

MINUTE of MEETING of the WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN, EH52 5LH, on 12 AUGUST 2014

Present – Frank Toner (Chair), Brian Houston, Jane Houston, John McGinty, Anne McMillan, Alison Mitchell, Ed Russell-Smith

Apologies – Janet Campbell

In Attendance – Jim Forrest (CHCP Director), Jennifer Scott (Head of Council Services), Marion Christie (Head of Health Services), Gill Cottrell (Chief Nurse, NHS Lothian), Carol Mitchell (Assistant Director of Finance, NHS Lothian), Dr Elaine Duncan, (Clinical Director), Pamela Main (Senior Manager, CHCP), Carol Bebbington (Primary Care Manager, NHS Lothian); John Richardson (PPF).

1. DECLARATIONS OF INTEREST

Councillor Frank Toner declared a non-financial interest as he was the council's appointment to the Board of NHS Lothian as Non-Executive Director.

2. MINUTE

The Board approved the minute of its meeting held on 27th May 2014 as a correct record subject to noting that Alison Mitchell had tendered her apologies for the meeting.

3. CHCP RUNNING ACTION NOTE

The Board considered the Running Action Note (which had been circulated).

Decision

To note and agree the Running Action Note.

4. NOTE MINUTE OF MEETING OF THE CHCP SUB-COMMITTEE

The Board noted the minute of the CHCP Sub-Committee held on 10th April 2014.

5. WEST LOTHIAN HEALTH & WELL BEING PROFILE

The Board considered a report and presentation (copies of which had been circulated) by the Primary Care Manager, West Lothian CHCP providing an update on the Health & Well Being Profile of West Lothian's population and highlighting the future challenges for the CHCP in tackling

health inequalities.

The report recalled that one of the key aims of the CHCP was to promote the health and well-being of West Lothian citizens and reduce inequalities of health across the communities within West Lothian. In order to gauge progress, the CHCP had updated the Health & Well Being Profile, which had been provided as an appendix to the report.

The report listed the key points arising from the updated profile as at 1st August 2014, while the profile demonstrated that the main challenges continued to be the aging population, persistent health inequalities, the growth in the number of people affected by long term health conditions and those with multiple conditions and complex needs.

A list of the key areas the CHCP would focus on was provided in the report. The West Lothian Health Improvement and Health Inequalities Alliance (HIHIA) would lead on actions to improve the health and well-being of those who lived and worked in West Lothian and reducing the gap between those with the best health outcomes and those with the poorest health outcomes through appropriate targeting of health and social care.

The report concluded that the CHCP had an important role in supporting key activities and working with partners to ensure strategies are focussed on reducing health inequalities and improving health and well-being.

Decision

1. To note the content of the helpful presentation.
2. To note the updated profile and the information in the report and appendix.
3. To acknowledge the challenges and discuss the priorities for the future.

6. SENSORY IMPAIRMENT STRATEGY

The Board considered a report (copies of which had been circulated) by the Head of Social Policy informing of the launch of the Sensory Impairment Strategic Framework “See Hear” and outlining the work in progress towards the West Lothian Implementation Plan for the See Hear Strategic Framework.

The 10 year framework had been launched in April 2014 and covered cradle to grave sensory impairment set against a background of increasing demand and the requirement for greater efficiency and effectiveness with available resources. Key to the success of the strategy would be person-centred local partnership working between statutory and third sector agencies. A list of key issues and areas for action which had been identified and were provided in the report.

The areas for action/recommendations would be taken forward by the

Scottish Government and local partnerships. The council had received funding of £31,500 per year in 2014/15 and 2015/16 to implement Recommendation 4 of the strategy. Key performance indicators would be agreed by Scottish Government officials and partnership leads to allow improvement to be measured over both years and to identify any remaining gaps that required to be addressed.

The report concluded with detailed information on the implementation plans nationally, Lothian wide and within West Lothian.

Decision

To note the contents of the report and work being done across Lothian towards implementation of the See Hear Strategic Framework and plans for taking the strategy forward in West Lothian.

7. HEALTH AND SOCIAL CARE INTEGRATION

The Board considered a report (copies of which had been circulated) by the CHCP Director updating members on the consultation process regarding two sets of Regulations which would underpin the Public Bodies (Joint Working) (Scotland) Act 2014.

The report recalled that the Public Bodies (Joint Working) (Scotland) Act 2014 had 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 put in place the framework for integrating health and social care in Scotland and provide the legislative basis for NHS Boards and local authority partners to establish Integration Authorities.

The report recalled the key features of the legislation and the intention that budgets and resources would be integrated to focus attention on the outcome for the individual, which would build on the valuable work already underway in West Lothian to continually improve people's health and care experience across home, community and hospital settings.

The draft regulations had been issued in two sets. The report provided an overview of the terms of the draft regulations and of the consultation periods for the draft Regulations. It went on to explain that the council's response to the first set of Regulations, which was provided as an appendix to the report, had been considered by the Health & Care PDSP before being approved by the Council Executive on 19 June 2014. The response to the second consultation, which had also been provided as an appendix to the report, had been considered by the Health & Care PDSP and the final response was due to be approved by the Council Executive on 19 August.

NHS Lothian had also considered both sets of Regulations and agreed responses to each, both of which were provided as appendices to the report.

Decision

To note the consultation process regarding the two sets of Regulations that would underpin the Public Bodies (Joint Working (Scotland) Act 2014 and the responses and draft responses contained in the appendices from the council and NHS Lothian to the consultations.

8. CLINICAL GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Head of Health Services providing information on (a) the arrangements in place for the transition of the Linlithgow Family Practice and (b) the outcome of the 2013/14 Scottish Health and Care Experience Survey.

The report recalled that the previous single handed practitioner had retired from Linlithgow Family Practice in June 2014 and had continued to provide GP services on a locum basis pending appointment of a suitable replacement.

Following advice and in collaboration with the PCCO, the family practice had been advertised in whole and in parts and a suitable replacement had been found. The Richmond Practice in Bo'ness had presented the CHCP with a robust business case and would run both practices. Whilst the arrangement would usefully facilitate cross over in the event of staff absence, the practice would have a dedicated team of GPs and support staff to ensure continuity of care. As the Richmond Practice was based in Forth Valley, not Lothian, the two practices would be run as separate business entities, with Linlithgow Family Practice being run in accordance with Lothian targets and priorities for areas such as prescribing and enhanced services. The Board was however informed that there may be a revision of the structure of the relationship between the two practices due to cross-boundary IT issues.

Formal acceptance of the contract had been received and a start date of 1st November 2014 had been set. The CHCP was working with the PCCO to ensure all arrangements were in place for a smooth transition.

The report then moved on to provide the Board with information on Scottish Health and Care Experience Survey. The Board noted that over 100,000 individuals registered with a GP practice had responded. On the whole, the majority of patients and care users had reported a positive experience with their care. However, an overarching finding was that patients were slightly less positive than in the previous 2011/12 survey.

In West Lothian, satisfaction rates had also dropped to generally 1-2 points below the Scottish average. Whilst reasons were not clear, staff shortages and higher consultation rates were probable contributing factors. West Lothian had performed well in some indicators being 3 points above the Scottish average in "I feel my doctor listened to me" and 8 points above average in "Services are well coordinated for the people

carers look after”.

The CHCP had instituted a support package for GP practices under pressure, meeting with practices promptly to discuss difficulties and offering a comprehensive workload assessment to identify areas where the practice would work differently to better meet demand. The CHCP was also carrying out a workforce survey for all practices to identify existing vacancies and look at ways to boost recruitment.

The Director assured the Board that the practice in Linlithgow would continue to have a contract and a continuing relationship with NHS Lothian no matter the structure required to address cross-boundary IT issues.

Decisions

1. To note the contents of the report in relation to the transition of the Linlithgow Family Practice and the results of the Scottish Health and Care Experience Survey 2014.
2. To note that due process was being followed in the management of the transition of Linlithgow Family Practice and that appropriate clinical governance procedures were in place and that further reports will be brought to the Board when appropriate.
3. To support actions to address the issues raised by the survey.

9. CARE GOVERNANCE - CARE INSPECTORATE INSPECTION OF COMMUNITY CARE SERVICES

The Board considered a report (copies of which had been circulated) by the Head of Social Policy advising of the grades achieved in the Care Inspectorate Inspection of West Lothian Council's Community Care Services during financial year 2013-14.

The Board noted that the Care Inspectorate graded services as part of fulfilling their duty under Section 4(1) of the Regulation of Care (Scotland) Act 2001 and published inspection reports to provide information to the public about the quality of care services. The report provided an overview of the current grading system which had been introduced in 2008.

On producing an inspection report, Care Inspectorate officers could, where it was necessary, make recommendations or requirements of the service. The Care Inspectorate could also make a recommendation which sets out actions a care service provider should take to improve or develop the quality of the service, failing which direct action could be enforced.

The inspection report for all of the community care services provided by the council was provided as an appendix to the report. Not all care services had been inspected during 2013-14 and where an inspection had not taken place, the last inspection ratings were provided. The inspection report showed a consistently high trend in performance where services

achieved grades of 4 and above.

The care service inspection report revealed how well the council delivered social work services. The current grades demonstrated a positive performance and gave reassurance that the needs of service users were being well met by high performing services.

Decisions

1. To note the current performance grades of West Lothian Council's Community Care Services as set out in the appendix to the report.
2. To congratulate CHCP staff on the high standards achieved.

10. FINANCIAL GOVERNANCE

a) 2014/15 Revenue Budget - Monitoring Report as at 30 June 2014

The Board considered a report (copies of which had been circulated) by the Head of Social Policy and Head of Health Services providing a joint report on financial performance in respect of West Lothian Community Health and Care Partnership (WLCHCP) based on figures for the period 30 June 2014.

The report advised that the anticipated out-turn for both the CHCP council services and the CHCP health services was forecast to breakeven.

Decisions

1. To note the information in the report regarding financial performance in the CHCP to 30 June 2014.
2. To note that the CHCP Council services outturn for the year was forecast to break even, but that the position may change following the outcome of the comprehensive monitoring exercise being undertaken at month 4.
3. To note that the CHPC health services outturn for the year was expected to break even, but that the position may change after the quarter 1 forecast in light of the current Prescribing position.
4. To note that service managers were taking management action to address areas of financial pressure within their own service area to ensure spend was contained within the budget available.

11. STAFF GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Head of Social Policy and the Head of Health Services providing an update on staff issues within the CHCP.

The report advised that the Scottish Social Services Council (SSSC) was

responsible for registering people who worked in social services and regulating their education and training. Their role was to raise standards of practice, strengthen and support the workforce and increase the protection of people who used the services.

The report explained that although most social care workers would require to be registered, it had been introduced incrementally due to the scale of the task. The report then went on to describe in detail the groups for which registration had commenced, along with the qualification requirements that had been set.

The report concluded that staff who did not meet the qualification would be given a conditional registration which would require them to achieve the essential qualification within 5 years. The implication for the council of any staff member who failed to gain the qualification was that they would be unable to continue to employ the person in that role. Staff would have to have gained the qualifications before their renewal date which would not be prior to June 2019.

Decision

To note the Commencement of Registration of Supervisors in Housing Support and Care Home Services.

12. DIRECTOR'S REPORT

The Board heard a report by the CHCP Director providing an update on key areas of work in which the partnership had been involved in since the last meeting of the Board.

Decision

To note the information and work undertaken in relation to:-

- a) CHCP Health Services achievement in gaining Committed to Excellence award.
- b) West Lothian Council success in achieving Gold status under Investors in People award.
- c) Integrated Care Fund.
- d) Publication of Issue 27 of West Life.
- e) Launch of redesigned CHCP website.