DATA LABEL: Public

West Lothian Council

Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

13 August 2014

A meeting of the **Health and Care Policy Development and Scrutiny Panel** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Thursday 21 August 2014** at **2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence

2. Order of Business, including notice of urgent business

3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.

4. Minutes -

   (a) Confirm Draft Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on 29 May 2014 (herewith)

   (b) Confirm Draft Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on 12 June 2014 (herewith).

   (c) Confirm Draft Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on 05 August 2014

(herewith).

5. Note Minute of Meeting of NHS Lothian Board held on 2 April 2014 - Report by Chief Executive, Community Health and Care Partnership (herewith).

6. CANalympics 2014 - Report by Head of Social Policy (herewith)

7. Falls Response Pathway - Report by Head of Social Policy (herewith)

8. Distress Tolerance Programme - Report by Depute Chief Executive, Community Health and Care Partnership (herewith)

9. West Lothian Health Improvement Fund - Eatright West Lothian and West Lothian on the Move - Report by Head of Social Policy (herewith)

10. Health & Care PDSP Work Plan (herewith)

NOTE **For further information please contact Val Johnston, Tel No.01506 281604 or email val.johnston@westlothian.gov.uk**

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within CONFERENCE ROOM 3, WEST LOTHIAN CIVIC CENTRE, on 29 MAY 2014.

Present – Councillors Anne McMillan (Chair), Tom Conn (substituting for John McGinty), Diane Calder, Janet Campbell, George Paul and Frank Toner

Apologies – Councillor John McGinty and John Cochrane (Senior People's Forum Representative)

In Attendance – Ian Buchanan (West Lothian Association of Community Council's Representative) and Jim Gallacher (West Lothian Voluntary Sector Gateway Representative)

1. ORDER OF BUSINESS

The Chair ruled that the Panel would consider Agenda Item 6 (Minute of NHS Lothian Health Board) prior to the presentation on the Early Years Collaborative.

2. DECLARATIONS OF INTEREST

Councillor Toner declared a non-financial interest arising from his position as Chair of the CHCP and as a Lothian Health Board Member for which a dispensation from the Standards Commission applied.

3. MINUTE

The Panel confirmed the Minute of its meeting held on 17 April 2014 as a correct record. The Minute was thereafter signed by the Chair.

4. MINUTE OF MEETING OF NHS LOTHIAN BOARD HELD ON 5 FEBRUARY 2014

A report had been circulated by the Depute Chief Executive, Community Health and Care Partnership to which was attached the Minute of the NHS Lothian Health Board meeting held on 5 February 2014.

Decision

Noted the contents of the report.

5. EARLY YEARS COLLABORATIVE - PRESENTATION BY HEAD OF SOCIAL POLICY

The Head of Social Policy provided the Panel with an overview of the Early Years Collaborative and which consisted of four Work streams as follows :-

- Work Stream 1 – Led by NHS Lothian Health Promotion, focusing on smoking in pregnancy and second-hand smoke in first year of birth;

- Work Stream 2 – Led by NHS Lothian Health Visiting : speech and language; and

- Work Stream 3 & 4 – Led by West Lothian Council Education

The aim of the collaborative was to :-

- ❖ By 2015, reduce stillbirths and infant mortality by 15% (Work Stream 1);

- ❖ By 2016, 85% of 27 to 30 month olds to meet their development milestones (Work Stream 2);

- ❖ By 2017. 90% of 5 year old to meet their development milestones (Work Stream 3); and

- ❖ By 2018, 90% of all 8 year olds to meet their development milestones (Work Stream 4)

To assist with these four Work Streams there was a national focus on key changes as well as key changes at a West Lothian level and which included reducing CO2 exposure in young pregnant women, income maximisation for families with young children, improving the transition from nursery to primary school, nurturing attachment to the under-5's and embedding screening for domestic and sexual violence.

The Head of Social Policy continued to demonstrate how work would continue to improve these many areas with a number of improvement strategies detailed in the slides.

There then followed a questions and answers session and concluded with the Chair thanking the Head of Social Policy for a very informative presentation.

Decision

1. Noted the contents of the presentation; and

2. Agreed that the Head of Social Policy would provide all the Panel Members with the following information :-

   a) Latest percentage figures for the West Lothian area in relation to the four Work Streams; and

   b) The current still-birth rate in West Lothian.

6. NHS HEALTH SCOTLAND POLICY REVIEW AND REVIEW OF EQUALLY WELL AND NHS LOTHIAN DRAFT HEALTH INEQUALITIES

STRATEGY

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership advising of NHS Health Scotland Health Inequalities Policy Review and the Equally Well Policy Review, the NHS Lothian Draft Health Inequalities Strategy and the role of the West Lothian Health Improvement Health Inequalities Alliance.

The report recalled that the Ministerial Task Force on Health Inequalities reconvened in late 2012 and met throughout 2013 to review the evidence on health inequalities since the last review of Equally Well in 2010. The Task Force commissioned NHS Health Scotland to produce a Policy Review, supported by an external advisory group led by Professor Sally McIntyre.

The report then provided a summary of the both the Health Inequalities Policy Review and the Equally Well Review priorities noting that many of the priorities detailed linked to areas of activity being undertaken in West Lothian.

The West Lothian Health Improvement Health Inequality Alliance had been represented on the working group for the NHS Lothian Health Inequalities Strategy. The draft Health Inequalities Strategy was part of a suite of strategic plans underpinning the NHS Lothian draft strategic plan "Our Health, Our Care, Our Future" and in due course the overarching NHS Lothian Strategic Plan would link across to the West Lothian Health and Social Care Strategic Plan. The report provided a summary of the propositions set out in the strategic plans for improving health and tackling inequality.

The West Lothian Health Improvement Team (HIT) had a key role in the development of local plans and activities and in enabling community planning partners to contribute fully to tackling health inequalities in West Lothian. HIT was also involved in the development and implementation of key West Lothian strategic plans through a range of working groups, details of which were summarised in the report.

The report concluded that health inequalities continued to be of major concern both nationally and locally. Therefore the review of key national policies provided an opportunity for West Lothian Community Planning Partnership to re-focus its attention on the social detriments of health and the early years to address these health and life gaps.

It was recommended that the Panel :-

- Note the outcome of the national review;
- Note the content of the NHS Lothian Health Inequalities Strategy;
- Contribute to the consultation on the NHS Lothian Health Inequalities Strategy; and

- Support the implementation of West Lothian Development.

Decision

Noted the contents of the report.

7. MATERNAL AND INFANT NUTRITION (BREASTFEEDING FRIENDLY AWARDS/HEALTHY START)

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership advising of the local venues with Baby Friendly Awards by providing facilities for breastfeeding and to report on the uptake of Healthy Start Vouchers and free vitamins in NHS Lothian.

The report advised that within West Lothian, premises that had breastfeeding policies and provided suitable facilities were able to apply for the Breastfeeding Friendly Award. This award was part of the UNICEF Breastfeeding Welcome Scheme to which NHS Lothian was in the process of becoming accredited.

There were a range of council and private enterprises across local communities which held the award and these were detailed in the report and included all Xcite West Lothian Sports Centres, all libraries and all CIS premises. It was also noted that all major council/partnership centres should in future be expected to apply for the Breastfeeding Friendly Award and this included West Lothian Civic Centre and Blackburn Partnership Centre.

Work was also on-going to encourage businesses to apply for the award and in 2014-15 this would be promoted through the West Lothian Chamber of Commerce.

The report continued to advise that Healthy Start provided free vouchers every week to spend on milk, fresh or frozen vegetables and infant formula for women who were pregnant or had children under the age of four, who qualified for benefits and were under age 18. Current uptake of the free Healthy Start vouchers had varied, but across NHS Lothian the uptake was 75% of the eligible population. A table was provided in the report of uptake in the West Lothian area but it was to be noted that as these were only available by postcode area, not local authority area, the report provided a list of those postcodes that best matched West Lothian for the period 7 April to 4 May 2014. Total uptake was 74.7% for West Lothian.

The Healthy Start scheme also provided vitamins to breastfeeding families on specific benefits. Across Lothian the reported update of the vitamin element of Healthy Start was very low at only 1%. Due to the low update it was decided to widen the dispersal of the vitamins through health visitors and Family Centres.

The Health Improvement Team and NHS Lothian Midwifery continued to

look at ways of improving uptake rates for eligible women during pregnancy. Health Visitors also had the opportunity to see eligible families at core visits and clinic appointments and to offer the vitamins. Early information on this was that it had been successful in reaching eligible children and their mothers.

Within NHS Lothian ways to increase uptake of Healthy Start during the antenatal and postnatal period were being tested in the Leith Early Years Collaborative Pioneer Site work. Improvements were being demonstrated, with an increase over 11 weeks in self-reported entitlement to Healthy Start from 11% to 23% at antenatal booking. West Lothian would benefit from this pioneer work being carried out in Edinburgh, as work was being spread across to other parts of Lothian.

The Panel were asked to :-

- Support the on-going work required to implement these strategies; and

- Support the recommendation that all major council/partnership centres worked towards Breastfeeding Friendly Award status.

Decision

1. Noted the contents of the report;

2. Noted the suggestion that contact could be made with Town Centre Management Groups and Trading Associations with a view to encouraging business premises to provide breastfeeding facilities; and

3. Agreed that the Senior Manager (Children & Early Intervention) would forward information to the West Lothian Voluntary Sector Gateway to enlist their help in promoting the establishment of breastfeeding facilities within voluntary organisations.

8. NHS LOTHIAN DRAFT STRATEGIC PLAN 2014-2024

The Panel considered a report (copies of which had been circulated) by the Head of Health Services advising of the launch of the “Our Health, Our Care, Our Future” NHS Strategic Plan 2014-2024 which was out for consultation.

Attached to the report at Appendix 1 was a letter from the NHS Lothian Chief Executive explaining the process that would be followed by NHS Lothian to undertake consultation on their Strategic Plan for 2014-2024.

A copy of the draft strategic plan was also attached to the report at Appendix 2 and it was noted that any responses to the consultation were to be submitted to the Director of Strategic Planning by 22 August 2014.

The Panel were asked to note the launch of the staff and public consultation period, from April to August 2014, in relation to the

development of the NHS Lothian Strategic Plan.

Decision

Noted the contents of the report

9. HEALTH AND CARE PDSP WORK PLAN

The Panel considered the contents of the Work Plan that had been prepared by the Depute Chief Executive, Community Health and Care Partnership and which would form the basis of the Panel's work over the coming months.

Decision

Noted the contents of the Work Plan.

MINUTE of MEETING of the HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 12 JUNE 2014.

Present – Councillors Anne McMillan (Chair), Diane Calder, Janet Campbell, John McGinty and Frank Toner

In Attendance – Ian Buchanan (West Lothian Association of Community Councils)

1. DECLARATIONS OF INTEREST

Councillor Toner declared a non-financial interest arising from his position as Chair of the CHCP and as a Lothian Health Board Member for which a dispensation from the Standards Commission applied.

2. DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 - SET 1 - CONSULTAION RESPONSE

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership advising of a draft response to Set 1 of the draft Regulations related to the Public Bodies (Joint Working) (Scotland) Act 2014, a copy of which was attached to the report at Appendix 1.

The Panel were advised that the Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1 April 2014 with a requirement for councils and health boards, working together, to submit an integration scheme for Ministerial approval by 31 March 2015. This would then put in place a framework for integrating health and social care in Scotland and provide the legislative framework for NHS Boards and local authority partners to establish Integration Authorities.

The policy intention was to achieve the integration of adult health and social care functions, while providing local flexibility to integrate further for other specified functions of local authorities.

The key features of the legislation were nationally agreed outcomes, Integration Scheme, Strategic Plan, locality planning and integrated budgets. It was intended that budgets and resources would be integrated to focus attention on the outcome for the individual, which would build on the valuable work already in place in West Lothian to continually improve people's health and care experience across home, community and hospital settings.

The Scottish Government was currently consulting on the secondary legislation that would underpin the Act and public consultation would follow. Consultation on the first set of draft Regulations would run for 12 weeks from 12 May until 1 August 2014. Consultation on the second set would run for 12 weeks from 27 May to 18 August 2014. Following the completion of the consultation on both sets of draft Regulations an

analysis of written responses would be published.

The final version of each would then be laid before Parliament from late September 2014 before coming into force by the end of 2014.

There were six subjects covered in the first consultation and these were summarised in the report.

The Panel was asked to consider the draft response to Set 1 of the draft Regulations related to the Public Bodies (Joint Working) (Scotland) Act 2014 and recommend its approval by Council Executive for submission to the Scottish Government.

Decision

1. Noted the contents of the report and the draft response to Set 1 of the draft Regulations;

2. Agreed that prior to submission to the Council Executive for approval additional comments would be added in relation to laundry provision and wound management for young people with additional needs; and

3. Further agreed that an additional meeting of the Health and Care Policy Development and Scrutiny Panel would be scheduled for early August to consider Set 2 of the draft Regulations.

MINUTE of MEETING of HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL of WEST LOTHIAN COUNCIL held within COUNCIL CHAMBERS, LIVINGSTON, on TUESDAY 5 AUGUST 2014

Present – Councillors Anne McMillan (Chair), John McGinty, Diane Calder, George Paul and Frank Toner

Apologies – Councillor Janet Campbell and Ian Buchanan (West Lothian Association of Community Council Representative)

1. DECLARATIONS OF INTEREST

Councillor Toner declared a non-financial interest arising from his position as Chair of the CHCP and as a Lothian Health Board Member for which a dispensation from the Standards Commission applied.

2. DRAFT REGULATIONS RELATING TO PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014 - SET 2 - CONSULTATION RESPONSE

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership advising of a draft response to Set 2 of the draft Regulations related to the Public Bodies (Joint Working) (Scotland) Act 2014, a copy of which was attached to the report at Appendix 1.

The Panel were advised that the Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1 April 2014 with a requirement for councils and health boards, working together, to submit an integration scheme for Ministerial approval by 31 March 2015. This would then put in place a framework for integrating health and social care in Scotland and provide the legislative framework for NHS Boards and local authority partners to establish Integration Authorities.

The policy intention was to achieve the integration of adult health and social care functions, while providing local flexibility to integrate further for other specified functions of local authorities.

The key features of the legislation were nationally agreed outcomes, Integration Scheme, Strategic Plan, locality planning and integrated budgets. It was intended that budgets and resources would be integrated to focus attention on the outcome for the individual, which would build on the valuable work already in place in West Lothian to continually improve peoples health and care experience across home, community and hospital settings.

The Scottish Government was currently consulting on the secondary legislation that would underpin the Act and public consultation would follow. Consultation on the first set of draft Regulations would run for 12 weeks from 12 May until 1 August 2014; these had been considered by the Panel at its meeting held on 12 June 2014. Consultation on the second set would run for 12 weeks from 27 May to 18 August 2014.

Following the completion of the consultation on both sets of draft Regulations an analysis of written responses would be published.

The final version of each would then be laid before Parliament from late September 2014 before coming into force by the end of 2014.

There were five subjects covered in the second consultation and these were summarised in the report.

The Panel was asked to consider the draft response to Set 2 of the draft Regulations related to the Public Bodies (Joint Working) (Scotland) Act 2014 and recommend its approval by Council Executive for submission to the Scottish Government.

Decision

1. Noted the contents of the report and the draft response to Set 2 of the draft Regulations;

2. Agreed that the report be forwarded to the Council Executive meeting on 19 August 2014 with the recommendation that it be approved.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

NHS LOTHIAN BOARD

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

To update members on the business and activities of Lothian NHS Board.

B. RECOMMENDATION

To note the terms of the minutes of Lothian NHS Board dated 2 April 2014 in the Appendix to this report.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs Being honest, open and accountable Working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Council requires the activities of certain outside bodies to be reported to elected members on a regular basis, as part of its Code of Corporate Governance.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Working in partnership.
V	**Relevance to Single Outcome Agreement**	We live longer, healthier lives.
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP**	Regularly reported to Health & Care PDSP for noting.
VIII	**Other consultations**	None required.

D. TERMS OF REPORT

On 29 June 2010 the Council Executive decided that the activities of certain outside bodies should be reported within the council to ensure all elected members are aware of the business of those bodies and to help to ensure their activities are more effectively scrutinised.

In accordance with that decision the business of Lothian NHS Board was to be reported to this meeting by the production of its minutes. The relevant documents are produced in the Appendix to this report.

E. CONCLUSION

This report ensures that members are kept appraised of the activities of Lothian NHS Board as part of the council's Code of Corporate Governance.

F. BACKGROUND REFERENCES

West Lothian Council Code of Corporate Governance.

Council Executive, 29 June 2010

Appendices/Attachments: 1

1 Minutes of the meeting of Lothian NHS Board held on 2 April 2014

Contact Person: Jim Forrest, Depute Chief Executive, CHCP

01506 281977

Jim.Forrest@westlothian.gov.uk

CMT Member: Jim Forrest, Depute Chief Executive, CHCP

Date: *21 August 2014*

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 2 April 2014 in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Non Executive Directors: Mr B Houston (Chair); Mrs S Allan; Mr M Ash; Mrs K Blair; Mr J Brettell; Dr M Bryce; Councillor D Grant; Councillor R Henderson; Mr P Johnston; Mrs J McDowell; Mrs A Meiklejohn; Mrs A Mitchell; Councillor F Toner; Mr G Walker; Mr G Warner; Dr R Williams and Mr R Wilson.

Executive & Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources & Organisational Development); Mr J Crombie (Director of Scheduled Care); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Ms M Johnson (Executive Director Nursing, AHPs & Unscheduled Care); Professor A K McCallum (Director of Public Health and Health Policy) and Professor A McMahon (Director of Strategic Planning, Performance Reporting & Information).

In Attendance: Mrs S Egan (Associate Director / Child Health Commissioner, Women & Children for item 2.3); Mr M Massaro-Mallinson (Strategic Programme Manager for item 2.3); Mr D A Small (Director of East Lothian Health and Social Care Partnership); Mr D Weir (Corporate Services Manager) and Mr S R Wilson (Director of Communications & Public Affairs).

Apologies for absence were received from Professor J Iredale, Councillor C Johnstone and Mr A Joyce.

Declaration of Financial and Non-Financial Interest

The Chair reminded members they should declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. There were no declarations of interest.

1. Welcome to Members of the Public and Press

1.1 The Chairman welcomed members of the public and press. He also welcomed Mrs S Egan and Mr M Massaro-Mallinson who were attending the meeting for agenda item 2.3 'Improving the Health and Wellbeing of Lothian's Children and Young People' – The NHS Lothian Children and Young People Strategy 2014/2020.

2. Chairman's Opening Remarks

2.1 The Chairman commented on the size of the agenda for the current meeting. It was recalled the Board had previously made a decision to have fewer business Board

meetings and the size of agenda might just reflect these new arrangements settling down. In addition April was a key stage in the planning cycle and the current meeting would be discussing weighty strategic issues. The Board noted many of the items in the consent part of the agenda were in fact subsumed within the overarching strategic plans.

2.2 The Board were reminded the new arrangements represented a test of how solid governance arrangements were through the business of the respective governance committees. It was important however to keep matters under review to ensure there was no dilution of scrutiny around the totality of the business.

2.3 Reference was made to the outputs from the March Board Development Session. The Chairman was considering with the Chief Executive options for the further development of the relationship between Governance Committees and the Board in terms of how papers and issues were scrutinised in these committees in a way to ensure proper Board level scrutiny.

2.4 The draft agenda for the current meeting had been closely reviewed as had each individual paper on the consent agenda in order to ensure focussed time was available for the strategic issues on the approval agenda. The Chairman had issued the consent papers early with a covering note explaining why these papers were in the consent section of the agenda rather than for discussion. In general Board members had accepted the reasons for this approach for the current meeting but would welcome debate about future agendas. This would be held during the Private Board meeting later in the day.

3. Items for Approval

3.1 As previously stated the Chairman commented the agenda for the current meeting had been circulated to Board members to scrutinise the papers and to advise whether any items should move from the approval to the discussion section of the agenda. No such requests had been received.

3.2 The Chairman sought and received the approval of the Board to accept and agree the following recommendations contained in the For Approval papers without further discussion.

3.3 Minutes of the Previous Board Meeting Held on 5 February 2014 – The minutes were approved.

3.4 Cancer Strategy – The Board endorsed and approved the strategy and agreed that it be consulted on as part of the consultation and engagement process for ‘Our Health, Our Care, Our Future’.

3.5 Integration of Health and Social Care – The Board agreed to receive four integration schemes in December 2014 for approval prior to the consultation process as would be described in the regulations. It was noted that the decision on which health functions **must** or **may** be delegated to Integrated Joint Boards would be made by Scottish Government and described in the regulations.

3.6 Workforce Risk Assessment – The Board recognised that staffing pressures within obstetrics remained, following unsuccessful recruitment for 4 trainees and 1 consultant post. There had also been a resignation of a consultant with an out of hour's commitment at the Royal Infirmary of Edinburgh. Cover was being provided through a combination of external and internal locum utilisation.

3.6.1 Staffing for the Paediatric Unit at St John's Hospital remained fragile, heavily reliant on a small number of staff doing additional night and weekend shifts.

3.6.2 The Board noted a recent concerted recruitment campaign to recruit 13 consultants across the Royal Infirmary of Edinburgh, Western General Hospital and St John's Hospital sites had been successful in filling 8 positions. Consideration was being given to further recruitment to fill the remaining vacancies.

3.6.3 The Board noted that recruitment difficulties persisted within medicine for the elderly where two speciality doctors to support the Comprehensive Assessment (COMPASS) Initiative attracted no suitable candidates.

3.6.4 The Board supported the establishment of an NHS Lothian Medical Workforce Group and the update of all medical workforce risk assessments.

3.6.5 The Board supported the investments reported by the Corporate Management Team in training an additional 10 health visitors in 2014/15 to help address workforce supply and demand pressures.

3.7 Unscheduled Care – The Board noted the targets for measurement and NHS Lothian's performance and the actions being taken forward to support NHS Lothian's performance outcomes for unscheduled care. The Board also noted the key challenges being faced by the service in relation to patient flow and performance.

3.8 Waiting Times Performance – Progress and Elective Capacity Investment – The Board received the update report on performance and progress on inpatient outpatient and other waiting times.

3.9 Financial Position to 28 February 2014 – The Board noted an in-month underspend of £1.7m reducing the year to date overspend to £1.2m. This was after the release of £1.3m of non recurring corporate flexibility, plus release of £0.5m to support the additional cost of the LUCS service within East Lothian CHP. There was a further in-month slippage of £0.5m against the Local Re-investment Plan (LRP) target bringing the year to date position to a £5.6m shortfall. A breakeven position would be achieved using non recurring reserves and slippage.

3.10 Corporate Objectives 2014/15 – The Board noted progress towards the development of NHS Lothian's Corporate Objectives for 2014/15 and that this set of objectives also read across to the risk register and related to the mitigation of risk. The Board further noted that the overall set of objectives was set within the context of the triple aim: improving quality of care, improving population health, securing value and financial sustainability and the twelve priority areas within the 2020 route map which also aligned the objectives to the delivery of the Local Delivery Plan (LDP) and the emerging proposition and priorities within the draft strategic plan.

3.11 Performance Management – The Board received the update on the current performance against Health Improvement, Efficiency, Access to Services and Treatment (HEAT) targets and standards that the Board had agreed to receive in the performance paper as set out in appendix 1.

3.11.1 The Board noted that the LDP for 2014/15 was a delivery contract between Scottish Government and the NHS Boards in Scotland and sets out how Boards would meet HEAT targets and other national priorities.

3.11.2 The draft LDP had been submitted to the Scottish Government on 14 March 2014 and required approval by the Board at the April meeting. The LDP was a discussion item on the NHS Lothian agenda.

3.12 Healthcare Associated Infection Update – The Board: -

- Acknowledged receipt of the HAI reporting template for February 2014.

- Noted NHS Lothian's staphylococcus aureus bacteraemia target by March 2015 was to achieve a rate of 0.24 per 1000 bed days. The current position was 0.30. NHS Lothian was currently off trajectory as the projected rate for February 2014 was 0.28 and multidisciplinary effort was required if the target was to be achieved.

- Supported staff to improve the clinical management of invasive devices in accordance with NHS Lothian and Patient Safety Standards.

- Supported procurement of a closed system of blood culture collection that should reduce contamination rates.

- Noted the NHS Lothian clostridium difficile infection target by March 2015 was to achieve a rate of 0.32 per 1000 days. The current target was 0.54. NHS Lothian was currently off trajectory as the projected rate for February 2014 was 0.38. A pan Lothian multidisciplinary effort was essential if the target was to be achieved.

- Supported the antimicrobial team activities in relation to the antimicrobial prescribing review and reduction of antimicrobials associated with clostridium difficile.

- Encouraged General Practitioners to share information associated with investigations of community healthcare associated clostridium difficile.

3.13 Review of the Standing Orders – The Board agreed and adopted the revised standing orders.

3.14 South East Scotland Research Ethics Committee – The Board agreed to the revised membership of the South East Scotland Research Ethic Committees as detailed in appendix 1 of the paper.

3.15 Audit and Risk Committee – Minutes of the Meeting held on 10 February 2014 – Adopted.

3.16 Finance and Resources Committee – Minutes of the meetings held on 22 January and 5 March 2014 – Adopted.

3.17 Healthcare Governance Committee – Minutes of the meeting held on 21 January 2014 – Adopted.

3.18 Staff Governance Committee – Minutes of the meeting held on 29 January 2014 – Adopted.

3.19 Strategic Planning Committee – Minutes of the meeting held on 13 February 2014 – Adopted.

3.20 Edinburgh Shadow Health and Social Care Partnership – Minutes of the meeting held on 4 December 2013 – Adopted.

3.21 Midlothian Community Health Sub-committee – Minutes of the meeting held on 30 January 2014 – Adopted.

3.22 West Lothian Health and Care Partnership Sub-committee – Minutes of the meeting held on 6 February 2014 – Adopted.

3.23 West Lothian Health and Care Partnership Board – Minutes of the meeting held on 28 January 2014 – Adopted.

Items for Discussion

4. Strategic Plan

4.1 The Chairman as Chair of the Strategic Planning Committee provided continuity details between the Committee and decisions being requested at the current Board meeting. It was noted there had been a positive reaction to the fact that a better planning framework was now in place with the plan before the Board, representing a good visionary framework including a good exposure and analysis of issues and options to address. Within the context of this positive welcome for the plan the following reservations had been made: -

- Each stage of the process was a big challenge with details needed on how to deconstruct the plan into a project management plan to proceed to the next stage.
- Issues needed to be developed around communication and the engagement process.
- The need for further emphasis and focus on integration with the primary care side of the business.

4.2 The Chairman touched on what would need to happen beyond the current Board meeting in terms of the methodology of planning, implementation, consultation and engagement. It was noted implementation of the plan would have implications for the rest of NHS Scotland and it would be important to take this forward and escalate to national level.

4.3 The Director of Strategic Planning, Performance Reporting and Information advised he was delighted to present the plan to the Board within the timescale previously agreed and thanked Board members and his own extended team for their time and input.

4.4 It was reiterated some of the workstreams would have regional and national implications. The plan emphasised work in bringing primary and community care together with a first draft of the strategy included. Health inequalities, cancer and child and young peoples strategic issues were also aligned to the strategic plan. It would be important to ensure engagement happened beyond the broader NHS in Lothian and was extended to include bodies like Community Planning Partnerships and Health and Social Care Partnerships. Attached to the strategic plan was an engagement and communications framework with the plan being subject to a four month period of consultation.

4.5 The timescale for work up until October when the plan would be brought back to the Board in final format was detailed. The financial context of the plan was explained with it being stressed it would not currently be possible to deliver all propositions. In this respect a workstream had been established looking at clustering propositions and looking at capital, revenue, and LRP requirements to provide future services that were fit for purpose locally, regionally and nationally. In terms of implementation beyond October hard decisions would need to be taken and these would be supported by decision making criteria. It was noted a number of these decisions would be the responsibility of integrated Boards to make and would be about changing access to care and pathways.

4.6 The point was made in terms of the question of making relevant choices around tough decisions the Scottish Government had suggested further questions that might draw out these issues and following the Board meeting these would be developed and discussed through the Strategic Planning Committee.

4.7 The Chief Executive commented the £40m efficiency target was not about cutting expenditure but about releasing resources to invest in new propositions set out in the plan. This would reprioritise £40m worth of spend away from areas which were having a limited impact. In response to the previous comment about choices around tough decisions it was noted criteria for decision making had been established and it would be important to confirm these were correct and which were of most importance as part of the ongoing process. A detailed analysis of each line of expenditure would be undertaken to assess tangible impact on the strategic plan and corporate objectives. It was stressed there was not the scope to drive out £40m of efficiencies and an innovative approach to funding would be needed to support developments. It was agreed this message needed to be reinforced during the consultation process as currently the plan implied all aspects would be delivered.

4.8 A number of comments were made about the document not being a plan but more of a strategic vision as it was not deliverable in its current format and lacked methodology and funding. It was felt it needed to be more appropriately titled to reflect its status. Currently the document was outcome based rather than deliverable based. In addition a desire was expressed for more engagement on a

proactive basis with the voluntary and third sector rather than assuming the NHS would deliver on all of the propositions.

4.9 It was noted in terms of clinical pathway work there had been a lot of enthusiasm from clinical staff to develop pathways in conjunction with others and the same degree of enthusiasm had been expressed from the third sector.

4.10 The point was made that the current proposals were bold and innovative and genuinely sought to address things differently with the attention to safety, quality and affordability being commended. It would be important however to identify the key drivers to effective change including the availability of a capable and sustainable workforce with current recruitment difficulties in some areas being noted. The availability of appropriately qualified senior management and clinical leadership was also identified as being a paramount driver.

4.11 The question was raised about how realistic the five year financial plan was given the significant challenges around cost and the over commitment in master-planning and revenue costs. There was a need to balance aspirations against available resources. The point was made that clinical leadership would be critical in moving the plan forward with some clinicians feeling the plan could have been even bolder.

4.12 The question was raised about the timescale for consulting on detailed plans across the whole organisation and details on who would be consulted with and when. It was noted work was underway with the Directors of Scheduled and Unscheduled Care to develop propositions and these would be fed into the consultation process. The detailed plans would be widely consulted upon and would include input from local authorities, local advisory groups, patient groups and local community planning partnerships.

4.13 The focus on primary care was welcomed with it being noted the propositions in the plan would result in a fundamentally different way of working although it was not yet clear how that position would be reached. It would be important to expand the reference to the four stakes in the ground and explain what was going to be done around them.

4.14 A concern was raised that the document before the Board was quite a dense one and some people might lose some of the detail and there was a need to address this. It was noted a shorter public facing document and a standard presentation would be developed including the use of visuals rather than narrative. It was suggested there would be merit in getting public input into the compact version of the document to ensure it was in fact understandable and readable.

4.15 In terms of engagement and communications it was suggested more detail was needed about dates and timescales particularly given the move into the Easter and then summer holiday period. The Chief Executive reminded the Board about the link between the overarching plan and the role of the four new statutory integrated Boards who would have responsibility for planning, implementation and prioritisation. These organisations would need to consult and develop a strategic commissioning plan to deliver the detail. It had always been a clear intention to set out the NHS Lothian vision and then utilise the creation of the four Health and Social Care Partnerships to produce the detailed delivery plan for each of the four geographical

areas. It was anticipated the consultation process would add a significant amount of extra data that would need to be considered. The plan presented for approval at the October Board meeting would provide a further level of detail around issues that the Board and the Health and Social Care Partnerships would be responsible for delivering. It was noted the strategic plan would be subject to a constantly iterative process and the answer to some of the questions would be dependant upon what resources could be released.

4.16 It was noted that the Community Empowerment Bill set an expectation that Community Planning Partnerships should adopt a wider and more holistic role and this would be important from an engagement and consultation viewpoint.

4.17 The point was made in future services would be delivered differently including through the provision of seven day services and this would need to be taken into account. The Board were reminded that previously it had been agreed that the current Human Resources and Organisational Development strategy which had expired on 31 March 2014 would be brought back to the Board once the final strategic plan had been approved. It was agreed it would now be sensible given workforce considerations to develop the refreshed Human Resources and Organisational Development strategy on a parallel process rather than a linear one. After the draft Human Resources and Organisational Development strategy had been discussed by the Staff Governance Committee it could come forward to the Board to confirm that its supported delivery of the strategic plan.

4.18 The Board agreed the focus on the consultation exercise was important as the initial process should signal what came next in respect of the detailed plans that would come forward via the Health and Social Care Partnerships. It was noted it would be important to flag the initial consultation would be the first of many consultations.

4.19 Discussion ensued around the timescale and mechanism for evaluating the feedback from the consultation process. It was noted this would be an iterative process with consideration being given to the creation of a website for people to post comments and receive feedback. In terms of processing the feedback it was reported the initial process would be to consider comments received after the consultation process in August and discuss these at both the Strategic Plan Planning Board and the Strategic Planning Committee with relevant changes being made and reflected in the final strategy submitted to the Board in October.

4.20 The point was made that individual strategic issues would be consulted upon further through consultation on the detailed Health and Social Care Partnership strategic commissioning plans. It was noted Community Planning Partnerships would be engaged in detailed individual propositions and consultations.

4.21 The Chairman welcomed the positive discussion and the comments made about whether the document was a plan or a vision statement. He stressed the importance of recognising this was part of an ongoing process and that the continuum element was vitally important and the communications engagement plan fell into that category. Other key issues of importance were around the workforce element and clinical leadership.

4.22 The Board: -

- Considered and endorsed the strategic plan and agreed support for its contents as the basis for further consultation and engagement.

- Agreed the content of the strategy for primary and community care, as discussed at the Strategic Planning Committee on 13 March 2014 (Appendices 2, 3 and 4).

- Agreed that the plan with the supporting suite of information listed would be the basis for wide consultation and engagement over the period April to August 2014.

- Agreed the process detailed in the communication and engagement plan (Appendix 5) and supported the recommendation that a final version of the strategic plan be brought back to the Health Board in October 2014, along with an implementation plan

5. Local Delivery Plan (LDP)

5.1 The Director of Strategic Planning, Performance Reporting & Information advised that feedback had been received from the Scottish Government following submission of the first draft on 14 February 2014 and this had been incorporated into the latest version of the LDP. The Scottish Government had been aware that the Board required to approve the LDP and the draft submission had been made on that basis.

5.2 The Board were reminded that they had received a copy of the letter from the Scottish Government commenting on areas where further work was required around the LDP. This included the commitment to deliver on elective care and treatment time guarantee; unscheduled care in relation to inter-site working; further work around primary care; the multiple morbidity work plan; the financial plan and workforce plan.

5.3 It was hoped that the Board would be able to recognise the connectivity between the LDP and the overarching strategic plan. It was noted that the LDP had changed from the previous year with the introduction of innovation and improvements in co-production as well as health and equalities with a particular focus on people with learning disabilities. The Board were assured that its own strategic plans reflected and picked up on these issues.

5.4 The point was made there was an expectation that the corporate objectives might drive the LDP and in that regard it was questioned why the corporate objectives would not be approved until the June meeting. The Board were advised that the corporate objectives were absolutely reflected in the LDP and that metrics would be used to ensure connectivity. It was noted that the final version of the corporate objectives for 2014/15 would be presented for formal sign-off in June. The point was made that it still remained an anomalous position to sign-off objectives three months into the performance year. The Board were advised it was not envisaged that the draft objectives considered under the consent agenda would change significantly and that there was nothing contained within them that was not consistent with the LDP or the strategic plan. There was also a need to reflect back on performance

against the 2013/14 corporate objectives and for that reason the June Board meeting was being targeted. It was noted when the final corporate objectives came forward to the Board timescales and narrative would be included to remove some of the 'in progress' comments within the draft corporate objectives on the current Board agenda.

5.5 In relation to the Lothian Unscheduled Care Service the question was posed about which Board committee was looking at assurance around its long term viability. It was noted this was being considered at the Unscheduled Care Board and that close liaison was being kept with the Director of the East Lothian Shadow Health & Social Care Partnership. It was noted that this issue also featured in the primary and community care strategy.

5.6 The Chief Executive advised that a meeting had been arranged with the Chairs and Joint Directors of the Shadow Health and Social Care Partnerships on 17 April to discuss delegated functions and other issues. At this meeting it would be proposed to delegate responsibility for primary and community services to partnerships and that the governance for the primary care out of hours service would rest with the four Health and Social Care Partnerships. It was noted therefore that the governance responsibility would pass from Lothian NHS Board to the four Health & Social Care Partnerships under the management of one of the four Joint Directors.

5.7 The Board noted that from April 2015 there would be a fundamental change in the way the system worked with the new statutory bodies managing a range of services. It was noted NHS Lothian and Local Authorities would need to agree what specific items were delegated to the Health & Social Care Partnership with it being reiterated that the new statutory organisations would be responsible for developing their own strategic commissioning plans which would require to be signed off by the NHS Board. A possible process for achieving this was discussed. It was noted that proposals would require to be shared with the local authorities and in the interim it would be important not to prejudge issues until the process had concluded.

5.8 The Board approved the latest version of the Local Delivery Plan 2014/15 and the plan within the appendices.

6. Improving the Health and Wellbeing of Lothian's Children and Young People – NHS Lothian Children and Young People Strategy 2014/20

6.1 The Chairman welcomed Mrs Egan and Mr Massaro-Mallinson to the meeting.

6.2 The Board noted that the strategy had been out to three months consultation with good responses having been received especially from children and young people who broadly liked the direction of travel. Patients and carers had also responded positively.

6.3 The Board noted the Children's Act requirement for a named person had been embedded in the final draft of the strategy. There had been some angst around this requirement and workforce issues in general particularly in respect of the availability of health visitors. The Board noted that an additional 10 health visitor training places

had been approved by the Corporate Management Team for the current year and by September of 2015 additional health visitors should be in post.

6.4 The Board noted in respect of the Early Years Collaborative that the transition point where children moved into adult services was difficult and it was important that this had been reflected in the strategy both in terms of physical and mental health issues the details of which had been explained and discussed in depth at the Strategic Planning Committee. It was noted that further work required to be done around the metrics referenced in the strategy and this would commence over the next few months.

6.5 The point was made that within the appendices baselines and targets were set although there was little evidence of the management of baseline information and it was questioned which steps were in place to address the lack of an evidence base. It was noted that the Scottish Government had provided some baseline data and additional information was also available through the Child Health Track System which had commenced two years previously and continued to be worked on. In addition work continued with the four local authorities in respect of developing further data in order to ensure services were provided to patients as early as possible. Further significant work was being undertaken nationally as well as within the four local authorities. International work had also produced good data sets for children and within Scotland data was also available but required further work to make it usable.

6.6 The Board were advised that a national review of health visitors relating to the Children's Bill and Children's Development in Care had resulted in an announcement of increased training places which had been welcomed. It was anticipated that there was a possibility of a significant change in the health visiting role as well as the need to look at workload. It was reported there was a need to consider how to increase the baseline of health visitors and that work was underway with the Human Resources Team to develop proposals further. The Board noted that there was an aging profile prevalent within the current health visiting workforce and there was a need to plan around this to manage the position moving forward. In that regard the workforce plan would be developed. The Board were advised that sustainability was an issue if recruitment could not be made to health visitor roles although issues around skill mix were being considered. The Ministerial Health Support Group when it reported would address health visitor numbers.

6.7 The Chief Executive commented the Board would still retain some responsibility for children's services whilst delegating other aspects to a mixed economy of arrangements within the Integrated Boards.

6.8 The Chairman commented that the consultation process had been remarkable in terms of engagement and the feedback reflected this.

6.9 The Board approved the draft Children and Young People Strategy.

7. Integrating Children's Services in Lothian

7.1 The Board noted that the direction of travel for Integrating Children's Service in Lothian was in line with the NHS Lothian's Draft Children and Young People Strategy as well as the overall strategic plan. It was noted that there was a need to agree the position particularly in respect of the City of Edinburgh arrangements which were set out in the circulated paper.

7.2 The Board noted that in West Lothian, children services were already managed by the Joint Director with a similar position being anticipated subject to further debate for East and Midlothian.

7.3 The Board was advised in respect of Edinburgh that there was a strong desire to strengthen the integration of children's services through collaborative working to improve outcomes for, and the wellbeing of, children, young people and families in Edinburgh. It was noted over the last six months discussions had been held between the Chief Executive of NHS Lothian, City of Edinburgh Council, Non Executive Board members and the City of Edinburgh Council elected members on how best to build upon the successful partnership.

7.4 It was noted that an effective Children's Integrated Planning Partnership was already in place however it was not a joined up governance arrangement and this was a particular gap and one that the Chief Executives were committed to resolving through effective alignment of service planning, joint commissioning and quality assurance.

7.5 The Board noted it was not anticipated the City of Edinburgh Council would delegate children and family functions to the emerging Health and Social Care Partnership nor was there a desire to delegate universal health service provision to the Health and Social Care Partnership. There was however a desire to have greater management alignment across all children services and a joined up governance mechanism to support these arrangements. This had been taken into account when considering the future potential management and governance arrangements for all children's health services currently being delivered in Edinburgh including those within the Woman and Children's Directorate and Edinburgh CHP. The Board noted that the proposal in respect of Edinburgh was to establish systems that would further develop effective partnership working at a local level and deliver even better outcomes for children, young people and their families in Edinburgh.

7.6 The Board noted that the circulated paper provided the platform for an extensive consultation and engagement programme across the areas of provision within the scope of an integrated service in Edinburgh. The engagement would be taken forward in partnership with staff, the CHP Partnership Forum and service users as well as recognising Trade Union consultation processes were appropriate and relevant to the changes proposed.

7.7 The Board were advised that the intention was to seek agreement within the City of Edinburgh Council and NHS Lothian to take forward the consultation process and to develop a more extensive business proposal including a management structure for such an integrated children's service in the city. The final proposal would then be

included in the Edinburgh Health and Social Care Integration Plan to be submitted to the Scottish Government in late 2014.

7.8 The point was raised about the future management arrangements for small specialist services like CAMHS which were currently provided on a Lothian wide basis and were dependant upon a small critical mass. It was noted that discussions had been held about whether there should be change of management line for the service and this would be considered as part of the consultation. It was noted that the issues around management and responsibility were similar to those previously debated around the Lothian Unscheduled Care Out of Hours Services. It was commented however that there was no desire to lose critical mass benefits and that options would be developed around the delegated governance and management arrangements.

7.9 The Board were reminded of the need to focus on governance and to maintain a dotted line of governance between respective agencies as it was important to remember that children did not live alone and that in periods of their life they would enter into a transitional period in terms of service usage.

7.10 The Board acknowledged that the full establishment of the Health and Social Care Partnerships had implications for the future management of universal health visiting and school nursing services currently managed by CHCP.

7.11 The Board agreed to formal consultation of the outline proposal between May and July 2014.

8. Local Access Policy

8.1 The Board were reminded at the January meeting they had supported the delivering for patients policy which outlined the approach to waiting lists management and followed guidance from the Government.

8.2 The Board noted that the Scottish Government expected that Boards articulate their approach regarding the management of waiting lists in a local access policy. The previous version of the document had been approved by the Board in May 2013.

8.3 It was noted that a key component of the policy was the characterisation of roles and responsibilities to effectively allow patients access to outpatient diagnostic and treatment plans.

8.4 It was noted since December discussions had been held about the need for a revised access policy and feedback from Non Executive Board members had been welcomed. It was reported a stringent process would be put in place to identify where patients had been potentially disadvantaged and to resolve those issues to ensure waiting time clocks were not inappropriately reset. The GP Sub-committee had been engaged in ongoing discussions to ensure patients received their care when it was needed. Particular consideration had been given to people with special needs and steps like issuing letters in different fonts / languages and recognising mobility issues were being further enhanced.

8.5 The GP Sub-committee had raised issues about the impact of the new policy on workload and this had been recognised as a legitimate concern. The Director of Scheduled Care would be attending a future meeting of the GP Sub-committee to ensure proper processes were in place to assuage their anxiety. Future reports to the Board would seek to show performance interactions and demonstrate the effectiveness of the new arrangements.

8.6 The Board noted the policy document recognised the need to communicate the revised arrangements and work was underway with the Director of Communications to target carer groups and others. It was stressed it was incumbent that robust processes were in place to deliver 'delivering for patients'. The intention had been to produce a clear and transparent process supplemented by stringent performance arrangements to monitor progress and this would be done in conjunction with the GP Sub-committee.

8.7 Dr Williams advised from his viewpoint the seven day period to accept an offer of treatment remained unacceptable as it put targets ahead of patient centred care and because of the increase in workload for GPs and their staff. He commented in order to be able to agree to the policy it would be necessary for patients with concerns to be provided with a dedicated point of contact, not their GP, who they could make reference to. He would also seek a formal evaluation after 3 – 6 months to assess impacts on workload.

8.8 It was categorically confirmed information on referral letters would include a non GP contact point. The Standing Operating Procedures (SOPs) would also explicitly stress that if a person made contact then there would be no adverse impact on their waiting times status. This process would be reinforced by additional training. The Board were advised the impact of the new policy would be monitored with any issues being addressed in liaison with the GP Sub-committee. It was agreed a six month post implementation audit would be undertaken.

8.9 A concern was raised that the policy as written was asking the Board to commit to issues outwith its control particularly around the timing of when patients would be considered to have received their referral letter. It was noted letters could have delivery delays or be delivered to the wrong address. The Chief Executive commented this was a relevant point and the policy needed to reflect this position.

8.10 The Director of Scheduled Care commented the Patient Rights Act was clear that the seven day period was from the date the patient received the letter. Analysis suggested letters were generally delivered within two days and a secret shopper process would be developed where letters would be sent to staff to monitor delivery times. In terms of ensuring patients were not disadvantaged, the SOPs would explicitly state parameters to ensure no adverse impact on the individual patient. Issues around patients who did not wait until the end of a clinic being disadvantaged would also be addressed through the SOPs.

8.11 The point was made many elderly patients did not respond to correspondence until they had discussed issues with their families / carers. Conversely some people responded without taking appropriate advice. The Board were advised there was an ongoing commitment to providing centralised administration and this would help to

ensure consistency. The Director of Scheduled Care agreed to include patients in the mystery shopper exercise.

8.12 The Board noted work was underway on an ongoing basis to capture data about individual patient needs and the revised process would assist in this aim. The move to the policy provided opportunities to make contact with patient user groups and employers to enable people to take advantage of the treatment offers and this had a potentially positive impact on did not attend rates. In terms of using technology such as texting to remind people of appointments a number of pilots were underway with varying degrees of success although such approaches would remain part of the toolkit.

8.13 Dr Williams confirmed subject to the agreements reached at the meeting he was happy to support the revised access policy.

8.14 The Board approved the new version of the Local Access Policy with an effective date of 1 May 2014.

9. Quality Report

9.1 The Board noted that the circulated report presented the quality report for March 2014 to provide assurance on the quality of care NHS Lothian provides. It was noted that a number of the items included in the report had also been referenced under the consent agenda as they represented important markers of quality of care.

9.2 The Board's attention was drawn to the position around reductions in Hospital Standardised Mortality Ratio (HSMR) from 2007 with it being noted following an individual hospital analysis that the rate of deaths at St John's Hospital had not fallen in line with other hospitals in Lothian. However St John's Hospital had done well in respect of cardiac first call with performance at 59% against the revised target of 50%. It was noted that the improvement had been made as a consequence of introducing the Salford approach which focussed on identification and escalation of issues and this would be rolled out across the Royal Infirmary of Edinburgh and the Western General Hospital later in the year. It was noted a future Board meeting would consider further work around the Lanarkshire HSMR report.

9.3 The Board noted in respect of falls that the 20% reduction target was challenging and the paper commented on the need for care needs to be anticipated based on individual need with work progressing in this area. The position in respect of pressure sores had been discussed at the Healthcare Governance Committee with actions and a management plan in place to address current issues with it being anticipated that this would have a positive impact on the number of patients affected by pressure sores.

9.4 The Board noted in respect of the patient experience that the February 2014 Board Quality Report had set out pilot results from work undertaken with eleven test teams across the organisation. The next stage was to feedback the results to the teams which was taking place in the form of ‘improvement conversations’ based on both quantitative and qualitative data. The Person Centred Health Care Team were asking teams to consider what tests of change they might use to achieve

improvements. It was noted from the results that 92% of patients had experienced either a very good or excellent service with 76% of patients being comfortable to have their family members admitted to the same ward.

9.5 Patient experience had been identified by the Board as an area that required self assessment against the Lanarkshire recommendations and this self assessment was due to report to the Board in June 2014.

9.6 The point was made that the Healthcare Associated Infection (HAI) targets were routinely not achieved and it was questioned whether this was a local or national position and whether lessons could be learned from elsewhere. It was noted that work was carried out with other Health Boards and Health Improvement Scotland to ensure continued improved practice. It was agreed that this position was off trajectory and that HAI would feature as a substantive item at the next Healthcare Governance Committee with a view to getting the position back on trajectory over the next year. For future reports it was agreed that hard data would be provided on the actual number of patients who were off trajectory along with the performance comparative against the rest of Scotland which would provide context to the position. It was noted that in some instances a small number of patients not meeting targets could have a significant impact on the percentage compliance rate. It was noted that a similar approach would also be taken for stroke management data.

9.7 The Board noted that significant capital investment was being made in respect of HAI compliance through the backlog maintenance programme. It was noted that a clean, tidy and safe environment was important as these types of environment tended to drive good clinical behaviours.

9.8 A concern was raised that the Board paper was difficult and confusing and that the comments did not provide assurance that issues had been tackled or were in the process of being tackled. A request was made that future papers should contain more comment on details and timescales. The Medical Director undertook to incorporate this in future papers.

9.9 It was noted that quality measures were discussed in the governance committee structure although it was accepted that more data could be provided in the Board report. It was noted that cross reference to the consent agenda was needed in order to direct Board members to where the detail was contained. The Medical Director commented that he shared the concerns around the St John's readmission rate and advised that concentrated work was underway at the moment to look at patient pathways with it being hoped that this would improve the position. He commented that it had been extraordinarily difficult to explain the reasons for the readmission rates and accepted that the initial request for information had been made in February 2013 with no definitive response having been made. It was noted that the outcomes of the St John's Workshop were due to report in September and it was hoped that this would inform the position around the admission rates.

9.10 The Chief Executive commented in respect of the Francis Report and the Lanarkshire HSMR Report one of the issues to consider was whether there actually was an answer to the question. The other issue was whether managers should be expected to know the answer with it being accepted in some instances this could only be provided by looking down to the level of individual patient data. It was noted

a weekly adverse incident report was prepared although it would not be possible for the Board to get into that level of detail with it relying on the Healthcare Governance Committee to undertake that function within the constraints of a significant agenda. The point was made a lot of the issues related to the acute care sector and it was anticipated the Acute Services Committee would play a key part in providing granularity of scrutiny and interpretation and referring issues of concern to the Board. It would be important the committee retained strong links with primary care.

9.11 The importance of linking the quality agenda with patient safety walk-arounds was stressed. It was noted at a recent visit to Liberton Hospital it had been heartening to see the improvements as a result of the bed reduction resulting in reduced fall rates and a general improvement in patient wellbeing and links to general practitioners.

9.12 The Board noted the update quality report for March 2014.

10. Financial Plan 2014/15 – 2018/19

10.1 The Board noted that the financial plan 2014/15 – 2018/19 had previously been discussed at the Joint Management Team and the Finance & Resources Committee. The Board were advised that the financial plan still largely focussed on a one year timeframe in respect of financial pressures and LRP delivery. The plan encompassed commentary on the Scottish Government Draft Budget 2014/15 as well as the overall heath budget as set out in a letter from the Chief Executive of the NHS in Scotland to NHS Board Chief Executives on 11 September 2013. It was noted over the previous three months financial planning assumptions had been reviewed both in light of any further information locally and to take cognisance of guidance issued by the Scottish Government Health and Social Care Directorates.

10.2 The Board noted in respect of NRAC that Lothian should plan on the basis of £7m in 2015/16 which was a £10m reduction to the allocation for 2014/15. It was noted that table 2 of the paper set out the current draft of the financial plan for next year confirming the anticipated gap between income and expenditure of £37m.

10.3 It was noted in 2015/16 and 2016/17 there would be increased payments in respect of national insurance and pension commitments with the recommendation being that the system should deliver all its LRP on a recurrent basis which would provide 1% of coverage moving into 2015/16. The financial plan also recommended delivering 1% of extra efficiencies on a non recurring basis to provide an opportunity to invest in change and to provide investment opportunities as well as providing a buffer to meet as yet unknown challenges.

10.4 It was noted that the LRP delivery position at the time of writing the paper had been disappointing. However since then a lot of work had been ongoing through the efficiency and productivity group with the system now having identified £18m of recurrent efficiencies. It was noted the Finance and Resources Committee would take an ongoing scrutiny around the LRP delivery position to include an understanding of risks against delivery.

10.5 It was noted that LRP had been discussed at the last meeting of the Finance and Resources Committee the minutes of which would come to the next Board meeting.

Two issues had been identified one of which was the lack of confirmed plans at that point although it was heartening to note that the workshop held post the Finance and Resources Committee had made good progress in this area. There had also been a detailed debate about application of uniform allocations of LRP particularly as in the previous year there has been a more sophisticated approach taken. The current approach was felt by some to be a retrograde step.

10.6 The general point was made that the sooner agreement was reached on LRP the better given that the new financial year had already commenced. It was noted that significant work had been undertaken to move the number forward although it was recognised there was a need to consider how to align this with the workforce strategy to give more robust data.

10.7 The Board noted that the planning team were working on prioritised themes for investment which would identify any gap for the Strategic Planning Committee and the Programme Board in April. It was therefore hoped that after this process had concluded that some more tangible data would be available. It was noted that other work was underway through the strategy to understand baselines in respect of workforce, finances and benchmarking. It was not felt that the system was currently sophisticated enough in terms of case mix analysis to inform the decision making processes.

10.8 The Area Clinical Forum had expressed concerns about how to obtain cross triangulation of data to avoid unintended consequences across the pathway and the Chair of the committee was therefore encouraged by the discussion at the current meeting. It was noted that the ongoing planning process also provided opportunities to improve cross triangulation of data.

10.9 The Chief Executive commented that the previous attempt to have strategically delivered efficiency savings had not delivered the necessary results. It was noted that in the past when NHS Lothian had delivered its largest ever efficiency savings of £50m that this had been against an entirely flat lined approach and although some savings had been positive others had been undertaken on a more blunt instrument approach.

10.10 It was noted the 3% efficiency target was being applied to individual business units and not to specific services. Therefore variable rates of efficiency could be applied within each business unit.

10.11 The Chief Executive reported NHS Lothian was in a positive position in respect of funding when compared against the rest of the UK and Scotland. The 2014/15 uplift had been the largest in Scotland. The conundrum therefore was that NHS Lothian was relatively well funded but had a capacity legacy gap of around 10% that other Boards did not have to manage. It was felt financial delivery would be achievable in 2014/15 with the main problem arising in 2015/16 when there would be a reduced baseline allocation and a much lower level of NRAC funding.

10.12 The point was raised about whether there would be any mileage in approaching the Scottish Government Health and Social Care Directorate for increased funding to address the capacity issues particularly at a time when the system was sending patients into the private sector. The Board noted that its allocation was based on

NRAC and that although Lothian was between £50m - £60m adversely affected by this it was important to recognise that this figure was at the margins of the total allocation. It was noted in the previous three years NHS Lothian had received NRAC allocations of £12m, £17m and £17m with it being determined that at the end of the current financial year NHS Lothian would be at NRAC parity. The issue was therefore whether the NRAC formula continued to be correctly calibrated.

10.13 The Board noted although there were still genuine efficiencies to be obtained that these would not be sufficient to bridge the total financial gap and there was therefore a need to be explicit about this position. It was felt there was a need to further develop a holistic approach to planning that reflected what was critical. The issue was about delivering the whole strategic programme and not just LRP in isolation.

10.14 The question was raised about the mechanism for reporting LRP delivery moving forward. It was noted the engine room for this work was through the Efficiency and Productivity Group with the Finance and Resources Committee taking an overview.

10.15 The Board: -

- Approved the financial plan which set out the proposed investments for 2014/15 and beyond, based on known and anticipated additional funding.

- Noted these proposed investments required a cash releasing efficiency target of £37.3m to ensure financial balance was achieved.

- Approved a recurring local reinvestment target (LRP) of £37m split across individual business units.

- Approved a £13m target of non recurring savings. The non recurring target would be held corporately to be delivered through identification of non recurring benefits.

11. Property and Asset Management Programme 2014/15 – 2018/19

11.1 The Board noted that the Property and Asset Management Investment Programme had previously been well trailed and focussed on the position in respect of 2014/15 and thereafter the years beyond 2015/16.

11.2 The draft programme for 2014/15 onwards was summarised with it being noted that this showed a potential over commitment for the next financial year and a significant over commitment thereafter. It was advised that ensuring a balanced position was achieved would require a combination of prioritisation of unapproved projects via the master-planning process; reviewing the timing of unapproved projects; exploration of potential funding routes with the Scottish Government Health and Social Care Directorate; Scottish Futures Trust (SFT), council partners and detailed consideration of the revenue consequences of capital build aspirations that supported the clinical strategy.

11.3 It was noted that the focus on delivery over the next two years would be to address medical equipment; backlog maintenance; the provision of assessment beds;

maternity at St John's Hospital; primary care investment and the reprovisioning of the RHSC/DCN and Royal Edinburgh Hospital Projects.

11.4 The Board noted that the second strand of the strategy linked back to the overall strategic planning position with an exercise having been undertaken through the master-planning process to pull together investments desirable for future years for which funding had not yet been allocated given the uncertainty around the position from 2015/16 onwards. It was noted that the development of capital programmes had a long lead time to construction and it was felt important to have plans in place in order to enhance the future bidding process. It was noted that the forward investment proposals included a number of major developments amongst which were the East Lothian Community Hospital; cancer facilities at the Western General Hospital; replacement of the Princess Alexandra Eye Pavilion; delivering capacity and replacing poor facilities in primary care; capacity at St John's Hospital and the Western General Hospital and a reflection of life cycle investment and backlog maintenance requirements.

11.5 The Board were advised the recent announcement from the Scottish Government about additional Non Profit Distributing (NDP) funding was positive news as it provided new investment which would enhance the opportunities for delivering the previously referred to programme. It was noted every attempt would be made to influence the decision making process at the Scottish Government Health and Social Care Directorate to ensure that NHS Lothian's capital plan was on their priority list.

11.6 Dr Williams commented that bearing in mind the recent media publicity about GP services being under considerable strain he was concerned about the lack of investment in primary care. It was noted that relative investment year on year was reducing with the trend continuing to invest in hospitals rather than GP premises. He reminded the Board that the primary care strategy identified a sum of £24m that was needed immediately to address premises issues and that the paper before the Board suggested that it would take 4 – 5 years to get to that level. The Director of Finance felt there was a lot that could be done in primary care and currently major investments were being taken through the Non-Profit Distributing model process. She felt however the bigger gain in primary care was through smaller schemes like premises extensions as these could be undertaken quickly and without reference to the national process. Moving forward there would be opportunities through the capital plan to reprioritise investment towards primary care.

11.7 It was noted the Scottish Government though the 2020 Vision were looking at physical and social environments for delivering health care. There was increasing evidence that upgrading and refurbishment could provide better accommodation for patients and staff than new builds. It would be important to capture this through the implementation of the strategic plan. It was noted the key challenge for Health and Social Care Partnerships would be to identify and prioritise schemes for development.

11.8 The Board noted the plan provided £25m of investment into St John's Hospital and also £17m of capacity development.

11.9 The approach to over committing the capital programme was welcomed as was the process of forward projecting over a five year period. The Finance and Resources Committee would monitor progress moving forward.

11.10 The Board approved the draft Property and Asses Management Investment Programme for 2014/15 – 2018/19 and noted that the plan had been submitted as part of the 5 year Local Delivery Plan (LDP) with a balanced position. The timing of capital projects not fully approved would require to be managed to ensure delivery of this in 2014/15 and beyond.

12. Staff Survey Results

12.1 The Board received a presentation from the Director of Human Resources and Organisational Development on the outcome of the most recent staff survey results which had been held over the period 27 May – 5 July 2013. A copy of the detailed presentation would be submitted to Board members immediately following the meeting.

12.2 The detailed presentation covered - NHS Scotland / NHS Lothian most positive responses; NHS Scotland / NHS Lothian least positive responses; a summary of NHS Lothian's performance against each of the six strands of the staff governance standard; comparisons with NHS Scotland and the NHS Lothian comparison with 2010.

12.3 The Board noted that the results of the survey could be further broken down into detail by business units and local versions of the results could be provided. It was noted that this was a specific issue that had been raised by staff during the patient safety walk around process.

12.4 It was noted discussions were ongoing with the Scottish Government Health and Social Care Directorate about whether to run another survey in June given the results of the 2013 survey had only been reported in November. The final decision would be taken by the Cabinet Secretary.

12.5 The Board noted a partnership focus group was being established to develop a new staff engagement strategy for initial consideration by the Staff Governance Committee with it being proposed to seek Non Executive input into the process as well as input from the Area Clinical Forum. An update was provided on discussions with the Chief Executive of Investors in People with the proposal being that they would support changes and investments with less focus on the monitoring process. Therefore available capacity would be used to adopt a more innovative approach. It was suggested this was a more trusting approach although there would still be a need for a process of accreditation and revaluation. The details of this new engagement would be discussed by the Staff Governance Committee. The outcome of this process would come back to the Board as part of the new Human Resources and Organisational Development Strategy.

12.6 A question was raised about impacts and actions taken since June particularly around bullying and harassment. The Director of Human Resources and Organisational Development gave a detailed presentation on the actions taken and

future actions to be taken advising the details of which were included in the copy of the presentation to be circulated after the meeting. In terms however of bullying and harassment the Board were reminded that the previously approved 'values into action' approach would be the way to deliver outcomes in conjunction with staff side colleagues. It was noted the values into action statement had been developed in liaison with over 3000 staff. An important section was the one detailing what actions and behaviours were not acceptable. The Board noted because of the complexity of the organisation it could take between two and three years to fully embed the new arrangements entirely into the organisation. An example was provided of where the new approach had been used to address issues that had emerged in a specific department.

12.7 The Board agreed the values into action process was an opportunity to engage with the workforce to change behaviours by giving people the chance to influence the shape of the organisation. It was acknowledged this could be adopted as part of the engagement process around the strategic planning programme.

12.8 The Director of Human Resources & Organisational Development advised in respect of bullying and harassment when this information was further interrogated it tended to focus on colleague to colleague and not only manger to subordinate cases although this emphasised the need to promulgate what was acceptable and unacceptable behaviour throughout the organisation.

12.9 The Board noted the results of the staff survey and actions being taken to address its outcomes and agreed to receive a further presentation once the Staff Governance Committee had had the opportunity to address the outcomes in detail.

13. Date and Time of Next Meeting

13.1 The next meeting of Lothian NHS Board would be held at 9.30am on Wednesday 25 June 2014 in the Boardroom, Waverley Gate, 2 – 4 Waterloo Place, Edinburgh.

14. Invoking Standing Order 4.8

14.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in private. The Board agreed to invoke Standing Order 4.8.

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

CANALYMPICS 2014

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To inform the Panel of the fourth CANalympics held in May 2014.

B. RECOMMENDATION

The Panel is recommended to:

1. support the ongoing work of the Care Activity Network (CAN) and the CANalympics
2. acknowledge the positive impacts that participants experience
3. recognise the links that competitive social activity have in contributing to supporting people to feel connected and improve their wellbeing both physically and emotionally.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The resource is in line with the Community Planning Partnership's commitment to reducing health inequalities.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Reduce health inequalities gap.
V	**Relevance to Single Outcome Agreement**	Outcome 6 - We live longer, healthier lives.
VI	**Resources - (Financial, Staffing and Property)**	Within existing budgets.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

The main objective of the West Lothian Care Activity Network (CAN) is to increase levels of physical activity within care settings (care homes, day care, sheltered housing, and care at home). CAN invites care activity coordinators and other relevant staff from these settings to come together bi- monthly to share practice, discuss training needs and borrow equipment. Following on from the success of previous West Lothian CAN Olympic type events, the network has continued to organise a 'CANalympic' event annually. This year the event was held on 21st May at Broxburn Leisure Centre finishing with a Tea Dance.

The legacy from previous events has resulted in more care settings actively participating in activities throughout the year, increasing levels of physical activity and impacting positively on physical and mental wellbeing for older people.

The 2014 programme remained similar to the three successful previous events. Team flags were paraded in accompanied by a Piper. This year there were twelve teams of six participants competing in six events including Parachute and Ball, Skittles, New Age Kurling, Jigsaw, Bean Bag Throw, Hook a Duck and Sock- Pairing. Coloured team T-shirts were provided for all participants as well as for the relevant staff team member.

Based on the success of previous year's events, a bank of volunteers from Ageing Well again provided support to ensure the smooth running of the event. Their roles included staffing the activities, keeping scores and serving the refreshments. The refreshments included water and juice throughout the afternoon with tea/ coffee and scones provided during the Tea Dance. As a result of positive feedback from last year, the refreshments and tea dance were held in the same large hall after the activities.

The Community police were also present and took part by judging the best flag.

Gary Copeland from the Singing Kettle provided the music and entertainment throughout the event. Gary is a well-known and popular entertainer locally, familiar to many of the participants and staff.

Every participant received a medal and the three winning teams received trophies. Each setting got a framed certificate of participation to provide evidence for the Care Inspectorate.

Comments from the feedback include;

'*First time here. Brilliant day. Very well organised. Will be back next year!' 'Thoroughly enjoyed it.'*

'Run well. Everyone was polite and courteous.'

'It was a great afternoon. Well worth taking part. Residents loved it, great fun had by all'

'Our first time here. Good laugh and very enjoyable. All residents had a good day. Very positive day …pity we didn't win!'

Suggestions for future days included:

'More than once a year'

'All participants should be of the same capabilities. Noticed some groups were able bodied while others were very disabled. Overall it was a great day!! It is not an equal playing field'

'Different games – i.e. small hooks on hook the duck were difficult for residents with Parkinson's or sight difficulties to get on the hook (staff needed to assist clients)'.

E. CONCLUSION

The CANalympics again has proven to be a huge success with excellent feedback from staff, carers and participants.

As teams practice for the event throughout the year we know that activity levels are increasing with the added health benefits that activity brings both physically and psychologically.

The Care Activities Network continues to be committed to offering people of all ability the opportunity to participate regardless of perceived abilities.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: None.

Contact Person: Jane Kellock, Senior Manager, Children and Early Intervention.

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CMT member: Jennifer Scott, Head of Social Policy

Date: *21 August 2014*

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

FALLS RESPONSE PATHWAY

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To inform the Panel of the recent partnership work with the Scottish Ambulance Service (SAS) to develop a falls response pathway focusing on better outcomes for those at risk of falls.

B. RECOMMENDATION

The Panel is asked to note the partnership developments with the Scottish Ambulance Service (SAS) and to support the key aim of ensuring that falls response services are well targeted and integrated.

C. SUMMARY OF IMPLICATIONS

I Council Values

- Focusing on our customers' needs
- Making best use of our resources
- Working in partnership

II Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)

Improving partnership arrangements to ensure timely response to falls is well aligned to the key strategic priorities relating to the Reshaping Care of Older People agenda and the specific recommendations of the national initiatives in relation to falls response and prevention;

- Making the Right Call for a Fall Developing an Integrated Urgent Care Pathway for Older People Scottish Ambulance Service, the Joint Improvement Team and the National Falls Programme, (2013).

- Resources, costs and benefits associated with implementing care bundles to prevent falls in the community Scottish Government Health and Social Care Directorates (2012).

- The Prevention and Management of Falls in the Community A Framework for Action

		for Scotland 2014/2015 The Scottish Government (2014).
III	**Implications for Scheme of Delegations to Officers**	Nil.
IV	**Impact on performance and performance Indicators**	% community care service users satisfied with opportunities for social interaction % carers who feel supported and able to continue in their caring role
V	**Relevance to Single Outcome Agreement**	Linked to SOA; Older people are able to live independently in the community with an improved quality of live
VI	**Resources - (Financial, Staffing and Property)**	Nil.
VII	**Consideration at PDSP**	No previous consideration at PDSP.
VIII	**Other consultations**	Scottish Ambulance Service Allied Health and Care Professionals, West Lothian CHCP Community Health Services, West Lothian CHCP

D. TERMS OF REPORT

In 2012 a report was commissioned by NHS Scotland to examine the resources, costs and benefits associated with implementing care bundles to prevent falls in the community. Falls care bundles aim to identify those at high risk of falls, identify their individual risks and manage these risks through various interventions including equipment, medication reviews, AHP rehabilitation, exercise programmes and specialist medical assessments.

This report concluded that introduction of care bundles improves people's quality of life, decreases morbidity and mortality and enables people to be independent for longer.

The implications of not implementing falls care bundles is expected in financial terms to result in a 40% rise in costs by 2020 to manage the impact of falls in those over 65 years old. This will also place a major strain on services' ability to co-ordinate care effectively and with compassion for these increasingly frail people.

Nationally 80% of individuals the SAS responds to post fall are conveyed to A&E. This is not always clinically warranted or in the best interests of the individual. In order to reduce this figure national guidance has been developed. This states if the individual is clinically stable but has new support needs there should be a pathway between the SAS and health and social care services to ensure a same day or next day response to provide an assessment of needs.

In West Lothian we have developed appropriate assessment tools in keeping with the recommendations for 'falls bundles'. Over the last year we have been developing pathways for usage of these tools by the crisis care service. Although some challenges remain, one of the critical gaps was an integrated pathway with the SAS.

Those people who fall and are responded to by the SAS do not access falls bundles. Therefore their falls and bone health risk factors are not assessed fully and appropriate interventions to decrease these are not put in place.

The attached pathway has now been agreed and will be implemented on 18th August 2015.

E. CONCLUSION

Allied Health Professionals, the Crisis Care Team and the Scottish Ambulance Service have worked in partnership to develop a robust falls pathway which will make better use of our resources and deliver better outcomes for those at risk of falls.

F. BACKGROUND REFERENCES

Making the Right Call for a Fall Developing an Integrated Urgent Care Pathway for Older People Scottish Ambulance Service, the Joint Improvement Team and the National Falls Programme, (2013)

Resources, costs and benefits associated with implementing care bundles to prevent falls in the community Scottish Government Health and Social Care Directorates (2012)

The Prevention and Management of Falls in the Community A Framework for Action for Scotland 2014/2015 The Scottish Government (2014)

Appendices/Attachments: West Lothian Falls Pathway

Contact Person: Pamela Main, Senior Manager Community Care Assessment and Prevent

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CMT Member: Jennifer Scott, Head of Social Policy

Date: *21 August 2014*

West Lothian CHCP – Support at Home Services

Crisis Care Service – Fallen Uninjured

Falls Pathway and Response — Scottish Ambulance Service

Fall

SAS contacted – medical assessment – person uninjured – no conveyance to hospital needed

SAS Contact Careline – 01506 418784

Careline take key information from SAS (Key Information sheet attached) and pass to Crisis Care Team Leader or Support

Crisis Care Team will arrange an initial response within ……1… hour

Crisis Care will arrange to provide

- Any further up check visits as required to ensure the service user's well being
- Make contact and update with any other professionals that are involved
- Where appropriate complete a falls assessment and take any necessary follow up actions
- Communicate all actions taken and outcomes achieved for the service user back to SAS within 5 working days of receipt of referral

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

DISTRESS TOLERANCE PROGRAMME

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

To update the Panel on progress made by the Distress Tolerance Programme, a joint initiative between Health and Social Work within West Lothian CHCP.

B. RECOMMENDATION

Panel is asked to

1. note progress being made and the early positive outcomes being reported
2. continue to support the programme through the remainder of 2014/15, with a view to continued support in 2015/16 to complete the pilot programme.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The programme was established in response to The Scottish Government Mental Health Strategy (2012 to 2015) Commitment 19: "*to take forward an approach to test in practice the focus on improving our response to distress".*
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	The aims and purpose in terms of performance are • To increase the capacities for the individual to manage better their own internal feelings of distress in the future • To reduce the overall impact / demand on Primary Care, A&E, Police and other Statutory and Emergency services.
V	**Relevance to Single Outcome Agreement**	The programme is a partnership between Police, Social Work and Health. The existing CHCP

		framework facilitated the establishment of the programme. The project is consistent with the Scottish Government's National Outcome Framework insofar as building *"strong, resilient and supportive communities where people can take responsibility for their own actions and how they affect others".*
VI	**Resources - (Financial, Staffing and Property)**	The resources for the programme comprise; ▪ 1 Whole Time Equivalent Community Psychiatric Nurse ▪ 1 Whole Time Equivalent Social worker ▪ 0.5 Whole Tine Equivalent Evaluation Worker ▪ 7 Hours / week Admin Support ▪ Part time Liaison Nurse.
VII	**Consideration at PDSP**	Health & Care PDSP 12 December 2013
VIII	**Other consultations**	CHCP Extended Management Team

D. TERMS OF REPORT

Over recent years there has been a greater recognition of a group of disorders, illnesses and behaviours which present particular challenges to services and to families. Common characteristics are that these behaviours involve risk to the individual and which others find frightening or upsetting. People affected commonly have repeated crises and are frequent users of psychiatric and acute hospital emergency services and generate pressure on the Police, Scottish Ambulance Service and Social Services.

The Distress Tolerance Project was set up in July 2013 following analysis which showed that there was an unmet need for people who did not meet the criteria for existing services but who are in need of intervention and support to manage their symptoms of distress.

The project is a joint initiative between health and social work. It came into existence following the Scottish Governments Mental Health Strategy document published in 2012 which plan documents the need for a greater recognition of a group of disorders, illnesses and behaviours which present particular challenges to services and families.

A presentation on the project was given to the Panel at its meeting in December 2013.

The appended report outlines the progress of the project from July 2013 until the end of February 2014.

E. CONCLUSION

The first 10 week group started in July 2013, and there are now 4 groups running concurrently due to the level of demand. Participant feedback has been very positive and referrals for the programme continue to be high (in excess of 250 since inception).

Fellow professionals including GPs, CPNs (Community Psychiatric Nurses), Social Work and Police are all uniformly positive about the group based intervention which is aimed primarily at people who require help and assistance to improve their lives, but do not generally fulfil the criteria for more intensive psychiatric follow up.

The overall positive response has confirmed the original view, that this programme fills a gap which supports people with chronic self defeating behaviours to feel better and improve their lives, but only when offered the right skills, at the right time, in the right environment, by the right people.

F. BACKGROUND REFERENCES

Mental Health Strategy, Scottish Government, 2012 - 2015

Appendices/Attachments: 1

Distress Tolerance Interim report – June 2014

Contact Person: Graham Paxton, Interim Mental Health Manager, CHCP

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CMT Member: Jim Forrest, Depute Chief Executive, CHCP

Date: *21 August 2014*

Project Context

The Distress Tolerance Programme is a joint initiative between health and social work. It came into existence following the Scottish Governments Mental Health Strategy document published 2012 which within commitment 19[1] of its strategy plan documents the need for a greater recognition of a group of disorders, illnesses and behaviours which present particular challenges to services and families. There is ongoing research within NHS Tayside looking at improving the response to distress and the benefits of an integrated approach to anticipatory care and self-management. Further to this the work of the Distress Tolerance Programme directly supports Commitment 1 of the Scottish Governments Suicide Prevention Strategy 2013 – 2016

"Too often we know that people who present in distress still feel stigmatised for their self harm or intoxication and are referred elsewhere or have their physical condition addressed while their mental distress is ignored……We require a continued focus on how to improve the collective way in which we respond to distress."[2]

The Distress Tolerance Programme supports the purpose of the Scottish Government in its Strategic Objective for Health which is "Help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster

[1] Mental Health Strategy for Scotland 2012 – 2015 pp34 & 35 Commitment 19
[2] Suicide Prevention Strategy 2013 – 2016 The Scottish Government p 7 Commitment 1

access to health care" A number of the Scottish Governments 16 National Outcomes are also directly applicable to the purpose of the distress tolerance project notably [3]

- We live longer healthier lives
- We have improved the life chances for children, young people and families at risk
- We have strong resilient and supportive communities where people take responsibility for their own actions and how they affect others
- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it
- Our public services are high quality, continually improving, efficient and responsive to local people's needs

[3] Outcomes can be viewed here http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome

What is Distress Tolerance?

To be in a state of distress is to be in a state of acute emotional or physical suffering. Distress tolerance is an important ability to have as many things in life can cause distress. An inability to tolerate distress can lead to types of avoidance or other ineffective coping strategies such as self-harming. Healthy distress tolerance is when we are able to cope and be aware of ourselves when experiencing said emotions; we are neither tolerant nor intolerant in the extreme.

Distress intolerance can also be described as a perceived inability to fully experience unpleasant or uncomfortable emotions and a desperate and urgent need to escape these emotions through avoidance, numbing, unhealthy distraction and self-defeating behaviours. Distress intolerance can centre on both high and low level intensity emotional experiences and it is important to note that the problem lies not in the intensity of the emotion itself but how much the individual fears it, how unbearable and hopeless it appears to be to them and how much they want to escape from it.

What is it NOT?

It is also important to say what we do not mean by distress intolerance. Everybody experiences distress in their lives and a healthy tolerance of this will allow that person to experience, process and move forward. Intolerance is not what we would describe as a natural reaction to bereavement, loss of job etc. Negative emotion in itself is part of life and not necessarily distressing. We are looking to help those who have ongoing and extreme distress intolerance, generally people who have accessed mental health services for ongoing periods of time and for whom the learning of coping skills may be massively beneficial to their quality of life.

Background to project set up

In recent years practitioners working with a dialectal behavioural therapy (DBT) skills group in West Lothian have highlighted that there is a service deficit related to the fact that that there have been high numbers of people referred to DBT who do not fully meet the criteria for the DBT course but are still in need of intervention. People are likely to self stigmatise and disengage from society and frequently present in primary care and A&E with repeated crises, experiencing high levels of emotional distress which may involve impulsiveness and self harm as well as other destructive behaviours. Within this client group there are high levels of co morbidity and many are frequent users of psychiatric and emergency hospital services impacting on social services. Ambulance and police services are also heavily utilised as personal crises originate from home. In 2012 there were 1787 police referrals to social work where police have identified concerns to the person's personal circumstances and have passed this on to social services. Many individuals are repeat callers to emergency services and constitute a number of A&E referrals for distress and suicidal acts.

Rather than being on the waiting list for DBT it was suggested by staff at the frontline that these people could potentially benefit from less intense work and a skills programme that focuses more on identifying triggers for distress, addressing this distress and developing skills of how to cope with distress rather than using negative and self defeating behaviours.

A key element of the programme is enabling people to become more involved in their own management of their health and wellbeing. Self-management skills may lead to reduced contact with statutory and emergency services

Following on from the Tayside pilot and the growing recognition of the benefits of integrated working, staff in both health and social work favoured to run a pilot programme delivering a 10 week long skills course in West Lothian taking referrals from the existing waiting list for DBT. This distress tolerance group, it is hoped will improve interagency working with this client group, streamline resources, avoid duplication and create a more streamlined approach to the individual in distress and the professionals working with them. As well as being a cost effective measure in itself, (group services have obvious cost benefits compared to one to one contacts), this proactive approach could lead to potential savings in resources, crisis intervention, police, A&E and ambulance services and all associated financial impacts.

The Distress Tolerance Programme Steering Group recognised the need to work collaboratively and make effective use of our current resources and skills with the emphasis on empowering the individual to be able to manage their feelings of distress independently in the future. The project fully embraces NHS Lothian Values of care and compassion, dignity and respect, quality and teamwork.

West Lothian county demographics, the CHCP framework, and the already firmly established close working relationship that frontline social work services have with the Public Protection Unit of Police Scotland put us in a prime position to introduce this change.

What is the aim of the Distress Tolerance Skills Course?

To learn new methods of coping with distress, including managing feelings of helplessness, hopelessness, low mood and self-harming behaviours. It offers skills designed to develop tolerance and acceptance of distress as well as identifying areas of change that may be contributing to that person's distress. Similarly to Dialectal behavioural therapy DT facilitators aim to balance acceptance techniques with change techniques. A 10-week skills programme will cover the following

- Information and advice
- Crisis survival strategies
- Mindfulness
- Accepting reality
- Identifying and describing emotions
- Increasing positive emotions
- Letting go of and changing emotions
- Relationship effectiveness and self respect
- Relapse prevention planning

What happens in a distress tolerance group?

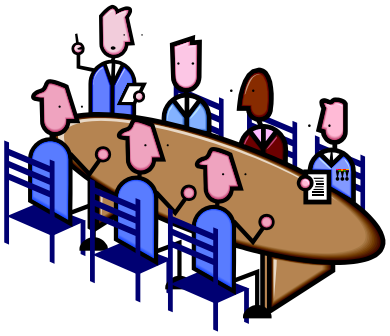
These sessions are not group psychotherapy sessions but rather a skills training group, two facilitators teach a group of people skills that can help them deal with life situations more effectively. The main themes are:

Distress tolerance – how you can deal with crises in a more effective way without resorting to self-harming or other problematic behaviours.

Emotional regulation – skills to help understand your emotions and through this have more control over them.

Mindfulness – a set of skills that help you focus attention on the present rather than being distracted by anxiety or worries about the past or future.

The sessions last for 90 minutes and the sessions also combine tasks and homework connected to the session topic.



Referrals

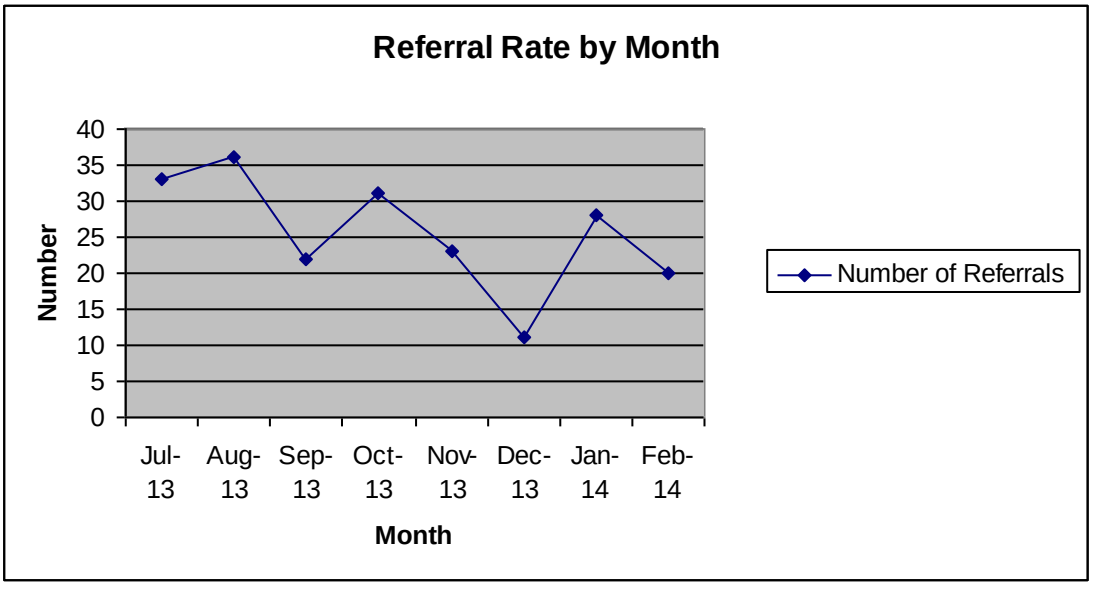
The number of referrals since July 2013 up until February 28th 2014 is 191.

Referrals have been grouped into 4 groups according to the date of the course attended.

- Group 1 – July 30th – October 10th
- Group 2 – October 15th – December 17th
- Group 3 – November 26th – February 11th
- Group 4 – January 7th – March 14th

(Referrals made after February 28th 2014 are on current waiting list and are not included in this report)

Fig 1 below shows the rate of referrals since July 2013

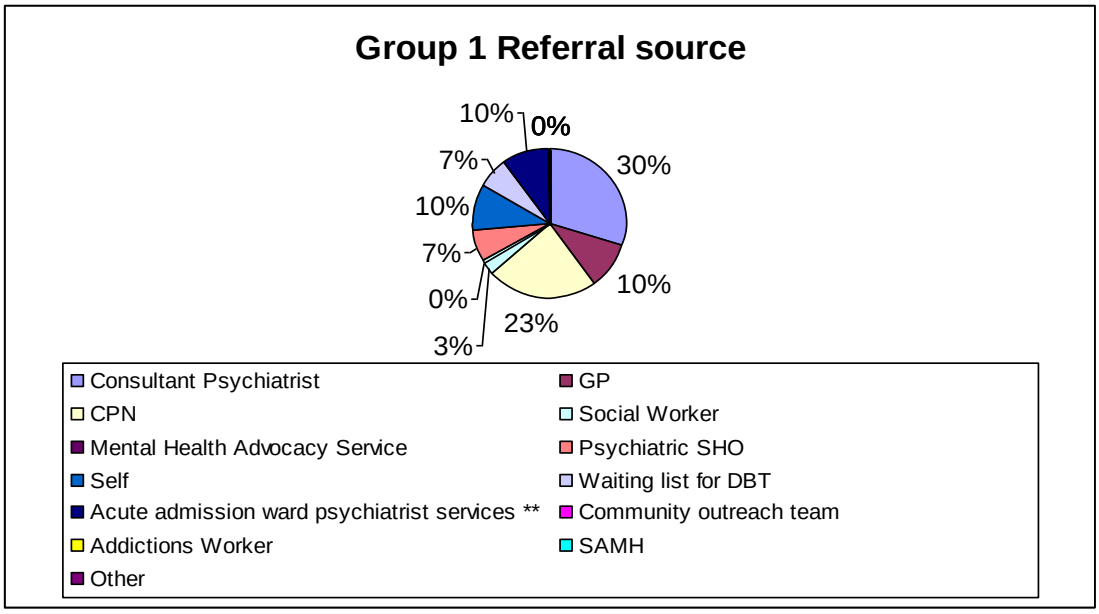


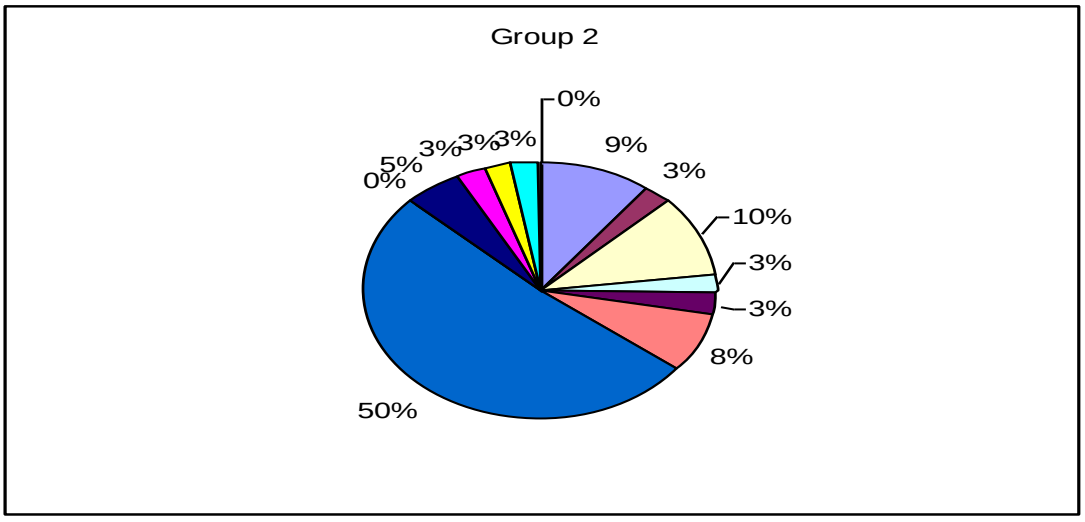
To keep up with demand and minimise any waiting list times the facilitators have increased the number of courses per week from 2 to 4 to meet demand.

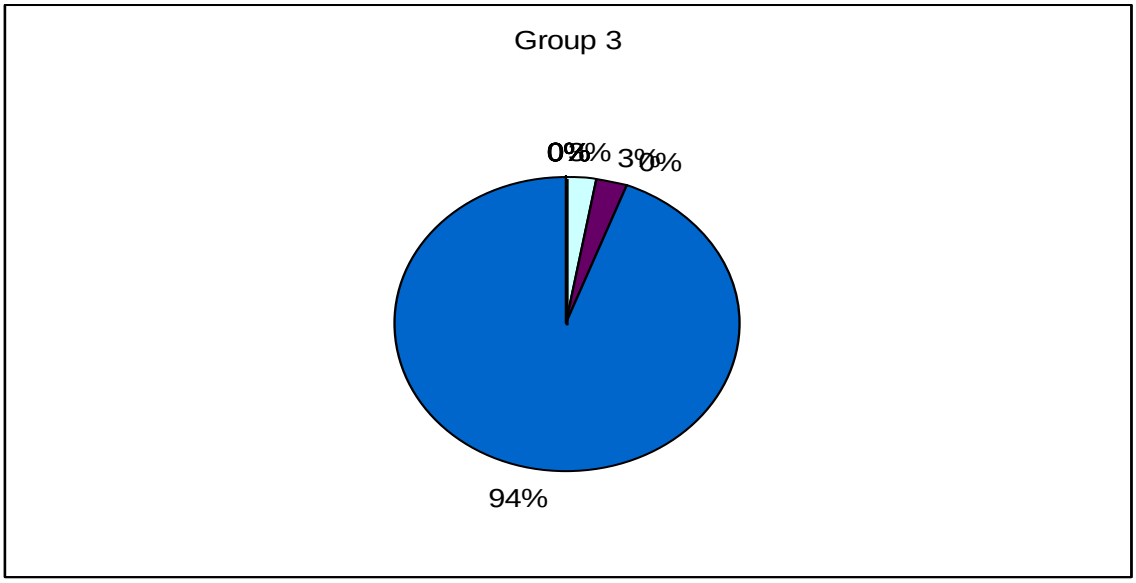
The referral criteria and process are detailed in appendix 1 and 2 at the end of this document

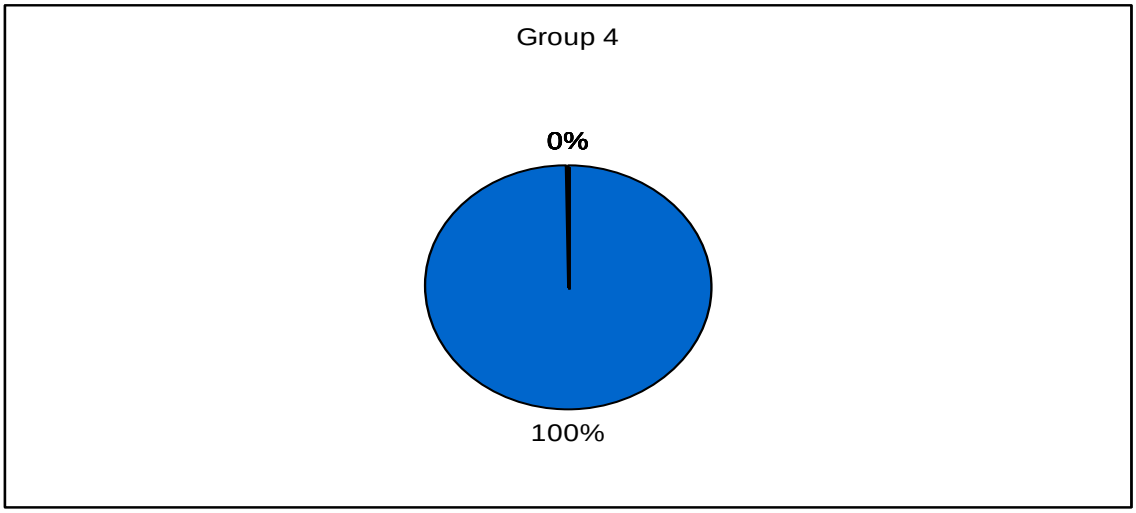
Referral sources

The first group was made up of referrals from a number of sources; interestingly the vast majority of referrals made in subsequent groups have been self-referrals as demonstrated in the charts below.









Through marketing of the information leaflet, the support of West Lothian GP's and Psychiatrists interest in the course has increased and now people referring themselves for help make almost all referrals.

It is important to note here that the client group involved with this project are individuals with long term involvement with mental health services, this is very much a project aimed at those individuals who could be described as a 'difficult client group' who do not necessarily 'fit' other types of treatment. This is very much a project where people are signposted to and not a platform from which further signposting from is possible. The importance then of this course being delivered by

established and experienced service providers such as social workers and community psychiatric nurses is vital.

The referrals are spread throughout West Lothian with the majority coming from the populated council wards of South and North Livingston; appendix 3 shows the demographic of referrals in detail.

Evaluation

A project worker based in the Mental Health Advocacy Project has undertaken ongoing independent evaluation of the project. The objectives of the course are

1 - To improve the lives of service users through the teaching of distress tolerance skills.

2 – To reduce service users dependence on primary care services

In order to evaluate progress towards these objectives the following questions are being considered:

Objective 1:

- Does attendance at the distress tolerance programme encourage people to manage their symptoms more constructively and develop a better understanding of their distress?

Objective 2:

- Does attendance at the distress tolerance programme encourage people to seek support from peers rather than primary care services?
- Is there a reduction in incidents involving police, which then result in a referral to Social Work or Health (known as a JLO) in the six months following attendance compared to a six-month period prior to attendance?

- Is there a reduction in the need for unscheduled care, A&E appointments and request for GP appointments in the six months following attendance compared to a six-month period prior to attendance?
- What are the issues surrounding engaging with this client group and does the method of referral onto the programme affect attendance rates?
- Has interagency working with this client group improved and in what ways?

For the purpose of examining the above both qualitative and quantitative data has been gathered since August 2013

Qualitative data has been gathered by interviewing attendees both individually and by way of focus groups. The following questions were used in all focus groups and individual interviews.

- Can you tell me how you were referred/ made aware of the distress tolerance programme?
- In what ways was the course helpful for you?
- Were there parts of the course that you found unhelpful/ confusing?
- Have you been using particular skills from the course?
- Can you tell me a bit about what happened when you felt distressed or upset before you started the course?
- Since the course started in what ways have you felt able to cope better with distress?
- Do you feel that you have felt the need for support from your GP or A&E lessen since the course started?

Quantitative data gathering has focused on looking at the following service contact statistics in both the 6-month period prior to starting the course and then in the 6 months following the completion of the course. Data for all referrals is recorded regardless of whether the course was completed.

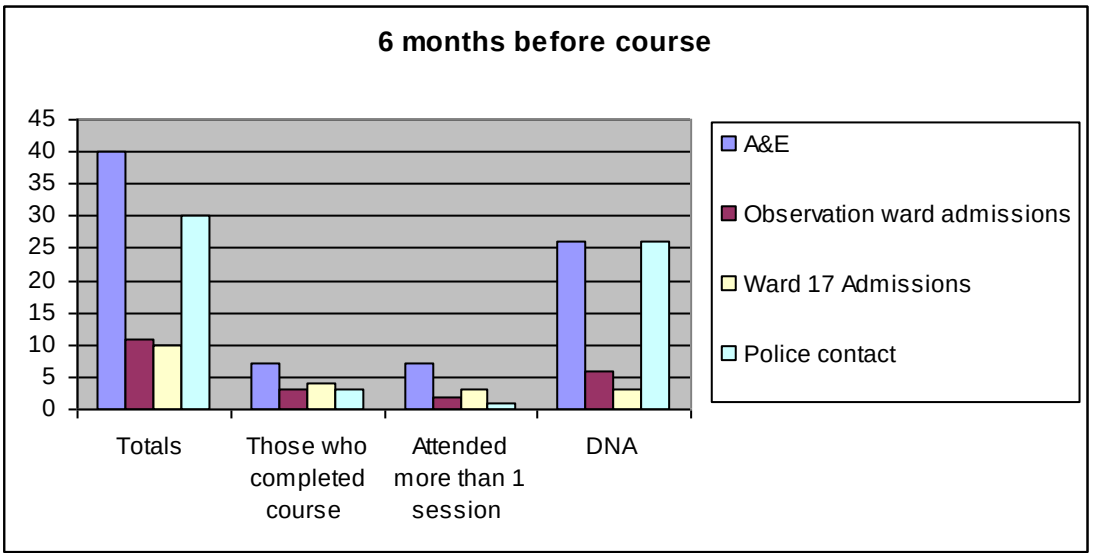
- Police referrals to social services and A& E

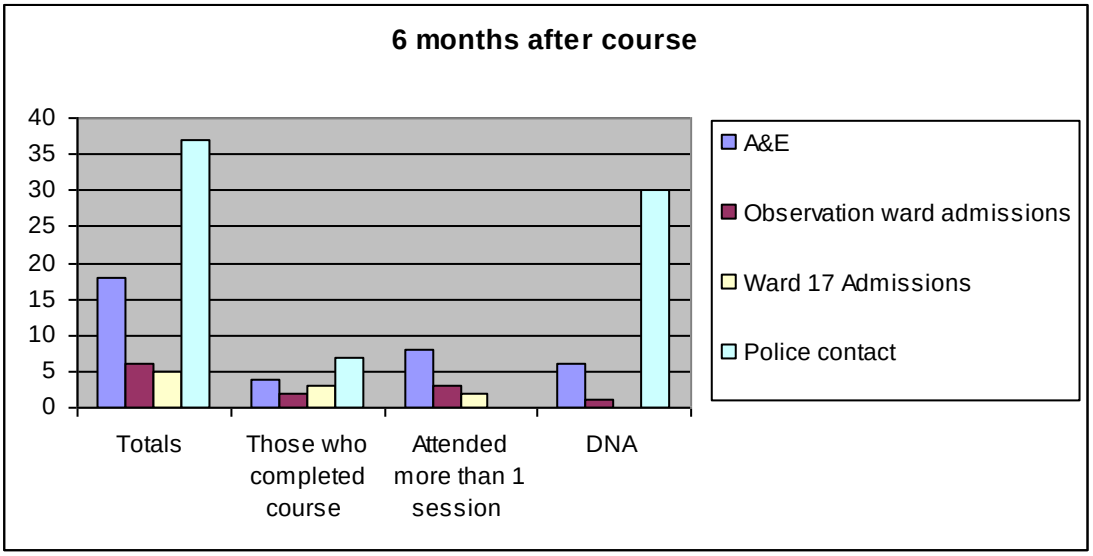
- Admissions to A&E for distress and suicidal ideation / acts/ self harm
- Admissions to Psychiatric wards for both observation and longer term admissions
- GP contact (mental health related)

Focus groups to be repeated with the same participants 6 months after completion of course to compare data and service users experiences

Results and Findings

Service contact data is recorded here for group 1b (July 2013 intake) . There is a reduction in service contact for A& E and ward admissions however a slight increase in police contact.





Attendance at the course has been mixed with on average 50% of groups 1 and 2 either completing the course or attending more than 2 sessions from the starting number. Reasons given for non-completion of the course are mixed and not unexpected given the nature of mental illness making it difficult to engage on an ongoing and regular basis. Some people are not willing to engage in a group preferring one to one contact. A number of people were not ready to engage but indicated that they wished to re refer in future. It may be that in the immediate aftermath of course attendance service contact use actually increases as the course does bring difficult emotions to the forefront. It will be interesting to compare the data from subsequent groups.

Attendee's Perspectives

Group attendees were asked to feedback their experiences of the course in focus groups without the facilitators being present; this was done immediately after the last session of the course in the same venue. In total 21 people have been interviewed to date. A list of questions already detailed in the evaluation section of this document was used as a basis for discussion to identify any common themes and trends.

The feedback for the course was overwhelmingly positive with people saying that it had been an enjoyable and useful experience.

People enjoyed being with others who had similar feelings and thoughts to them

"Meeting with other people, not feeling judged, I am not alone and being with people who feel the same as you adds a level of normality to how I am feeling

Being able to swap stories with people who know, can't do that with other friends or co workers"

People generally found it positive and helpful to be with people at different stages and share ideas about coping healthily. One person said about how they found it good to hear what happened when the "learning works"

It was a relief to talk about suicide and self-harming freely and without stigma and fear of being judged.

"It took a long time for anyone to say the word suicide and there was a huge relief when someone finally said it!"

The facilitators worked well together, it was good to have a mix of personalities and backgrounds as if one noticed "puzzled faces" then they could jump in and offer a different perspective.

A lot of what was talked about was hard, in particular a number of people said that the pros and cons of behaviours was hard going, some needed extra support after this session as it brought a lot of difficult emotions and feelings to the forefront

The course was too short; people would have liked at least another couple of weeks to learn more

"You want the group to go on past the 10 week mark because you know emotionally and logically that this stuff might just work and help make the small changes (baby steps) that in time can make big changes to your life"

The focus group facilitator noted that people commented on the fact that there is not anything else like this out there, for those who don't have any other support getting out of the house every week and being accepted into a close group was quite special.

"I don't have any friends or anyone to talk to so it's just me all the time"

"I have an 18 week wait to see a CPN, if I hadn't come on this course I wouldn't have had anything, no support"

On the subject of skills the groups commented that mindfulness is interesting but will take time to learn, a number of people remarked that it is easy to accept the positives of being mindful in a course setting but a different story in the real world. However most people said that they have started to notice patterns of behaviour that when noticed could avoid things getting worse

"I've noticed that if I tell someone I am going to hurt myself, it means that I really am going to, I am saying I need help"

"*I've learned to be one step ahead of myself"*

People still need the support of services, these are skills that cannot be mastered in 10 weeks however with time it may well be that self management skills can lead to less reliance on primary care services

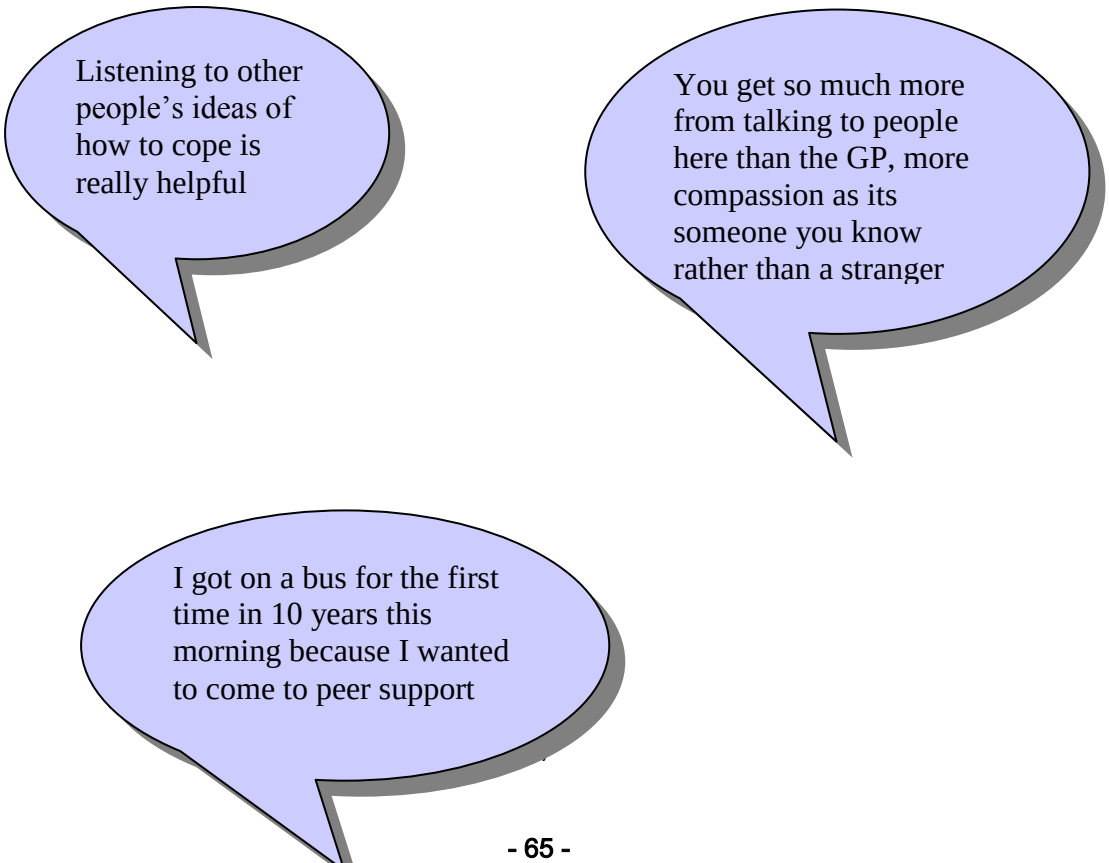
"I do feel that I am better equipped to deal with things when they come up. I know the triggers are my parents and I feel that knowing that is good.

I feel that I am in a stronger place when I go to the GP, I can say that I am doing this and that to help myself and not just being stuck and needing others to help me"

A theme can came up in every encounter was a worry of what was going to happen now, bonds and unity had been built up and a fear that now the course was finished things would go back to how they were. Discussions led to the creation of peer support groups.

Follow up Support

Before the project started the steering group envisaged that once people completed the course some sort of follow up support in the community would be beneficial. Originally the idea of signposting onto existing support groups was thought a likely outcome however once the courses commenced it became apparent that there was a unique emotional identification built up during the course of the 10 week course and people expressed interest in establishing peer support groups to facilitate ongoing follow up support and a chance to develop and practice skills and ideas introduced in the course. There are two peer support groups currently running made up of people who have been through the course at different stages. The groups are supported by the Mental Health Advocacy Project and have proved to be a vital part of the distress tolerance process. A face book group has also been set up to reach out to those who want ongoing support but cannot make the groups in person. The groups are still in early stages and have asked for ongoing support from the professionals involved with the distress tolerance project to allow them to develop and flourish as effective peer support groups in the community.



The Future

The feedback from the course attendees is overwhelmingly positive. For some service users and those who don't have any other support it seems to be It is designed to offer a chance to learn skills that could make a huge difference to people's quality of life. The feedback indicates that it has made a substantial improvement to people's lives. It offers people a chance to meet others who understand what they are talking about and be in an environment where they are not judged, able to express themselves and support one another. The Mental Health Strategy for Scotland refers in Commitment 19 to develop an approach which focuses on improving the response to distress[4] If the course were able to continue, West Lothian would remain at the forefront of the development of this strategy, which we understand is not being actively pursued elsewhere at present. It retains the support of colleagues in both the Police and the Psychiatric services and benefits from being led by a combined Health and Social Work team with a shared enthusiasm in wanting this project to work.

Acknowledgements

Thank you to all those who contributed to this evaluation, I would like to thank the service users for their written and oral feedback which I value tremendously. Thanks to the dedicated steering group of Emma Boothroyd, Margaret Meldrum , Pauline McManus and Jos Anderson and particular thanks to those steering group members who also facilitate the groups Julie Mitchell, Selina Bradshaw, Leslie Goldie and Pattiann Bradley.

[4] Mental Health Strategy for Scotland 2012 – 2015 pp35

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

WEST LOTHIAN HEALTH IMPROVEMENT FUND -
EATRIGHT WEST LOTHIAN AND WEST LOTHIAN ON THE MOVE

REPORT BY HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

The purpose of this report is to advise the Panel of the key activities outlined in the action plan for each project in 2014-17.

B. RECOMMENDATION

The Panel is recommended to

1. support the ongoing work of Eatright West Lothian and West Lothian on the Move (WLOTM)
2. acknowledge the positive impacts of these projects on West Lothian communities.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• focusing on our customers' needs • being honest, open and accountable • making best use of our resources • working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	The resource is in line with the Community Planning Partnership's commitment to reducing health inequalities.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	Reduce health inequalities gap.
V	**Relevance to Single Outcome Agreement**	Outcome 6 - We live longer, healthier lives

VI	**Resources - (Financial, Staffing and Property)**	Within existing budgets.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

Background

The latest project evaluation of Eatright and WLOTM took place in October 2013 and the Health Improvement Fund (HIF) Oversight group approved continuation of the projects in December 2013. Each project will receive £75k per year from 2014-2017. In addition, WLOTM receives a further £25k from West Lothian Council, the host agency. The projects have developed action plans to cover this new phase. The proposed action plans are currently awaiting approval from NHS Lothian and once agreed, the partners will sign a Service Level Agreement (SLA).

Key developments for 2014-2017

Eatright West Lothian

The action plan has 7 key outcomes for the strategic and operational elements of the project: Policy and Planning; Capacity Building; Early Years; School Age; Young People in Transition; Community (and Environment) and Older Adults.

Policy and Planning

The project is in the early stages of the scoping out of the feasibility of developing a Food Policy for West Lothian Council. A West Lothian Food Policy would set out what the council will do to ensure access, availability and affordability of healthy food choices. The policy would ensure that there are consistent messages given to staff and constituents in relation to food. The outcome of this would be a positive change in food culture and a supportive environment that enables staff and constituents to make healthier food choices.

The project will pilot an audit tool that will support staff to complete Food and Physical Activity Audits and to develop Food, Physical Activity and Breastfeeding policies for their setting.

Capacity Building

In partnership with West Lothian on the Move, Eatright will support the development of two Modern Apprenticeships (MA) within the Health Improvement Team (HIT) during the current funding period. The MA is targeted at young people experiencing (health) inequalities.

Early Years

Eatright is working to support the NHS implementation of the UNICEF Baby Friendly Initiative (BFI) by mirroring the relevant aspects of the UNICEF BFI Seven Point Plan for Community Settings throughout West Lothian Council Settings.

School Age

A new initiative aims to develop and implement an Infant Feeding and Nutrition (breastfeeding& weaning) in Schools Programme that will meet the experiences and outcomes of Curriculum for Excellence.

The Scottish Government has set up a working group and produced a report 'Beyond the School Gate: Improving Food Choices in the school community'. Eatright will remain aware of the working group developments and will support the implementation of the recommendations in West Lothian.

Young People in Transition
Eatright has initiated work to support residential houses and other Looked After Children (LAC) care settings to take action on food and health issues. HIT members are trained in the Food for Thought programme that supports these settings to be health promoting.

Community and Environment
'Get cooking' has agreed an SLA to deliver Counterweight in West Lothian for NHS Lothian as part of the National Obesity Route Map. In addition to Counterweight, 'get cooking' delivers Pounds and Ounces, a cooking programme to support healthy weight and has developed the CHANGEnetwork. The network supports those who attend weight management groups to maintain lifestyle changes by offering on-going information and signposting services for health and physical activity opportunities.

Older Adults
A recent development has been actively to engage with the ageing community and voluntary organisations working with them to understand and improve the changing nutritional requirements as we grow older. Two training courses have been developed, Introduction to Nutrition and Older People (the theory) and Exciting the Appetite (the practical) to address the nutritional needs of older people.

West Lothian on the Move
The action plan has five key settings for the strategic and operational elements of the project. These are; Environment; Workplace; NHS and Social Care; Education; and Active Recreation

Environment
A new development for 2014 is the West Lothian Cycling Programme. Bike lending libraries and led community bike rides have been set up in four communities; The Vennie in Knightsridge , Mayfield Community House, Strathbrock Family Unit and Blackburn Homeless Unit.

WLOTM held a stakeholder event in March 2014 to take forward the national strategy 'Good Places Better Health' (GPBH) at a local level. From this a strategic group has been established to identify places within West Lothian where we could begin to set a place standard using GPBH.

Workplace
Three sit-to-stand desks have been purchased for use as a pilot within the HIT. Evidence shows that the desks reduce sedentary time within the workplace, increase levels of productivity and, where identified as a personal objective, participants report: a decrease in absenteeism; weight loss and reduced back pain.

Working in partnership with planning and climate change officers, WLOTM hopes to pilot a Pool Bike Staff System allowing staff to cycle to meetings as an alternative to a pool car or public transport.

NHS and Social Care

A new development for 2014 is the delivery of education classes for people who are at high risk of developing type 2 diabetes. The classes will use the evidenced based DESMOND 'Walking Away from Diabetes' module to increase awareness of the importance of physical activity in the prevention of type 2 diabetes and ensure people are aware of local physical activity opportunities.

Education

In partnership with Edinburgh University and schools, WLOTM will support a feasibility research study to look at physical activity levels in girls aged 11-13 years and to identify the barriers/motivators to activity in this age group.

Physical activity sessions are delivered and support offered to More Choices More Chances (MCMC), Skills Development Programme and Blackburn Local Employment Scheme (BLES) for young people in these programmes.

Active Recreation

WLOTM and Family and Community Development West Lothian have received funding from WLC Early Intervention fund to develop a West Lothian Play Strategy/action plan and to fund the recruitment of a Play Development worker.

2013 saw the development of an early years swimming programme to vulnerable parents/carers and their children aged 5 and under. To date, 148 cards have been taken up by partner agencies.

E. CONCLUSION

The ongoing support from the Health Improvement Fund has enabled these projects to become embedded into core health and wellbeing activities through a significant capacity building programme and partnership working. Both programmes have major influence The programmes contribute significantly to the Single Outcome Agreement.

F. BACKGROUND REFERENCES

'Beyond the School Gate: Improving Food Choices in the school community', Scottish Government, June 2014

'Preventing Overweight and Obesity in Scotland A Route Map Towards Healthy Weight', Scottish Government, 2010

'Good Places, Better Health A New Approach to Environment and Health in Scotland', Scottish Government, 2008

Appendices/Attachments: None

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CMT member: Jennifer Scott, Head of Social Policy

Date: *21 August 2014*

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – AUGUST 2014

	ISSUE	LEAD OFFICER	PDSP DATE
1	Infant Feeding	Jane Kellock	TBC
2	Sexual Health	Jane Kellock	TBC
3	Good Places Better Health	Jane Kellock / Kate Marshall / Linda Middlemist	TBC
4	Frail Elderly Assessment and Management Model	Carol Bebbington	TBC
5	Together for Health (T4H)	Marion Christie	TBC
6	Community Health Champions	Jane Kellock	TBC