

SHETLAND NHS BOARD

Minutes of the Community Health Partnership Committee Meeting held on Thursday 29 April 2010, 9.30 a.m. in the Postgraduate Education Centre, Brevik House, Lerwick

Present

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| Mr I Kinniburgh (Chairman) | Councillor L Angus |
| Mrs C Ferguson | Mr S Bokor-Ingram |
| Ms M Fiddy | Mrs Catherine Hughson |
| Miss E M Watson | |

In Attendance

Miss S Laurenson – Chief Executive Shetland NHS Board
Ms A Nicolson – Admin Support Worker, Community Care
(Notetaker)

CHP 10/12 APOLOGIES FOR ABSENCE

The Chairman welcomed all to the meeting and apologies were received from Mr Chris Nicolson, Councillor Cecil Smith, Dr Sarah Taylor and Councillor Sandy Cluness.

CHP 10/13 DECLARATION OF INTEREST

There were no Declarations of Interests.

CHP 10/14 MINUTES OF MEETING HELD ON 28 JANUARY 2010

On page 3 under Interim Placement Unit, the last sentence should read 'Senior Charge Nurse'.

CHP 10/15 MATTERS ARISING

Shetland's Public Partnership Forum

Catherine Hughson sought clarification/update on the PPF for Shetland.

The working group supported by Marilyn Harris have prepared a draft working agreement taking information from examples from other partnership areas. The CHP had agreed that the PPF should work through NHS100 rather than set up a whole new body, which would require more resources to

maintain. Sandra Laurenson said the NHS100 group worked well. Other areas are not in the lucky position of having an NHS100 group. Marilyn Harris would be able to continue to work on the project, which should be underway by the time of the next meeting when there will be an update from Sandra and Christine.

CHP 10/16 LESSONS FROM MID-STAFFORDSHIRE INQUIRY

There was a presentation from Mr Simon Bokor-Ingram on the independent inquiry into care provided by Mid-Staffordshire and said it was necessary to learn from the inquiry. The idea of discussing the report was to get views from the Committee on what other aspects should be considered in Shetland, regarding services.

There is a statutory duty to assess the performance of health care organisations. The high mortality rates should have triggered a warning in Mid-Staffordshire but these were explained away by coding. However, the Healthcare Commission published a highly critical report in March 2009. There was widespread concern and loss of confidence in the Trust. The Francis Inquiry reported in February 2010, which looked at management issues and the experience of patients and staff. It looked particularly at complaints in Accident and Emergency. The report showed a systems and practice failure, highlighting concerns with basic nursing care. Patients gave detailed accounts of their particular experiences and how they had been cared for. There were deficiencies in staff practice and governance. There had been a focus on data at the expense of patients and their experience, with a failure to listen to those receiving care.

Shetland will soon have access to mortality ratios for the hospital. At the moment mortality statistics include everyone resident in Shetland – not just the hospital. Simon was keen that Shetland learned from the experience in Mid-Staffordshire. The Quality Strategy should help, especially in regards to a quality dimension with people at the centre. There will be a report to Shetland NHS Board in June.

We need to examine our processes to reassure ourselves we are doing all we can across the CHCP services and areas of joint working. People are receiving care at home, as well as the hospital, and we need to look at the whole area of care. In Shetland hospital patients include those who elsewhere may be cared for in a hospice and people discharged from Aberdeen hospital to the Gilbert Bain, when active treatment is no longer appropriate.

Members of this group should be raising awareness of the issues, looking at the requirements and report them to Senior Managers for inclusion in the June Board paper. An audit of complaints over the Last 3 years was reported as underway with an emphasis on follow up action.

The Chair asked if management were comfortable and satisfied that they had a good understanding of Primary Care and Social Care settings regarding

complaints and if there were appropriate systems in place to capture that knowledge.

Social Care has an established complaints process, including a report to Services Committee on all outcomes. The proportion of complaints was very small but there was no room for complacency. It was good to review procedures to make sure that all is in order.

The agencies are providing care for the same people both within the community and in hospital and it should be helpful to join the systems, merge data and see the common themes. It would be an opportunity to reflect on discharge arrangements and see if there are any gaps which need to be covered. The new SSA 'With You for You' places the customer at the centre, which fits in with the findings of the Mid-Staffordshire report.

The new SSA process includes a 'follow up' for each person and that feedback would provide useful information regarding ongoing individual outcomes.

CHP 10/17 Interim Placement Services Review

There was a brief update on the five key work strands.

Telecare/Telehealthcare

Additional funding is secure for this year and the pilot in King Erik House is progressing well. As Telecare/Telehealthcare spreads through the community it will help with the discharge of patients.

Sheltered Housing

The Brucehall project in Unst is functioning very well, with good comments back from customers, carers and relatives. The other two pilot areas need to build on 'With You for You' in order to progress.

LEAN Project

WYFY is now live and members of the LEAN Project Team are working with follow-up calls. The Project Team will now pass on the practical application of the project to the 'With You For You Partnership.' Every member of staff should be able to take the necessary information and pass the information on to the appropriate service. Voluntary groups will also be involved. Community Nursing will be working more on care management to support this. There will be more inter-agency training to help ensure that WYFY works smoothly. There have been a number of enquiries from other Boards and local authorities regarding WYFY. Thanks were given to the LEAN Team for the splendid job.

Long Term Conditions

Work is continuing against the actions in the Long Term Conditions Action Plan. A key focus is making sure any developments are integrated into mainstream services as part of an exit strategy, as the Long Term Conditions project comes to an end.

Hospital Patients' Review

There has been a good deal of progress on this work, but it is still not complete. It is hoped that by 17 May there will be no more people in the IPU at Montfield. There will still be delayed discharges in the Gilbert Bain but these will be more recent additions and easier to manage. It is good to know that all the hard work is beginning to show a whole series of improvements and there were thanks to the staff involved.

'jit' has recently provided more practical support, especially with training for WYFY. There is to be further discussion on more detailed support.

There are people coded 71X in the Gilbert Bain and it was felt appropriate to keep the IPS Review Project Board active meanwhile to focus on this issue.

The NHS will consider the future of the IPU formally as part of the clinical strategy.

CHP 10/18 National Study of CHPs

CHPs are developing in different ways as they have to be appropriate for their local communities. The National Study report is expected soon. Audit Scotland is also reviewing CHPs and will report at the end of this year and once these reports are available there will be a further report to CHP Committee to look at an updated Scheme of Establishment for Shetland's CHP. The Audit Scotland report may be significant - reflecting a detailed examination - including effectiveness and value for money.

Shetland is unique in that there is little or no employment of voluntary sector care workers. This leaves the two statutory agencies providing the majority of all of the care at the moment. It is a co-terminus area and has small numbers; and the prospects for more joint working is brighter in Shetland than other places – particularly with the third sector.

Any formal change to the CHP Scheme of Establishment should be made after the National Study of CHPs and the Audit Scotland report have been published. Meanwhile, there should be no reason why the CHP agencies could not work together in new and better ways. If the Scheme of Establishment is seen to be the cause of any delays, then it can be updated as necessary.

CHP 10/19 CHCP Agreement 2010 – 2013

Christine apologised for the late circulation of the paper due to sickness and annual leave. The document should not be unfamiliar. However, there had been significant changes to some sections due to the new Single Shared Assessment. It is updated annually and is the main reference document for the Community Health & Care Partnership. It is a 'live' document and there

are still a few sections to finalise. Section 7, the Joint Performance Management Framework, including Community Care Outcomes Framework, still had to be finalised and it could be the end of May before this information is ready. It is due to go to the Board and Services Committee for formal approval.

Catherine Hughson advised that the Carers' Section needed to be further updated. This section will be sent again to the voluntary sector for comment.

CHP 10/20 CHCP Action Plan and Main Priorities

The Action Plan for the Main priorities has been taken from last year's CHCP and shows progress to date. The presentation to the next CHP Committee will be changed to reflect the priorities for this year.

The Feasibility Study has been completed for the Eric Gray Resource Centre and that will be moving to the detailed design stage. The Feasibility study on the replacement of Isleshavn has been approved but there has been no detailed design as yet. It does not seem likely that the replacement building for dementia services will be complete within the next two years, but there could well be some development of extra care housing. The Council's capital programme is resourced and has the money for the next five years. It was very important to work together on the different care options to keep down the delayed discharges (71X) figure.

There is a statutory obligation to provide facilities/services for young people with serious disabilities who are still in education. There are on average around seven school leavers a year who are in this very high category of need. There is less clarity on services once they have left the school, but there is a transition group that meets regularly. This issue could be picked up through the work on the Eric Gray Resource Centre. A review of COPE will be progressing shortly and it will be noted in next year's Action Plan.

CHP 10/21 Reshaping Care for Older People

This report follows on from the second summit meeting which was attended by Christine and Councillor Cecil Smith. A summary of "outputs from work-streams" was attached to the report. It was encouraging to see that the proposals being developed were things that we have been doing for some time. The Care Centres are the hubs for working in the community and generic workers should work flexibly between care centres and people's homes. Intermediate care should not be seen as a separate work stream but what underpins the whole system.

The next stage nationally would be public engagement and we will be doing this through our own existing mechanisms.

There are issues around an aging population, which need to be highlighted and discussed. Long-term plans should be based on sustainable models.

In the present financial climate services may not be sustainable in their present form, it is becoming increasingly difficult to provide services for people who live in isolated areas. We seem to be keeping ahead with current thinking but we can always learn from other areas.

It was pointed out that some Councillors do not see LSDGs as very useful. Different localities have developed these in different ways, with the South LSDG being very successful and working on a wide range of issues.

CHP 10/22 Investors in People (IiP) Award for Community Care and Shetland's Community Health and Care Partnership

The IiP award has given staff a huge boost. They really appreciated the opportunity to talk about their work in a different way. There will be an opportunity to build on the award every year. The examiner felt his job had been easy, as the evidence he required had been easy to find and was embedded in the way we work. It was good that there was recognition that we were working in a good way and doing what we were supposed to be doing. It was felt that the outcome had been very successful and it would be a particularly good exercise to continue.

CHP 10/23 CHP Risk Register

Three more risks have been added to the Register:

- possible disruption in CHP following the national study of CHPs and Audit Scotland's review of CHPs ;
- if pace of change required for implementation of Reshaping Care for Older People is not achieved; and
- if there is a reduction in training in the current financial climate.

It was agreed that staff training was essential in maintaining good services even if it required sending staff to the mainland or bringing in specialist training from time to time. The training managers from Social Care and NHS work well together.