

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, on 21 AUGUST 2014.

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

Apologies – Councillor Janet Campbell and Frank Toner

1. ORDER OF BUSINESS

The Panel agreed to consider Agenda Item 8 (Distress Tolerance Programme) at the end of the agenda to facilitate attendance by the officer.

2. MINUTES -

1. The Panel confirmed the Minute of its meeting held on 29 May 2014;
2. The Panel confirmed the Minute of its meeting held on 12 June 2014; and
3. The Panel confirmed the Minute of its meeting held on 5 August 2014.

All Minutes were thereafter signed by the Chair.

3. MINUTE OF MEETING OF NHS LoTHIAN BOARD HELD ON 2 APRIL 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 2 April 2014.

Decision

Noted the contents of the report

4. CANALYMPICS 2014

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of the fourth CANalymphics held in May 2014.

The Head of Social Policy explained that the main objective of the West Lothian Care Activity Network (CAN) was to increase levels of physical activity within care settings (care homes, day care, sheltered housing and care at home).

West Lothian CAN had recently organised its fourth CANalympics which took place on 21 May 2014 at Broxburn Leisure Centre. The legacy from previous year's events had resulted in more care settings actively participating in activities throughout the year.

The 2014 programme remained similar to the three successful previous events and this year there were twelve teams of six participants competing in six events including parachute & ball, skittles, new age kurling, jigsaw, bean bag throw, hook-a-duck and sock-pairing.

Based on the success of previous year's events, a bank of volunteers from Ageing Well provided support to ensure the smooth running of the event. Their roles included staffing the activities, keeping scores and serving the refreshments. The event concluded with a tea dance.

The report detailed some of the feedback that had been received following the conclusion of the event.

The CANalympics had once again proven to be a huge success with excellent feedback from staff, carers and participants and the Care Activities Network would continue to be committed to offering people of all abilities the opportunity to participate regardless of perceived abilities.

It was recommended that the Panel :-

- Support the ongoing work of the Care Activity Network (CAN) and the CANalympics;
- Acknowledge the positive impacts that participants experienced; and
- Recognised the links that competitive social activity had in contributing to supporting people to feel connected and improve their well-being both physically and emotionally.

#### Decision

1. Noted the contents of the report; and
2. Agreed that the Head of Social Policy would supply Panel Members with details of those Care Homes and the overall number of people who participated in the event.

#### 5. FALLS RESPONSE PATHWAY

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of the recent partnership working with the Scottish Ambulance Services (SAS) to develop a falls response pathway focusing on better outcomes for those at risk from falls.

The Head of Social Policy advised that 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. The report concluded that the introduction of care bundles improved people's quality of life, decreased morbidity and mortality and enabled people to be independent for longer.

Nationally 80% of individuals the Scottish Ambulance Service responded to post-fall were conveyed to A&E. This was not always clinically warranted or in the best interests of the individual. Therefore in order to reduce this figure national guidance was developed. This stated if the individual was clinically stable but had new support needs there should be a pathway between the Scottish Ambulance Service and health and social care services to ensure a same day or next day response to provide an assessment of needs.

In West Lothian an assessment tool had been developed in keeping with the recommendations for "falls bundle". Additionally over the last year West Lothian had been developing pathways for usage of these tools by the Crisis Care Service. Although some challenges remained, one of the critical gaps was an integrated pathway with the Scottish Ambulance Service, a diagram of which was attached to the report at Appendix 1. The new process would be implemented from 18 August 2014.

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

#### Decision

Noted the contents of the report.

#### 6. WEST LOTHIAN HEALTH IMPROVEMENT FUND - EATRIGT WEST LOTHIAN AND WEST LOTHIAN ON THE MOVE

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on the key activities outlined in the action plan for the Eatrigh West Lothian and West Lothian on the Move (WLOTM) Projects.

The Head of Social Policy explained that the latest evaluation of Eatrigh and WLOTM had taken place in October 2013 and the Health Improvement Fund Oversight Group approved continuation of the projects in December 2013. Therefore each project would receive £75K per year from 2014 to 2017. In addition WLOTM received a further £25k from West Lothian Council, the host agency.

The report then provided an overview of each of the projects and it was noted that the Eatrigh West Lothian action plan had seven key outcomes for the strategic and operational elements of the project and these were summarised in the report and the WLOTM action plan had five key settings for the strategic and operational elements of the project and these too were summarised in the report.

The Head of Social Policy concluded that the ongoing support from the

Health Improvement Fund had enabled these projects to become embedded into core health and wellbeing activities through a significant capacity building programme and partnership working with both programmes contributing significantly to the Single Outcome Agreement.

It was recommended that the Panel :-

1. Support the ongoing work of Eatright West Lothian and West Lothian on the Move; and
2. Acknowledge the positive impacts of these projects on West Lothian communities.

### Decision

Noted the contents of the report

## 7. DISTRESS TOLERANCE PROGRAMME

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive, Community Health and Care Partnership, providing a progress report on the Distress Tolerance Programme, a joint initiative between Health and Social Work within West Lothian CHCP.

The Depute Chief Executive explained that over recent years there had been a greater recognition of a group of disorders, illnesses and behaviours which presented particular challenges to services and to families. Common characteristics were that these behaviours involved risk to the individual and which others found frightening or upsetting.

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 were in need of intervention and support to manage their symptoms of distress.

The project was a joint initiative between health and social work and came into existence following the Scottish Government's Mental Health Strategy document published in 2012 which suggested the need for a greater recognition of a group of disorders, illnesses and behaviours which presented particular challenges to services and families.

Attached to the report at Appendix 1 was a progress report from the start of the project in July 2013 to end of February 2014.

The first 10 week group started in July 2013 and there was now four groups running concurrently due to the level of demand. Participant feedback had been very positive and referrals to the programme continued to be high. Additionally feedback from fellow professionals including GP's, Social Work and Police were all universally positive about the group based intervention which was aimed primarily at people who required help and assistance to improve their lives.

The Panel were asked to :-

1. Note progress being made and the early positive outcomes being reported; and
2. Continue to support the programme through the remainder of 2014-15 with a view to continued support to complete the pilot programme.

#### Decision

1. Noted the contents of the report;
2. Welcomed the suggestion that a further report would be brought back to the Panel once more data on the programme had been collated and analysed;
3. Noted that in the meantime information on the age profile of those participating in the programme would be provided to Panel Members;
4. Noted that numbers of those who had been referred to the programme and had accepted/not accepted a place would be provided to the Panel Members; and
5. Noted the suggestion that social media and the CHCP website could be used to advertise and promote the programme.

#### 8. HEALTH & 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