CAITHNESS DISTRICT PARTNERSHIP

ACTION NOTE FROM MEETING OF: 26 June 2015 in Pentland Hotel, Thurso

PRESENT: Cllr Bill Fernie (BS) - Chair, , Cllr Willie Mackay (WM), Niall Smith (NS) CVG , Bob Silverwood (BS) NHS, Dawn Grant (DG) THC, Mike Flavell (MF) NSH, Dr Borja Echavarren (BE) NHS , Cllr Roger Saxon (RS), John Glen (JG) THC, Nigel Brett Young (NBY) HLH, Pat Groves (PG) THC, Naomi Watson (NW) THC

APOLOGIES: Cllr David Alston, Cllr Linda Munro, Steven Gorman, Pat Ramsay, Shirley Park, Marie McIlwraith, Keith Moncur, John West and Joanna MacDonald

IN ATTENDANCE: Will Clark, NOS Newspapers, Alex MacManus (AM), Deputy Ward Manager, Alison McDiarmid (Notes) and one member of the public

ITEM	SUBJECT	ACTION AGREED	LEAD	NAMED OFFICER	TIMESCALE
	Chair	Welcomed everyone to the meeting.			
	Previous Action Note - 27 March 2015	BF updated that the Role and Remit of the Partnership had been discussed. Some changes may happen but will keep the Partnership posted.	BF		
1	Children's Services - Care and Learning Management Structure	DG wanted to take the opportunity to share and explain the new Management Structure as not now called Social Care but along with Education comes under the one banner of Care and Learning. There is now one Area Manager, Maurice McIntyre, who covers for the North and Mid Areas. DG went on to explain the structure. The Partnership may wish to invite other managers to the meeting as and when required. Copies of the North Area Organisation Chart were available for anyone who would like a copy. Email to AM for further distribution. At the Council meeting held on 25 June, Councillors Fiona Robertson and Biz Campbell were elected as Vice-chairs for Education, Children & Adult Services. They will also share the Children's Champion role.	DG		

	1	,		
2	Children	DG gave a brief background on the Child Care Partnership Funding, main points		
	Services -	being:		
	Childcare and	 It was set up around 11 years ago by the Scottish Government to provide Wrap 		
	Family	Around Child Care for all families		
	Resource	 To assist with funding to local groups in the Caithness Area 		
	Partnership	Last year provided sustainability funding for Pre-School, After School and wrap		
	Funding	around care, Young Mother's Groups, holiday clubs with underlying specification		
		for disability.		
		Funding given to Women's Aid for children's funding which was matched by the		
		Scottish Government.		
		Provided training for the services staff - child protection - risk assessment, first		
		aid, moving and handling, food hygiene, administration of medicines, English as an additional language.		
		 Meeting held recently re mapping of child care services that we have in area. 		
		Also to identify what the gaps are, one of which, is the need for a young or lone		
		fathers group.		
		 What will the impact of the 600 hrs child care provision have on the providers. 		
		Will take the mapping back to the Partnership to prioritise if there are any gaps		
		 Funding given to North includes Caithness, Sutherland and Easter Ross. 		
		Tariang given to restar merades Salamos, Salamana and Laster ress.		
		Queried as to whether the Caithness Childcare and Family Resource Partnership is		
		more than a "talking shop". Confirmed by NS that it was and that all the partner's		
		work together very effectively. Noted that the 3 rd Sector are the biggest partners		
		and they are needed to keep the services running and their input/support is crucial.		
	Questions	No questions arose		
	from			
	Members of			
	the Public -			
	Children			
2/4	Services	DC advised that as the 2 tenios were interligited, he would update simultare such	DC	
3/4	Adult Services –	BS advised that as the 2 topics were interlinked he would update simultaneously with the main points being:	BS	
	Redesign	, ,		
	update and	Trent continues to develop a suctamable staming model for Galliniese Contra		
	staffing at	Hospital (CGH) Weekend Consultant sever being provided by retational surgeons and		
	Caithness	Weekend Consultant cover being provided by rotational surgeons and physicians from Reigners. Weekday cover by substantive surgeon and long.		
	Jaili II C33	physicians from Raigmore. Weekday cover by substantive surgeon and long		

General	term locum physician supplement by short term locum cover. Weekday out of
	hours cover was being provided by locums and for 2 nights a week, until
•	recently, by the North & West Operational Unit Clinical Director
	Nearing the initial deadline to the interim arrangements with Raigmore but
1 Gedback	following the initial trial, confident there will be continued support during the
	summer months
	The arrangements put in place to support the junior doctors has proven to be
	successful, with training requirements met
	Have recruited 2 Emergency Physicians who are commencing in October Interviews being held for the retational surgical posts, confident of appointing.
	Interviews being held for the rotational surgical posts, confident of appointing Finalising arrangements for a long torrelative.
	- Finalising arrangements for a long term locum Anaesthetist The above and allow a singlificant definition that be dead to the first term of the second and the second as the second and the second as the second
	The above entails a significant deficit to the budget but will enable us to build on the average of the work to date.
	the successful work to date.
	Ongoing advertising/recruitment for nursing staff
	- Formal consultation meeting took place on 17 June, which involved members of
	public, clinical staff and managers. Of the 80 invitations sent out only 25-30
	actually attended which was disappointing.
	An additional option was generated on the day, to go for District General Heavital status which was the assessed high set as a first and the set.
	Hospital status, which was the second highest scoring option. The highest
	being an Enhanced Emergency Department and rotational surgical support.
	Acute Assessment Unit has been in place since February. Patients with either Acute Assessment Unit has been in place since February. Patients with either
	acute surgical or medical needs are admitted to the Rosebank Ward for
	assessment and initial interventions within a 72 hour period. Patients then
	moved to Bignold Ward for ongoing care and rehabilitation
	A significant improvement in patient flow through the hospital has been seen. This has a salab decreased to a salab the assessment of 0 has detailed as a salab to a salab through the salab through through the salab through through the salab through the salab through the salab through the salab through the salab through the salab through through through the salab through through the salab through through the salab through the salab through through the salab through the salab through through the salab through through the salab through through through the salab through the salab through through the salab through through the salab through through the salab through through through through through through through through the salab through through through through the salab through the salab thr
	This has enabled work to commence to reduce the amount of 6 bedded wards
	to fulfil HAI compliance. This will leave 74 beds in total.
	Virtual ward approach beginning shortly - specialist consultant led interventions with larger high right action to a secretarity with the given to avoid non-acted in
	with known high risk patients in the community with the aim to avoid repeated in-
	patient treatments
	Adverts have been placed for Advanced Nurse Practitioners and Physician Assistants
	Assistants
Questions	Q 1 - "Dr Davidson "until recently" had been doing 2 nights?"
	A - BS responded that Dr Davidson had practically given up 3 months of his life to
	help out. As already stated he is the Clinical Director for the North & West
	Operational Unit which in itself is a highly demanding role along with his GP
	General Hospital Update Feedback Questions from Members of the Public -

	Adult Services	commitments in Skye. He will be continuing to do day work and to assist with the Junior Doctors training. Q 2 - "If the 6 bedded wards are to be reduced, will there be sufficient beds available for the winter illness time?" A - BS responded that there should be as the virtual ward should assist, staffing will not be reduced and as always looking at ways which procedures etc can be carried out in a slicker manner but not to compromise patient care. Also reiterated that it is not a money saving exercise but to finally come in line with HAI compliance which has been an ongoing issue for several years. Q 3 - "Hearing in the local community that the Carers are doing a very good job but they are in/out within 15 minutes. "Are there enough bodies on the ground to meet the service needs?" A - BS responded that there are a lot of myths about the 15 minutes visits - they are usually the visits that are checking/giving medication. If a person needs a half hour visit, that should be part of their care plan. If their care plan needs updating then that information is passed on for reviewing by the relevant manager.		
5.	Joint Services - Dental Services Update	 BS advised that a paper had been presented to the NHS Highland Board recently: There are 2 ways of delivering the service, General Dental Practitioner (GDP) and Public Dental Service (PDS) NHS Highland's PDS has a significantly greater number of registrations that other Health Boards in Scotland NHS Highland, NHS Orkney and NHS Western Isles all exceed the NHS national spend split. The common factor is that they all have a shared history of low participation form GDP contractors. The proposal is to rebalance this. Emphasis to be on the planning to take place at local level. The Head of Dental Service will come to the Caithness District Partnership meeting to discuss/take forward. 		
6	Adult Services - SAS including Fall Pathway Update	 In Steven Gorman's absence MF updated the Partnership, the main points being: Only 2 falls have resulted in a British Red Cross (BRC) Responder being called out 2 cases where the patients were taken to hospital but could have stayed at home Number of calls where the Community Team have been asked to follow up with a multifactorial falls risk assessment, some with a Pharmacy follow up. Most referrals for Physiotherapy, Occupational Therapy or Medications Review. 		

		 Only 2 SAS calls to fallers in May which is good news Falls in general down compared to this time last year Funding for BRC Responders runs out in October 2015 - talks taking place on how best to take forward, also noted that this funding is tied in to the Telecare Project. Queried as to whether the 9 week waiting list for Physiotherapy had improved? MF advised that there was a staffing issue in Dunbar Hospital, 1 vacant post and 2 staff members off sick. Vacant post has been recruited to, commencing in July. One staff member back from sick leave and a locum is being sought. Aim for the waiting list is to be 6 weeks but that has now crept up beyond the previous 9 weeks. 		
	Questions from Members of the Public - Adult Services	Q 1 - "Can the public still self-refer to Physiotherapy?" A - MF responded to advise that some self-referrals are still ongoing but for Musculoskeletal problems only, patients get a phone number from their GP, triaged by NHS 24 who will send out self-management material and/or sign post to other services. Stroke pathway etc you can still self-refer also your GP can still refer.		
7	Any Other Current Business	Partnership agreed that priority should be given to promoting the area, as recently it would appear that the "down side" is being reported in the press and not any of its positives. This may have a detrimental effect to recruitment of staff and also tourism.		
8	Next Meeting	Friday 30 October 2015 in Town Hall, Wick		