



## Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Wednesday 20<sup>th</sup> June 2018, 10.00am

Greenwood Conference Centre, Dreghorn

### Present:

Councillor Robert Foster, Chair  
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP  
Eleanor Currie, Finance, HSCP  
Simon Morrow, Dental Representative  
David Bonellie, Optical Representative  
Annie Robertson, HSCP  
David MacRitchie, Senior Manager/Chief Social Work Officer NAHSCP  
Mark Gallagher, Alcohol & Drugs Partnership, NAHSCP  
Andrew Keir, Team Manager  
Fiona Comrie, KA Leisure  
David Rowland, Head of Service, Health & Community Care, NAHSCP  
Clive Shephard, NA Federation of Community Associations  
Marion Gilchrist, Interim Manager/Senior Nurse LD Services  
Fiona Thompson, Service user rep  
Christine Speedwell, Carers Rep  
Heather Molloy, Independent Sector Representative  
Brenda Knox, Health Improvement Lead, NHS A&A  
John Taylor, Associate Medical Director  
Gavin Paterson, Engagement Officer, NAHSCP  
Scott Bryan, Team Manager – Planning, NAHSCP  
Dr Paul Kerr, Clinical Director, NAHSCP  
Elaine Young, Assistant Director of Public Health, NHS  
Dr Janet McKay, Garnock Valley Locality Lead  
Eleanor McCallum, Partnership Engagement Officer, NAHSCP  
Susan Wilson, Public Health  
Derek Blues, Scottish Health Council  
Jacqui Greenlees  
Christine Bleakley

### Apologies Received:

Thelma Bowers, Head of Service, Mental Health, NAHSCP  
Donna McKee, Head of Service, Children & Families & Justice Services, NAHSCP  
David Donaghey, Staff Rep  
Isabel Marr, Senior Manager, Long Term Conditions  
Alistair Reid, AHP Lead  
Laura Barrie, KA Leisure  
Louise McDaid, Staff Representative  
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP  
Ruth Betley, Senior Manager, Arran Services, NAHSCP



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| <b>1.</b>                     | <b><u>WELCOME &amp; APOLOGIES</u></b>  |  |
| 1.1                           | Councillor Robert Foster welcomed all to the meeting.<br><br>Apologies were noted and accepted.  |  |
| <b>2.</b>                     | <b><u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (27.02.18)</u></b>   |  |
| 2.1                           | Minutes of previous meeting dated 25 <sup>th</sup> April 2018 were agreed as accurate with no amendments required.   |  |
| <b>3.</b>                     | <b><u>MATTERS ARISING</u></b>  |  |
| 3.1                           | Michelle Sutherland spoke in regards to the SPG terms of reference which has now been drafted by Scott Bryan. Michelle advised the group the membership of the group will also be reviewed in the forthcoming weeks. Michelle and Scott to sit down and revise the Terms of Reference and have this tabled at next month's SPG meeting.<br><br>Fiona Thomson advised that she attends the SPG as a service user rep not a carer's rep.   |  |
| <b>Focus on: Primary Care</b> |  |  |
| <b>4.</b>                     | <b><u>New GP contract (Presentation)</u></b>   |  |
| 4.1                           | Dr Paul Kerr gave an informative presentation in regards to the new GP contract. Dr Kerr informed the group the purpose of the new GP contract is to provide better and new ways of delivering our healthcare services.<br><br>New Contract Key Themes: <ul style="list-style-type: none"> <li>• High quality care</li> <li>• Manage patient access</li> <li>• New ways of working</li> <li>• Healthcare teams</li> <li>• Improve experience healthcare professionals</li> </ul> New Contract Aims <ul style="list-style-type: none"> <li>• Improve patient experience</li> <li>• Manageable workload</li> <li>• Multi-disciplinary team working</li> <li>• Improve HCP experience</li> <li>• Increase recruitment and retention</li> <li>• Sustainable funding</li> </ul> Dr Kerr informed the group of the upcoming Primary Care Improvement Plan. Dr Kerr advised that this will be PAN-Ayrshire and delivery date will be end of June 2018.<br><br>Key priorities of the improvement plan are as follows: <ul style="list-style-type: none"> <li>• Pharmacotherapy</li> <li>• Vaccination transformation program</li> <li>• Community treatment and care</li> <li>• Urgent care</li> </ul> |  |



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|     | <ul style="list-style-type: none"> <li>• Community link workers</li> <li>• Additional professionals</li> </ul> <p>Patient Benefits:</p> <ul style="list-style-type: none"> <li>• Increased access to healthcare</li> <li>• Improved GP access</li> <li>• Increased range of services</li> </ul>   |  |
| 4.2 | <p><b>Multi-Disciplinary Teams for adults (Presentation)</b></p> <p>David Rowland gave an in-depth presentation in regards to Multi-Disciplinary teams for Older people and those with complex needs.</p> <p>David spoke of the need to make the public aware of how the models of care is changing and how we convey to the public the work we are about to commence around enhancing our models of care. We need to reassure the public on what we are establishing here in a community setting.</p> <p>David highlighted the key principles of an MDT :</p> <ul style="list-style-type: none"> <li>• Person-centred, holistic assessment, treatment and care</li> <li>• Practitioners understand respective skills, expertise, roles and responsibilities</li> <li>• ‘Wrap-Around’ individual to ensure most appropriate practitioner responds at the right time</li> <li>• Enhanced information sharing to deal with cause not symptoms and get the right response first time</li> <li>• Consistency of communication, building the trust and confidence necessary to support self-management</li> </ul> <p>Desired outcomes of an MDT:</p> <ul style="list-style-type: none"> <li>• Earlier identification and assessment of needs</li> <li>• Effective intervention and support without delay</li> <li>• Removal of unnecessary ‘hand-offs’</li> <li>• More care closer to home</li> <li>• Individuals’ independence maximised</li> <li>• Effective sign-posting to community support</li> <li>• Getting the right response first time</li> </ul> <p>Measurable benefits of an MDT:</p> <ul style="list-style-type: none"> <li>• Better and quicker solutions for the person</li> <li>• Reduced Hospital admissions</li> <li>• Reduced demand for specialist services</li> <li>• Reduced caseloads for General Practice</li> <li>• Reduced failed discharges from Hospital</li> <li>• Reduced reactive interventions</li> </ul> |  |



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|                                     | <p>Mark Gallagher raised the issue of people liberated from prison having no GP registration. Mark also stated that there's only certain GP's that provide receipt of a substitute medication prescription. How do we support those who have more complex needs? Longer term addiction issues? Paul Kerr advised that conversations are required to get this bottomed out. Identify the individuals and bottom out the liberation issues with GP registration.</p> <p>Simon Morrow spoke in regards to recruitment in Ayrshire advising we need to Ayrshire as a great place to live, work and come. Encourage people to come, work and live In Ayrshire. We need to be much more proactive around recruitment.</p>  |  |
| <b>Focus on: Partnership Budget</b> |  |  |
| <b>5.</b>                           | <b>Partnership Update- Eleanor Currie (Presentation)</b>   |  |
| 5.1                                 | <p>Eleanor Currie provided the group with a brief presentation in regards to the 2018/2019 budget overview. Eleanor</p> <p>Eleanor gave a brief insight on the following slides:</p> <p><b>The Story So Far:</b></p> <ul style="list-style-type: none"> <li>Partnership overspent by:</li> <li>2015/16 – £2.1m funded by NAC</li> <li>2016/17 – £3.2m unfunded and carried forward</li> <li>2017/18 – £2.6m unfunded and carried forward. This was after £1.4m from the Challenge Fund and £1.1m from the NHS to cover the prescribing overspend.</li> <li>2018/19 – starting the year with a £5.8m deficit carried forward which requires to be repaid</li> </ul> <p><b>Main areas of pressure 2017/18</b></p> <ul style="list-style-type: none"> <li>Looked After and Accommodated Children- £2.95m overspend</li> <li>Learning Disability Care Packages- £0.85m overspend</li> <li>NHS Savings to be identified- £1.1m</li> <li>Employee costs account for 40% of the gross budget</li> <li>The next largest share of the budget at 36% is payment to agencies which is payment for direct care services e.g. care homes, care at home, residential placements, day care, respite, etc.</li> <li>Prescribing accounts for 12% of the gross budget</li> </ul> <p><b>The story moving forward – 2018/19 budget:</b></p> <ul style="list-style-type: none"> <li>The IJB approved an interim 2018/19 budget on 19th April.</li> <li>This includes pressures of £8.481m and savings of £3.934m resulting in a net increase in budget of £4.547m</li> <li>Majority of budget is spent on direct care so limited savings can be offered without impacting on direct care provision.</li> <li>Early intervention and prevention – need to actively manage future demand</li> <li>Current services cannot continue to be offered in the future.</li> </ul> |  |



- TRANSFORMATION IS KEY - need to change how we deliver services
- Final 2018/19 budget to be approved by July 2018 (NHS dependant)
- 2018/19 budget summary
- Pressures awarded 2018/19
- 2018/19 savings- Council Services
- 2018/19 savings- NHS services

#### Challenge Fund:

- £4m one off investment by the Council
- Transform services
- Drive improvement and efficiency
- Promote early intervention
- Successful projects could be self-sustaining
- £1.4m used to reduce the overspend to minimise the impact on service delivery in 2017/18

#### 2018/19 Priorities:

- Transformation and change will figure at the forefront of the IJB and NAHSCP agenda in 2018–19 and beyond
- Financial performance monitoring will be enhanced via a detailed financial framework allowing early detection and corrective action of adverse spend
- All savings, including the Challenge fund projects will be delivered per the agreed timetable to realise appropriate savings for 2018–19 and beyond
- Refresh of the Medium Term Financial Plan (MTFP) in 2018–19
- Phase 2 of the Challenge Fund will be implemented
- The scale and pace of change requires to be accelerated. We will need to ensure plans are staged to ensure sustainability and deliverability.

#### In Summary:

- Historically overspending
- Main pressure areas are addressed in the 18/19 budget
- Need to deliver the savings including the Challenge Fund Projects
- Need to keep spend within budget
- Improved Financial Governance and Control

Fiona Thomson questioned the reasoning around such a high spend on prescriptions. Dr Janet McKay advised overall the reason for overspend is the price of drugs, when short on supply they increase the price. Pharmacy budget is very difficult to predict.

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|                             | Councillor Foster informed the group that the Challenge fund project has created posts for staff to work in Elderbank and Greenwood. Since the staff have been in here since last September there has not been one child accommodated since.   |  |
| 5.2                         | Michelle Sutherland highlighted to the group that HSCP have confirmed the appointment of the Chief Finance and Transformation Officer Caroline Whyte who will support the partnership with financial plans in the future.  |  |
| Focus on: <b>Localities</b> |  |  |
| <b>6.</b>                   | <b>Drug related deaths framework (presentation)</b>  |  |
| 6.1                         | <p>Mark Gallagher provided a presentation around drug related deaths framework.</p> <p>Mark informed the group his team have been tasked to develop a local plan to consider how we can reduce the number of drug deaths occurring within the area.</p> <p>The local framework has four key areas-</p> <ul style="list-style-type: none"> <li>• People in contact with services</li> <li>• Those not in contact with services</li> <li>• Reducing risk</li> <li>• Working with families and communities</li> </ul> <p>Hopefully share the annual report with the group in a couple of weeks.</p> <p>A concerning finding from the framework indicates the adverse effect long term substance abuse has on the physical health of people. In many cases it appears that people's bodies simply give up. There is also strong evidence of a negative impact on mental health.</p> <p>It was highlighted that a wide ranging approach would be needed to help reduce the rate of drug related deaths, such as:</p> <ul style="list-style-type: none"> <li>• Improving medical support to those with addictions</li> <li>• Working closely with DWP to reduce the unemployment</li> <li>• Support people's wider needs (family/environment)</li> </ul> <p><i>How do we engage with the family and significant others around these?</i></p> <p>We also need to make steps to challenging stigma and promoting recovery.</p> <p>Moving forward a working group should be brought together. This group will consider near misses as well as the deaths. It is hoped the group can identify opportunities for earlier intervention. There is clearly a need and a gap that we need to improve as well as building on what is working well.</p> <p>Mark advised that the ADP are really keen for buy in from the top level.</p> |  |





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|   | <p>Questions/Comments:</p> <p>David MacRitchie: There needs to be clear link to the MDTs so they receive the support they need.</p> <p>Paul Kerr: As a society, we need to know how to recognise and positively support those affected by addictions.</p> <p>MG- We have groups of people that do not want to speak up due to fears of numerous factors. There are parts of the community we are not engaging with. We need to see a change in culture, attitude and work value.</p> <p>John Taylor: It's a UK wide problem. Is there a good understanding as to why this is happening?</p> <p>Mark Gallagher- We don't have a good understanding around the complexities on how these cases took place. We hope the working group can help to understand how we can effectively address the issue.</p>  |  |
| <b>Focus on: Locality Planning Forums</b> |  |  |
| <b>7.</b>                                 | <b>Participation and engagement strategy.</b>  |  |
| 7.1                                       | <p>Locality Planning Forum Review</p> <p>Michelle provided an overview of the review of LPFs. This will be discussed in greater detail at the next meeting.</p> <p>Scott to send out slides from today.</p> <p>Some key points are:</p> <ul style="list-style-type: none"> <li>• We need to better join up the link locality level discussions and inputting into the strategic planning process.</li> <li>• Membership and roles of members needs to be clarified</li> <li>• Look at the structure of meetings, ensuring some level of consistency across the six LPFs</li> <li>• Test the engagement with community in Kilwinning.</li> </ul> <p>Questions/Comments</p> <p>Elaine Young: CPPs have a conference that is held every year for Locality Partnerships. There is an opportunity for LPFs to be included.</p> <p>Janet McKay: Highlighted the need to Link with the CPP, especially to tackle the wider issues that have been identified. Weaving our priorities in through the CPP so they're working on it as well. Children and Young people is all in different plans. Make sure it's reflected and not just an add on the CPP plan.</p> |  |



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|            | <p>Elaine Young- added benefit is around the community investment fund.</p> <p>Fiona Thomson- Three groups Irvine have they have crossing things. 3 separate sub groups or bring these together?</p>  |  |
| <b>8.</b>  | <b>Agenda Items for Next Meeting – 15<sup>th</sup> August 2018</b>  |  |
| 8.1        | <ul style="list-style-type: none"> <li>• Review of LPF</li> <li>• Participation &amp; Engagement</li> </ul>   |  |
| <b>9.</b>  | <b>AOCB</b>   |  |
| 9.1        | There was no other business to be discussed, therefore the meeting was brought to a close.  |  |
| <b>10.</b> | <b>Future 2018 Meeting Dates</b>  |  |
| 10.1       | <ul style="list-style-type: none"> <li>• Wednesday, 20<sup>th</sup> June 2018, at 10:00am, , Greenwood Conference Centre</li> <li>• Wednesday, 15<sup>th</sup> August 2018, at 10:00am, Greenwood Conference Centre</li> <li>• Wednesday, 10<sup>th</sup> October 2018, at 10:00am, Fullarton Connexions</li> <li>• Wednesday, 05<sup>th</sup> December 2018, at 10:00am, Fullarton Connexions</li> </ul> |  |