

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 9 DECEMBER 2014

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

Apologies – Janet Campbell

Absent – Alison Mitchell

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); Ian Buchanan (PPF)

1. OPENING REMARKS

The Chair welcomed Ian Buchanan to his first meeting as representative of the West Lothian Public Partnership Forum. He thanked John Richardson for his contribution as the previous representative.

2. 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.

3. MINUTE

The Board approved the minute of its meeting held on 7<sup>th</sup> October 2014 as a correct record.

4. CHCP RUNNING ACTION NOTE

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

Decision

To note and agree the Running Action Note.

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

The Board noted the minute of the CHCP Sub-Committee held on 14<sup>th</sup> August 2014.

6. MINUTES OF MEETINGS OF THE PRIMARY CARE JOINT MANAGEMENT GROUP

The Board noted the undernoted minutes of the Primary Care Joint Management Group:-

- 8<sup>th</sup> May 2014
- 12<sup>th</sup> June 2014
- 14<sup>th</sup> August 2014
- 11<sup>th</sup> September 2014

7. RISK MANAGEMENT

The Board considered a report (copies of which had been circulated) by the Community Health and Care Partnership Director providing an update on the review of the CHCP risk register.

The report recalled that the CHCP risk register was reviewed and updated in June 2013 and the risk were recorded in West Lothian Council's Covalent system and on NHS Lothian's Datix system.

The purpose of the register was to provide a record of the high level risks which could threaten the ability of the CHCP to achieve its objectives. The recording of risks in the register ensured that management had identified and considered risks and were satisfied that they were either appropriately controlled or had planned actions in place to mitigate the risks.

The CHCP risk register had last been presented to the Board in May 2014 and more recently reviewed by the CHCP's Senior Management Team in November 2014. This had involved a review of risks, their scores and associated risk actions. The report provided an overview of the outcomes resulting from the review.

The updated CHCP risk register, including a progress bar for each action, was shown in the updated register that had been provided as an appendix to the report. This was supplemented by more detailed risk information and a copy of the matrix used to score the results, which had also been provided as appendices to the report. Of the 10 risks included in the register, nine were assessed as medium risks and one as low risk.

The report concluded that the CHCP risks had been reviewed and updated to more accurately reflect the current risks to the CHCP and the actions required to further mitigate those risks. Progress in implementing risk actions would continue to be monitored using Covalent.

Decision

To agree the updated CHCP risk register.

8. RESILIENCE/EMERGENCY PLANNING

The Board considered a report (copies of which had been circulated) by the Head of Health Services and the Head of Council Services providing a summary of the resilience/emergency planning desktop exercise which had been held on 20 November 2014.

The report stressed that continuity of health and care services was a major priority in relation to the CHCP's response to emergencies, as was the safety and wellbeing of children, adults and older people in the community and CHCP staff. As it had been some time since there had been a desktop or live exercise to test the CHCP's resilience/emergency planning, a desktop exercise involving relevant staff from acute services, community-based services and social policy had taken place in the Civic Centre on 20 November 2014.

The report provided an overview of the desktop exercise, entitled "Die-Hard-ish". The scenario had been split across three timelines, the first of which begun with a number of challenging situations. Over the next two timelines, updates were given as the situations developed. Working in their service groups, staff were asked to consider their response strategy, whether it was evidenced in any plans, what significant gaps there were and if any further action was required and by whom.

Feedback on the event had been sought from participants which would be analysed to establish whether there was a requirement to undertake further exercises. It was possible that social policy would wish to undertake an exercise related to the setting up of a rest centre as that was a theme in the "Die Hard-ish" exercise.

Decision

1. To note the progress made in undertaking the emergency planning resilience exercise, which would ensure key services were maintained for critical patients and customers, and the organisation's reputation was protected.
2. To support the plan to conduct any future exercises as determined by the analysis of the exercise.

9. CHCP WINTER PLAN 2014/15

The Board considered a report (copies of which had been circulated) by the Head of Health Services advising that the National Health Service and Social Care departments were required to plan for the winter period when it was recognised that demand for services was likely to be at its highest level. The expectation was that plans for 2014/15 would build on previous winter plans and take into account the lessons learned.

The report explained that the CHCP was required to ensure the following outcomes:-

- Clear identification of the senior managers who were the accountable persons for ensuring that effective winter plans existed within the CHCP/local health and social care communities.
- That comprehensive plans were in place in the CHCP/social care communities covering the headings in the Scottish Government Winter Planning communications.
- The provision of high quality services were maintained through periods of pressure.
- The impact of pressures on the levels of service, national targets and finance were effectively managed.
- That a process was in place to meet the reporting requirements of the Scottish Government.

#### Decision

To endorse the CHCP Winter Plan for 2014/15.

#### 10. CRISIS CARE SERVICE

The Board considered a report (copies of which had been circulated) by the Head of Social Policy outlining the purpose, performance and impact of the Crisis Care Service.

The report recalled that Crisis Care had been implemented in 2012 and worked in partnership with the community nursing service and the Rapid Elderly Assessment Care Team (REACT) to provide a 24/7 response for people who were or had recently experienced a health or social care crisis and required support to be able to deal with the immediate crisis in their own home. Responses were streamlined, moving from a complex multi-agency response to a single point of contact, freeing valuable time for other professionals to target resources more appropriately. Unlike other similar models, the service was universal and was not limited to people who already had Home Safety service in their homes.

Early intervention allowed the opportunity for a responsive assessment in the context of an approach which was designed to maximise independence. A key objective of the service was to ensure that unnecessary admission to care homes was avoided. Feedback from key stakeholders was very positive with General Practitioners in particular valuing the single point of contact. A referral pathway with the Scottish Ambulance Service had also been implemented which was consistent with national recommendations. A list of the key features of the Crisis Care Service was given in the report.

The report provided the Board with an overview of the service levels and performance including information on the average number of monthly calls to the service, approximate number of calls related to falls which were screened to consider the future risks. Average response times were consistently low and currently under 30 minutes. It was recognised that the speed of response, particularly in relation to falls, had a significant impact on recovery.

The report concluded by highlighting that during the reporting period, a total of 83 users had been supported with short term intensive interventions, the average length of intervention at 7 days. This was deemed to equate to a total of 71 admissions being avoided. Reasons for crisis care input on a short term basis were defined in the report. The service was now well established in West Lothian and delivered a crucial element of the integrated pattern of services which seek to shift the balance of care in favour of community based services.

### Decision

To note the positive impact of the implementation of the Crisis Care service which focussed on early interventions to prevent negative outcomes.

## 11. INTEGRATED CARE FUND

The Board considered a report (copies of which had been circulated) by the CHCP Director advising of the Scottish Government's Integrated Care Fund.

The Scottish Government had announced that additional resources of £100m would be made available to health and social care partnerships in 2015-16 to support the delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and further strengthen the approach to tackling inequalities. The £100m resource would build upon the Reshaping Care of Older People (RCOP) Change Fund, which would continue until April 2015. The new integrated care fund would be accessible to local partnerships to support investment in integrated services for all adults. Funding would support partnerships to focus on prevention, early intervention and care and support for older people with complex and multiple conditions, particularly where multi-morbidity was common in adults under 65, as well as in older people.

The report explained that the Scottish Government recognised that the full ambitions of the RCOP ten year programme of reforms had still to be fulfilled; in particular where there had only been limited progress in achieving the required shift in resources away from institutionalised care. The government therefore expected partnerships to continue to make progress with Reshaping Care for Older People. Strategic Commissioning would be critical to achieve this.

The report then provided an overview of the six principles which must

underpin the use of the fund. Integrated care plans should focus on tackling the challenges associated with multiple and chronic illnesses for adults and older people. The Integration Joint Board, through the Interim Chief Officer, or Chief Executive in a lead agency, would take responsibility to work with all partners to develop the plan. The plan would be required to clearly outline the role of the non-statutory partners and should describe the level of support to carers. Plans would be agreed and signed off by representatives from the NHS, local authority, the third sector and independent sectors.

West Lothian's allocation from the fund was £2.85m which represented an increase of over £1m in the Older People Challenge Fund. The report stressed that the scope of the fund was significantly greater. It was proposed to use the Reshaping Care for Older People partnership on the basis of the local partnership to oversee the development and implementation of the Integrated Care Fund Plan. It was anticipated that many of the important initiatives from the RCOP programme would continue within the Integrated Care Fund plan which was required to be submitted to the Scottish Government by 12 December 2014.

#### Decision

To approve the contents of the report.

## 12. CLINICAL GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Clinical Director detailing the arrangements in place for the transition of the Linlithgow Family Practice following the retiral in June 2014 of the single handed practitioner.

The report recalled that following the retiral of the single handed practitioner in June, the practice had been advertised in whole or in part to seek a suitable replacement. In the interim, West Lothian CHCP had taken on the running of the practice with staff TUPE transferred to NHS Lothian and the retiring practitioner employed on a locum basis to provide interim cover.

The Board recalled that initially, a sole application had been received from the Richmond Practice in Bo'ness. Following an unsuccessful attempt to recruit additional GPs, the practice had advised that they were not in a position to proceed within the agreed timescales.

The report explained that it had been considered a high risk to embark on a further round of advertising given the current GP workforce crisis and, as the current incumbent could not stay indefinitely to provide cover, the decision had been taken to dissolve the practice and disperse the patients to other practices in the local area. Patients living outwith the practice area had been advised to reregister with a GP practice local to them, whilst those living within the practice area would automatically be reregistered with an alternative practice according to geographical location. The change would become effective on 1<sup>st</sup> April 2015.

Linlithgow Group Practice, who would take on the largest share of patients, had advertised for additional doctors and as the practice was attractive to new GPs, they had received several applications.

#### Decision

1. To note the contents of the report.
2. To note that plans were progressing towards a smooth transition and that appropriate clinical governance arrangements were in place.

### 13. CARE GOVERNANCE

The Board considered a report (copies of which had been circulated) by the Head of Social Policy providing an overview of the statutory work undertaken during 2013-14 and providing the Board the opportunity to comment on the annual report of the Chief Social Work Officer.

The report advised that for the first time, a template and related guidance had been produced to assist Chief Social Work Officers (CSWOs) in the development of their Annual Report to ensure that reports covered the key issues of interest to a range of relevant audiences, in addition to local council committees and elected members and, in the future, to Health and Social Care Partnerships. Use of the template would help in sharing of information across services about social work good practice and improvement activities.

The annual report produced by the council's Chief Social Work Officer, covering the period 31.03.2014 – 31.03.2014, was appended to the report and covered the following sections:-

- Partnership Structures/Governance Arrangements
- Social Services Delivery Landscape/Market
- Finance
- Performance
- Statutory Functions
- Continuous Improvement
- Planning for Change
- User and Carer Empowerment
- Workforce Planning/Development
- Key challenges for the Year Ahead

#### Decision

To note the contents of the annual report and the strong performance demonstrated by teams across Social Policy.

### 14. FINANCIAL GOVERNANCE

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

The report advised that the anticipated out-turn for the CHCP council services was forecast to breakeven and the CHCP health services was forecast to have an underspend of £70,000.

Decisions

1. To note the information in the report regarding financial performance in the CHCP to 30 September 2014.
2. To note that the CHCP Council services outturn for the year was forecast to breakeven.
3. To note that the CHCP health services outturn for the year was expected to have an underspend of £70,000.
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.

b) Resource Transfer Monitoring Report to 30<sup>th</sup> September 2014

The Board considered a report (copies of which had been circulated) by the Head of Social Policy providing details of phased expenditure incurred in the period to 30 September 2014.

The Board was advised that the council had invested £3.32 million of the total £6.72 million resource transfer monies to the end of September 2014. The CHCP had maintained a zero delayed discharge position in the second quarter of the financial year.

Decision

1. To note that the CHCP had invested £3.32 million of the total £6.72 million resource transfer monies to the end of September 2014.
2. To note that the CHCP had maintained a zero delayed discharge position in the second quarter of the financial year.

15. 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 recalled that the Protection of Vulnerable Groups (PVG) legislation had replaced the disclosure arrangements for people working with vulnerable groups to help ensure that people who had a known history of harmful or abusive behaviour were unable to work with children and protected adults. To qualify for a PVG check, employees had to be in a regulated role involved with direct patient care. After October 2015, it would be illegal for anyone involved in regulated work not to be on the PVG Scheme. NHS Lothian required to have everyone in regulated work on the Scheme by July 2015.

The report explained that each member of staff was responsible for completing their own PVG forms correctly and returning them to their line manager with the relevant identification. Incomplete forms could potentially lead to Disclosure Scotland terminating applications so it was essential that all information requested was supplied and contact details entered on the form. CHCP staff were currently completing the process with approximately 90% having completed an up to date disclosure.

The report then went on to highlight NHS Lothian's commitment to supporting staff education, training and development, recognising the benefit to both the employee and the services provided. The Study Leave Policy and Procedure set out the process through which staff could apply for support to undertake education, training or development and supported NHS Lothian policies on Personal Development Planning and Review and the Equal Opportunities policy. The report provided the Board with an overview of the key benefits of the Study Leave policy.

The report concluded with information on the focus groups which had been held throughout Social Policy to review the results of the council's 2014 Employee Survey. The outputs from those focus groups were being reviewed to prepare a service specific plan. The improvement plan, which required to be submitted to HR Services by 30 November 2014, would set out improvement activities to be progressed over the next 12 months, which would be reported to the HR Programme Board on a quarterly basis.

### Decision

To note the information provided in relation to:-

1. PVG Retrospective Checking within NHS Lothian;
2. Study Leave Policy and Procedure; and
3. West Lothian Council 2014 Employee Survey.

## 16. DIRECTOR'S REPORT

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

Decision

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

- a) The recent positive report West Lothian Community Planning Partnership had received from the Accounts Commission.
- b) The improvement in performance within the Community Payback Service.
- c) Website usage.
- d) Publication of Issue 28 of West Life.
- e) Integration update.