

CAITHNESS DISTRICT PARTNERSHIP

ACTION NOTE FROM MEETING OF: 27 March 2015 in Chambers, Town Hall, Wick

PRESENT: Cllr Bill Fernie (BS) - Chair, Cllr David Alston (DA) - Vice-chair, Keith Moncur (KM) HLH, Cllr Willie Mackay (WM), Niall Smith (NS) CVG , Marie McIlwraith (MM) SHC, Cllr Deirdre Mackay (DM), Bob Silverwood (BS) NHS, Steven Gorman (SG) SAS, Dr Borja Echavarren (BE) NHS , Angela Echavarren (AE) THC, Cllr Roger Saxon (RS),

APOLOGIES: Cllr Matthew Reiss, Pauline Crow, Mike Flavell, Dawn Grant (DG) and Shirley Park

IN ATTENDANCE: Gordon Calder, NOS Newspapers, Alex Macmanus (AM), Deputy Ward Manager, Alison McDiarmid (Notes)

ITEM	SUBJECT	ACTION AGREED	LEAD	NAMED OFFICER	TIMESCALE
	Chair	Welcomed everyone to the meeting and introductions were made around the table.			
	Previous Action Note	<p>AM updated the Partnership regarding the advertising of the meetings, to see if it would improve members of the public attending. Wording on the adverts had been changed but this has not improved attendance. Discussion took place around the table on how best to get the public to become more involved, the main points were:</p> <ul style="list-style-type: none"> – This meeting is seen by the public to be a “talking shop” and not a “doing” one – Should it be a partnership where the multi agencies meet to consider, improve/reduce issues – Should the Partnership be expanded to include other agencies – Sutherland Partnership is called the Sutherland Health & Care Partnership - should it be Caithness Health & Care Partnership or similar – Sutherland Partnership wrote to all of their Community Councils to let them know about its role, its aim to highlight health and care issues – In Sutherland, public attend if there are items of interest to the Community on the agenda – Members of public attending in Sutherland is very good – BF, BS and DG to meet outwith to discuss the remit/role of the Partnership and feedback at the next meeting 	BF		

1	Joint Services Wick Ward - Deprivation funding interventions and mappings	<p>DM reported that the deprivation and inequalities issues occurring in the town, mainly on the Pulteney side, need to be understood and addressed. There is a need to pull together all the partners to get a better understanding of what is taking place and the outcomes. Requested that a short life working group be set up to take forward this work.</p> <p>BF opened up for discussion, the main points were:</p> <ul style="list-style-type: none"> – Acknowledged all the positive work that has taken place over the years – Over the last 20 years the levels of deprivation and unemployment have not improved in certain areas – RS reported that there is also deprivation in the West of the County – Public agencies have left the area over the last few years eg HM Revenue and Customs, Radio Station – NS said there had been a 40% reduction in income from the Fishing, Farming and Forestry. – Partnership to look at the statistics over the decline in the last 5/6 years. Information can be provided by the NHS Health Intelligence and Knowledge Department. Paddy Luo-Hopkins, Head of Department, to be invited to attend the next Partnership meeting to present the information. BS to provide contact details to AM. <p>Chair agreed to the request for a short life working group to be established. BF and DM to discuss outwith meeting as to who should be involved.</p>	BS BF/DM		
2	Children Services	Nil to report			
	Questions from Members of the Public re Children Services	No questions arose as no members of public in attendance			
3	Adult Services – Redesign Reference Group Feedback	BS reported that the Redesign Reference Group had met on 4 March at the Pentland Hotel, Thurso. There was a good turnout and feedback has been positive. The meeting had been convened to report the activities of the various work streams, present the business cases which have been developed over the last 16 months and to engage in the			

		<p>PBMA (Programme Budgeting Marginal Analysis) scoring exercise.</p> <p>Redesign process fits into a wider Strategic Commissioning context which involves:</p> <ul style="list-style-type: none"> – Agreeing strategic outcomes and priorities – Understanding the needs now and in the future – Looking at all the options – Taking a longer term view of which services and wider supports will deliver the best outcomes – Developing relationships between those who use the services and those who provide them so that they are involved and informed in decisions about services – Having contingency plans to deal with assessed risks and unforeseen challenges <p>Already working with a number of different organisations which entailed initiatives funded by the form Change Fund Integration of service means closer working with the Care at Home Team which is now managed in the District.</p> <p>The work streams below were brought forward as business cases which were considered using the PMBA process plus weighted criteria devised by a previous Reference Group - Access, Equity, Improved Outcomes, Effective Practice, Sustainability and Culture & Values. On the day, they were rated as noted:</p> <ul style="list-style-type: none"> – Palliative Care Services - No 1 – Befriending Scheme - No 2 – A Dementia Services Link Worker - No 3 – Enhanced levels of specialist day care for Alzheimer’s sufferers - No 4 <p>Gill McVicar, Director of Operations, North & West Operational Unit, gave an outline of the Clinical Staffing Subgroup. Mr Ron Coggins, Clinical Director, Raigmore Hospital, who is also a general surgeon provided an expert overview (which has been reported in the local press) of the need for change of model at Caithness General.</p> <p>Various possible options were described to the meeting with the current preferred option would be to move away from heavy reliance on locums and the 1 in 3 rota by securing in-hours surgical and medical consultant-led services based in Caithness. Also 24/7 strengthening of the Emergency Department, with generalist emergency doctors,</p>			
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		<p>advanced nurse practitioners and physicians assistants. In this model there would not be the facility for 24/7 surgery. This model is to be explored further.</p> <p>The developments at Caithness General Hospital were advised - significant work has taken place over the past 12 months which could see a number of key improvements, including increasing bed spacing, increasing the number of single rooms, creating a surgical unit on one floor, increasing the Emergency Department, co-locating Out-of-Hours and transforming out patients. An acute assessment has already recently been established. No change to overall bed numbers.</p> <p>Further work will be required as part of the Caithness Master Plan to determine future bed numbers across the County to meet future needs. Seeking to be at the Master Plan stage by July 2015.</p>			
4	Adult Services – NHS Staffing Update	<p>BS updated the Partnership regarding staffing/recruitment difficulties at Caithness General Hospital, the main points were:</p> <ul style="list-style-type: none"> – Establishment for 12 consultants, currently have 5 in post. Have difficulty in attracting Physicians and Surgeons. Most recent advert attracted 1 enquiry, no applications – Clinical Staffing Subgroup established to devise solutions for the above difficulties - representatives from public, Highland Council, senior clinical staff and senior managers from the Operational Unit sit on the group. – Agreement made that the overall aim must be to: <ul style="list-style-type: none"> ◦ Safeguard consultant led services that are safe and sustainable ◦ Provide access to acute emergency care ◦ Maintain and develop a wide range of elective services – Developed interim solution based on support from Consultant colleagues from Raigmore and Belford Hospitals. <ul style="list-style-type: none"> ◦ Weekend rota of Physicians and Surgeons who will be present in Caithness General Hospital from Friday afternoon to Monday morning - they will hand over to local based Consultants and continue to involve locum staff to ensure cover is in place. ◦ This rota is only in place until end of June 2015, as it cannot continue over the summer period as it will impact on services in Raigmore whilst people are on 			

		<p>holiday.</p> <ul style="list-style-type: none"> – Consultant Physician will be present in Caithness General Hospital for 3 days every 3 weeks to provide clinical leadership for the redesign in support of Clinical Lead and give educational support for the Junior Doctors – Preferred option which is actively being pursued is to provide in hours, secure and full range surgical services through a rotational surgical team from Raigmore Hospital; maintain consultant Physician input, with support from Raigmore; develop a robust ‘front door’ emergency service along with the other plans as previously advised above – There is a need to attract Social Work staff to the area – Facing challenges in recruiting to the Care@Home Service – BS continued to say there was a problem with Dentist vacancies which he had only been made aware of. The patients awaiting treatment would be prioritised into: <ul style="list-style-type: none"> ◦ Requiring emergency care ◦ Children requiring routine care ◦ Adult patients with additional needs – Letters being sent out to some adult patients to advise that their recall appointments will be delayed. – NHS Highland has received approval from the Chief Dental Officer to recruit to these vacancies as a matter of priority. <p>BS concluded by saying that there were challenging times ahead but has received tremendous support from colleagues, partners and the wider public and it is greatly appreciated.</p> <p>BF enquired regarding a Freedom of Information Request to NHS Highland, the information has still not been received even though there has been various emails exchanges - BS apologised on behalf of NHS Highland and would look into why the procedure has failed on this occasion</p>			
5	Adult Services - SAS - Falls Pathway Update	<p>SG updated the Partnership, the main points were:</p> <ul style="list-style-type: none"> – In February, only 4 patients over 65, 2 which were put on the Pathway, one had their Care Plan reviewed/updated, second had Red Cross support put in place 			

		<ul style="list-style-type: none"> – Introduction of Pharmacy Team to review patients medications as lots of falls can be caused by medications interacting with each other – March stats will be available soon <p>SG continued by giving an update on staffing in Caithness:</p> <ul style="list-style-type: none"> – Thurso will have full complement of staff with 2 qualifying from University in May 2015, 3 staff currently undergoing Paramedic training, one whom qualifies shortly – Wick fully staffed – SAS have similar problems in recruiting and retaining staff - eg competing with offshore positions <p>SG wished it noted his acknowledgement of credit to Halkirk and District Benefit Fund who recently purchased 5 Public Access Defibrillators for their village.</p>			
6	Questions from Members of the Public re Adult Services	No questions arose as no members of public in attendance			
7	Any Other Current Business	DA advised that he recently attended a conference on Care Farming & Crafting. This is where people with learning difficulties, mental health issues can go and work on the land which is deemed very therapeutic and beneficial. Lots of farms involved in Norway and the Netherlands, some appearing in England now also. Caroline Mathieson on the Black Isle is in Care Farming. There is Farm Diversification Funding available which might be worth exploring for anyone interested. Contact details available from DA.			
8	Next Meeting	Friday 26 June 2015 in Pentland Hotel, Thurso			