Welcome from the Chair

Councillor O'Neill welcomed everyone to the meeting.

1. Declaration of Interests

There were no declarations of interest.
2. Apologies

Cllr William Gibson.

3. Minutes of the last meeting held on 6 October 2011

3.1 The Committee approved the minutes as an accurate record of discussions.

4. Matters arising from the last minutes

4.1 All matters arising were on the agenda.

5. Children with Complex Needs IRF Update

5.1 Ms Kirk attended the meeting with Ms Dorothy Gair to give an update on this project. Ms Kirk reported that slow progress had been made in the past due to a number of challenges including recruiting staff to take the project forward, although considerable background work had been going on.

5.2 There had been significant progress made recently in appointing Ms Gair on a part-time basis (two days) to take the project forward and the Change Manager post was in the process of being filled.

5.3 The IRF steering group had agreed that the scope of the pilot should be narrowed to North Ayrshire to enable more rapid progress with a view to the model being adopted across Ayrshire. Ms Gair was developing an action plan for the next 12 months which would be submitted to the CHP. Ms Gair advised that Health, Social Work and Education colleagues were supportive and keen to move the project forward.

5.4 Ms Kirk would update Scottish Government colleagues on progress being made in taking forward the pilot. Mrs Yule advised that a second evaluation of IRF projects in the four test sites would take place between January and March 2012.

5.5 Ms Gair advised noted that, once the Change Manager was in post and an operational group had been set up, key outcomes would be identified to measure the success of the project. The Committee noted.

Standing Items

6. CHP Forum
6.1 Dr Price reported that the CHP Forum had met on 10 November and had been well attended. There had been good debate on a number of the reports being considered by the Committee, including the IRF project, on which the Forum was pleased to note the change in scope to focus on North Ayrshire and the progress being made, following the considerable delays, in taking this forward. There had also been good discussion on the mental health strategy and North Ayrshire community hospital.

**Ongoing work - updates**

7. **Unplanned hospital admissions**

7.1 Mrs Moore gave a presentation highlighting emergency admission rates to NHS Ayrshire & Arran acute hospitals, which had been reducing across Scotland in recent years. Conversely, Ayrshire and Arran had reported a significant increase in unplanned hospital admission rates in all age groups. North and East Ayrshire had above average admission rates, at 24.1% and 25.7% respectively above the Scotland rate for 2010/11. Mrs Moore referred to the Audit Scotland Report on CHPs (Part 4) and highlighted the partnership issues for North CHP, which were Chronic Obstructive Pulmonary Disease and Asthma.

7.2 The Committee discussed possible reasons for this increase, such as deprivation, GP activity, care home admissions. Mrs Moore noted that the statistics did not provide enough detail to highlight specific reasons. The Committee noted the divide between West Scotland and East Scotland, where emergency admissions were reducing.

7.3 Mrs Moore noted that there was a pattern of emergency admissions from care homes in North Ayrshire at around 35 admissions per month (with seasonal variations). Mrs Moore highlighted the considerable work underway in relation to anticipatory care planning and provision of district nursing support in care homes to avoid unnecessary admissions. Ms Colvin highlighted work being undertaken by the Council to ensure appropriate care in care homes and provide sustainable alternatives in North Ayrshire. Work was taking place with the Joint Improvement Team (JIT), social services and the CPP Board to provide more integrated service delivery using an asset based approach, to reduce emergency admissions. Mrs Yule noted that the review of community nursing meant that community nurses would be working more closely with local teams and GP practices to enable people to remain in their own homes.

7.4 The Committee noted the Improvement Service report on emergency hospital admissions. Ms Colvin suggested that a presentation on the work being undertaken through JIT could be made at a future meeting.
The Committee agreed that reducing emergency hospital admissions should be a priority area for the CHP to enable a shift in resources. Mrs Moore noted that community wards would be introduced in each local authority area from January 2012 which would be key to providing a more integrated care pathway. A data set was being produced by Information Services Division (Scotland) to identify those at greatest risk of re-admission, which would be adapted for local use. The Committee requested that a brief document should be submitted to the next meeting summarising all of the actions being taken forward to reduce emergency hospital admissions for all age groups, but mainly older people.

7.5 Ms Colvin advised that Change Fund proposals for 2012/13 had to be with the Scottish Government by 17 February. Ms Sutherland noted that these proposals could be submitted in draft form in order to meet this deadline. The Strategic Alliance would discuss at its meeting later today.

7.6 Some members questioned what progress the CHP was making and how this was being measured. The Committee noted that a review of CHPs was underway, the outcome of which would be known in December. The CHP Committee measured progress against actions identified in the CHP’s Single Outcome Agreement (SOA).

8. Mental Health Strategy Consultation

8.1 Mr Crichton reported that the Scottish Government had issued a Mental Health strategy consultation which identified a series of questions focused around 14 broad outcome areas based on promoting good mental health (towards a mentally flourishing Scotland) ensuring person-centred, safe and effective mental health services.

8.2 Four priority areas had been identified to focus on improving access to psychological therapies (18 week referral to treatment target), developing a national dementia strategy, development of 24/7 crisis services and prevention of suicide (reduction of 20% by 2013) which all linked with work being undertaken locally. The consultation, which would run until the end of January 2012, had been circulated through Local Authority and NHS structures, including the CHPs for comments, to identify gaps in services and to suggest improvements to existing services.

8.3 The Committee discussed the prevention of suicide. Mr Crichton noted that although this was a national initiative, local work was also taking place. The Committee agreed the need to build capacity to provide greater access to psychological services, in particular children’s services.

8.4 Councillor O’Neill requested that any further comments on the consultation should be forwarded to Michelle Sutherland for a combined CHP response.
by Friday 30 December 2011. Individual comments would also be welcomed.

9. Outline Business Case for Ayrshire Central Hospital

9.1 Mr Crichton gave an update on the development of North Ayrshire Community Hospital (NACH) and the provision of acute mental health services on the Ayrshire Central Hospital site. The NHS Board had submitted an outline business case to the Scottish Government (SG) at the end of 2010 based on capital funding. Capital provision had since been reduced and it was not viable to proceed on that basis. In July 2010, SG had confirmed their support for the proposed development at Ayrshire Central Hospital, but had requested that an updated outline business case (OBC) should be submitted based on Non-Profit Distributing Organisation (NPDO) funding.

9.2 A revised OBC was in the process of being developed which had been updated in relation to the clinical brief to ensure that the building would be fit for purpose for the next 25 years and provide good value for money. The revised OBC would be submitted through the Board’s internal governance processes to the NHS Board in December and, if approved, to the Scottish Government in January 2012. If approved, the NHS Board would appoint a partner to design, develop, build and run the building for up to 25 years. A tendering process had already begun to identify advisors and work should be completed to the previously identified timescale (building work would commence in 2013 for completion in 2015).

9.3 The CHP Committee noted that the design had changed considerably. Mr Crichton noted that there was good support from clinicians for the revised plans and that professional advice and recommendations were also being taken forward from Architect Design Scotland and the Scottish Futures Trust. The revised design was for a two storey building which would be in the centre of the available ground. Pavilions 1-9 would be demolished over time. Pavilions 1-3 would remain during building work and would then be demolished. The remaining pavilions would be demolished to clear the site.

9.4 The Committee discussed the provision of single rooms within the mental health facilities, particularly in relation to the risk of suicide. Mr Crichton advised that there was a need to balance patients’ privacy and safety and noted that risk assessments would be carried out which would determine the level of observation that should be provided.

9.5 Mr Crichton agreed that, if the OBC is approved, consideration would then be given to highlighting the wider social opportunities for the community in developing the Full Business Case (FBC).
Mrs Hendry gave an update on development of a North Ayrshire hub for the delivery of community services. Ayrshire Central Hospital – likely Garnock Day Hospital had been identified as a temporary (three year) site. Once plans were finalised, staff should move into the hub very quickly, during this financial year. Proposals for a permanent community hub would be submitted through the CHP structure in due course. The Committee noted.

**Arran and Cumbrae Updates**

**Arran Update**

Mrs Hendry gave a progress report on the Arran Clinical Review which had agreed a number of recommendations for the future model of healthcare on Arran, including medical cover. The outcome of the review had been discussed with the Public Reference Group and it had been agreed to hold a public meeting on 27 November, although this had now been postponed until the new year to allow further development of an action plan with timescales. The action plan would be discussed at the next Public Reference Group meeting on 23 November.

Mrs Hendry reported that the provision of single rooms at Arran Day Hospital would go ahead, funded by local donations. An option appraisal process had taken place for endoscopy services which had concluded that, for reasons of patient and staff safety, these services should in future be provided on the mainland. Following discussion at a recent meeting of Montrose House steering group, North Ayrshire Council and NHS Ayrshire and Arran had agreed to consider Montrose House care pathways and links to community and hospital services. The Committee noted.

**Cumbrae Update**

Mrs Hendry reported plans to undertake a review of service delivery arrangements on Cumbrae in line with the “Your Health” strategy, to identify a safe and sustainable future health delivery model on Cumbrae.

A project initiation document (PID) had been agreed. Ms Carole Blair had been appointed Interim Chair of the Public Reference Group. The Steering Group and Public Reference Group had now met on two occasions. Dr Price would attend the next Public Reference Group meeting to share his experience as chair of the Arran Public Reference Group. The Public Reference Group would agree key messages at the end of each meeting which Communications Department would then convey to key stakeholders. There would be close links between the Public Reference Group and the Steering Group. NHS colleagues in primary and secondary care, North Ayrshire Council and NHS Inverclyde would participate in work
being taken forward. The Committee noted.

11. Strategic Alliance Away Day Update

11.1 Ms Colvin reported that the Strategic Alliance would meet later in the day to update its work plan. A major issue for discussion would be the development of a commissioning plan for older people’s services. Ms Colvin noted that it was likely that there would also be a Change Fund for children’s services and that a commissioning plan would also be needed. Consideration was being given to streamlining commissioning plans for older people’s services across the three local authority areas and any proposals would be brought to the CHP Committee for approval.

Change Fund

11.2 Ms Colvin advised that guidance had been received from SG indicating that Change Fund proposals for next year had to be agreed and received by SG by 17 February 2012. Ms Sutherland advised that previously the proposals had been submitted in draft and had then gone through the CHP governance process. Ms Colvin advised that if this was not possible, an additional Committee meeting may need to be convened to agree Change Fund proposals.

11.3 Initial discussions have commenced around the creation of a Pan Ayrshire Joint Commissioning Starey which is due in March 2013 and committee will receive an update at a later stage.

12. Performance Management – standing item updates

The Committee noted the following updates:

- OLG Adults and Older People meeting held on 20 September
- PPF Core Group meeting on 6 September
- PPF Coordinator Update October
- PPF Autumn Update
- PPF Annual Information Event Report
- Quarter 2 SOA Return

13. Any other competent business

13.1 Councillor Gallagher requested that the Committee reviewed its progress regarding what had changed in the CHP after each meeting and this was agreed.
14. Date and time of the next meeting

Thursday 2 February 2012 at 10am, Committee Room 1, Cunninghame House, Irvine

Signed ..............................................  Date ..............................................