MINUTES of MEETING of the SOUTH EAST HIGHLAND COMMUNITY HEALTH PARTNERSHIP COMMITTEE
The Beaufort Hotel, Inverness

Thursday 29th June 2006 ï 2.00pm

Present
Mr Ian Gibson, Chairman
Mr Nigel Small, General Manager
Dr Ian Scott, Clinical Director
Mr Jean Pierre Sieczkarek, Assistant General Manager
Mr David Garden, CHP Accountant
Ms Hilda Hope, CHP Lead Nurse
Ms Fiona Grant, Clinical Lead, Badenoch & Strathspey
Dr Freda Charters, Clinical Lead, Inverness
Dr Adrian Baker, Clinical Lead, Nairn
Ms Jackie Agnew, Service Manager, MH&LD
Mr Douglas Johnston, Personnel Manager
Mr Campbell Mair, General Manager, Nairn & Ardersier GPs
Mrs Jessie Farquhar, Partnership Representative
Mr Hamish Wood, Public Patient Forum Representative
Dr Eric Baijal, Director of Public Health
Mrs Anne Mackenzie, Primary Care Advisor
Mr Colin Yau, PA to General Manager & Clinical Director (Minutes)

1 APOLOGIES

Apologies were received from Mrs Jo Veasey, Ms Pam Nicol, Mr Gregor Rimel & Mr Laurie Fraser.

2 INTRODUCTION

The Chairman welcomed Hamish Wood, Public Patient Forum Representative, to the CHP Committee meeting.

It was noted that there was an extra-ordinary full Highland Council Meeting being held this same afternoon which may impact upon Councillor attendance. A message was received from Margaret Davidson confirming the Councillors' apologies.

3 MINUTES OF MEETING HELD ON 29 JUNE 2006

The Committee:

- Approved the minutes of meeting held on 29 June 2006.
4 MATTERS ARISING

4.1 GIRFEC (Getting It Right For Every Child)

Hilda Hope reported that the timetable for implementation in the Pathfinder site i.e. Inverness is on schedule for 1st September 2006. She confirmed that if the project runs into any barriers such as the sharing of information then the Scottish Executive is committed to changing regulations, where appropriate. The purpose of the pathfinder approach was to identify any such barriers and address them ahead of Scotland wide roll-out.

The Committee:

- Noted that the time-table for GIRFEC implementation was on schedule.

4.2 Ardlarich 3

Dr Ian Scott confirmed that due to ill health and subsequent retirement of one GP and the resignation of another, Ardlarich 3 has become a vacant practice. The CHP is responsible for the running of the practice until replacements can be found. The patients have been informed that the practice will be run by an experienced and established locum until the practice is taken over. The vacancy has gone to advert and there have now been 5 applications. It is hoped that interviews can take place in August. The Patient Participation Group will be involved in the interview process.

The Committee:

- Noted the progress to fill the vacancy at the Ardlarich 3 practice.

4.3 Clinical Governance Issues

Nigel Small noted that the Committee had previously confirmed that the CHP’s initial priorities were the management of risk and promoting the safety and well-being.

Progress has been made and the CHP now has a Risk Register. This was produced at a CHP Risk Workshop. It is currently being developed into a Risk Management Action Plan which will be brought to a future Committee meeting.

Dentistry and Mental Health are also developing their own Risk Registers following separate Risk Workshops. It was confirmed that Lesley Anne Smith, Head of Clinical Governance for NHS Highland, is a member of the CHP Clinical Governance and Risk Group which meets on a regular basis.

4.4 Public Health Structure

Nigel Small updated the meeting on the CHP’s input to the Public Health structure debate. He thanked Dr Eric Baijal for reflecting the CHP’s views when describing the Public Health role. The final version of the paper has gone to the Corporate Team and now been agreed.
Dr Baijal briefly described the content of the paper and confirmed that he would be allocating 2 days a week to working with the CHP, along with Ms Cathy Steer, Health Promotion Manager.

He confirmed that further discussion was required on exactly how this would look in practice.

The Committee:
- **Noted** and welcomed this development and looked forward to the CHP working closely with the Public Health Directorate to achieve the Health Improvement requirements.

4.5 Update on Learning Disabilities Re-provision

Jackie Agnew provided a brief update on the LD re-provision. She confirmed that the required patient and staff organisational changes has commenced as per the update and timetable discussed at the previous meeting.

5 PERFORMANCE

5.1 Finance

- **Current Finance Position**

  David Garden talked to the Finance Report paper covering the period to 31 May 2006.

  He stated the financial position for the current year would be challenging. The benefit which was had from prescribing underspend last year is highly unlikely to be repeated partly due to a small budget uplift of less than 1% and increased drug costs.

- **CRS Plan 06/07**

  David Garden confirmed that NHS Highland has a £15.4m recurrent deficit and a 3-year plan to achieve financial balance. This will be achieved by a contribution of recurrent and non-recurrent initiatives during that period.

  SE Highland has been given a CRS target for 06/07 of £950k. It is expected that this figure will be achieved non-recurrently. In addition, the CHP is expected to review all savings to identify any potential, recurrent CRS.

  The CHP Finance Group will lead work on the on-going delivery of the CRS Plan and will report to the committee throughout the year. In addition, updates will be provided to the CHP Chairs Group in the intervening periods.

  He referred to the CRS Saving Plan paper and talked the Committee through the process to identify CRS savings and highlighted individual items on the CRS list. He added that whilst the current estimate shows unachieved CRS of £261,000 and pressures of £90,000, the CHP is working to identify plans to reduce this and will aim for at least breakeven
in the current year. He stressed that it is early in the year and the position will be monitored closely and reported at each meeting.

In response to questions raised on the impact of some of the specific savings actions reassurance was given that they would not impact adversely on patient care.

The Committee:

- **Noted** the current estimated deficit for 06/07 of £351,000.
- **Noted** that £261,000 of this deficit relates to savings targets not yet identified.
- **Noted** that 73% of the CHP CRS target had already been achieved by the end of May 2006.
- **Noted** that work continues to allow the identification of further savings to meet the full £950k CRS target and to identify items which may be recurrent.
- **Noted** and endorsed the CHP CRS Plan for 06/07 and asked for regular updates on delivery of the outstanding balance. The Committee asked for reports to be brought to both the CHP Chairmans Group and each Committee meeting.

5.2 Delayed Discharges: Verbal Update by Jean Pierre Sieczkarek

Jean Pierre Sieczkarek reported to the Committee that DD figures for the SEH CHP & Hosted Services have reduced consistently from week to week. Currently it sits at -14 in Raigmore (10 out of the 14 have postcodes within the SEH CHP); 16 other DDs across the CHP area – 6 in New Craigs, 6 in the RNI, 1 in Nairn Town & County, 1 in St Vincents and 2 in Ian Charles Hospital). At the last census in April, numbers had reduced significantly. The next census is on the 16 July.

5.3 Performance Monitoring

Nigel Small reported that the CHP Committee has a key governance role to ensure that the CHP meets its performance requirements. It is proposed that a quarterly performance report is brought to each CHP Committee meeting.

The report would include the following information:

- Finance Report (current and forecast position plus CRS updates)
- HR Report (Staff turnover rates, sickness/absence, grievances, disciplinaries)
- Performance against relevant Local Delivery Plan measures including:
  - Delayed Discharges
  - 48 hour access to a healthcare professional
  - Immunisation uptake targets
  - Emergency admissions/re-admissions
  - Smoking cessation
  - Pregnancy rate reduction (13-15 years old)
  - Improvements in health inequalities including CHD, cancer and suicides
- Community Hospital bed use
- Complaints
- Clinical incidents

There was discussion about reporting on items within the CHP not currently reported on by the Board and it was agreed that a common approach by all CHPs would be preferable.
The Chairman suggested that Committee members should contact Nigel Small directly if they had any other targets or activities they wished to be included in a performance monitoring report.

The Committee:

- **Approved** and agreed the content of a performance monitoring report for future Committee meetings.
- **Noted** that until all relevant LDP targets are dis-aggregated to CHP level not all targets can be monitored.
- **Noted** the Chairman to discuss the issue of Hidden Waits with other CHP Chairs and the Health Board Chair.

### 6.1 A&E/OOH Integration

Nigel Small referred to the proposed A&E/OOH Integration on the Raigmore site. A paper has now gone to the DHS Management Team. Agreement has now been reached that there should be a Steering Group formed to take this project forward. There is a "Pre-Steering Group Meeting" taking place on 17 August. Invites will be sent out shortly. In the meantime, the weekly, soon to be fortnightly, Monday lunch time "operational" meeting will continue. There will be regular updates to the Committee.

A mechanism is in place for patient involvement.

### 6.2 OOH Update

Dr Ian Scott provided a brief update on OOHs to the Committee. In Badenoch & Strathspey there is potential change with 2 Rural Fellows having been confirmed and the practices taking responsibility with SLAs in place.

He confirmed that a decision has been taken that NHS Highland will be reducing the OOH rate-of-pay for GPs from September and this will soon be notified to GPs.

### 6.3 Enhanced Services Paper

Nigel Small discussed the Enhanced Services activity 05/06 paper. This had gone to the DHS Management Team and now to the Committee for information. This paper provides detailed information about Enhanced Services across NHS Highland in 05/06. The paper sets the contractual framework and details the expenditure and activity by CHP. Further work is underway to analyse the SEH CHP activity and expenditure at Practice and Locality level.

The Committee:

- **Noted** the Enhanced Services activity and expenditure for 2005/06.

### 7 IMPROVING HEALTH

- **Pandemic Planning**

Dr Ian Scott informed the Committee that Pandemic Planning is now in place. After extensive consultation involving workshops etc, this has resulted in a
CHP Pandemic Flu Action Plan, which links to the wider NHS Highland Pandemic Plan.

The Committee:

- **Noted**

Scottish Health at Work (SHAW)

Anne Mackenzie reported that this initiative started in Inverness 3 years ago. A CHP-wide Working Group was formed which included members from the CHP Committee. The Group is working to ensure that the standards met are in line with the criteria for the SHAW Bronze Award.

Mental Health (New Craigs) has achieved a bronze award and is actively working towards achieving the silver.

The Chairman concluded that we need to be shown as "leading not following" and noted the ongoing effort.

The Committee:

- **Noted**

8 PARTNERSHIP

8.1 Highland Council

- **Care Management Pilot: Nairn**

Jean Pierre Sieczkarek provided a brief update on the Care Management Pilot in Nairn. Nairn was chosen as the pilot site because of its close working links between Social Work and Healthcare, with an eHealth Pilot Project running alongside. This eHealth Pilot has provided Healthcare Professionals with "tablets" to record single shared assessments.

- **Elderly Strategy Development**

Nigel Small reported that the CHP is part of a group working together with the Highland Council on the development of a joint Elderly Care Strategy.

8.2 SSU

Due to Dr John Cormack’s retirement there is currently no SSU representative. Nigel Small will continue to explore with Susan Eddie regarding SSU representation.

8.3 Voluntary Sector

- **Representative**
Nigel Small reported that 3 CHPs and Gill Keel, Head of PFPI, will be meeting representatives of Voluntary Action Highland regarding the process to recruit a Voluntary Sector representative.

9 STAFFING

- HR Issues

Douglas Johnston reported that representatives from Recruitment & Employment Services are conducting 1-1 interviews with LD staff regarding potential re-deployment of staff.

Douglas Johnston reported that PJ UK absence rate for 05/06 sits at 4.48%, against a national average of just over 5%, around the same as the SEH CHP g'EJ Rlu'ë 'kyg\wOgpcyrj galth Services is below the national average.

Jessie Farquhar mentioned Agenda for Change and confirmed that there are now very few outstanding job descriptions from the SEH CHP to be submitted. She will liaise with Nigel Small re Local Partnership Forum.

10 ORGANISATIONAL ISSUES

10.1 CHP Chairs Group: Notes for Information, 24th May 2006

The Committee:

- Noted the notes for information.

10.2 Audit Scotland: CHPs – Self Assessment Tool

The Chairman suggested that a focus group should be set-up to look into this and to report back to the next Committee meeting. Nigel Small to arrange, interested parties to contact him directly.

The Committee:

- Noted the paper, that a focus group would be set-up and looked forward to an update at the next meeting.

11 AOCB

11.1 Items for the Agenda

The Chairman invited members wishing to input into the agenda to contact Nigel Small directly.

12 DATE, TIME & VENUE OF THE NEXT MEETING:

The next meeting of the Committee will be held on Thursday 28th September 2006 at 2:00pm in the Board Room, Assynt House, Beechwood Business Park, Inverness.

The meeting closed at 4.01pm