Mrs Quinn outlined plans to establish a Carer Support Group. A scoping exercise will be undertaken to establish what is currently available.

Committee members then discussed the diagnostic criteria, cut off dates and concerns around inequity. Members were assured that patients who do not meet the referral criteria for the Post Diagnostic service will still receive the care and input from relevant services, but this will not be via the coordinated, single point of access.

Mr Robertson thanked Mrs Quinn and Mrs Duncan for their informative presentation.

*Kathryn Quinn and Moira Duncan left the meeting at this point.*

**46/14 MATTERS ARISING**

There were no items raised.

**47/14 GENERAL MANAGER’S UPDATE**

Mrs. Porter provided an update on the following items:

**Clinical Director Post**

Dr David Reid has been appointed and will take up post in the new year. Dr Anderson will still work on a sessional basis with regards to GP engagement.

**Medical Staffing**

The Rehabilitation Service has been unable to recruit to their substantive consultant post. Dr Skelton has agreed to return on a sessional basis. A Practitioner Assistant has now been appointed into post. Recognition was given to Dr Sloan for the support given to ensure the service continues.

A preferred candidate has been appointed to the Rheumatology post and will start in post early next year.

**Intensive Psychiatric Care Unit (IPCU)**

A business case will be drafted and submitted to Finance and Resource Committee in the new year.
**Health & Social Care Integration**
To support the implementation of integration in Fife, a second series of staff engagement events are taking place, in various venues across Fife, over this week and next.

The Committee noted the General Manager’s Verbal Report.

**ASSOCIATE NURSE DIRECTOR’S UPDATE**

**Health Visitor and School Nursing Summit**
Mrs Connor highlighted the positive Health Visiting and School Nursing event, which took place last week. At the Summit, the national workforce review and priorities were shared. The event offered the chance to celebrate Fife’s successes. Another summit is planned for December, which will also include District Nursing and Hospital at Home and their contribution to community nursing. Working groups will be formed following these summits with the focus on how to move community nursing forward.

**Research & Development in Mental Health**
Abertay University, Dundee, have commissioned a Professor to work with NHS Fife to support services to undertake research and development within the field of mental health.

The Committee noted the Associate Nurse Director’s Verbal Report.

**IMPROVING HEALTH**

**Teenage Pregnancy**

Mrs Bett presented the above paper in relation to the strategy to reduce Teenage Pregnancy rates in the Kirkcaldy and Levenmouth (K&L) area.

Mrs Bett reminded Committee members of the higher than average teenage pregnancy rate within the K&L area and the need, as part of the CHP workplan outcome measure, to develop a strategy to ensure all aspects of the service are working towards a common goal.

The report brings together the strategy and outcome in reducing pregnancy rates. Sexual Health Fife and Public Health Nursing have come together and developed plans to take forward this key area of work.

The strategy will be shared with colleagues across Kirkcaldy & Levenmouth CHP and external partners, including Education and Children’s Services.
Initially the focus will be on four areas, identified by deprivation statistics, to work with and understand the community, its culture and other groups working within that area.

The current input to schools is not having the desired reduction in teenage pregnancy rates. More positive messages around personal attainment and aspirations is required.

Mrs Bett also advised the 'hubs' have now transferred to the Sexual Health service, where they will be reviewed in terms of meeting the current needs and where they fit in the strategy.

Committee members then discussed aspirations and cultural challenges.

Thereafter, the Committee **endorsed** the Teenage Pregnancy Strategy.

### 50/14 PATIENT / STAFF EXPERIENCE

#### 50/14(1) Staff Governance

Mr Anderson brought to members’ attention the tabled letter from Simon Fevre, Trade Union Chair. The letter outlined the engagement of Local Partnership Fora in the process of making the staff governance action plan more meaningful to staff. The action plan now sets out clearer objectives and goals in a ‘living’ document. The letter is an assurance that the CHP is working alongside its staff and staff side representatives to enable the improvement of services that are delivered on an ongoing basis within the resources available.

Following Committee discussions, it was noted that time needs to be created to allow staff to access the plan. It was also highlighted there is an aspiration for the action plan to be a rolling document.

The Committee then **noted** the contents of the action plan.

#### 50/14(2) PPF Reference Group

Mr Barbour advised there had not been a local meeting since the last CHP Committee meeting and therefore no updates to report locally. A Joint PPF meeting, focussing on the localities consultation, as part of the Health & Social Care Integration, had taken place and was reasonably attended.

The Committee **noted** the verbal report.
PLANNING FOR SERVICE IMPROVEMENT

51/14(1) Townhill Day Hospital

Mrs Porter spoke to the paper and highlighted the current clinical services accommodation for Mental Health in West Fife.

Since 1980, Mental Health Services in Dunfermline & West Fife have operated two Day Hospitals for older people. Forthview Day Hospital is based within Phase 1 of Queen Margaret Hospital and adjacent to other Mental Health services including in-patient wards and community services. Townhill Day hospital, a stand-alone facility (semi detached two-bedroom house), is situated one mile from Queen Margaret Hospital.

In February 2014, in a change precipitated by an acute staff crisis, Forthview and Townhill Day Hospitals were amalgamated. Following this amalgamation, the opportunity was taken to review the current Townhill site as fit for purpose.

Of the 32 patients who had attended Townhill at the time of the amalgamation, 27 have now been discharged into other day care or residential settings within the Community – assessed as better meeting their needs.

Since February, no patients have raised dissatisfaction about the alignment of services.

The service is now in a position to consult with public members about the feasibility of merging the services on a permanent basis to one site at Queen Margaret Hospital. Julie O’Neill, Risk Manager and PFPI Lead, K&L CHP, is working with the Scottish Health Council to establish the level of consultation required in respect to permanently closing Townhill Day Hospital. Committee members will be updated with progress and developments.

Following discussion, Mrs Porter advised if the decision was taken to merge the services permanently, the building will be sold as surplus to requirement.

The Committee noted the content of the paper.

51/14(2) Fair Isle Clinic

Mrs Bett presented the paper outlining the proposal to consult about the future provision of healthcare services currently delivered from Fair Isle Clinic.
Fair Isle Clinic is a facility in the Templehall area of Kirkcaldy, providing a range of services. The building is deemed no longer fit for purpose and it was felt this was an appropriate time to consider alternative options for the services delivered from the building.

Discussions have been held with the Scottish Health Council on how to progress with a public consultation exercise. In response to this, a communication and engagement strategy and action plan has been developed. This includes inviting interested public members to be part of the appraisal process around what is right for the services currently working within the building.

It was noted, the consultation to close the building is not purely based on the building itself, but around service alignment, reducing lone working and single chair services that would benefit from co-location.

The Committee noted the Communication and Engagement Strategy Plan.

52/14 DELIVERY & EFFICIENCY
52/14(1) Financial Governance

(NB: This item was taken first on the agenda after Matters Arising)

Mrs Potter presented the financial report for the six month period to 30th September 2014,

The CHP is showing an overspend of £344k against managed clinical services, with Prescribing showing an underspend of £45k.

Mrs Potter drew the Committee’s attention to two issues:

1. There has been an increase in the overspend associated with the HepC drug. This drug has been recently introduced and costs are substantial in terms of per patient cost.
2. Anti TNF drug treatment is showing an overspend of £204k. The budget for this has been increased and should see an improvement in next financial year.

The Committee discussed the HepC budget being presented to Finance and Resources Committee.

Efficiency Savings

The CHP was allocated a cash releasing savings target of £608k. Total plans identified for the year were £131k, all of which were cash releasing and of which £65k has been delivered at Period 6.
Capital Expenditure Report

The specific allocation for Kirkcaldy & Levenmouth CHP is £1.565m. Total expenditure against the overall allocation to Period 6 is £993k, relating largely to works at Stratheden and Cameron Hospitals.

The Committee noted the content of the report.

Mrs Potter left the meeting at this point.

52/14(2) NHS Fife Balanced Scorecard/CHP Workplan Comparison 2014/15

Mrs Porter highlighted a number of targets, which sit within the responsibility of the CHP, are currently red (not on track) and was happy to take questions around the highlighted areas.

It was noted the reduction in emergency bed days was an optimistic position and not likely to meet the target.

The forthcoming position of smoking cessation was discussed and it was noted that due to summer-time difficulties with stopping smoking, the next set of results may be less favourable. A percentage of stop smoking assistance is provided via Pharmacy and work is ongoing to take this service forward.

The Committee noted the comparative report between the NHS Fife Balanced Scorecard and the CHP workplan as at 30th September 2014.

Mr Roberston handed Chairmanship of the Kirkcaldy & Levenmouth CHP Committee over to Mr Simon Little at this point.

Mr Little expressed his thanks, personal and on behalf of Kirkcaldy & Levenmouth CHP, for the dedication and input Mr Robertson has given to NHS Fife and the CHP over the last 10 years.

53/14 ITEMS FOR INFORMATION
Clinical Governance Quality & Safety Group – 12th June 2014
Local Partnership Forum – 20th May 2014
PPF Reference Group - 2nd May 2014
Fife Health & Wellbeing Alliance Group – 11th June 2014

54/14 DATES FOR DIARY
Next Kirkcaldy & Levenmouth CHP Committee Development Session:
Tuesday 9th December 2014, 1.00 p.m., (venue TBC)

Next Kirkcaldy & Levenmouth CHP Committee Formal Meeting:
Tuesday 13th January 2015, 1.30pm, Town House Kirkcaldy