DATA LABEL: Public

West Lothian Council

Health and Care Policy Development and Scrutiny Panel

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

19 August 2015

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 27 August 2015** 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. Confirm Draft Minutes of Meeting of Health and Care Policy Development and Scrutiny Panel held on Thursday 28 May 2015 (herewith).

5. Minutes of Meetings of NHS Lothian Board held on 1 April and 24 June 2015 - Report by Chief Executive, Community Health and Care Partnership (herewith).

6. Cycling Developments - Report by Head of Social Policy (herewith)

7. Development of Life Matters - Report by Head of Social Policy (herewith)

8. Frail Elderly Programme - Report by Depute Chief Executive, Community

Health and Care Partnership (herewith)

9. Home Oxygen Support - Report by Head of Health (herewith)

10. Workplan (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 COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, on 28 MAY 2015.

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

Apologies – Councillor Diane Calder

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. MINUTE

The Panel confirmed the Minute of its meeting held on 2 April 2015. The Minute was thereafter signed by the Chair.

3. NHS LOTHIAN HEALTH BOARD MINUTES

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 4 February 2015 and of the special meeting held on 4 March 2015.

Decision

Noted the contents of the report

4. COUNTERWEIGHT AND TIER 2 SERVICE LEVEL AGREEMENT

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing an update on the Counterweight programme and Tier 2 service level agreement.

The report recalled that Scotland had one of the highest levels of obesity in the developed world, second only to the United States. Additionally the National Obesity Observatory estimated that the proportion of adults in Scotland who were clinically obese would increase to over 40% by 2030.

The overarching strategy for addressing the obesity problem in Scotland was the Prevention of Obesity Route Map which was published in 2010. Whilst obesity was traditionally viewed as an NHS problem recent work on the economic burden of obesity had demonstrated that healthcare expenditure was a small proportion of the associated total cost.

Helping and supporting the most vulnerable and deprived individuals in our communities to achieve and maintain a healthy weight added an extra

challenge. Low socioeconomic groups appeared to as twice as likely to become obese putting them at greater risk of type 2 diabetes, ischemic heart disease and stroke.

In order to achieve this it was recognised that all sectors needed to work together in order to reverse the obesity epidemic with obesity having been identified as one of six priority areas in the health improvement framework for Community Planning Partnerships

Counterweight which sat at level 2 of the strategic framework for healthy weight in NHS Lothian was an evaluated weight management programme that had been based on the best available evidence of effective methods for helping people to lose weight. It incorporated a range of approaches but the main intervention was about a change of lifestyle.

In partnership with the NHS Lothian Weight Management Service the council's Health Improvement Team facilitated the Tier 2 programme through a service level agreement. This involved the coordination and delivery of Counterweight weight management groups including physical an activity programme and the inclusion of the Weigh2Go Service.

The service was available to individuals with a BMI of 30 and above and was available through the Scottish Care Information Gateway – GP referral only. Six community food workers had been trained to deliver the Counterweight programme along with two Community Health Development Officer's within HIT.

One year into the programme there had been 18 groups delivered with regular groups run in Bathgate, Whitburn, Livingston and Broxburn with other groups running in more remote areas such as Fauldhouse. From the start of the programme there had been 150 referrals into the Tier 2 Programme in West Lothian with 61 going onto the start the programme. The weight loss target for the Counterweight programme was between 5-10% of body weight over a period of one year.

In addition the Weigh2Go service has now been established in Livingston, Bathgate, Whitburn and Bathgate and offered weekly weigh-ins and an advice service for anyone seeking help to lose weight and for those completing Counterweight to support them in further weight loss.

The Tier 2 Programme was reviewed and monitored through a multi-agency steering group that met quarterly. It was also noted that the service level agreement for the delivery of Counterweight was in its second year and that there was no NHS funding identified for further continuation of the Tier 2 Programme.

The Panel were asked to note the update on the Counterweight programme and the Tier 2 service level agreement.

Decision

To note the contents of the report.

5. PROJECT SEARCH

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of Project Search which was a new work-based training programme for young people with a learning disability or autism in West Lothian.

The Head of Social Policy explained that Project Search was a one year programme of work training, specifically for people with learning disabilities and/or autism. Project Search in West Lothian would be based on a partnership between a business, West Lothian College and West Lothian Council's supported employment team. The project would support up to 12 people at one time, normally at the point of transition and individuals would be accepted through a selection process.

The aim of the project was to obtain full-time paid employment for young people or to ensure they left the programme ready for work and be better placed to secure employment elsewhere. The model also gave young people the opportunity for work-based learning and education through a series of work placements at a host employer. This year long programme helped prepare people for the work place and hopefully help them secure permanent jobs.

The Head of Policy continued to advise that Project Search took place in a business setting where total immersion in the workplace facilitated the teaching and learning process. Placement and job development were ongoing throughout the year and were based on strengths, skills and interests of individuals who were supported.

West Lothian College had indicated that a fully funded tutor would be available to support the project. It was also proposed that 1 fte from the council's learning disability employment team would also be allocated to work on Project Search at no additional cost to the service. The report summarised the anticipated benefits of the implementation of Project Search.

It was recommended that the Panel note the implementation of Project Search.

Decision

1. To note the contents of the report; and

2. Requested that officer's investigate any common thread between the work being carried out by BLES of Bathgate and Project Search.

6. BROCK GARDEN CENTRE

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of the work carried out by the Brock Garden Centre, West Lothian.

The Head of Social Policy explained that it was estimated that one in four people in Scotland were affected by mental health problems with seventy nine percent of people with serious long term mental health problems not being in employment and with a much higher mortality than the general population.

The Mental Health Strategy 2012-2016 identified mental health as a key priority for the Scottish Government with the strategy focussing on "prevention, anticipation and supported self-management". Speaking ahead of the annual third conference, "The Gathering". Social Justice Secretary Alex Neil recognised the importance played by the third sector volunteer projects in helping address inequalities and poverty across Scotland.

Among those organisations acknowledged by the Scottish Government which had previously received funding from the Volunteering Support Fund was the Brock Garden Centre, West Lothian. The Brock Garden Centre offered adults with mental health problems the opportunity to take part in enterprising gardening activities. Launched in 2013 the Brock Garden Centre provided supported volunteering opportunities for adults with poor mental health, helping them gain confidence and new skills through enterprising garden activities.

Volunteering at the Brock Centre had given individuals who suffered from severe and enduring mental health problems like schizophrenia, motivation and a sense of structure to their week, allowing them to connect with their local community.

The Panel was asked to note the content of the report.

Decision

1. To note the contents of the report; and

2. Requested that officers investigate the use of Twitter to promote the garden centre.

7. SOCIAL POLICY MANAGEMENT PLAN 2015-16

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy providing details of the Social Policy Management Plan 2014

The report explained that as a means of delivering outcomes effectively and efficiently, West Lothian Council identified Management Plans as an essential driver for the provision of excellent services. As such they were collated and presented at the service group level, under the responsibility of the Head of Service.

The Social Policy Management Plan 2015/16 was attached as an appendix to the report and set out how the service would drive performance and as such it would be utilised by the management team

and stakeholders to assess and gauge performance and improvement. The measurers, targets and actions of the plan would be available for management monitoring and reporting on the corporate performance management system (Covalent).

Decision

1. The Panel noted the contents of the report and the Social Policy Management Plan 2015-2016; and

2. Requested that Panel Members be supplied with the data that sat behind the statistics on the Psychology of Parenting Project.

8. WEST LOTHIAN ALCOHOL AND DRUG PARTNERSHIP DELIVERY PLAN 2015-2018

The Panel considered a report (copies of which had been circulated) by the Head of Social Policy advising of the contents of the West Lothian Alcohol and Drug Partnership Delivery Plan 2015-18 which was to be submitted to Scottish Ministers by 15 June 2015.

The report recalled that the West Lothian Alcohol and Drug Partnership was a multi-agency strategic partnership tasked to identify and co-ordinate local action and priorities on alcohol and drug use. Its membership included West Lothian Council, NHS Lothian, the Voluntary Sector, Police Scotland and HMP Addiewell.

The ADP Delivery Plan 2015-18 outlined the local vision and key priorities to address alcohol and drug use and its associated harms within West Lothian. The plan had been developed in response to two key national strategies "*Road to Recovery – A New Approach to Tackling Scotland's Drug Problem" (2008)* and "*Changing Scotland's Relationship with Alcohol" (2009).* It was also cognisant of other local strategic drivers including West Lothian SOA and the West Lothian ADP Needs Assessment conducted in 2014.

The Scottish Government required each ADP to submit a three year delivery plan setting the strategic direction, expenditure plans and commissioning intentions for the period 2015-2018. This plan would then form the basis of service and policy delivery against national and local outcomes. On an annual basis the ADP was expected to provide a report to the Scottish Government on progress using the performance framework contained within the three year delivery plan.

It was recommended that the Panel note the submission of the WLADP Delivery.

Decision

To note the contents of the report.

9. HEALTH & CARE PDSP WORK PLAN

The Panel considered the contents of the Workplan, 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

To note the contents of the workplan

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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 1 April and 24 June 2015 in the Appendices 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: 2

1 Minutes of the meeting of Lothian NHS Board held on 1 April 2015

2 Minutes of the meeting of Lothian NHS Board held on 24 June 2015

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Jim Forrest, Depute Chief Executive, CHCP

Date of meeting: 27 August 2015

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 1 April 2015, in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Mrs K Blair; Dr M Bryce; Councillor D Grant; Professor J Iredale (from 11am); Mr P Johnston; Mrs A Meiklejohn; Mrs A Mitchell; Councillor F Toner; Mr G Walker and Dr R Williams.

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources and Organisational Development); Mr J Crombie (Chief Officer: University Hospitals and Support Services Division); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health and Health Policy).

In Attendance: Dr D Armstrong (for item 7); Ms J Bennett (Associate Director of Quality Improvement and Strategy – for item 7); Mr J Forrest (Joint Director West Lothian Community Health and Care Partnership - for item 11); Dr P Graham (Head of Applied Psychology Adult Mental Health – for item 11); Ms L Irvine (Strategic Programme Manager – for item 11); Mrs R Kelly (Associate Director of Human Resources – for item 13); Mrs L Tait (Associate Director of Strategic Planning – deputising for Professor A McMahon) and Mr D Weir (Corporate Services Manager).

Apologies for absence were received from Ms M Johnson, Mr A Joyce, Ms J McDowell, Professor A McMahon and Mr G Warner.

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. Mrs Meiklejohn declared a potential interest under agenda item 2.9 ‘Improving Access to Psychological Therapies’ as this was an area covered by her professional portfolio.

1. Welcome and Introduction

1.1 The Chairman welcomed members of the public to the meeting. He also congratulated Mr Crombie on his appointment as Chief Officer: University Hospitals and Support Services Division.

2. Items for Approval

2.1 The Chairman reminded members that the agenda for the current meeting had been circulated previously to allow Board members to scrutinise the papers and advise

whether any items should move from the approval to the discussion section of the agenda. No such requests had been made.

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

2.3 Minutes of the Board meeting held on 4 February 2015 – Approved.

2.4 Minutes of the Special Board meeting held on 4 March 2015 – Approved.

2.5 Running Action Note – Approved.

2.6 Performance Management – The Board received an update on the existing performance against current 2014/15 HEAT targets and other relevant standards.

2.7 Royal Bank of Scotland Bulk Cash Service – The Board approved the resolution for the Royal Bank of Scotland to provide a 'bulk cash and / or consolidated cash' service. The Board also agreed that the head of financial control and one other bank signatory, as detailed in the Boards Scheme of Delegation, have authority to sign the application for the provision of 'bulk cash and / or consolidated cash' service. It was agreed that the Chairman sign the 'resolution of Lothian Health Board' on the Board's behalf.

2.8 Strategic Planning Committee Revised Remit and Membership – The Board agreed the revised terms of reference of the Strategic Planning Committee, including changed membership to reflect changes to responsibilities and structures. It was recognised that the terms of reference of the committee would be subject to further review and confirmation once the Integration Joint Boards (IJBs) were formally in existence. The Board agreed that future meetings of the committee in 2015 would take place bio-monthly in April, June, August, October and December.

2.9 Corporate Risk Register – The Board approved the recommendation set out in table 1, which had been agreed by the Audit and Risk Committee. The Board also approved the recommendations for removal of risks from NHS Lothian's corporate risk register as set out in table 2 which were supported by the Audit and Risk Committee, with the exception of medical workforce sustainability which was recommended to remain on the corporate risk register. The amended corporate risk register at table 3 was approved. The Board noted that NHS Lothian was outwith its risk appetite on corporate objectives where low risk appetite had been set. Other papers on the Board agenda set out actions to improve results eg HAI and unscheduled care.

2.10 Healthcare Associated Infection Update – The Board acknowledged receipt of the new format for Healthcare Associated Infection reporting template for February 2015 (appendix 1); acknowledged receipt of the Healthcare Associated Infection reporting template for March 2015 (appendix 2); noted NHS Lothian's staphylococcus aureus bacteraemia March 2015 target was a rate of 0.24 per 1000 beds (≤ 184 incidences). The current rate was 0.34 (254 incidences) meaning that the target had been breached. The Board supported the antimicrobial team activities in relation to the antimicrobial prescribing review and the reduction of antimicrobials associated with clostridium difficile. The Board acknowledged and supported ongoing actions to address gaps identified within the response to the Vale of Leven inquiry recommendations.

2.11 Unscheduled Care – The Board noted the unscheduled care performance and the effect of winter on overall performance and further noted the additional resource dedicated to supporting effective service delivery during winter 2014/15. The Board further noted the range of strategic measures being proposed to maintain and improve performance while operating within financially sustainable levels.

2.12 Edinburgh Partnership Community Plan 2015/18 – The Board acknowledged the extensive work of partners in developing the community plan and welcomed the associated strategic priorities which resonated with NHS Lothian's corporate objectives. The Board noted the submission for approval to the Edinburgh Partnership Board with subsequent approval then being sought from the Scottish Government.

2.13 Committee Chairs and Memberships - The Board agreed to appoint Mr George Walker as Chair of the Edinburgh Shadow Integration Joint Board.

2.14 Audit and Risk Committee – Minutes of 19 February 2015 – Adopted. The Director of Public Health and Health Policy commented that whilst she was the lead Director with ownership and oversight for the risk around information governance that this would be an issue in all operational units who would need to manage the risk appropriately.

2.15 Healthcare Governance Committee – Minutes of 21 January 2015 – Adopted.

2.16 Finance and Resources Committee – Minutes of 21 January 2015 – Adopted.

2.17 Strategic Planning Committee – Minutes of 15 January and 12 February 2015 – Adopted.

2.18 East Lothian Health and Social Care Partnership Shadow Board – Minutes of 22 January 2015 – Adopted.

2.19 Edinburgh Community Health Partnership Sub-committee – Minutes of 13 November 2014 – Adopted.

2.20 Midlothian Health Community Health Partnership Sub-committee – Minutes of 15 January 2015 – Adopted.

2.21 West Lothian Community Health and Care Partnership Board – Minutes of 3 February 2015 – Adopted.

2.22 West Lothian Community Health and Care Partnership Sub-committee – Minutes of 12 February 2015 – Adopted.

Items for Discussion

3. Waiting Times Performance, Progress and Elective Capacity Investment

3.1 The Board noted that at the end of February 694 patients had waited more than 12 weeks and remained on the waiting list with 564 treated in month beyond the guarantee. It had been agreed with the Scottish Government to move to an end of

March position of no more than 489 patients with the final position likely to be around 440 subject to further validation.

3.2 It was reported that from April and beyond there would be a need to recalibrate the recovery plan and further meetings would be held with the Scottish Government to optimise support and sustain delivery. The paper for the next Board meeting would discuss resource and capacity increases.

3.3 The number of outpatients waiting over 12 weeks was 3621 at the end of February. The position was being tracked on a specialty by specialty basis. In the last few months of the calendar year work had been undertaken to calibrate spend, vacancies and sickness absence rates. Within ENT there had been a focus on return appointments which had been successful in reducing numbers. The outpatient target for the end of March was 2500 patients on the waiting list.

3.4 The Board were advised that the local delivery plan guidance for 2015/16 recalibrated targets for outpatients to 95% to be treated within 12 weeks. If Lothian delivered to a level of 2500 on an ongoing basis then this would achieve that requirement.

3.5 It was reported that the 18 week performance from referral to treatment for February remained stable at 85.6%. Both 31 and 62 day performance against cancer was above 95% across the final quarter of 2014 as a whole. It was noted that diagnosis to treatment in respect of 62 weeks required ongoing development. The position in respect of diagnostic endoscopy was improving particularly with respect to surveillance components with 2 consultant vacancies having been appointed to. In addition 2 new nurse endoscopists had been appointed with a further 2 under going training with a qualification date of June 2015. It was anticipated that this revised delivery model would result in significant improvement in numbers and performance over the summer.

3.6 The Board noted that audiology performance was stable and would be at zero in the next few months. The IVF performance position was also stable.

3.7 It was noted in relation to performance around the referral to treatment guarantee that Lothian's position was around the Scottish average of 2600. It was confirmed that best practice from other areas was being adopted with particular reference around inpatient TTG (Treatment Time Guarantee) and reducing the outpatient position in order to improve RTT (Referral to Treatment Time) performance. It was agreed that this type of background information would be included in future Board papers.

3.8 The point was made in order to provide Board members with assurance that it would be important to link other papers and areas into the Acute Hospitals Committee to demonstrate where the system was not meeting targets that plans were in place to address this position. It was suggested that this position was some way from being achieved.

3.9 In terms of the Child and Adolescent Mental Health Services (CAMHS) trajectory the indication was that the target would be met. The question was raised about whether sufficient steps had been taken to avoid the position slipping back. The Board were advised work was underway looking at how demand and capacity was being managed. It was noted that later in the meeting the Board would be considering a paper on improving access to psychological therapies. It was noted in respect of

CAMHS (Child and Adolescent Mental Health Services) that the key issue was around the number of children waiting more than 18 weeks and the level of activity at the front door although these numbers were beginning to reduce. Currently the mean waiting time was 9 weeks with the ability to flex capacity to address those patients with the most significant needs. There would also be a requirement to work with primary care to manage demand moving forward as well as other providers for less intensive work.

3.10 The Vice Chair commented that she would welcome a more detailed look at this area given the national interest in young people and mental health. The Board noted that the next Board seminar would focus on children's services and would include a briefing on CAMHS.

3.11 The Chair of the Finance and Resources Committee commented that the committee had requested a capacity analysis and it would be useful in future Board papers to hear about the impact of investment. It was noted that work was underway to produce a report calibrating capacity to investment. It was noted that in terms of recruitment that this position was now more positive and would allow potential reduction in the use of external capacity as well as embedding new appointments into core capacity.

3.12 The Board received the update on performance and progress on inpatient, outpatient and other waiting times. It was agreed that future reports should include additional explanatory narrative as well as details of resource and capacity increases as well as the outcome from investments.

4. Quality Report

4.1 It was noted that the quality report was a distillation of reports from various sources and that respective Executive Directors would be able to provide further detail. The update reports on healthcare associated infection and unscheduled care had been included as part of the consent agenda. A detailed report on Person Centred Culture – Feedback and Complaints would be discussed later in the meeting.

4.2 The Board noted in respect of the 17 February 2015 HSMR (Hospital Standardised Mortality Ratios) that none of the 3 acute hospitals were statistical outliers and had demonstrated reductions from the October – December 2007 baseline.

4.3 The sickness absence rate had increased in recent months possibly as a consequence of seasonal variances. This issue would be covered as part of the staff survey presentation to be made later in the meeting.

4.4 The number of inpatient falls with harm had reduced although this picture had not been replicated in the pressure ulcer performance and this had been discussed at the March meeting of the Healthcare Governance Committee as this was felt to be a good marker of patient care. Concern was expressed that pressure ulcer performance had not improved and it was important not to lose sight of this. The suggestion was made that the revised reporting mechanism was taking some time to evidence performance improvement.

4.5 The Chair of the Healthcare Governance Committee stressed there was no complacency around pressure ulcers and that the committee recognised these caused concern and distress to patients and their families. It was important to

recognise that this was a national and international issue and that through the Healthcare Governance Committee a wider look was being taking around practice elsewhere as continuing with current practice would not provide the solution. This further work would be reported through the Healthcare Governance Committee.

4.6 In respect of complaints it was suggested that until the nature of the issues were broken down it was not possible to have assurance on performance from a governance perspective. A detailed report had been submitted on the issue to the Healthcare Governance Committee and would be brought forward to a future meeting of the Board. It was acknowledged that the data contained in the current Board paper could have been more up to date. A detailed report on feedback and complaints would be considered later on the agenda.

4.7 The Board were advised that the Health Improvement Scotland (HIS) Care of Older People in Acute Hospitals Programme and the Boards own self assessment would be important in identifying the care provided to older patients including the avoidance of pressure ulcers. It was noted that the HIS approach to the inspection methodology had changed and was now partly based on self assessment followed up by site visits.

4.8 A Board wide stroke service review would provide clarity about the need for 1 model of service and would include a swallow assessment as well as details of how to resource the preferred model of care. There was optimism that the review would impact positively on performance.

4.9 The Board received the review of the quality dashboard and exception reporting to inform assurance requirements.

5. Financial Position to February 2015

5.1 The Board noted that work continued to close down the 2014/15 financial position. The final report was due within the next 10 days. It had been disappointing that there had been a significant adverse movement in the month for prescribing following the release of the December data. Consideration would require to be given to this potential impact once the local and national position was better understood.

5.2 The February results represented a challenging position with an operational overspend of £30m broken down between LRP (Local Reinvestment Plan) and the financial baseline. There was a need to recognise that the carry forward of LRP and the overspend would need to be managed moving forward. In addition the extra £4m made available to waiting lists in the current year would not be available in the following financial year.

5.3 The Director of Finance advised the Board that the financial position for the year remained one of breakeven with further non recurrent resources being required to achieve this. This would make the 2015/16 financial position even more challenging.

5.4 The point was made that this was a positive position given the challenges the Board had faced in the current year and this was a tribute to all those involved. The shortfall in LRP delivery remained concerning as was the reliance on non recurrent resources. It was felt there was therefore a need to test how solid the assumptions were within the forward financial plan. The Board noted that there were no concerns

about capital spend performance. The Director of Finance commented that LRP was one of the major risks for 2015/16 and the position had not yet been resolved.

5.5 The Chairman echoed the positive performance in obtaining financial breakeven albeit by using non recurrent resources. The reasons behind the prescribing position were discussed in detail with it being noted this also featured on the Community Health Partnership agenda. The point was made that whilst all local prescribing was undertaken using the local formulary when a drug became unavailable the alternatives were almost always more expensive and this had a major impact on prescribing budgets. It was suggested that a piece of national work was needed around the short supply of some drugs and how to finance this position.

5.6 The Board noted the recommendations in the circulated paper.

6. Financial Plan 2015/16 – 2019/2020

6.1 The Director of Finance commented that Board members would be aware of the challenges faced in reaching a position where a financial plan could be presented to the Board for 2015/16 in support of the local delivery plan. The paper before the Board also set out an indicative plan for 2016/17 to 2019/20.

6.2 It was explained there was an important nuance in presenting the plan to the Board compared to previous years where a balanced financial plan had been presented. This year the financial plan set out how financial balance could be achieved inyear, and as referred to in reporting the financial position the plan did not have the benefit of flexibility carried into the year from 2014/15 and for that reason carried with it significant risks.

6.3 The Board noted that the financial plan had been considered at various stages by the Finance and Resources Committee and it was therefore not proposed to go through the detail of the plan which was attached to the Board paper.

6.4 The Director of Finance commented she would wish to make the following key points before turning to the risks. It was noted most importantly that the plan was only balanced non recurrently with a recurring shortfall of £14m offset by £14m off non recurring monies to bridge the gap. The Board were advised there were 2 potential sources of funds to address non recurring gaps. The first source was delivery of the full 3% efficiency target plus the carry forward from 2014/15 although the plan was predicated, or indeed required £30m of cash efficiency to be delivered inyear resulting in an overall target of £48m. The second source was NRAC (National Resource Allocation Committee) where a recent re-run of the formula had indicated that NHS Lothian was once again moving away from parity as its population grew and aged. For this reason NRAC benefit of £11m had been assumed in 2016/17. The best outcome was that the system delivered the full target of LRP and utilised NRAC to support other service pressures.

6.5 The Board noted that a parallel process had been put in play as the financial plan had developed and that the intention of this had been to ensure the impact of the financial plan was clear at business unit level.

6.6 The Board were advised that in terms of the risks associated with the plan that these could be grouped into the following 3 themes – income; LRP and expenditure and capacity and potential constraints of capacity.

6.7 In signing off the LDP there was an implicit assumption that income assumptions were agreed although the Director of Finance felt there were still risks. The Board noted that the way in which the PPRS (Pharmaceutical Pricing Regulatory Scheme) benefit was going to be distributed was still not entirely clear because of the desire to prioritise this funding against orphan, ultra orphan, end of life and IPTRs (Individual Patient Treatment Requests) while still being concerned to ensure final funding flows matched where the expenditure fell.

6.8 The Board noted that waiting times funding was made up from 2 separate components. The first was £3m from Barnett Consequentials with the other £2m being made from Scottish Government existing budgets. It was noted that the latter was dependant on performance although funding would have to be spent in order to deliver that performance.

6.9 The Board were advised in respect of LRP and expenditure that there were 2 components to this. The Board were reminded of the difficulties faced in the current year in delivering LRP. In the year moving forward it was noted that there had been a very good response in terms of schemes identified and that this process had happened earlier than in previous years. The Finance Core Steering Group was providing focus and although there was around £32m of schemes on the table the majority of these would require significant management input to deliver. It had been agreed that the Finance and Performance Review Committee would partake a specific focus on efficiency and productivity in the year moving forward. There was also an expectation from the Scottish Government that more detail would be provided in future reporting mechanisms.

6.10 The Board noted that the Finance and Resources Committee had requested further work be undertaken around a number of issues. It was noted work was in progress and that the financial plan was the starting point to develop this further. The Board were advised there was a need to find ways of improving the risk profile through a robust process of performance management review with individual directors. If it became evident that the financial was not delivering then there would be a need to take quick action. This meant if LRP or other anticipated income streams were not available there would be a need to have discussion about what was not deliverable and the subsequent impact on targets. This discussion would need to take place through the Board committees and the Board itself.

6.11 The Chair commented that the Board had been fully kept up to date on the challenges around developing the financial plan and had received appropriate assurances. The financial plan had been through a robust process including discussion at a Board Development Session in order that Board members could understand the risks around what was achievable. The Chairman suggested the issue for the Board was whether they accepted the need to produce a balanced plan and more dynamically manage this in terms of the actuality of the risks.

6.12 A request was made for more assurance around alignment between the financial plan and the workforce plan particularly as so much was dependant on service redesign and people working differently. Issues around bed management and bed reduction also needed to be clarified particularly at a point in time when the City of Edinburgh Council was reducing its budget as this potentially impacted on Gylemuir and areas of the acute sector which were dependant on bed management.

6.13 The Board were advised that the workforce and financial plan were closely aligned. It was noted that 70% of costs were based on payroll and it would therefore not be possible to have a balanced financial plan without a balanced workforce plan. It was recalled that the intention was to achieve a significant reduction of 840wte posts over the coming financial year with a detailed workforce report requiring to be submitted to the Scottish Government by the end of June.

6.14 It was noted in terms of workforce planning that in addition to post reductions that issues around skill mix were being addressed through a recently established working group based on the principles of partnership. The final workforce report would be referred to the Lothian Partnership Forum as both the Chief Executive and the Employee Director require to sign it off prior to it being submitted to the Scottish Government.

6.15 The Chief Executive commented that issues around beds were difficult. The Board noted beds were currently open for winter demand purposes and in an ideal world these would close in spring with this being one of the reasons why they were funded non recurrently. He reminded the Board that the strategic plan referenced policy choices needed in respect of investing money in the correct place and supporting people as close to home as possible. The Chief Executive felt there was a need for a brave new approach to be adopted in future whilst recognising there would still be a need to have targeted investment in acute beds to address demographic issues and increases in demand for services predominantly utilised by older patients.

6.16 The Board noted that that the second major type of bed was those relating to delayed discharges with most of these being located at the Royal Victoria Hospital. These beds were also non recurrently funded. As part of LRP proposals the intention was to run down and close these beds although this would now be more challenging in respect of the City of Edinburgh Council's budgetary position. Any recurrent resource would be used to fund community investment. The Chief Executive reported that the gap in the City of Edinburgh Council was striking and the Leadership Group was looking at different scenarios associated with this in terms of social care capacity and the danger that delayed discharge performance might worsen because of the lack of appropriate capacity. The Chief Executive reminded the Board that as accountable officer he had a responsibility to ensure that financial resources were properly utilised.

6.17 The Board noted that the least worst decision would be to spend money that was not available in the correct place which would be community capacity rather than inpatient beds. The Chief Executive commented this was the brave decision he had referred to earlier which was made more difficult to achieve because of the issues around the social care budget particularly in Edinburgh.

6.18 The Director of Finance in response to a request for more information around the efficiency plans advised that a host of these would go back to the Finance and Resources Committee for detailed discussion.

6.19 A further request was made that specific proposals should come to the Board for discussion. The Chair assured the Board that there was no question of anything not coming forward if it represented a significant change. The key issue would be how this information came forward to the Board with a possibility of it being through the Board committee papers.

6.20 The Chairman of the Finance and Resources Committee advised as previously reported that the focus of the committee would change with Directors being invited to attend meetings to discuss in detail their proposals for LRP. Board members would be welcome to attend these sessions as they already had open access to attending meetings of the Finance and Resources Committee. The point was made that there was no option other than to present anything other than a balanced budget as this was a legal requirement. The Director of Finance had shown how to achieve a balanced budget but with risks which if performance managed should be achievable. The alternative solution would have been a need for a prioritisation of what could be delivered and if necessary if problems were identified in respect of the financial plan delivery then this debate would still need to be held. The Chair of the Finance and Resources Committee commended the work to move to the current position. He advised he was happy for the detail of proposals to be brought to the Board if this was felt to be appropriate. The importance of appropriate links with the Strategic Planning Committee were stressed.

6.21 Councillor Toner advised he would welcome the opportunity to discuss resources more widely as he was seeking assurance there would be sufficient resource to deliver services in all geographical areas and made specific reference to the position in East Lothian. It was noted at this point it was difficult to give such an assurance giving the increases in demand being experienced and the reduction in resources and this would represent a challenge for the individual partnerships. It was reported that the financial plan wherever possible attempted to match increases in uplifts made by the local authorities. It was noted however that a process of due diligence was needed and this would form part of the strategic plan work moving forward. It was noted until this due diligence had been undertaken it would be difficult to provide the assurances sought.

6.22 The point was raised that what was before the Board was a financial plan and not quantified budgets. It was noted that Integration Joint Boards (IJBs) needed to be fully involved in the process moving forward and there was a need to consider how the Board's governance committees reflected this requirement. Opportunities should be considered to pump prime initiatives especially around preventative work where the benefits could be shared across the system. It was noted that the current year represented a unique position given the stage of development of the IJBs. The expectation was once parameters had been agreed that further work would be undertaken around LRP and that IJBs could make their own decisions. It was noted whilst the Board was responsible for allocations to the new partnerships that good governance dictated that this should be undertaken in an open and transparent way that reflected that some local authority budgets were increasing whilst others were decreasing. It would be important to be able to state what had been transferred to IJBs from health services and if the IJB did not feel it was sufficiently funded then this would be the starting point for further discussions. The breakdown of budget to business units and the 3 sources of NHS income were discussed in detail. It was recognised that the process of due diligence would lead to a further level of detail and that local authorities would also need to demonstrate a process of openness and transparency. The Director of Finance would be discussing further the process detail with the 4 Integration Joint Boards.

6.23 The Chair commented that over the previous 6-9 months that significant progress had been made and he welcomed the input of the Finance and Resources Committee in reaching the current position. The key issue was now to manage the risk and resources in a more dynamic way than had been the case in the past.

6.24 The Board approved the 2015/16 financial plan, recognising the inherent risks and noted the indicative financial plan for 2016/17 – 2019/20.

7. Person Centred Culture Feedback and Complaints Report

7.1 The Chairman welcomed Ms Bennett and Dr Armstrong to the meeting and advised that they were attending to provide support to the Person Centred Culture and Feedback and Complaints components of the paper.

7.2 The Board noted in the past there had been significant concerns expressed about the performance of the complaints function. In partial response to this Dr Armstrong along with a colleague had been commissioned to deliver a series of 'power of apology' workshops attended by all senior members of staff. Following on from this successful exercise she had been commissioned to undertake a report reviewing the complaints process and proposing a complaints management model for NHS Lothian. The Scottish Public Services Ombudsman (SPSO) principles had been adopted as a starting point from which to move forward.

7.3 The Board noted that the Armstrong report was honest in identifying problem areas and proposed solutions and recommendations. As part of the process for finalising the report there had been a number of well attended consultation sessions which had included enthusiastic input from a number of Non Executive Board members.

7.4 It was reported if the Board approved the report and the direction of travel proposed then a detailed action plan would be produced and used to project manage the process moving forward. It was agreed that responsibility for the complaints function should be transferred to the Director of Nursing and AHP's as it dovetailed appropriately with her other responsibilities.

7.5 The report and its direction of travel was welcomed as was the intention to move to early resolution of the issues identified. It was noted from the consultation process there had been significant interest in people volunteering to be complaints champions. The main theme from the workshop sessions had been that staff had welcomed the empowerment opportunities which would need to be taken forward on an organisational culture framework basis. It was reported that the action plan was being worked on and would be shared with Board members on a virtual basis prior to being submitted to the Healthcare Governance Committee.

7.6 The Board noted that the report was interesting particularly in respect of comments about the care and treatment of patients and how their families were involved in a positive manner. There had been significant comments about food with the view being expressed by a number of Board members that NHS Lothian should have a commitment to provide quality and healthy food as this supported patients in their recovery. The Vice Chair advised this was an issue that had been raised in other forums and it was hoped that the new catering strategy which was currently out to consultation would address this position. The Director of Human Resources and Organisational Development advised that the action plan for patient feedback and complaints would be included as part of the current years local delivery plan.

7.7 Mr Walker advised he was uncomfortable about the report as he felt it had been pitched at a highlevel and he would have expected more actions. He noted from the report it appeared that the implementation plan should already have been produced. It was his opinion that the unavailability of the plan was unacceptable given the

Board had been raising concerns about performance in this area for around 2 years. He was concerned that progress in addressing the recommendations in the report were already behind schedule and he sought assurances given this position that regular update reports would be provided to the Board.

7.8 The Board noted that the Healthcare Governance Committee had been involved in the preparation of the report and whilst the Chair of the committee shared the anxieties about timelines she felt that the issue was about more than just fixing a system and represented wide ranging organisational change. It the strength of the Person Centred Culture was embedded it was felt this would sustain the change needed in the longer term. The point about needing to adhere to deadlines was however accepted.

7.9 Mr Walker commented not withstanding all that had been said that the paper before the Board was not accurate and he was not prepared to support it on that basis.

7.10 The Chief Executive thanked Dr Armstrong for her report. He advised that he had met with the Scottish Public Services Ombudsman who was taking an interest in NHS Lothian's complaints performance. The Chief Executive acknowledged there was a need to up the ante around timescales and advised that Mr Crombie's recent appointment would release the Director of Nursing and AHPs to concentrate on issues around healthcare associated infection and the patient experience culture programme. He agreed with the suggestion that the action plan should be approved virtually and brought back to the next Board meeting. It was suggested in terms of the inaccuracy in the paper that he felt something had been lost in translation causing this anomaly.

7.11 The Board noted in terms of the remainder of the paper dealing with the Person Centred Culture approach that a systematic approach had been adopted to collecting input at the frontline. The Person Centred Collaborative in primary care would be integrated into the 'house of care' model run by public health.

7.12 The Board agreed the recommendations contained in the circulated report and that in particular corporate responsibility for feedback and complaints transfer from the Director of Human Resources and Organisational Development to the Nurse Director with effect from 1 May 2015. The Board also agreed to receive the implementation action plan at its next meting.

8. Local Delivery Plan 2015/16

8.1 The Board noted that the local delivery plan (LDP) 2015/16 represented NHS Lothian's contract with the Scottish Government. The IJB's strategic plans would dovetail with the LDP particularly in respect of the 6 improvement priorities set out in the LDP guidance. The Board noted that the LDP was aligned to the strategic plan.

8.2 It was pointed out that the issue of risk was important particularly in respect of finance with this position being summarised in appendix 5 of the LDP. It was noted that the LDP had been submitted to the Scottish Government on 20 March in draft form and had reflected previous feedback received from them.

8.3 The Boards attention was drawn in particular to the identification of primary care priorities which had emerged following the January Board Development Session which had included input from the GP Sub-committee. A key priority moving forward

was the care of frail elderly people and it would be an organisational priority to start to address this issue. Attention was drawn to the development of a headroom practice initiative which developed the Person Centred Approach. There was also a need to pickup and address priorities around the delayed discharge position.

8.4 The Chairman commented that the LDP represented an amalgamation of a lot of other issues that had been discussed either at Board committee level or at the Board itself and should therefore not come as a surprise to any member of the Board.

8.5 The Vice Chair commented that it would be important that the LDP was not just a document for submission to the Scottish Government and that it should be possible to corral and look at specific issues on a colour coded basis in order to demonstrate downstream progress. The Associate Director of Strategic Planning undertook to annotate the LDP on this basis and would discuss issues around this with the Vice Chair outwith the meeting.

8.6 The emphasis on primary care was welcomed as a priority for the Board. It was anticipated that the Strategic Planning Committee would reference this commitment in its ongoing discussions when approving strategies and plans.

8.7 The Chief Executive commented that a lot of the existing work undertaken by the Strategic Planning Committee would in future be undertaken by IJBs particularly in respect of primary care and the use of unscheduled care in hospitals as well as working with the third sector. Discussion had been held at the Strategic Planning Committee about the best way to influence IJBs in this work. The development of an overarching plan for primary care and the detail therein would be led by the IJBs.

8.8 The point was made in response that emerging strategic plans represented work in progress and that Community Planning Partnerships needed more detailed debate through the community planning process in respect of how devolved services would be delivered in conjunction with the NHS Board and the IJBs. It was suggested that the logical point for this debate would be at the launch of the IJBs.

8.9 The Board approved the Local Delivery Plan 2015/16 for submission to the Scottish Government on or around 2 April 2015. The Board also noted the LDP would continue to be the contract between the Scottish Government and NHS Lothian. Separate guidance had been produced for Integration Joint Boards to support the development of their strategic commissioning plans which would need to be aligned to the LDP.

9. Corporate Objectives 2014/15

9.1 The Board received an update on the delivery of the 2014/15 corporate objectives noting that the final report would be submitted to the next Board meeting. It was noted that amber status had been removed because it had been felt to be subjective in nature.

9.2 The point was made that green status had been recorded for improving staff and patient safety with this position being questioned given performance around pressure ulcers and hospital associated infections. It was agreed that this issue would be discussed further at the Healthcare Governance Committee.

9.3 The point was made that the report contained a significant number of red performance areas and in the final report it would be important to detail the actions being taken against each of these red areas to mitigate the position. It was agreed for future reports any red areas required an action statement.

9.4 The Board noted the recommendations contained in the circulated paper and agreed to receive a final report at its June meeting.

10. Corporate Objectives 2015/16

10.1 The Board noted that the 4 corporate objectives were focussed on the Triple Aim and an additional change enabling objective. The actions aligned with the 6 improvement priorities identified by NHS Scotland within the Local Delivery Plan 2015/16. It was noted that metrics, risks and dependencies had been identified for each action.

10.2 The Board noted that detailed oversight of progress with the objectives and actions had been aligned to appropriate governance committees including the accountabilities of the Integration Joint Boards. Progress updates would be reported on a quarterly basis to the Board. The Board noted that the corporate objectives had looked at the highlevel risks and dependencies that related to the delivery of the objectives. It was noted that a key matrix was the link back to the standards detailed in the LDP.

10.3 The Chairman welcomed this report commenting that responsibility and accountability would be exercised through appropriate governance committees. It was important that the corporate objectives were a monitoring tool rather than a management instrument and he was confident that review of the objectives could be undertaken through the appropriate governance committees.

10.4 It was noted however that if responsibility for monitoring the objectives was being delegated to committees then it would be important that a standardised template process was adopted in order to ensure consistency in reporting issues to the Board.

10.5 The Board agreed the corporate objectives for 2015/16 and agreed that the detailed oversight of progress would take place at the appropriate governance committees with an update report being provided to the Board on a quarterly basis.

11. Improving Access to Psychological Therapies

11.1 The Chairman welcomed Mr Forrest, Dr Graham and Ms Irvine to the meeting.

11.2 The Board received an update report on the current psychological therapy performance and the steps being taken to improve access to services. It was noted non recurring financial support available in 2014/15 would not be available in 2015/16. The key challenge was therefore to prioritise future service provision.

11.3 A review of the service had identified a number of challenges key amongst which had been the need for consistent service provision across Lothian. Work to date had included the creation of a cohesive service model on an evidenced base and the delivery of services to appropriate standards. Performance had been compounded

by issues around the implementation of TRAK and patient information services at the same time as significant service redesign was being considered.

11.4 An update report was provided of a number of changes made to improve service delivery including a pan Lothian review of the service delivery model; work with IJB partnerships to determine ownership and local nuances; rollout of information systems to provide better data; work around the level of productivity that could be expected from the resources; team prioritisation of cases; maximisation of group sessions to maximise capacity; adopting a purist approach to definitions.

11.5 The Board noted that based on the above information data had been gathered on what was needed to develop the appropriate levels of capacity. This would require significant investment that was currently not available on a recurrent basis.

11.6 The point was made that despite this extensive work it was not reflected in performance outcomes within the service as the number of people requiring to be seen was increasing. There was now however a clear understanding of pressures as the result of improvements made in data gathering.

11.7 Positive feedback was received from a visit made by a Board member to clinical psychology services to learn about governance links. It was reported that the visit had been inspiring and that although work pressures were evident so was empowered leadership that could be used elsewhere. Dr Graham welcomed the feedback and would take forward the useful comments.

11.8 The importance of utilising technology like i-APPs to provide GP nurse support to reduce referrals to the acute sector and give people services faster and nearer to home was stressed. Dr Graham advised negotiations were currently underway about accessing services quicker and stopping barriers including consideration of trauma services. It was noted that some of the i-APPs services were useful in targeting milder issues with session for session outcome measures being positive.

11.9 The Vice Chair welcomed the update on access to services advising that feedback from people who used the service through stakeholder group engagement had been positive about the proposals for service models. Clarification was sought on whether the number of people waiting to use the service was more than the number of people currently accessing the service. It was noted that mental health dashboards had been developed and were included in stakeholder reports to the Mental Health Programme Board where focussed discussions about access to psychological services had been discussed over the previous 18 months. The Programme Board also discussed the recently issued funds to NHS Lothian through the recently announced Scottish Government allocation for mental health innovation.

11.10 The report was welcomed although it was pointed out that whilst striving to make best use of resources it would be important not to stifle innovation. There was a requirement to reflect on interventions other than purely psychological input.

11.11 The Board noted in Lothian a psychological therapies model has been developed and published around chronic unrelenting depression which was continually evidence based. It was noted that there was evidence of statistically significant results around moves from severe to mild depression which had demonstrated the need not to adopt an overly rigid approach.

11.12 The Board noted the recommendations contained in the circulated report and the work in progress to continue to improve access to psychological therapies.

12. Impact of Research in NHS Lothian

12.1 Professor Iredale advised he felt it was timely to bring forward a report to the Board on the impact of research in NHS Lothian. He commented that NHS Lothian was a very research friendly Board. He felt that both the Chair and Chief Executive understood the importance of research. The importance of research in terms of dynamism and culture as well as improving the life of patients should not be underestimated.

12.2 The Board noted that the Research Excellence Framework 2014 to which every UK University Medical School had to make a submission had for the first time mandated the submission of examples of research impacts. Impacts were worked up case studies describing how research undertaken since 1993 had a demonstrable impact on society. In the form of case studies each of these impacts fell into 1 of the following 4 broad areas:

- Improving clinical practice case studies which were primarily about innovation, service redesign, patient outcomes, quality of care, changes to guidelines or clinical practice.
- Boosting the economy. Case studies which had a primary or strong focus on economic growth (eg wealth creation through novel devices or partnerships with industry, cheaper treatment).
- Benefits to society case studies which were focussed on societal issues and / or public understanding of health issues.
- Beyond border. Case studies which were primarily about international and developing world heath care.

12.3 The Board noted of the 35 case studies submitted across the medical disciplines by the University of Edinburgh that the paper had selected those for which NHS Lothian employees or honorary contract holders led or played a major role in developing. These studies provided a detailed snapshot of the extraordinary range of impacts from research activities which take place in laboratories and hospitals. To provide an overview in the period 2008 – 2014 from the £1.99m of grant income which underpinned those studies with a measurable health economic impact annual cost savings for the NHS in the UK were generated of £294m representing an annual return on public funding of a minimum of £147 for every £1 of grant income awarded. The University of Edinburgh impacts demonstrated reach to in excess of 100 countries worldwide in all continents of the world and affected millions of individuals. These examples demonstrated how the University of Edinburgh and NHS Lothian staff had influenced and defined practice for those delivering patient care, health care delivery organisations and national governments and global bodies – including the World Health Organisation (WHO).

12.4 The Board noted that the studies by the University of Edinburgh and NHS Lothian into diverse medical problems such as the use of blood during transfusions and work on the causes and problems associated with childhood obesity had been credited with saving lives in more than 100 countries worldwide. Results had also helped to improve healthcare for millions of people in the UK whist cutting down on the amount of NHS care they required.

12.5 The Board noted that researchers had helped to cut heart attack rates with a user friendly scoring system that helped doctors identify patients at the highest risk so that they could deliver appropriate care. Another study had safely reduced the use of blood transfusions during surgery saving precious blood donations and around £100m each year. Edinburgh stroke research had improved both diagnosis and treatment of the condition saving thousands of lives and helping thousands more to avoid disability.

12.6 Professor Iredale commented that these studies encapsulated the extraordinary strength of medical research that took place in Edinburgh where University and NHS researchers worked hand in glove to deliver real benefit for the NHS, the community and the country. Additionally there were superb examples of staff making a real difference to the lives and health of individuals in the developing world.

12.7 The University and NHS Lothian's clinical research was rated in the top 5 in the UK for quality and breadth. The Medical Director advised that he was exceptionally proud of NHS Lothian's reputation in clinical research and the well established ties with the University of Edinburgh. The point was made that the quality of the research undertaken in Lothian should be used to overcome some of the challenges in recruiting people and this could add value to the marketing strategy when advertising posts.

12.8 The Board noted the worldwide reach of the impacts and the significance of many of these examples for improved quality of care in the NHS setting.

13. Staff Survey Results – Presentation

13.1 The Chairman welcomed Mrs Kelly to the meeting.

13.2 The Board noted that previously the staff survey had been undertaken every 2 years although it had now moved to become an annual event. The results of the survey had already been presented to the Corporate Management Team, Staff Governance Committee and the Lothian Partnership Forum. It was noted that the baseline data had been integrated and more detailed results were being provided to service users such as CHPs with further work being undertaken in respect of acute services. The next staff survey would be run in August 2015.

13.3 The Board received a detailed presentation on the outcome of the staff survey copies of which were provided to Board members immediately following the meeting.

13.4 The Board welcomed the presentation and the generally positive outcome. Concern continued to be expressed about bullying and harassment and the fact that only about 50% of staff were aware of the Boards Values into Actions. It was noted that medical and dental response rates to the survey had been low.

13.5 The Board noted that the staff survey was a snapshot at a particular moment in time. It was felt that one of reasons why the results were so much more positive than the previous year was to do with the significantly increased number of people who had completed the survey which gave a much more accurate picture as low response rates tended to focus on views at the extreme of the spectrum. It was noted that employee relations were conducted through partnership arrangements with the Trades Unions and in general terms there was very positive relationships in place.

13.6 It was pointed out that the Board was piloting iMatter in a number of areas which was a staff engagement measurement tool which would provide more regular temperature readings of how staff felt the organisation was performing. There was confidence that IIP (Investors in People) reaccreditation would be achieved in the near future. In addition the new communications strategy was being implemented and evaluated by the Acting Head of Communications with the results being fed back through the Staff Governance Committee.

13.7 The point was raised in respect of appraisal and development how the survey results compared with the Human Resource view of uptake. The Board were advised that the national system was difficult to use and this was one of the reasons why people did not follow the technical process through to completion. In many instances only the very final part of the process needed to be completed for the appraisal and documentation record to conclude. Discussions were being held with national colleagues about how to make the system more user friendly. The Board were reminded that in the previous year the system had recruited 17% of its total workforce meaning a number of people would not yet have gone through the appraisal and documentation process. In addition sickness and absence rates had to be considered. It was felt that an achievement rate of around 80% was positive for an organisation, NHS Lothian sat just below that level.

13.8 The Board received the results of the staff survey results for 2014.

14. Date and Time of Next Meeting

14.1 The next meeting of the Board would be held between 9.30am and 12.30pm on 24 June 2015 (later in the month to accommodate the process for signing off the annual accounts) in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

15. A short special private Board meeting would be held immediately prior to the Board Development Session on 6 May 2015 to approve Edinburgh and East Lothian organisational structures.

16. Invoking Standing Order 4.8

16.1 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.

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday 24 June 2015, in the Boardroom, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mrs S Allan (Vice Chair); Mr M Ash; Dr M Bryce; Councillor D Grant; Professor J Iredale; Mr P Johnston; Councillor C Johnstone; Mrs J McDowell; Mrs A Mitchell; Councillor F Toner and Dr R Williams.

Executive and Corporate Directors: Mr T Davison (Chief Executive); Mr A Boyter (Director of Human Resources and Organisational Development); Mr J Crombie (Chief Officer: University Hospitals and Support Services Division); Dr D Farquharson (Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health and Health Policy) and Professor A McMahon (Director of Strategic Planning, Performance Reporting and Information).

In Attendance: Dr Cowan (General Practitioner for item 25); Mrs D Howard (Head of Financial Services for item 19); Ms L Irvine (Strategic Programme Manager for item 27); Mrs B Livingston (Financial Accountant for item 19); Dr C Morton (Chair GP Subcommittee for item 25); Mr D A Small (Joint Director Health and Social Care – East Lothian for item 25); Dr S Tucker (Clinical Director Lothian Unscheduled Care Service for item 25) and Mr D Weir (Corporate Services Manager).

Apologies for absence were received from Mrs K Blair, Mr A Joyce, Mrs A Meiklejohn, Mr G Walker and Mr G Warner.

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. The Chair declared a potential interest under agenda item 2.9 'Public Social Partnerships – A Vehicle for Delivery' in his role as a Non Executive Director of Hibernian Football Club Ltd. He advised if felt appropriate he would be happy to leave the meeting whilst this item was being discussed.

17. Welcome and Introduction

17.1 The Chairman welcomed members of the public to the meeting. He in particular welcomed Ms J Husband, Chief Executive, St Columba's Hospice and members of NHS Lothian staff who were attending to provide support to the debate around a number of agenda items.

18. Items for Approval

18.1 The Chairman reminded members that the agenda for the current meeting had been circulated previously to allow Board members to scrutinise the papers and advise

whether any items should move from the approval to the discussion section of the agenda. No such requests had been made.

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

18.3 Minutes of the Board meeting held on 1 April 2015 – Approved.

18.4 Running Action Note – Approved.

18.5 Performance Management – The Board received the update on the existing performance against HEAT targets and other relevant standards.

18.6 Healthcare Associated Infection – The Board acknowledged receipt of the new format for Healthcare Associated Infection reporting template for June 2015 and acknowledged receipt of the Healthcare Associated Infection reporting template for June 2015. It was noted NHS Lothian's staphylococcus aureus bacteraemia target was to achieve a rate of 0.24 per 1000 bed days (≤ 184 incidences) by March 2016 with the current rate of 0.41. The Board further noted NHS Lothian's clostridium difficile infection target was to achieve a rate of 0.32 per 100 bed days (≤ 262 incidences by March 2016 with a current rate of 0.37). The Board acknowledged and supported ongoing actions to address gaps identified within the response to the Vale of Leven inquiry recommendations.

18.7 Corporate Risk Register – The Board noted that the April 2015 Board meeting had approved the changes to the corporate risk register recommended by the Audit and Risk Committee. It was agreed to use the updated NHS Lothian corporate risk register; highlights of which were contained in section 3.2 and set out in detail in appendix 1 to inform assurance requirements. The Board reflected on the current position that NHS Lothian remained outwith its risk appetite on corporate objectives where low risk appetite had been set.

18.8 Human Resources and Organisational Development Strategy: July 2015 – March 2018 – The Board approved the Human Resources and Organisational Development Strategy for the period July 2015 – March 2018.

18.9 Schedule of Board and Committee Dates for 2016 – Approved.

18.10 Acute Hospitals Committee – Minutes of 2 February and 7 April 2015 – Approved.

18.11 Audit and Risk Committee – Minutes of 20 April 2015 – Approved.

18.12 Finance and Resources Committee – Minutes of 11 March and 13 May 2015 – Approved.

18.13 Healthcare Governance Committee – Minutes of 24 March 2015 – Approved.

18.14 Staff Governance Committee – Minutes of 29 October, 11 February and 29 April 2015 – Approved.

18.15 Strategic Planning Committee – Minutes of 12 March and 9 April 2015 – Approved.

18.16 East Lothian Community Health Partnership – Minutes of 30 October 2015 and 5 March 2015 – Approved.

18.17 East Lothian Shadow Health and Social Care Partnership – Minutes of 26 February 2015 – Approved.

18.18 Edinburgh Community Health Partnership Subcommittee – Minutes of 11 February and 15 April 2015 – Approved.

18.19 Midlothian Shadow Health Community Health Partnership – Minutes of 19 February 2015 – Approved.

18.20 West Lothian Community Health and Care Partnership Sub-committee – Minutes of 16 April 2015 – Approved.

18.21 West Lothian Community Health and Care Partnership Board – Minutes of 7 April 2015 – Approved.

18.22 Patients Private Funds – The Board agreed the draft patient's private funds accounts for the year ending 31 March 2015. It was agreed the Chairman and Chief Executive should sign the 'statement of Lothian NHS Board member's responsibilities' on the Boards behalf. It was also agreed that the Director of Finance and the Chief Executive should sign the 'abstract of receipts and payment' (SFR 19.0). It was further agreed that the Board approved the draft Patients Private Fund accounts for the year ending 31 March 2015.

Items for Discussion

19. Annual Accounts for the Year Ending 31 March 2015

19.1 The Board noted that the draft annual accounts were subject to separate confidential circulation with the Board papers as these could not be presented in any public domain until laid before Parliament in the autumn. This had been confirmed by officers within the Scottish Government Health and Social Care Directorates (SGHSCD). Copies had also been circulated to Board members as part of the Audit Committee papers for the meeting held on 22 June 2015.

19.2 Members of the Board approved and adopted the annual accounts for the year ending 31 March 2015.

19.3 Members of the Board authorised the designated signatories (Chief Executive, Chair and Director of Finance) to sign the accounts on behalf of the Board, where indicated in the document. Members of the Board authorised the Chief Executive's signature on the representation letter to the auditors, on behalf of the Board.

20. Workforce Risk Assessment

20.1 The Board noted that the circulated report provided updates on obstetrics and gynaecology; paediatrics; medicine of the elderly; general practice and health visitor training to ensure compliance with a named person and child statutory planning services legislation from August 2016.

20.2 Particular attention was drawn to the situation in respect of paediatric staffing at St John's Hospital which remained fragile. It was reported there had been long standing challenges with the paediatric medical workforce and this had been the subject of regular briefings and reviews over the last 5 years. It was noted in spite of extensive and repeated recruitment campaigns including international drives for both medical and advanced nurse practitioner staff, the middle grade out of hour's rota had remained fragile and was only covered on a month to month basis.

20.3 It was noted that the rota had continued to rely heavily on locum cover from a very small pool of people, some with European Working Time Regulations (EWTR) waivers to allow them to provide this cover on top of their full time day jobs. Over the last 12 months, the rota had become harder to manage due to a consultant vacancy which could not be recruited to and more recently a consultant going on maternity leave. Both of these consultants were job planned to do out of hour's resident middle grade shifts. The impact of this sustained reliance on a small workforce working additional hours in the past few years was beginning to become evident.

20.4 The Board were advised that in spite of these difficulties the team at St John's Hospital had maintained a safe and high quality service over the last few years. However over the last few months the out of hours rota had become more difficult to fill robustly with only 3 of the 9 out of hours sessions required each week having staff cover, the rest requiring locums. It was reported that in July 22 out of the 39 out of hours middle grades shifts required locum cover.

20.5 The Board were advised much of the locum middle grade cover was provided by existing consultants. It was advised that this remained a real and continuing challenge to NHS Lothian in delivering a sustainable financial and workforce model of care.

20.6 It was reported that annual leave planning for the St John's Hospital team had been well managed for July and August. However the peak summer holiday months always diminished the wider pool of people available to do adhoc locum work. Over the last few weeks additional pressures had arisen due to sickness absence with previous locum cover no longer being available. It was noted that these combined additional pressures had led to a short notice crisis in the rota on 3 occasions in June.

20.7 The Board were advised that looking ahead to July and early August that there were outstanding middle grade shifts at nights with no Foundation Year (FY) General Practice Specialty Training (GPST) cover. In addition there were also numerous day and evening shifts with no junior rota cover which compounded the pressure on the remaining staff.

20.8 The Board noted that all of the usual measures to secure locum cover had been activated without success and it was not possible to relocate staff from the Royal Hospital for Sick Children without creating similar gaps there which would impact on service sustainability and patient safety.

20.9 The Board were advised that the increased staffing gaps, the ongoing difficulties in trying to cover these and the significantly increased risk of a sudden service collapse

were presenting an unacceptable risk to patient safety and to staff over July and into August.

20.10 The question was raised given that staff had been working extra shifts for a number of years what the impact had been on them given this was not an interim position with health and safety considerations being highlighted as a concern. The Board were advised that the staff concerned were incredibly dedicated but were now tired and that the ability to maintain services required leadership and management. The point was raised that NHS Lothian had a duty of care to its staff and it was not fair to expect them to sustain this level of additional work. An update was reported in respect of Programme Board work in order to attempt to recruit additional staff with it being noted that 14 actions were predicted to be delivered in the calendar year.

20.11 The Board were advised by Mr Johnston that the residents of West Lothian valued the 24/7 children services at St John's Hospital and that any move away from this would be viewed seriously by West Lothian Council. Whilst the importance of ensuring the safety of staff and recognising their dedication was acknowledged it would be important to try and maintain this essential service.

20.12 The point was made that there was a need to look at the whole service across Lothian to include shift working. With particular reference to a suggestion by Councillor Toner it was reported that different skill sets were required to provide services at the Royal Hospital for Sick Children and St John's Hospital. At the Royal Hospital for Sick Children medical staff had developed specialist skills and were not confident in delivering general packages of care. It would also be important not to destabilise services beyond Lothian.

20.13 The Chief Executive commented that the Board remained committed to attempting to sustain 24/7 children services although in terms of a sustainable workforce and financial position this was not currently being delivered and had not been over a 3 year period. Currently consultant grade staff were carrying out middle grade duties which was inefficient and not sustainable. He pointed out that the desires of Mr Johnston and Councillor Toner represented two irreconcilable aims. The Chief Executive stressed that the service could not be kept open if it was not safe particularly in respect of comment and recommendations made following the Frances and Keogh Inquiry reports. It was pointed out that over a 3 year period the position had not improved with the unit having only recently been staffed over the course of a weekend at very short notice. In the event that the unit did fall over there would be emergency redirection of patients from West Lothian to Edinburgh. The Chief Executive stressed therefore that in planning for a safe and sustainable solution there was also a need to plan for the possibility of not being able to staff the unit. This would be covered in more detail at a meeting of the St John's Hospital Stakeholder Group to be held later in the day.

20.14 The Board agreed it would be important that Mr Crombie, Dr Farquharson and Dr Bryce as Chair of the Healthcare Governance Committee kept in close contact outwith the meeting to try and sustain the service and to also keep the SGHSCD updated on any issues. The point was made however that patient safety was paramount and would be the key determinant in any decisions made. The Chief Executive stressed at this point the Board was not being asked to agree any recommendations in respect of children's services at St Johns Hospital.

20.15 The Board received an update on 7 day working which had been introduced in response to a tragic incident where a trainee doctor in the West of Scotland had lost her life in a road traffic accident. It was noted in Lothian that the practice of working 7 consecutive nights had stopped in 2009 and the key issue for NHS Lothian was now to ensure that no doctor in training worked more than 7 days in a row by February 2016. The SGHSCD had also recommended that best practice would be to include a zero hours day prior to a block of nights when revising rotas for maximum 7 day working ensuring that trainees would be well rested before commencing nights.

20.16 The Board were advised that the workforce paper had been extended to cover all workforce areas including nursing the midwifery. The Executive Director of Nursing advised that nursing and midwifery was facing challenges in achieving safe and sustainable staffing levels with the main focus being on the transition to new models of care which would assist in managing costs. It was noted that sickness levels in nursing and midwifery were higher than in other areas. The Board were advised that health visiting and theatres were areas where recruitment difficulties were being experienced and that work was underway to address and enhance the recruitment process. It was noted that it was not felt that the adoption of national workforce tools would be sufficient to manage the transition and that this position would be discussed in detail at the September Board Development session.

20.17 Particular difficulties and challenges were being experienced in respect of health visiting and changes in the legislation in terms of the named person for children which would come into effect in 2016. It was noted that additional SGHSCD funding had been made available and that recruitment was in process. The Board were advised that whilst it was possible to recruit to training posts that there was a phasing issue and this represented work in progress at a point when people were continuing to retire from the service. It was noted that the position in respect of district nurses would be discussed at the primary care slot later on the agenda.

20.18 The Board were advised of the introduction of a model for revalidation by the Nursing and Midwifery Council that included a third party input which would begin in April 2016. It was noted that revalidation included confirmation of the registrants continued fitness to practice, that the registrant had met the requirements for practice and continuing professional development, had sought and received third party feedback which had informed their reflection on their practice and had sought and received third party confirmation that they had provided this evidence. It was noted that once the position was clearer and the risks and work had been modelled that a future report would be brought to the Board.

20.19 Councillor Grant sought confirmation that the present position in respect of Roodlands Hospital was manageable. It was noted that this position would improve in August with the recruitment of new staff although the service still relied on a consultant providing cover at the weekend. The Medical Director commented that he did not anticipate any problems during the summer period and that in the longer term there would be a need to revisit the model of care and service.

20.20 The Chairman commented whilst it was right and proper to have detailed debate around the workforce and sustaining safe patient care that the other discussion that needed to be held was around finance and available resources. He did not feel that the system fully understood the impact on finances caused by continuing shortages in specialist areas and nursing. He commented despite having recruited more staff

there were still gaps being covered by the private sector and extraordinary other actions. The Director of Finance commented that it would be possible to make an assessment of the impact of these issues. The Chairman commented this would be important in being able to evidence impacts in ongoing discussions with the SGHSCD.

20.21 The Board noted the recommendations contained in the circulated paper around the actions currently underway to ameliorate risks to service sustainability within certain specialties where high levels of risk had been identified.

21. Acute Services Performance Update

21.1 The Board were advised that at the end of April, 500 patients were waiting beyond the 12 week treatment time guarantee. 472 patients were treated in month beyond the guarantee. 3467 outpatients were waiting over 12 weeks. 18 week performance from referral to treatment remained stable at 85.1%.

21.2 It was advised that performance against both the 31 and 62 day cancer standard was provisionally placed at 96.2% which exceeded the 95% expected standard. Performance against the standards for colorectal and urology remained challenging for NHS Lothian.

21.3 Provisional information on diagnostic waiting times showed that 1448 diagnostic endoscopy patients were waiting longer than the 6 week standard and 146 radiology patients were also waiting longer than the standard. The Board were advised that the intermittent failure of the decontamination unit had stabilised. 3 consultant staff had been recruited and would take up post in early August. A trained nurse endoscopist had also been recruited which was a key component in the new model. It was noted however that it took time to train nurse endoscopists with 2 staff members going through training at the moment. Business cases were being developed for new decontamination units to sustain service delivery. Details of the endoscopy recovery plan were provided to the Board.

21.4 The Board noted that 19 patients were waiting beyond audiology standards at the end of April 2015. NHS Lothian continued to perform well against the IVF standard of 90% of patients commencing IVF treatment within 12 months.

21.5 NHS Lothian's overall performance against the 4 hour standard for the month of April 2015 was 93.56% (92.61% during March). Current performance in June was 95.1%. It was noted whilst summer brought some relief that attendances remained high with 22 patients having waited more that 12 hours. The Board were advised that during April 48 patients had waited longer than 8 hours and 22 patients had waited longer than 12 hours.

21.6 The Board were advised that the 2015 Winter Planning Project Board chaired by the Chief Officer had been established and included multi stakeholder engagement.

21.7 It was noted that the overall number of delayed discharges across NHS Lothian had increased from 148 in March 2015 to 172 in April 2015. A consequence of increased delayed discharges was a rise in the number of boarded patients with there being 1252 patients boarded in the week commencing 11 January with this

number having reduced to 588 on 17 May. This remained an issue and work was underway with council colleagues to improve the delayed discharge position.

21.8 The point was raised in respect of the endoscopy recovery plan given the age profile and increases in diagnostic and surveillance activity whether it would be possible to predict demand forward 3 years. In response it was advised that a 12 month forward position could be predicted although changing indicators made it difficult to predict beyond that point. The Board were advised that a new primary care test provided a diagnostic indicator to GPs with a protocol being developed and tested. Other advances were being made around consultant testing outcomes. 20 GPs were testing the new methodology with results expected by the end of September.

21.9 The Board noted in terms of engagement with social care departments to improve capacity that this was not currently bearing fruit in Edinburgh. It was noted that there had been recent leadership changes in Edinburgh and available resources were being looked at to see how to do things differently.

21.10 The Chief Executive commented that debate at the meeting demonstrated the need for the future triangulation of Board papers. He was of the view the worst position was to use available resources in the wrong place ie in the private sector or in facilities not fit for purpose. The optimum position would be to spend available resources in the correct place and until then to spend unavailable money in the correct place. The Chief Executive commented on the need to support earlier discharge of patients from hospital and to have people waiting at home for packages of care. It would be a key role for Integration Joint Boards to reconcile this as their budgets contained elements of acute spend.

21.11 The Board were advised that the overspend continued and if not arrested decisions would be needed about whether to continue to put resources into areas like treatment time guarantees and the private sector or divert it towards the deficit. It was noted that currently primary care prescribing was the area of largest overspend.

21.12 The outcome of a recent Board Development Session had concluded that social care provision in Edinburgh in particular was a major issue. The projected overspend for the City of Edinburgh Council Social Care Department was not sustainable and the redesign of services would take time. There was ongoing dialogue with the SGHSCD about bridging finance although this had not yet concluded.

21.13 The Chief Executive concluded that it was not possible to look at the Board paper in isolation and that the current waiting times plan would be compromised if the overspend was not arrested.

21.14 The recommendations in the circulated paper were agreed.

22. Quality Report

22.1 The Board noted that some of the detail in the paper would have been covered by other Executive Director reports or through the detail of papers contained in the consent section of the agenda. Work around septic and deteriorating patients continued.

22.2 The Board noted that the number of formal complaints remained fairly stable with the response rate of 20 days and 3 days remaining a challenge. It was noted that the complaints review was detailed in the Person Centred Culture paper later on in the agenda and would be discussed in private session.

22.3 The Board noted in respect of Hospital Standardised Mortality Ratio Data (HSMR) that none of the 3 acute hospitals was a statistical outlier and had seen reductions from the October – December 2007 baseline. It was noted that the report represented the position as detailed at the previous Board meeting as there had been no subsequent Information Services Division (ISD) report since then.

22.4 The Health Improvement, Efficiency, Access and Treatment (HEAT) targets for reduction in c-difficile and staphylococcus aureus bacteraemia were not being achieved. It was noted that healthcare associated infection had been addressed under a paper in the consent part of the agenda. The point was made that performance in both clostridium difficile and staphylococcus aureus bacteraemia in the first few months of the year was showing improvement although still off trajectory. It was hoped the improved position would be sustained although it was too early to be confident about this. Work continued to mitigate the position through the new antibiotic prescribing policy and also a pilot in respect of different cleaning detergents at the Western General Hospital. The Board were advised that the ongoing focus around Standard Infection Control Precautions (SICPS) in clinical areas and compliance with these would assist in infection control. Work around the Vale of Leven report continued to be reported through the Healthcare Governance Committee.

22.5 The Board noted that a working group looking at the stroke pathway was being chaired by the Medical Director for Medicine and would report in August.

22.6 The Board were advised that the outcome of recent announced and unannounced Healthcare Environment Inspectorate (HEI) inspections had demonstrated considerable improvements. All actions had been addressed.

22.7 The Chairman commented on the rising trend in staff absences and the impact on workforce shortages. The Board were advised that overall absences were monitored and were acceptable for an organisation of this type. The current level was 4.5% although this masked peaks and troughs. The Human Resources and Organisational Development department monitored areas where spikes were evident and spent time with managers to ameliorate the position. This was a constant issue and the assistance of Trades Unions and professional organisations in this critical area was welcomed.

22.8 The Board were advised that its own staff as well as the population was aging and with longevity came ill health. The Occupational Health Service (OHS) was currently being reviewed and by summer it was hoped a number of recommendations would be available to help support and manage sickness absence. The Chairman felt there was a need for more analysis as these were underlying determinants for future service provision. It was noted that future reporting of staff absences would continue through the Staff Governance Committee.

22.9 The Board noted that the Community Health and Care Partnership (CHCPs) received similar reports and in East Lothian there had been discussion about the

need for return to work interviews and the efficiency of the OHS. Future reporting would be through a central governance committee.

22.10 The point was made that the difficulty with the current reporting methodology was that investments in prevention initiatives were reported in parallel. It was agreed that future reporting on sickness and absence needed to be more comprehensive to take account of the debate at the current meeting.

22.11 The Board noted the recommendations contained in the circulated paper.

23. Financial Position to May 2015

23.1 The Board noted that the financial position to May 2015 was reporting an overspend of £4.2m and that the financial plan agreed at the April Board meeting was already in danger of being compromised. It was noted that this position had been reported to the SGHSCD along with the fact that the comparable position in the previous year had been a £3.5m overspend. The Board were advised however that the system did not have the flexibility that it had in the previous year and all available resource had been taken upfront when setting the financial plan.

23.2 The Board noted one of the key areas of overspend related to nursing and its ability to deliver efficiency savings and in that respect this was no different from the previous year. The GP prescribing budget however was the largest area of concern and the reasons for this position were not yet understood particularly in terms of the significant adverse movement since the beginning of the calendar year. Currently the overspend position on prescribing was £8m and insufficient resource had been put into the financial plan to recognise this level of spend. Discussion had been held with Joint Directors around the need to agree a refocus on prescribing. The suggestion was made that the work around the establishment of Integration Joint Boards had meant that engagement with GPs had been diluted and that there was a need to re-engage with them to reduce prescribing costs.

23.3 The Board noted that the Finance Director was looking at ways and options around year end management and a full report would be submitted to the 8 July Finance and Resources Committee to give an overview of the position.

23.4 The Director of Finance advised that the Board could be assured that NHS Lothian remained fully committed to achieving financial balance and in order to achieve this a number of actions had been introduced or would be put in place through the establishment of performance management meetings which would encourage managers to take risks without waiting for permission to take action to support financial balance.

23.5 It was noted that discussions were ongoing with SGHSCD to confirm current income assumptions and to explore other opportunities for additional in year and recurrent financial support. Actions to deliver a balanced outturn would be detailed and directed through the Finance and Resources Committee in the first instance with further detail provided at its next meeting on 8 July. It was noted that further detail around the financial position would be discussed in both the private session of the Board later in the day as well as at the next Finance and Resources Committee.

23.6 The point was made in respect of the prescribing overspend that this should be referred to as the primary care prescribing overspend as people other than GPs were responsible for prescribing to patients. Dr Williams expressed his concern at the term 'overspend' given that the budget set was below anticipated spend and that NHS Lothian prescribing costs per head of population remain the lowest in Scotland.

23.7 Councillor Toner commented from the paper that steps were needed including engagement with the SGHSCD to achieve a balanced budget. He felt it was important to both the Board and public to be aware of underfunding and the actions being taken to address this. The Chairman advised that this was exactly the process the Board was undertaking and suggested that nobody should be under any illusions that the heroic achievements in the previous financial year had in part prejudiced the ability to have a smoother ride in the current year. He reminded the Board that it had been agreed at the previous meeting to monitor the financial plan with a degree of intensity rather than relying solely on the comprehensive executive reports provided for both the Board and the Finance and Resources Committee. He reminded colleagues that a further update would be provided in private session. The financial position had been made visible to the SGHSCD. In response to Councillor Toner it was agreed that NHS Lothian would in the fullness of time wish to move to a point where its budget setting position was as detailed as that experienced by local authorities.

23.8 The point was made at the time of setting the financial plan the expectation and assumption had been that there would be effective delivery of LRP. The question was posed about whether the baseline had changed or whether saving schemes were not delivering to timescale. The Board were reminded that at the April meeting a financial plan had been set which was not in recurrent balance. In order to move to recurrent balance savings of £47m would need to be delivered to meet cost growth. It had been clear early in the process that it would not have been possible to deliver savings of that magnitude without it impacting on issues like Treatment Time Guarantee (TTG) delivery and end of life drugs. The Board were reminded that the biggest cost after staff and pay was drugs. It was noted that even with the current primary care prescribing position NHS Lothian was still below the Scottish average. In recognition of the above a revised LRP target of £30m had been set to deliver financial (not recurring) balance. At the point of finalising the financial plan the National Resource Allocation Committee (NRAC) formula had been reviewed with it being anticipated NHS Lothian would benefit by around £12m which would go a significant way to covering the £14m non recurring gap. Further consideration had been given to the achievability of the £30m LRP target which was felt to be challenging and it had been agreed to refine this to delivery of £20m recurrently and £10m non recurrently. Current thinking suggested delivery of the £10m non recurrent savings might be feasible although there was not confidence around 50% of the recurrent requirement despite intensive meetings with directors.

23.9 The Board were reminded that delivery of the financial plan was predicated on achievement of £30m of recurrent savings and living within budget. The July Board Development Session would focus on the financial position and with the SGHSCD there would be a need to discuss steps to address the overspend as it was not possible to reconcile continued spend in the private sector with balancing the books. The management team were considering areas of discretionary spend. The point was made that there was a need for continued engagement with SGHSCD as the Board was not an entirely autonomous body.

23.10 It was noted that although the go live date for Integration Joint Boards had been deferred until April 2016 a third statutory requirement would be the need to fund commissioning plans and in that regard Integration Joint Boards would receive details of the analysis around the financial position.

23.11 The Board agreed the recommendations in the circulated paper to support the arrangements to monitor financial performance throughout the year and ensure actions were implemented to deliver financial balance by the year end.

24. Health and Social Care Integration – Integration Joint Boards (IJBs)

24.1 The Board were advised that versions of all of the 4 Draft Integration Schemes had been submitted to the SGHSCD by the deadline date of 31March 2015. Proposed changes had not been significant and the Board at its meeting on 1 April had delegated authority to the Chairman and Chief Executive to sign off the final schemes for resubmission. The schemes for Edinburgh, East Lothian and Midlothian had since received approval by the Cabinet Secretary and would achieve Parliamentary sign off on 27 June. The dates for those Integration Joint Boards (IJBs) going live was reported to the Board.

24.2 It was noted there had been a delay in submitting the West Lothian scheme and in terms of Parliamentary process it needed to sit in Parliament for 28 working days. The fact Parliament was in recess meant it would be 21 September before Parliamentary approval would be obtained.

24.3 The Board accepted the reassurance that none of the individuals proposed for membership of IJBs was disqualified from being a member. The Board agreed to:

- Appoint the Lothian NHS Board members set out in table 1 as voting members of the respective IJBs.

- To appoint the healthcare professionals identified in table 2 as non voting members of the respective IJBs.

- To nominate Professor McMahon as the NHS Board representative on each of the IJBs strategic planning groups.

- Note that progress with the development of the senior management structure and recruitment of the Chief Officer in Edinburgh was underway and that a further report on progress would come to the August meeting of the Board.

- The Board also noted that the first meeting of the Edinburgh Children's Joint Board had been held on 10 June 2015. NHS Lothian Non Executive representatives were Mrs Shulah Allan, Mrs Kay Blair and Mrs Alison Meiklejohn.

24.4 The Board discussed the position in respect of deputies and the Chairman suggested that the message to Non Executive Directors was that a suitably qualified proxy should be able to attend although this should not be regarded as the default position.

24.5 It was noted that the paper did not detail the role that the Community Health Partnership (CHP) had in respect of its statutory requirement for finance and performance reporting. The point was made that as each IJB established the CHP would disappear. The Board were reminded that at its meeting on 14 January 2015 the arrangements for the disestablishment of the CHP had been agreed and this position remained extant.

25. Primary Care and Lothian Unscheduled Care Services

25.1 The Chair welcomed Dr Cowan, Dr Morton, Dr Tucker and Mr Small to the meeting.

25.2 The Board were advised that the presentation before them represented an update on the short and medium term work arising from the January Board Development Session which had included significant representation from the GP Subcommittee. Subsequent to that meeting discussions had been held at the Healthcare Governance Committee about the need to move patient safety, GP capacity and recruitment on to the corporate risk register. The presentation to the Board would also detail actions that could be taken if the Board received an allocation from the SGHSCD for primary care. Capital investment proposals had also been prioritised.

25.3 Dr Cowan, Dr Morton, Dr Tucker and Mr Small provided the Board with a detailed presentation the main thrust of which was around the 2020 vision: focus for clinical teams in the community; frail elderly; workforce; workload – for quality and safety; information technology; working conditions; 2020 Vision – our new community hospital; the care home story; the hospital story; new models of care; care in nursing homes and new care home models; hospital at home; Hannah; the new simplicity model; community nursing reviews; Lothian unscheduled care service and the national review; the unsustainability of 4 day holiday weekends and finally an update on progress in relation to stages 1-3 of the process.

25.4 The Chair commented that he felt the time available at the meeting would not be sufficient to do justice to the 3 questions posed for simulation nor to address the 9 recommendations in the paper before the Board.

25.5 The question was raised about what constraints the GP contract placed on GPs. It was noted that the Scottish GP Committee were in the process of negotiating a new contract with the Scottish Government and that roadshows had been undertaken to inform GPs of progress. The main issue was that GPs received feedback on the general principles but not the detail of the contract. The Board were advised that current GP teams were efficient and there would be a need to ensure this continued. The point was made that there had been much more scope for GP discussion around the negotiation of the proposed new contract than had been the case for the current contract.

25.6 Support was expressed for the new simplified model of care as this fitted the model for other vulnerable groups of patients. It was important that GPs had a clear understanding of the social circumstances of patients. There was a need to recognise the lack of investment in GP training and research and development compared to other countries. It was noted that these issues would be addressed as part of national ongoing work.

25.7 A comment was made that there was a need for the Board to have sight of more data about the impact of proposals in the presentation in terms of patient safety and care. It was agreed that additional data would be developed and included in future reports.

25.8 The Board were advised there were currently 28 practices who would not register new patients with workload being a significant issue. The point was made if there was a shortage of GPs this affected mortality as did austerity measures. It was reported when an individual GP had more than 1800 patients on their list then morbidity and mortality rose. In Lothian the practices previously referred to were not registering patients in order to ensure that the quality of care did not diminish. The Vice Chair commented there was undeniable support for the 3 questions posed to the Board. The Edinburgh CHP had looked radically at GP practices and work was underway locally to look at opportunities for carers and new ways of integrating the service. It was felt future communications would be important in order to provide an understanding of how new models would be delivered.

25.9 Primary care delivery would be a main focus of the IJBs and engagement with GPs would therefore be crucial. It was noted that although there was no out of hours direct representation on the IJBs that feedback would be through clinical directors although it would be important to recognise perceptions would be different across each area. The point was made that good locality structures were in place to ensure the smooth transition of GPs into the IJB process.

25.10 Dr Williams welcomed the excellent paper which had build on the January Board Development Session. He felt that if anything it understated the investment needed. He questioned given that nobody had disagreed with the recommendations and proposals in the paper whether this meant that the Boards priority would be towards primary care investment. The Chairman suggested whilst there could be no dissent around 2 of the 3 questions that the second question around whether there was any more the Board could do to ensure safe primary care provision would require further debate before any commitments could be given.

25.11 The Board agreed the recommendations contained in the circulated paper.

25.12 The Chairman thanked colleagues for their comprehensive exposure of the issues and for their assessment of the best way forward. He apologised that more time had not been available to consider issues more thoroughly.

25.13 The Board were advised that the SGHSCD were expected to announce details around the anticipated primary care investment the following day. This would hopefully allow the next tranche of investment to be confirmed. Proposals would also be developed through the Strategic Planning Committee and the Integration Joint Board commissioning plans.

26. Improving Older People's Care in Edinburgh – 2015/2017

26.1 The Board were advised from the Strategic Planning Committee a number of areas had emerged to be addressed to facilitate a changed model of care to one which provided more focus on supporting people at home or in homely surroundings, rather than at hospital. The complex and detailed programme of work needed to improve the quality of care for older people particularly in Edinburgh, but closely interrelated

with East and Midlothian was described in detail to the Board by the Director of Strategic Planning, Performance Reporting and Information.

26.2 The Board noted that good progress was being made and that a Programme Board had been established to oversee progress.

26.3 The Vice Chair commented that whilst she supported in principle the recommendations contained in the circulated paper she felt that the Board had not had a chance to look at what was being meant around the establishment of an Integrated Care Facility and this needed devoted development time for further discussion in order for the Board to understand the consequences. The Director of Strategic Planning, Performance Reporting and Information undertook to circulate a more detailed paper and to address this issue as part of a forthcoming development session.

26.4 The question was posed in respect of the need to repatriate 38 patients whether any clarity had been obtained around the funds needed for bridging in Midlothian. The point was made that discussions were ongoing around SGHSCD requests for further information around support needed to make this a reality.

26.5 The Board agreed the recommendations contained in the circulated paper and noted that it was expected that a definitive strategy and costed action plan would be developed by September and presented to the Board in October 2015.

27. Public Social Partnerships – A Vehicle for Delivery

27.1 The Board noted that a copy of an electronic presentation which would have been provided had time permitted had been circulated to Board members. The Director of Strategic Planning, Performance Reporting and Information commented that he felt it was important that the Board were provided with details around the key role of the public social partnership in the delivery of the Royal Edinburgh campus reprovisioning programme and NHS Lothian strategic priorities. It was reported that the work undertaken in mental health was transferable to other areas of the service.

27.2 The Chairman reminded colleagues that he had declared an interest in this agenda item as a Non Executive Director of Hibernian Football Club Ltd. He commented that Ms L Irvine was present to support the paper and that if Board colleagues felt it necessary for him to remove himself from the meeting then he has happy to do so. It was agreed that there was no need for the Chairman to leave the meeting.

27.3 The Board noted the tremendous progress being made in developing the 4 Public Social Partnerships (PSP) workshops – Way Finder an academic practice partnership between NHS Lothian and Queen Margaret University to redesign rehabilitation services for people with complex mental health needs with a focus on shifting the balance of care back to the community – Green Space: art space a development to maximise the use of the extensive Royal Edinburgh Hospital campus and its trees and woodlands – Game Changer an exciting and innovative PSP led by NHS Lothian, Hibernian Football Club and Hibernian Community Foundation to unlock the power and passion associated with football and to make greater use of all Hibernian's physical, cultural and professional assets to delivery a better, healthier future for the most deprived and disenfranchised people in the community and the Rivers Centre a PSP to provide a focus on developing a specialist psychological

trauma centre which would deliver open access services to people of all ages within a community resource. It was reported there was potential to further develop PSPs with consideration being given around creating a unique environment and living space for people with dementia in Lothian as well as a PSP to support and complement the activities of the new community hospital.

27.4 The Board noted that there was potential for significant income streams and links with other initiatives in order to develop and support the overall strategic direction. The Chairman commented that the primary objective of the presentation was for the Board to be aware of the potential power of the these vehicles in terms of different ways of delivering services to particular parts of the community.

27.5 The point was made that it would be important for sustained work to be put in place to develop and ensure a robust evaluation of the PSP programme. It would also be important to consider how best to feedback to the SGHSCD.

27.6 It was noted in particular with regard to the Rivers Centre that it was hoped to speed up the process for people accessing the service as it was currently fairly lengthy and intensive.

27.7 The Board welcomed the proposals and sought an opportunity for more debate at a later date to address any issues that might emerge. The expanded use of the East Mains facility at Ormiston which was felt to be under utilised by the community was welcomed.

27.8 The Board agreed the recommendations contained in the circulated paper and the need to expand their understanding of the issues through further discussion potentially at a future Board Development Session.

28. Date and Time of Next Meeting

28.1 The next meeting of the Board would be held between 9.30am and 12.30pm on the 5 August 2015, in the Board room, Waverley Gate, 2-5 Waterloo Place, Edinburgh, EH1 3EG.

29. Invoking Standing Order 4.8

29.1 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

CYCLING DEVELOPMENTS

REPORT BY INTERIM HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To update the panel on cycling developments.

B. RECOMMENDATION

To note the development and progress to date of cycling lending libraries.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	-Focusing on our customers' needs -Providing equality of opportunities -Making best use of our resources -Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	This development supports the commitment to reducing health inequalities and improving health.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	The delivery of cycling programmes contributes to HP003 and HP004.
V	**Relevance to Single Outcome Agreement**	Outcome 2: We are better educated and have access to increased and better quality learning and employment opportunities Outcome 6: We live longer healthier lives Outcome 7: We have tacked the significant inequalities in West Lothian
VI	**Resources - (Financial, Staffing and Property)**	Smarter Choices Smarter Places
VII	**Consideration at PDSP**	Report on Smarter Choices Smarter Places to Council Executive 26/05/2015.

VIII Other consultations None.

D. TERMS OF REPORT

West Lothian On The Move (WLOTM) is the overarching physical activity programme for West Lothian and has a 3 year service level agreement with NHS Lothian from 2014 to 2017. WLOTM received funding from Cycling Scotland, Cycle Friendly Communities grant in 2013 of £5000 with an additional £5000 in 2015. The purpose of this funding is to support the development of cycle lending libraries in local communities across West Lothian.

The libraries were established to give access to free transport and physical activity opportunities to those who may otherwise be unable to afford it. Libraries are sited within homeless units and community groups in Scottish Index of Multiple Deprivation areas where there is demand and capacity to support service users. In addition to libraries, staff and volunteers are trained in cycle maintenance to ensure the bikes are adequately maintained and as Cycle Ride Leaders to enable them to support those lacking in confidence or ability in cycling.

There are currently five bike lending libraries established in; Blackburn Homeless Unit, Strathbrock Family Unit, Mayfield Community House Armadale, Polbeth & West Calder Community Garden and The Vennie in Knightsridge. All libraries started with three to five bikes with some now expanding due to public donations. All donated bikes undergo thorough servicing before being incorporated into libraries. Individuals are able to borrow a bike for a few hours or up to two months (with regular maintenance carried out during the let). Libraries are able to refer participants to the Criminal Justice bike recycling scheme to obtain a bike to keep, if they are making regular use of their library bike.

Libraries have developed their activities in accordance with the needs expressed by their users. In Polbeth, the service has been progressed to deliver Bikeability (Cycle Proficiency) training as well as regular led rides. Strathbrock Family Unit has child bike seats and trailers. The Vennie has received additional funding which has enabled them to expand to include twenty bikes which are almost constantly in use, not only by young people at the Vennie but also by local parents. This has increased volunteering opportunities and skills development. WLOTM has received feedback from a library of an individual gaining employment as a result of the library service.

While the libraries were being established, WLOTM received enquiries as to the availability of adaptive bikes for participants (of all ages) with disabilities. This has led to the development of a pilot programme in partnership with Blazing Saddles, part of Facilitating Access Breaking Barriers (FABB). The pilot sessions were oversubscribed, with excellent feedback and a notable improvement in confidence and ability of the participants. With the demand now established, a joint funding application was submitted to Smarter Choices Smarter Places and as part of this larger bid, an additional £50,000 was awarded to establish an All Ability Cycling Hub in West Lothian, along with three additional lending libraries. The proposed sites for future libraries include, Stoneyburn, The Lanthorn, Livingston with options at Blackburn and Whitburn and a West Lothian wide specialised bike library based in Broxburn.

The services are volunteer led with volunteers running adaptive bike sessions, led cycle rides, risk assessments and bike maintenance. All are trained to an appropriate standard approved by Cycling Scotland and are supported by Cycling Touring Club

(CTC) and FABB. The project has been approved by council legal and insurance services in terms of public liability insurance. Going forward, options to obtain adequate insurance for the adaptive bikes (which are significantly more valuable than standard two wheel bikes) for theft or damage while in use and storage is proving challenging and will need further exploration.

E. CONCLUSION

There are currently five bike lending libraries established with plans to develop three more. As well as increasing physical activity opportunities the project supports the development of skills, confidence and employment opportunities. The development of all ability libraries will extend the provision to those with specific disabilities increasing their opportunities to be more physically active.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: None.

Contact Person: Jo Macpherson, Interim Senior Manager – Children & Early Intervention
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Jane Kellock, Interim Head of Social Policy

27 August 2015

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

DEVELOPMENT OF LIFE MATTERS

REPORT BY INTERIM HEAD OF SOCIAL POLICY

A. PURPOSE OF REPORT

To update the panel on the development of the Life Matters training approach.

B. RECOMMENDATION

To note the Life Matters training approach and progress to date.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	-Focusing on our customers' needs -Providing equality of opportunities -Making best use of our resources -Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	This development supports the commitment to reducing health inequalities and improving health.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	The delivery of Life Matters contributes to HP001 and HP002.
V	**Relevance to Single Outcome Agreement**	Outcome 6: We live longer healthier lives Outcome 7: We have tackled the significant inequalities in West Lothian
VI	**Resources - (Financial, Staffing and Property)**	£28,000 external funding provided. One year funding.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

A half-day Life Matters course was developed by NHS Lothian and the West Lothian Health Improvement Team in response to needs identified by the West Lothian Welfare Reform Working Group. Need was identified as a result of requests for training from service providers to better support them in dealing with customers experiencing significant hardship and health inequalities.

Life Matters was developed by a multi-agency steering group aligned to the West Lothian Community Planning Partnership Health Improvement and Health Inequalities Alliance and piloted to test fitness for purpose.

An application was made to the Health and Welfare Reform Development Fund in March 2014 to develop capacity building bespoke training for front facing teams providing advice and assistance to those affected by Welfare Reform.

An award of £28,000 was granted by the Fund to develop training and resources and to deliver training across a wide range of partners and agencies with a particular focus on front line NHS staff, the main target audience of the funding.

A part time Community Health Development Officer (CHDO) was appointed in June 2014 to lead on the project and take the work forward.

In the development stages, the CHDO consulted with services on the nature of the support and training assessed to be most suitable, the timing and duration of the training and the resources required to support it. A resource pack was developed to accompany the training session.

The training aims to provide; an introduction to common mental health problems including anxiety and stress awareness, input on helpful responses to those in crisis and information on resources to support those experiencing difficulty and signpost them to the most suitable services.

In recognition of the responsibility placed on staff supporting people on a daily basis who are in distress, Life Matters also incorporates anxiety and stress awareness and stress management. This gives staff the opportunity to recognise their own levels of stress and develop the most effective coping strategies.

To date, 2 courses have been delivered in GP practices attended by 22 staff. A programme of 7 courses will be rolled out to GP practices and West Lothian council staff from August to December 2015.

E. CONCLUSION

Life Matters is a specifically designed training approach developed to support a wide range of multi-agency staff in front-line services, in order to enable them to better support their patients/customers experiencing hardship as a result of welfare reform. The approach aims to build capacity within services to deliver on the key aims of the training on an on-going basis.

F. BACKGROUND REFERENCES

None.

Appendices/Attachments: None

Contact Person: Jo Macpherson, Interim Senior Manager – Children & Early Intervention

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Jane Kellock, Interim Head of Social Policy

Date of meeting: 27th August 2015

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

FRAIL ELDERLY PROGRAMME

REPORT BY DEPUTE CHIEF EXECUTIVE, COMMUNITY HEALTH AND CARE PARTNERSHIP

A. PURPOSE OF REPORT

To advise the Health and Care PDSP of the establishment of a Frail Elderly Programme. The main objective of the programme is to redesign provision to deliver quality, financially sustainable and cost effective services which meet the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge.

B. RECOMMENDATION

To note the development of the Frail Elderly Programme.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' needs • Being honest, open and accountable • Providing equality of opportunities • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	None.
III	**Implications for Scheme of Delegations to Officers**	None.
IV	**Impact on performance and performance Indicators**	The Frail Elderly Programme will be monitored against individual project performance measures; the programme will impact positively on health and wellbeing indicators within the Single Outcome Agreement.

V	**Relevance to Single Outcome Agreement**	The programme will have direct impact on the healthier living and Independent living outcomes in the SOA.
VI	**Resources - (Financial, Staffing and Property)**	Time limited resources to support the programme will be included within the Integrated Care Fund plan
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	NHS Lothian, West Lothian Third Sector, Scottish Care, Joint Improvement Team

D. TERMS OF REPORT

This report outlines a programme of change proposed by West Lothian to apply across the whole frailty pathway. The main objective is to redesign the pathway to deliver in a quality, financially sustainable and cost effective service provision, which meets the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge.

If priority outcomes for health and care are to be achieved it is essential that the whole system pathway is made as efficient as possible. Demographic growth and cost pressures are running well in excess of current funding. The Scottish Government sees the integration of health and social care as an effective means for achieving better outcomes within available resources.

West Lothian has long held a positive approach to partnership working between health and social care and is now looking to build upon this solid foundation of partnership working a to apply a whole system redesign across the whole frailty pathway. The main objective is to redesign the pathway to deliver a quality, financially sustainable and cost effective service provision, which meets the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge.

The programme will be consistent with the requirement of the integrated health and care partnership to prepare a strategic commissioning plan, establishing the arrangements for delivery of integrated functions and how these arrangements will achieve the national health and wellbeing outcomes.

The programme will oversee and integrate a number of projects that will review current arrangements and performance of parts of the whole system pathway. The programme will ensure that the key deliverables of these projects are achieved, that the resulting changes are understood within a whole system context, and that the whole system balances demand with supply through hospital into community as efficiently as possible.

There will be 4 distinct projects within the overall programme. Each of these projects will have their own separate project organisation and controls. The projects will report to a programme board on a monthly basis.

1. Comprehensive Geriatric Assessment & Frailty pathway in Hospital

Comprehensive geriatric assessment (CGA) is a multidimensional and usually interdisciplinary diagnostic process designed to determine a frail older person's medical conditions, mental health, functional capacity and social circumstances. The current arrangement for unscheduled care admissions at St John's Hospital (SJH) means that there is no CGA reliably in place yet. This results in a potential delay in identifying the most appropriate pathway for frail elderly patients. Implementing CGA as early as possible in the patient's journey gives an opportunity to better access and integrates with other services that are in place across West Lothian within and outside hospital.

2. Frailty capacity modelling in West Lothian

The current configuration of acute and rehabilitation capacity in SJH is shaped by historic patterns of provision and demand. This project will establish an analytical model to represent and model the current system. This will be based on agreed assumptions about the current and potential models of care and service delivery. The modelling will assess those changes against the available resources. This will also provide information to test how the frailty pathway can deliver efficiencies to better inform how the shape of the future bed and service configuration should be developed and where investment is best targeted.

3. Mental Health

The mental health project will focus on key activities designed to improve the Dementia Care Pathway and enhance community provision including:

- sustainable development of the Memory Assessment and Treatment Service
- provision of 1 year post diagnostic support for those with new diagnosis of dementia
- further development of the Behavioural Support Service to increase capacity and skills to maintain people in their community
- redesign of mental health elderly day service

4. Supporting Health and Care in the Community

In-house services with a focus on supporting the care needs of people in the community have grown significantly over the past three years, mainly funded by the Change Fund. Many of these developments are founded on current limitations in capacity of independent sector provision of care at home. It is not clear how these various internal services relate to each other, whether the management arrangements and processes are as efficient as they could be. The project will review current arrangements and performance with a view to balancing supply with demand, particularly in respect of discharge from hospital.

This is a challenging but exciting programme which offers the potential to achieve positive change across the whole system of health and care within an environment of financial constraint. In many respects the programme exemplifies the ambition of the health and care integration agenda.

E. CONCLUSION

West Lothian's Frail Elderly Programme will result in sustainable and cost effective service provision which meets the health and care needs of frail elderly adults, reducing hospital admission and re-admission and minimising delayed discharge. The programme will be an important contribution to the requirement of the integrated health and care partnership to prepare a strategic commissioning plan, establishing the arrangements for delivery of integrated functions and how these arrangements will

achieve the national health and wellbeing outcomes.

F. BACKGROUND REFERENCES

1. Scottish Government - Reshaping Care for Older People
2. Scottish Government - Integration of Health and Social Care

Appendices: None.

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Date: 27 August 2015

DATA LABEL: PUBLIC

West Lothian Council

HEALTH AND CARE POLICY DEVELOPMENT AND SCRUTINY PANEL

HOME OXYGEN SUPPORT

REPORT BY HEAD OF HEALTH

A. PURPOSE OF REPORT

The purpose of this report is to inform the Panel of the development and delivery of a high quality Community Nursing service (District Nursing) for Chronic Obstructive Pulmonary Disease (COPD) patients receiving long term oxygen therapy at home, embedding an effective and systematic approach to their care and management.

B. RECOMMENDATION

To support the development and delivery of a high quality Community Nursing service for COPD patients receiving long term oxygen therapy at home.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	• Focusing on our customers' need • Making best use of our resources • Working in partnership
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	Reporting to elected members on an area of work that is new to one of the core services within Community Nursing.
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 and have reduced health inequalities
VI	**Resources - (Financial, Staffing and Property)**	None.
VII	**Consideration at PDSP**	None.
VIII	**Other consultations**	None.

D. TERMS OF REPORT

In co-production between West Lothian CHCP, Acute Respiratory Services at SJH and Carers of West Lothian a pathway was developed to support the health and wellbeing of COPD patients receiving long term oxygen therapy within their communities, recognising the role of Carers and offer of support to sustain their caring role.

Developments:

- Training for the Community Nursing service (District Nursing)
- Information packs to support the training
- Community Nursing service review of paperwork

E. CONCLUSION

In West Lothian all patients with COPD commenced on long term oxygen therapy receive a four week post installation visit from the Respiratory Facilitator/Respiratory Nurse Specialist.

Training was conducted within the Community Nursing service for District Nurses and 33 staff from the 13 Community Nursing service teams now deliver ongoing 6 monthly reviews of patients within their own homes.

F. BACKGROUND REFERENCES

British Thoracic Society (BTS) Guidelines for Home Oxygen Use in Adults
(Volume 70 Supplement 1) June 2015

Appendices/Attachments:

1. Community Nursing service review paperwork

Contact Person: Shena Brown, Respiratory Facilitator, CHCP

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Date of meeting: 27/8/15

West Lothian Council

NHS Lothian

West Lothian
Community Health and Care Partnership

Supporting oxygen dependent Chronic Obstructive Pulmonary Disease (COPD) patients and their carers at home

Summary
To develop and deliver a high quality Community Nursing Service (CNS) for COPD patients receiving Long Term Oxygen Therapy (LTOT) at home, embedding an effective and systematic approach to their care and management.
Meet with national guidance and local priorities and support the shifting the balance of care agenda.
Recognise the role of carers and offer them support to sustain their caring role.

How did we do it:

In co production between West Lothian CHCP, Respiratory Service at St John's Hospital and Carers of West Lothian improve the capacity of the CNS to support the health and well-being of COPD patient within their communities

Developments:

- Long Term Oxygen Therapy (LTOT) pathway
- Community Nursing Service LTOT 6 monthly review paperwork
- LTOT training for Community Nursing Service
- LTOT information packs to support the Community Nursing Service training

Intensive Case Management/REACT

New LTOT patient's 4/52 follow up	Existing LTOT patient's
Home visits conducted = 33	Home visits conducted = approx: 20

REACT undertook the initial LTOT reviews for a period of time prior to these being conducted by the Respiratory Facilitator, additionally in October and November 2013 there was review visits carried out on all existing LTOT patients.

These visits often included other interventions such as falls assessments, chair exercises, medication reviews, anxiety management, provision of pressure relieving equipment, liaison with Dolby Vivisol re: homefilling concentrators. Onward referrals were made to Carers of West Lothian, Pulmonary Rehabilitation, Home Safety Service and Telehealth.
Patients were issued with COPD self management plans if they did not already have one.

REACT are currently in discussion with colleagues in secondary care to identify how these patients are best supported during episodes of acute illness and if those on LTOT could have hospital at home care if they should require hospital admission in the future.

Community Nursing Service

Training conducted:

North Cluster	Community Nursing Service	Practice Nurses
Armadale/Blackridge	3	1
Bathgate	5	
Blackburn	3	1
Fauldhouse/Stoneyburn	1	
Linlithgow	1	
Whitburn	2	
South Cluster		
East Calder	2	

The table above informs on those from the Community Nursing Service/Practice Nurses who attended LTOT training.
5 members of the REACT Team, and the Community Nursing Service Team Leader also attended training.
Total number who have completed training = 25

6 monthly LTOT reviews

	Armadale/Blackridge	Bathgate	Blackburn	Fauldhouse/Stoneyburn	Linlithgow	Whitburn	East Calder
COPD, LTOT patients on caseload	4	4	4	6	1	10	2
No of 6/12 review visits conducted	5	4	4	10	1	10	2

Interventions/outcomes as a result of LTOT reviews

- Compliance with Long Term Oxygen Therapy and Medication
- Referral back to Respiratory Nurse Specialist
- Exacerbation advice and GP review
- Completion of 6/12 review paperwork
- Key Information Summary (KIS)
- Referral to Carers of West Lothian
- Referral to Social Work Department regarding packages of care
- Standby Antibiotics/Prednisolone
- Pressure sore prevention and provision of equipment
- Incontinence assessment and provision of products
- Attendant propelled manual wheelchair referrals completed
- Provision of SP02 monitor to enable monitoring of oxygen levels at home, supporting self management approach

Comments from District Nurses undertaking LTOT Reviews

1) The holistic assessment carried out by the DN team is beneficial to this group of patients. Keeping the KIS up to date and making sure that these patients are confident in the self management of their condition will hopefully reduce hospital admissions.

2) I very much enjoy the contact with these patient's and I hope I can make a difference and keep them at home.
3) Feel we could do with more training or info with regards to apparatus/technique to ensure we are checking and teaching patient's properly
4) Introduces the patient to the role of the CNS and how this service can support them in the future

Respiratory Facilitator

Home Visits/Telephone Follow Up (March 2014 – August 2014)

New LTOT patient's 4/52 follow up	Existing LTOT patient's	Ambulatory 02 patient's
Home visits conducted = 18	Home visits conducted = 7	Home visits conducted = 1
Telephone follow up = 1	Telephone follow up = 1	Telephone follow up = 2

Total home visits conducted = 26
Total telephone follow up = 4

The Respiratory Facilitator conducts a 4/52 follow up visit for new patients commenced on LTOT. The following is conducted/discussed:

- Diagnosis/Smoking status
- Medication review/compliance
- Compliance with Long Term Oxygen Therapy
- Clinical Findings:

SP02 whilst breathing room air
SP02 whilst breathing 02
Target SP02 saturations
Pulse
Blood Pressure

MRC Breathlessness Scale
Hospital Anxiety and Depression Scale
COPD Self Management Plan
Inhaler Technique

Home Safety Telecare Service
Carers of West Lothian

The 4/52 follow up visit by the Respiratory Facilitator also provides the opportunity to discuss health related benefits and the blue badge disability scheme. I f appropriate referral is made for attendant propelled manual wheelchairs.
Onward referral to other health care professionals includes Community Dietician, Domiciliary Physiotherapy and Social Work Department for Occupational Therapy assessment.

For patient's whose Community Nursing Service have received LTOT training, a copy of the 4/52 follow

up visit letter is sent to the named District Nurse who then conducts ongoing 6 monthly reviews of these patients.

Carers of West Lothian

8 carers have been identified and supported to maintain their caring role. Support for these carers included the following;

- Power of Attorney referrals
- Carers Assessment referrals
- Occupational Therapy referrals
- Domiciliary Physiotherapy referral
- Flexible short break scheme referrals
- Funding for short breaks (through Carers of West Lothian)
- Respite referrals
- Welfare benefit advice
- Legal advice
- Support groups
- Falls prevention training course
- WRAP training course
- One to one emotional support
- Access to Leisure scheme

Carers report feeling the following outcomes as a result of these interventions;

1) Better informed and protected regarding legal issues such as having Power of Attorney in place due to Carers of West Lothian's reduced cost clinic
2) Better informed for carer and patient due to Fall's prevention course, resulting in increased confidence in ability to continue to care for the carer and maintaining independence for the patient
3) Less stressed due to reprieve on the bedroom tax and being able to stay in their own home
4) Benefits being awarded resulted in improved well-being
5) Improved emotional/mental health as a result of WRAP training course, WRAP is a self management tool to maintain emotional wellness
6) Improved well-being for both the carer and the patient as a result of a short break
7) Access to support groups leading to reduced social isolation
8) Access to leisure concession scheme improving physical health and reducing social isolation

LONG TERM OXYGEN THERAPY 6 MONTHLY REVIEW - COMMUNITY NURSING

Name: CHI:

DATE:					
SIGNATURE:					
BP					
PULSE					
WEIGHT (KG)					
MUST SCORE					
Oxygen set at prescribed rate? ***yes/no***					
SpO2 on air ***%***					
SpO2on oxygen **%**					
Cough? ***yes/no***					
SPUTUM? ***colour/quantity***					
SPUTUM for C&S last 6 months? ***yes/no***					
LEG OEDEMA present? **yes/no**					
Number of exacerbations in last 6 months					
Number of hospital admissions in last 6 months					
COPD self management plan? ***yes/no/na***					
Standby antibiotic? ***yes/no/na***					
Standby steroid? ***yes/no/na***					
MRC dyspnoea score					
INHALER TECHNIQUE satisfactory? ***yes/no***					
Nebuliser Service due? ***yes/no***					
Pulse Oximeter provided ? ***yes/no/na***					
Pneumococcal vaccine required? ***yes/no***					
Influenza vaccine required? ***yes/no***					
Smoking Status? ***Yes/no/ex***					
Fire safety check required? ***yes/no***					
HADS score ***anxiety/depression***					
FRAT score					
Referral to Carers of West Lothian required? ***yes/no***					
Home Safety Service Referral required? ***Yes/no***					
DATE OF NEXT REVIEW:					

HEALTH & CARE POLICY DEVELOPMENT AND SCRUTINY PANEL WORKPLAN – AUGUST 2015

	ISSUE	LEAD OFFICER	PDSP DATE
1	Good Places Better Health	Margaret Douglas	15/10/15
2	Together for Health (T4H)	Marion Christie	TBC
3	Community Health Champions update	Jo MacPherson	TBC
4	Quality Improvement Framework / Committed to Excellence	Marion Christie	TBC
5	Wisedoc project	Elaine Duncan	TBC

Meeting dates 2015/16
15 October
10 December
11 February
14 April
2 June