

**Minutes of the
Community Health Partnership Committee Meeting
held on Thursday 28 April 2011, 9.30 a.m.
in the Post Graduate, Brevik House, Lerwick**

Present:

Malcolm Bell (Chairman)	Dr Sarah Taylor
Councillor Allison Duncan	Lisa Sutherland
Chris Nicolson	Simon Bokor-Ingram
Councillor Cecil Smith	Hazel Sutherland
Catherine Hughson	Edna Mary Watson

In Attendance:

Ian Kinniburgh, Chairman, Shetland NHS Board
Ralph Roberts, Chief Executive, Shetland NHS Board
Jo Robinson, Service Manager Occupational Therapy
Lynn Freeman, Rehabilitation Co-ordinator
Ann Nicolson, Admin Support Worker (Notetaker)

CHP 11/21 APOLOGIES FOR ABSENCE

Malcolm Bell welcomed all to the meeting and apologies were received from Christine Ferguson, Margaret Fiddy and Betty Fullerton.

CHP 11/22 DECLARATION OF INTERESTS

Councillor Duncan declared an interest in Matters Arising (CHP 11/11) which took into account any NHS capital programme expenditure for Fair Isle; Catherine Hughson declared an interest at item 18 as Executive Officer of Voluntary Action Shetland; and Malcolm Bell declared an interest as the Interim General Manager of COPE.

CHP 11/23 MINUTES OF MEETING HELD ON 27 JANUARY 2011

It was agreed that the minutes from 27 January 2011 were an accurate note of the meeting.

CHP 11/24 MATTERS ARISING

Councillor Duncan asked if there had been any further developments with a building for Fair Isle and if there had been any discussions with Mr Goddard from S.L.A.P. in an effort to progress the situation.

The NHS was currently prioritising the capital programme this year and funding was extremely limited. They have had tentative communications with Mr Goddard, but are waiting to finalise with Hub Scottish Futures Trust what funding could be available through them before making any definite approach elsewhere. NHS still has to find 5% savings this year and the same next year.

CHP 11/25 REABLEMENT PRESENTATION

The Rehabilitation Co-ordinator, Lynn Freeman, gave a presentation on reablement.

The definition of reablement was: services to help people with poor physical or mental health accommodate their illness by learning / re-learning the skills necessary for daily living. The core principles involved supporting people in the community rather than through the Health Care approach in order to maintain or improve people's independence and activity levels. This would include more positive 'risk taking', whilst supporting individuals to manage their illness themselves.

There is an aging population, both nationally and locally, with an increase of people with long term conditions. Through 'Shifting the Balance of Care' people are now being supported in the community and reablement services are growing nationally. The CHCP Agreement encourages reablement and for people to remain active in their communities. A good proportion of 'Reshaping Care for Older People' will be assisted by the use of Telecare.

The benefits of this approach are that people retain their independence with improved physical and mental wellbeing for the individual; and it reduces the demands on social care services with a reduction in the total cost of life care.

There has been unanimous support for this approach from SIC, NHS and the voluntary sector. Local developments have included Montfield Services – their services very much have reablement in mind; telecare and telehealthcare services – which help people to remain in their own homes; a training programme across the services for NHS and SIC staff; along with continued support for the various staff groups through supervision and documentation.

There would need to be changes to documents regarding risk assessment with a joint positive risk taking policy. We need to start looking at strengths rather than weaknesses, which would give a good basis to build on for independence.

Lynn's current post is just for the one year and the work must be sustainable and be integrated into current services, in order to continue. Staff must engage with family members and the wider public to keep

them supportive and abreast of the situation. There was discussion on how to engage with the public.

Montfield has been seen as a fairly significant success story with good stories coming back from people who have used the service. It might have been an idea to highlight some 'success stories' and get people speaking. Care workers could perhaps circulate the benefits to other care workers. Reablement restores people's dignity and allows them to get on and live their lives independently.

There was discussion on how Local Service Delivery Groups and Community Councils could be involved, perhaps with similar presentations in the different localities. There could be coverage on Radio Shetland and involvement through carers' groups, health improvement and health promotion. The agencies could help with co-ordination. Lynn will send the presentation to Ann for circulation to the Committee.

There was unanimous support for reablement and more work was required with reviewing services to individuals.

The biggest anxiety was managing risk more positively. A local Positive Risk Taking Policy should be drafted and brought to the CHCP Management Team. Key Performance Indicators (KPIs) should be built into this as part of practice. It was seen as the way forward and the 'Change Fund' will help to embed the work.

CHP 11/26 PHARMACY APPLICATIONS UPDATE

Update on VAT

In the past dispensing doctors were paid an allowance for VAT payable on certain goods if they were not registered for VAT. It helped to reduce the cost of drugs in Shetland and helped maintain the viability of small practices. Dispensing practices are now required to register for VAT by 1 July 2011 and will not receive this allowance.

Pharmacy Applications

It was hoped to consider the three pending applications in June. These include a second application for Scalloway, one for Levenwick and the other for Brae. The first application for Scalloway had been agreed. The decision by SIC to refuse planning permission for this application would not affect the decisions made by the Pharmacy Practices Committee.

There were three sets of minutes circulated. These covered the visit to Scalloway; the meeting with interested parties; and a brief minute covering the decision. There were three things the Pharmacy Practices Committee (PPC) looked at: - the neighbourhood of Scalloway; the existing pharmacy services in Scalloway; and the necessity and desirability to grant the application. The number of

prescriptions in Scalloway was growing and there were concerns about the existing services provided there by untrained people. It had been highlighted to the PPC that the pharmacy services there were inadequate for patient safety and as someone had submitted an application that situation had to be addressed. The status quo was not acceptable. Given the circumstances consideration should be given as to whether to dispense in Scalloway or in Lerwick. There may be other premises available in Scalloway but it may be that people will have to travel to Lerwick to access this service. The likelihood of having a pharmacy in Scalloway is diminishing. It is unlikely that the Pharmacy Committee will approve the second application in Scalloway.

There was discussion on the philosophy of risk taking and there should be care to ensure we continue to deliver a good service to the people in the community and not back ourselves into a corner.

It was acknowledged that the community had come out in force against the granting of the NorsePharm application, mainly because they did not want to see a diminution of the services at the Scalloway practice, rather than them not wanting a pharmacy service. There had been no complaints received about any mis-prescriptions. The older age group were not so able to come to Lerwick. At present they attended the local surgery, received their prescriptions and then went home. In the small dispensing practices risks were low, but the Scalloway and Levenwick practices were now expanding.

It had been a very difficult situation and it reflected very well on the way the PPC had worked through the process and carried out a very difficult task. Ian Kinniburgh had praise for everybody involved in the process.

Dr Sarah Taylor declared an interest as she was registered with the Scalloway Practice, but agreed with Ian Kinniburgh. There were three more applications to be considered and these should focus on the process. People had not understood the nature of the consultation it was not about a show of support from the local people. The community did not want NorsePharm to take income from the Scalloway practice in case it led to a diminution of services.

CHP 11/27 WELL NORTH

The Well North project had been a success story so far. They had met and exceeded the HEAT target and there had been some unexpected achievements. An outreach worker is being part funded through the Housing Team and there has been success in reaching the people who are hard to reach. The programme is based on the 'Keep Well' initiative and staff have been working with the Government to get the Well North approach included within that initiative. There is no certainty of funding for next year but there was confidence that it would be included into mainstream work. The programme has been useful in delivering a number of other HEAT targets.

CHP 11/28 PATIENT FOCUS PUBLIC INVOLVEMENT (PFPI) UPDATE AND CHANGES TO THE PUBLIC PARTNERHIP FORUM (PPF) CONSTITUTION

The PFPI Steering Group is useful for a number of issues, playing a lead role in monitoring and the development of the care experience agenda. The PFPI and PPF receive information on the participation standards in order to contribute to the process. The Steering Group supported the revision of the PFPI strategies which contributes to improving patient care and they encourage active involvement by the public into NHS services.

The second round of the Better Together survey is underway. It is hoped this year for a higher return than last years 56%, as there had already been a 51% return by the end of March. The 18th of May will be the crucial date this year.

The PPF went live in August 2010, but it had not functioned well and there had been some concern. There had been discussion on how to provide more support. The constitution had been revised, circulated for comment and gained productive feedback. The draft constitution was now presented to the CHP Committee for approval. There were insufficient numbers of the original core group to provide leadership, however, some key officers were now increasing their support for the group and it was hoped that a re-launch would attract more members.

Two Chairs resigned within a short time, they were committed and very interested but perhaps did not fully understand the enormity of the task. Officers underestimated the support that was needed by the lay members. Raising awareness could help and it was suggested that there could be a presentation to the group at Market House, bringing in the voluntary sector, interested members of the public and officer support. It was hoped that eventually there would be minimal officer support, but they must continue their support for the group meanwhile. The revised PPF constitution was approved by the CHP Committee.

CHP 11/29 PROPOSAL FOR CHP COMMITTEE CARERS' REPRESENTATIVE

The Committee welcomed and accepted Sue Beer's nomination to become the carers' representative on the CHP Committee.

CHP 11/30 BEST VALUE FRAMEWORK

A proforma has been submitted to the Board's Chief Executive on the brief of the CHP Committee. It will be discussed with Nick Kenton and revised before another year.

CHP 11/31 CHP RISK REGISTER AND CORPORATE RISK REGISTER SUMMARY REPORT

The 'Risk Register' reports were discussed together. The CHCP Management Team reviewed the CHP risk register on a regular basis, with the Control Assurance Group taking an overview to ensure harmonisation. Work was required on some of the words to make things consistent.

A new risk has been added to page 12 of 12 in CHP Risk Register. It was felt important to recognise a key number of risks if a new party was to be in power after the Scottish election in May. There would perhaps be new processes in place.

Christine Ferguson and Scott Miller are to discuss and make sure the registers are synchronised for the next meeting.

There would be a risk concerning the dental service given that a dentist is to retire from a Lerwick practice. Simon is to discuss the situation with Christine and whether it should be brought to the attention of the CHCP Management Team.

CHP 11/32 RESHAPING CARE

There had been no substantial changes to the draft since it was last at CHP Committee. Section 5 of the report sets out the proposals for the Change Plan and proposed reporting structures. The proposals for progressing the work would be similar to the Interim Placement Services (IPS) review project. It may be the case that the Project Board would only need to meet in exceptional circumstances. There may be some overlaps with some of the work-streams in the Clinical Strategy, but these will be explored to find a joint working arrangement.

At 5.2 of the report it was decided that there was no need for the NHS Board Member of the CHP Committee to be a 'non-executive' Board Member; Cecil Smith would be the SIC Member of CHP Committee and Catherine Hughson agreed to attend as the Executive Officer of Voluntary Action Shetland.

CHP 11/33 ADVOCACY DEVELOPMENT PLAN

There have been some positive developments for Advocacy Shetland over the last few years. They undertook the independent review of their services and drafted an action plan. The CHP Committee approved the Advocacy Development Plan for 2011 – 2014.

CHP 11/34 CHCP AGREEMENT

There have been a number of changes to the CHCP Agreement for 2011 – 14. The Older People's Section includes the Reshaping Care for Older People Change Fund proposals.

Performance Management Framework

There were some actions required around Community Care Outcomes Framework including shifting the balance of care from institutional to home based care. There were KPIs in number of different places. The number of people supported in their own homes was reported but some work was required to see if it was giving what was required in reshaping care for older people.

Section 5

The Integrated Children's Services Plan will be included in the Agreement next year as a Section under Section 5.

It is a 'living document' and there will be changes made through the year. The CHP Committee approved the document and recommended it to the NHS Board for approval.

CHP 11/35 SHETLAND'S INTEGRATED CHILDREN & YOUNG PEOPLE'S SERVICES PLAN 2011 – 2014.

Government policy is moving towards an integrated children's service. In Shetland there is a joint services planning group for children's services. The steering group has a much broader Forum underneath it, which has been developing the children's plan and the services have been coming together to write different elements. It is a much slimmer document than in previous years and much easier to use as a public document. It has been brought to the CHP Committee for their comments before a final is drafted by the Integrated Children and Young People Services Planning Group. It is planned to have regular updates at the CHP Committee in order to check on progress and to make further developments, particularly in the pre-birth and early years of life. Early intervention is seen as crucial for development and ability to learn.

There was no plan specifically to have a young person as a member of the Forum, but some time has been spent thinking about their representation. The approach so far has been through 'Youth Voice' with a standing invitation for young people to attend if they want. This approach could change if young people thought they would like to be represented in a different way. Token membership did not work.

The final plan will be back to the next CHP Committee meeting and the SIC's new Children & Families Lifelong Learning Committee for final agreement. There will be further reports on progress to CHP Committee and next year the Children and Young People's Services Plan will be included in the CHCP Agreement.

CHP 11/36 CHP COMMITTEE MEMBERSHIP

Shetland Islands Council is changing its committee structures. Services Committee is to be separated into two new committees:- Communities, Health and Wellbeing; and Children, Families and Lifelong Learning. It was proposed and agreed that the Chairs and Vice Chairs of these new committees be asked to sit on the CHP Committee. It was also agreed that the Head of Children's Services for the Council be invited to join the Committee.

A review of the Scheme of Establishment is planned following the publication of the Review of CHPs by Audit Scotland. Any review must take account of how it will work within the Council's new committee structure which is due to be finalised on 17 May 2011. At present reporting for CHP matters is through a number of different places.

CHP 11/37 CHP ACTION PLAN & MAIN PRIORITIES

There were no issues highlighted from the Action Plans.

CHP 11/38 SHETLAND CARERS INFORMATION STRATEGY

The Carers Link Group applied for Carer Information Strategy funding and was successful in securing £38,000 – an increase from last year. There is national monitoring in place.

There is to be a Carers' event at Clickimin on 7 May 2011. Primary Care has written to 200 carers inviting them to the event. This should help promote the carers' agenda in Shetland and Lisa was keen that as many people as possible attend the event. Voluntary sector staff and volunteers are to be involved.

The Strategy was agreed subject to a few changes. Catherine is to get back to Laura with one or two corrections.

CHP 11/39 DATE OF NEXT MEETING

The next meeting is scheduled for Thursday 28 July 2011, 9.30 a.m. in the Post Grad Room, Brevik House.