

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 9 FEBRUARY 2017.

Present – Councillors John McGinty, Janet Campbell, Mary Dickson, Dave King (substituting for George Paul), and Danny Logue (substituting for Frank Toner)

Apologies – Councillors Anne McMillan, George Paul and Frank Toner; Bridget Meisak, Voluntary Sector Gateway

In Attendance – Mary Benson, Senior People's Forum Representative

1. DECLARATIONS OF INTEREST

Councillor Danny Logue declared a non-financial interest in that he was an NHS Employee and Chair of the West Lothian IJB.

2. MINUTE

The Panel confirmed the Minute of its meeting held on 8 December 2016. The Minute was thereafter signed by the Chair.

3. NHS LoTHIAN HEALTH BOARD MINUTES

A report had been circulated by the Depute Chief Executive to which was attached the Minute of the NHS Lothian Board meeting held on 5 October 2016.

Decision

To note the contents of the report and Minute

4. WEST LoTHIAN IJB MINUTE

A report had been circulated by the Depute Chief Executive to which was attached the Minutes of the West Lothian Integration Joint Board meeting held on 29 November 2016.

Decision

To note the contents of the report and Minute

5. ORAL HEALTH IMPROVEMENT WITHIN WEST LoTHIAN

The Panel considered a report (copies of which had been circulated) by the Head of Oral Health Improvement, NHS Lothian providing an overview of children's oral health in West Lothian.

The Panel were advised that whilst oral health in Scotland had shown a

gradual improvement since the 1960's, data from the Scottish Health Boards Epidemiology Programme during the 1980's and 1990's had demonstrated that this had begun to plateau. Following a number of consultations the then Scottish Executive published their "*Action Plan for Improving Oral Health and Modernising NHS Dental Services*" in March 2005. This was then followed in 2012 with a Health Improvement Strategy for priority groups such as frail older people, those with special care needs and people experiencing homelessness.

Detailed epidemiological data for P1 was collected as part of the National Dental Inspection Programme which had replaced the Scottish Health Board Epidemiological Programme in 2004. These surveys demonstrated that the proportion of P1 children who had no obvious dental disease met the 2010 target of 60%. However the status of children in West Lothian was the worst of the four Health Service and Care Partnership's in NHS Lothian and a 3 to 3.5 percentage point decline between 2014 and 2016 was a cause for concern. A new target of 75% of P1 children having no obvious dental disease by 2022 had now been released.

The report then provided a series of tables and charts containing Primary One results for 2016, 2014 and 2012.

The report continued by providing details of the current improvement measures in place for children within West Lothian all of which came under the banner of the Childsmile National Programme and consisted of the following four main components :-

- Childsmile Core
- Childsmile Practice
- Childsmile Nursery
- Childsmile School

The report provided a narrative on each of the components.

The Panel were also provided with an update on the Caring for Smiles (National Elderly Programme) and Mouth Matters (National Prison Oral Health Improvement Programme).

The report concluded that towards the end of 2016 the Scottish Government undertook consultation "*Scotland's Oral Health Plan – A Scottish Government Consultation Exercise on the Future of Oral Health Services (September 2016)*". Responses to the consultation were being analysed and a new Oral Health Plan was expected later in 2017 which would determine the focus of future NHS Dental Services including oral health improvements.

### Decision

- 1) To note the contents of the report; and
- 2) To record a note of thanks to the oral health care team for all their

## efforts in West Lothian

6. FAMILY NURSE PARTNERSHIP

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive advising of the implementation and progress of The Family Nurse Partnership (FNP) in West Lothian.

The FNP supported a multiagency early intervention approach to help break the intergenerational cycles of poverty, deprivation and poor outcomes in people's lives. This was a long term strategy that enabled change in families to impact on the well-being of the children.

NHS Lothian established the FNP programme delivery in January 2010 as the first "test site" in Scotland. The service initially commenced with a team of 6 family nurses and 1 Supervisor who enrolled clients living within the Edinburgh Community Health Partnership (CHP) area. Since it was first established the programme had expanded to include the enrolment of clients from West Lothian from March 2013, from Mid Lothian since April 2014 and from East Lothian since April 2016.

During the implementation years the demographics and characteristics of the service had seen little change in that the client average age at enrolment was between 17.5 and 17.9 years. The vulnerability/intensity of the clients was similar across all areas of NHS Lothian and remained consistently high.

With regards to the Family Nurse Partnership in West Lothian, between March 2013 and January 2017 the total number of clients who had enrolled with the programme was 401 with 11 clients remaining in the engagement phase. This gave a current programme acceptance rate of 81.6% with the target being >75%. A number of other statistics were also provided in terms of those engaging with the programme and which provided an attrition rate of 14.9% with a target of 40% or less.

The report concluded that the FNP had successfully integrated into the West Lothian area and there had been successful engagement and retention of clients, supporting them through pregnancy and the birth of their children and moving them onto specialist services and employment, training and education advice as appropriate.

It was recommended that the Panel note the contents of the report and note the progress made in implementing the Family Nurse Partnership in West Lothian.

Decision

- 1) To note the contents of the report;
- 2) To record a note of thanks to the Family Nurse Partnership for all their efforts in West Lothian; and
- 3) Request that if any performance data was available on the

effectiveness of the programme then this was to be shared with Panel Members.

## 7. CHILDHOOD IMMUNISATION UPTAKE

The Panel considered a report (copies of which had been circulated) by the Depute Chief Executive advising of the childhood immunisation uptake for the period 1 July to 30 September 2016.

The Panel were advised that the uptake of childhood immunisations within West Lothian HSCP had been continually higher than other areas in Lothian and also higher than the Scottish average. This effect had been more striking in this particular quarter and had been seen at all stages – at 12 months, 24 months and pre-school booster by age 6 – achieving well over 95% at each of these stages.

Within West Lothian the Community Child Health Department administered the scheduling and appointments for the immunisation programme which was delivered by the Health Visiting teams attached to General Practice. Health Visitors attributed the success of the childhood immunisation uptake to the following factors :-

- Health visitors educate, advise and explain to parents the importance of attending appointments, promoting in detail the Immunisation Programme at 1<sup>st</sup> home visits and contacts thereafter;
- A immunisation booklet provided to parents pre 6-8 week check at home visit by the Health Visitor which gave the parents the opportunity to ask any questions in relation to immunisations;
- Good professional trusting relationship;
- The Public Health Staff Nurses, as part of the Health Visiting Teams, deliver the immunisation programmes, along with developmental reviews giving parents continuity;
- Health Visiting teams were flexible to accommodate parents (eg can often offer appointment times and dates out with clinics);
- The Health Visiting teams followed-up Did Not Attend appointments and actively look to immunise non-attendees;
- Immunisation clinics were held in local and familiar places for parents;
- Extra immunisation clinics were planned when Health Visiting teams became aware of an increasing Queue print from Community Child Health.

The report concluded that West Lothian wished to retain its high levels of uptake for childhood immunisations and would continue to work with the

Health Visiting teams and NHS Lothian to manage the immunisation programmes within local communities. Monitoring uptake across Lothian and against Scotland would support early identification of challenges that would impact on our ability to keep our children safe.

It was recommended that the Panel note childhood immunisation uptake in West Lothian was not only continually higher than other areas in Lothian but also higher than the Scottish average.

Decision

- 1) To note the content of the report; and
- 2) To record a note of thanks to the team for all their efforts

8. WORKPLAN

The Panel noted the contents of the workplan which would form the basis of the Panel's work over the coming months.

Decision

To note the contents of the workplan