

MINUTE of MEETING of the WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP BOARD held within STRATHBROCK PARTNERSHIP CENTRE on TUESDAY 17 MARCH 2009.

Present – Theresa Douglas (Chair), Mike Boyle, Robin Burley, Janet Campbell, John Cochrane, Lawrence Fitzpatrick and Ellen Glass.

Apologies - Jane Houston.

In Attendance – Alan Bell (Senior Manager, Communities and Information, WLC), Stuart Duncan (Civic Centre Programme Manager), Jim Forrest (Acting CHCP Director), James Hendry (Clinical Director), Lynne Hollis (Associate Director of Finance, NHS Lothian), Robert Naysmith (Clinical Director, Salaried Primary Care Dental Services) and Ian Quigley (Acting Head of Council Services).

1. MINUTES -

- (a) The Board approved the minute of its meeting held on 3 February 2009.
- (b) The Board noted the minute of the meeting of West Lothian Community Health and Care Partnership Sub-Committee held on 13 November 2008.
- (c) The Board noted the minute of the meeting of the primary and Community Partnership Committee of NHS Lothian Board held on 14 January 2009.

2. APPOINTMENT OF VICE-CHAIR

The Board considered a report by the Chair (which had been circulated) advising that as a result of the constructive process currently being carried out to review the governance framework of the CHCP, an intermediate position had been agreed between NHS Lothian and West Lothian Council to enable the appointment of the Vice Chair to take place, subject to the endorsement of the finalised governance framework.

The report recommended that the Board agrees to the creation of the post of Board Vice Chair and accepts the West Lothian Council nomination to the post, subject to the completion and endorsement of the new CHCP governance framework.

Decision -

To agree to the creation of the post of Board Vice Chair and to accept the West Lothian Council nomination to the post, subject to the completion and endorsement of the new CHCP governance framework.

3. CHAIR'S REPORT

The Board considered a report by the Chair (which had been circulated) advising of CHCP activity carried out by the Chair in the following areas since the last meeting:

- CHCP Development Event;
- Development of a CHCP Governance Framework;
- Stakeholder Group;
- Public Partnership Forum;
- Suggested Items for Future Board Meetings / Programme of Work – both documents featured respectively as appendix 1 and 2 of the report; and
- Visits.

Decision -

To note the contents of the report.

4. CIVIC CENTRE

(a) Presentation by Civic Centre Programme Manager

The Civic Centre Programme Manager gave a presentation on progress with the development and construction of the Civic Centre.

The partnership between the public services involved was one of the largest in the UK with over 1,000 people co-locating from 14 locations from June 2009. The partners included West Lothian Council, Lothian & Borders Police, Scottish Court Service, Crown Office & Procurator Fiscal, Scottish Children's Reporter, West Lothian Community Health Care Partnership and Lothian & Borders Fire and Rescue Service.

The Programme Manager highlighted that the partners' vision was to deliver a seamless public service in West Lothian which delivered added public value, one which citizens were proud of, and that was heralded as an exemplar model. In summary the aim was to deliver citizen-focussed joined-up public services through a system of demand management.

The Programme Manager presented the plans for the Civic Centre and three-dimensional dynamic fly-through animations were also shown to give a more realistic impression of the space.

On behalf of the Board the Chair thanked the Programme

Manager for his informative presentation.

Decision -

To note the presentation.

(b) Report by Acting CHCP Director

The Board considered a report by the Acting CHCP Director (which had been circulated) advising that the Civic Centre project in part sought to address the current and future population growth in West Lothian by joining up public services. The communities of West Lothian would benefit from community access to comprehensive and co-ordinated services in a single location.

The report highlighted that the benefits of shared accommodation and co-location were evident in the success of the CHCP to date. As stated in the independent evaluation report the co-location of the CHCP Senior Management Team had 'given a significant benefit in terms of both joint working and improved access'. Furthermore, colleagues working together in shared accommodation improved efficiency and added value to the working environment in relation to strengthening links, information sharing, accessibility and improved communication.

The report continued to advise that co-location with other public service partners would also strengthen and contribute to improvement in areas such as working with young people and child and adult protection work. Having staff from partner agencies in the same building would also allow informal contact and the opportunity for improved networking. The Acting CHCP Director was minded that there were positive opportunities for the CHCP Management Team and other CHCP staff were they to seek to move to the Civic Centre.

Accordingly the report recommended that the Board agrees in principle to the move to the Civic Centre. The Acting CHCP Director was keen to highlight that, with Board approval, this would be progressed through the governance channels of NHS Lothian with a final paper being brought to the April Board meeting for endorsement.

Decision -

To agree in principle to the move to the Civic Centre.

5. PRESENTATION - TELECARE: SAFE AT HOME

The Senior Manager, Communities and Information, gave a presentation

on new ways of working with technology currently being developed.

A new software tool, which would allow for specialist assessments to be undertaken in people's homes, even at times when the residence was being visited for other reasons, was demonstrated.

The software, which was in the advanced stages of development, calculated certain risks to the client and provided suggested 'prescriptions', depending on the answers given by the client to a range of pre-determined questions.

Question sets had been developed for the purpose of undertaking telecare, falls prevention, occupational therapy and/or income maximisation assessments. There was also potential for the software to be programmed with other question sets.

In the field, the software would be accessed via a hand-held portable device which would be remotely and securely connected to a central hub. The answers to the questions could be easily and quickly recorded on the device and any 'prescriptions' or required actions calculated instantly. To minimise time spent on data input the system was pre-populated with individuals' basic details.

The Senior Manager, Communities and Information, concluded by advising that a number of hand held devices had been procured and the system was ready to be piloted by staff. The potential to include staff from other service areas and partners in the pilot was also being investigated.

On behalf of the Board, the Chair thanked the Senior Manager, Communities and Information, for his informative presentation.

Decisions -

1. To note the presentation; and
2. To agree that progress updates be brought back to the Board when appropriate.

6. CHCP WORKPLAN

The Board considered a report by the Acting CHCP Director (which had been circulated) advising that the CHCP Workplan had been drafted following consultation with Heads of Service and operational managers in the CHCP.

The workplan, which featured as the appendix to the report, outlined the objectives, outcomes and activity that the CHCP would undertake in 2009/10 in the following areas, as well as the HEAT targets for the same period:

- Governance – Partnership, Financial, Clinical and Staff;
- Health Improvement;
- Early Years;
- School Age;
- Adults of Working Age;
- Older People;
- Service Development;
- Long Term Conditions;
- Delayed Discharge;
- Telecare/Telehealth;
- Shared Information;
- Pan Lothian Services Manager by the CHCP;
- Public Involvement;
- Public Involvement; and
- Single Outcome Agreement.

In conclusion the Acting CHCP Director undertook to report back on progress with development of the workplan.

Decisions -

1. To note the contents of the report; and
2. To note that the Acting CHCP Director would report back on progress with development of the workplan.

7. INTEGRATED CHILDREN'S SERVICES PLAN 2009-2012

The Children (Scotland) Act 1995 placed a requirement on certain public authorities and agencies to produce an Integrated Children's Services Plan, with the intention of meeting local and other planning requirements. In West Lothian the plan was a working document that defined the planning and monitoring arrangements for multi-agency children's services development.

The Board considered a report by the Acting Head of Council Services (which had been circulated) presenting the West Lothian Integrated Children's Services Plan for 2009/12.

The report advised that the Plan detailed the strategic context, legislative framework and the integrated services that would be delivered in West Lothian, whilst ensuring alignment to the Single Outcome Agreement.

Essentially, the Plan would be the overarching document describing local objectives and strategies across agencies for improving services and outcomes for West Lothian's children and young people.

The Plan featured as the appendix to the report and the key challenges and principles included therein were to:

- Get the right balance between resourcing universal and targeted services;
- Use budget setting processes to redistribute resources towards targeted activities, individuals, groups and communities;
- Improve integrated working;
- Improve outcomes for the individual child and their family; and
- Focus on early years and early intervention, and move resources from dealing with failure, to building resilience and dealing with root causes of current social problems.

In conclusion, the Acting Head of Council Services reported that all agencies in West Lothian were committed to providing services that were child-centred, developed in partnership with other organisations and with families themselves, that tackled inequalities, and that focussed on improved outcomes for children.

Decision -

To note the contents of the report.

8. SOCIAL POLICY SERVICE STATEMENTS

Service Planning was an essential element of effective management and delivery of services. For some years, all Council services had been required to develop an annual Service Plan which incorporated an Activity Plan. This remained a positive approach and the practice would continue.

The Board considered a report by the Acting Head of Council Services (which had been circulated) advising that it had been identified however that, for Social Policy, this form of planning did not support medium to longer-term consideration of service development and improvement. This view was reinforced by the Social Work Inspection Agency during their inspection and was identified in the West Lothian report.

The report continued to inform the panel that, in response to these concerns, Service Statements for the following areas within Social Policy had been developed:

- Addictions
- Children and Families
- Criminal Justice Service
- Dementia
- Health Improvement Team
- Learning Disabilities
- Mental Health

- Older People
- Physical Disabilities

These Service Statements, each of which featured as a separate appendix to the report, were designed to offer a view as to how the services might change and develop over the next 10 years, and to focus on what services were likely to be commissioned and delivered over the next 3 years.

The Acting Head of Council Services reported that presently the Service Statements were at an initial draft stage and were being consulted on with a wide range of stakeholders. He added that comments and views from Board members on any of the Service Statements were welcome as part of the consultation process.

Decision -

1. To note the contents of the report; and
2. To note that comments and views from Board members on any of the Service Statements were welcome as part of the consultation process.

9. APPOINTMENT TO THE POST OF HEAD OF SOCIAL POLICY

The Board considered a report by the Acting CHCP Director (which had been circulated) advising that Grahame Blair would be leaving the post of Head of Social Policy, and consequently the role of Head of Council Services with the CHCP, in the middle of February.

The report informed the panel that arrangements had been put in place to cover the post on an interim basis. Ian Quigley, Senior Manager Adults and Planning, had been appointed Acting Head of Social Policy and accordingly would assume the role of Acting Head of Council Services with the CHCP.

The Acting CHCP Director concluded by advising that the post of Head of Social Policy had been advertised, both internally and in the external press, and the aim was to be in a position to confirm Grahame Blair's replacement by the middle of March.

Decision -

To note the contents of the report.

10. DENTAL SERVICE AND OUTREACH TRAINING – ST JOHN'S HOSPITAL

Currently the regional maxillo-facial service and salaried primary care dental service (SPCDS) shared limited space within OPD4, St John's

Hospital. There was insufficient clinical space in OPD4 St John's Hospital for both services to function effectively.

At the moment SPCDS provided specialist orthodontic services and hospital services from OPD4. SPCDS orthodontists had access five days per week to a surgery but the hospital service had restricted access to a surgery shared with the maxillo-facial department. In addition, the shared space was used by the dental out-of-hours service each weekend.

The Board considered a report by the Clinical Director, SPCDS (which had been circulated) advising that Orthodontic and hospital dental services would move from OPD4 to new accommodation on the first floor of St John's. The regional maxillo-facial service in OPD4 would gain one additional fully equipped dental surgery and one additional consulting room.

The report highlighted that this development would provide an improved dental service for St John's in-patients and the out-of-hours service, an improved service for patients requiring maxillo-facial services, and the outreach training of dental care professionals and dentists in St John's Hospital.

The Clinical Director, SPCDS, reported that the new centre would include two surgeries, three teaching bays, a dedicated reception and waiting room area as well as adequate storage for equipment and consumables. He confirmed that detailed planning was almost complete with work on site starting in April 2009, and anticipated completion in August 2009.

In conclusion the report confirmed that the CHCP Senior Management Team, St John's Management Team, the Strategic Capital Group, NHS Lothian EMT and F&PR Committee, had approved this proposal.

Decision -

To note the contents of the report.

11. WEST LOTHIAN FALLS CO-ORDINATOR POST

The Delivery Framework for Adult Rehabilitation in Scotland (SEHD 2007) and the Prevention of Falls in Older People (NHS HDL 2007) were the key policy drivers relating to falls. These policies required that NHS boards delivered services that improved the incidence of falls. The HDL particularly stated that NHS Boards must have a falls prevention and bone health strategy, under which CH(C)Ps needed to develop combined operational implementation strategies, and that CH(C)Ps needed to appoint a falls prevention lead or co-ordinator.

The Board considered a report by the Acting Head of Health Services (which had been circulated) advising that NHS Lothian had an overarching Falls Group that had drafted a Falls Prevention and Bone

Health Strategy. The group would also oversee a work stream to develop an operational plan for a Lothian Falls Response Service.

The report continued to advise that In West Lothian a 0.73 WTE falls co-ordinator was appointed in January 2008. The co-ordinator, who would be line managed as part of the Additional Care and Technology Service, would:

- Map the current falls initiatives in West Lothian and identify gaps in the current service;
- Develop pathways across health and social care for the prevention of falls in the community;
- Develop protocols for the fallen patient;
- Develop a system of identifying people who were at risk of falls in the community;
- Develop robust evaluation methods to ensure interventions were effective and meeting agreed targets;
- Link with acute services particularly A&E, fracture clinic and day hospital to identify fallers and pathway development;
- Provide a training and development role across agencies to ensure evidence based practice;
- Promote self-management by working with carers groups and other voluntary bodies; and
- Establish methods of communication with other falls co-ordinators across Lothian to ensure equity of service.

In conclusion the report advised that the CHCP, in conjunction with ISD, NHS Scotland, was undertaking an evaluation of the falls co-ordinator post. One of the specific objectives of the evaluation was to look at the impact the co-ordinator had in terms of reducing the number of falls in West Lothian.

Decisions -

1. To note the progress of the development and implementation of the new post; and
2. To agree that a further update be reported to the Board once evidence and monitoring had been undertaken.

12. REPROVISION OF HEALTHCARE FACILITIES – WEST CALDER

The Board considered a report by the Acting CHCP Director (which had

been circulated) advising of a scheme to improve service provision and meet future demands of the population of West Calder and surrounding areas.

The overall scheme was intended to improve service provision for both staff and patients, with an emphasis on providing a full range of healthcare services from a purpose built facility. Provision at the new purpose built West Calder Medical Centre would include GP services, a physiotherapy suite including purpose built gymnasium, a podiatry suite and office space, speech and language therapy facilities, and an integrated pharmacy.

The report advised that the key elements of the new Centre were a 'one stop shop' providing a full range of Primary Care facilities, and integrated working for a range of healthcare professionals, with anticipated regular stakeholder meetings with a view to maximising patient experience.

The Acting CHCP Director's report also included details of the timetable for the build, progress to date with the project, and details of the financial implications.

In conclusion, the report highlighted that the new healthcare facility was proceeding well. Whilst there would undoubtedly be challenges in bringing together a whole range of individuals and services, previously working independently, the Acting CHCP Director confirmed that the new facility provided an excellent opportunity to modernise the provision of healthcare for the population of West Calder and the surrounding area.

Decision -

To note the contents of the report.

13. FAULDHOUSE PARTNERSHIP CENTRE UPDATE

On 20 June 2006 the Policy Partnership and Resources Committee of the Council agreed to the principle of the construction of one purpose built facility in Fauldhouse which would provide a full range of community and leisure services including two GP practices and associated community services, a two chair dental surgery, a pharmacy, a refurbished Swimming pool, a library, a crèche, a learning suite, a food co-op, a health and fitness suite, a café, the Community Information Service, a refurbished sports hall, Police presence and a community youth room.

The Board considered a report by the Acting CHCP Director (which had been circulated) advising that following the appointment of Cooper Cromar as architects in October 2006, a contract notice was issued in June 2007 seeking expressions of interest in tendering for this project, in accordance with OJEU requirements.

The report advised that following a short-listing of contractors, tender

documents were issued in early November 2007 and tender returns were received in late December 2007. The lowest tender from Central Building Services was approved by the Council Executive in February 2008.

The Acting CHCP Director continued to inform the Board that work commenced on site on 14 April 2008 and would be complete in September 2009, which was slightly behind programme. He added that the Council was also undertaking three weekly stakeholder meetings to progress discussion on management and maintenance of the building with all partner organisations.

Decision -

To note the contents of the report.

14. DOSE OPTIMISATION THROUGH COMMUNITY PHARMACIES

To support the WL CHCP Prescribing Plan 2006-2007, 12 Community Pharmacies carried out a pilot (CPIS) project. The cost of this project was £3382 and the estimated annual savings from this were £91,439. This project included a total of 457 premium priced substitutions, 157 generic substitutions and 28 dose optimisations.

The Board considered a report by the Acting Head of Health Services (which had been circulated) advising that the projected annual savings from the 28 dose optimisations was £3,565.

The report highlighted that following on from this in 2007 and 2008, GPs ran their own intervention projects (GPIP) resulting in 1,066 interventions in 2007 with a potential saving of £110,000 and 1,300 interventions in 2008 with a potential saving of £125,000. Of these 1,300 interventions, 16 were dose optimisations with a projected annual saving of £3,530.

The Acting Head of Health Services reported that, following the success of GPIP 2008, it had been identified that there may be scope to find further Dose Optimisation opportunities. To this end, members of the Community Pharmacy Forum had indicated that there would be merit in participating in a Dose Optimisation Intervention Project to identify scripts which could be written more cost-effectively, and to support the 'Lean in Lothian' Initiative in reducing waste from the repeat prescribing process.

Accordingly, the report recommended that the Board agrees that the CHCP fund a 6-month Community Pharmacy Intervention project.

Decision -

To agree that the CHCP fund a 6-month Community Pharmacy Intervention project.

15. CLINICAL GOVERNANCE

The Clinical Director gave a verbal update on clinical governance. He confirmed to the Board that there were no clinical governance issues to report. He also advised that work was ongoing on the preparation of a report on care of elderly inpatients. It had yet to be determined whether this report would be brought to the Board or Sub-Committee.

Decision -

To note the verbal update.

16. 2009/10 REVENUE BUDGET: COUNCIL SERVICES

The Council's revenue budget for 2009/10 was based on the grant figures in finance circular 2/2009, which outlined funding for individual local authorities for 2009/10. Following a process of scrutiny in the Scottish Parliament, the Budget Bill was confirmed on 11 February 2009 as part of the Local Government Finance (Scotland) Order 2009.

The Board considered a report by the Acting Head of Council Services (which had been circulated) presenting the Council's share of the aligned budget and the budget allocations approved by the Council in February 2009 for CHCP services.

The report advised that the CHCP's 2009/10 budget for Council services would increase by £3.634 million from the levels in 2008/09, an increase of 5.9%. A summary of the budget increases that had been applied was set out in the report along with details of the non-CHCP elements of the Social Policy budget and the total Social Policy budget for 2009/10.

The Acting Head of Council Services advised that certain aspects of the overall budget required further comment to ensure that the Board was aware of the assumptions made. Detailed information was contained in Appendix 1 to the report.

In summary terms however, the proposed budget allowed for an estimate of corporate spending pressures including staff costs, demographics, and indexation; an allowance for the cost of unavoidable service pressures; service developments; savings to be delivered by re-prioritisation measures; and an estimate of income from fees and charges. Staffing, indexation, demographics, council wide and service cost pressures were also detailed.

In terms of the efficiency agenda, the report highlighted that re-prioritisation measures totalling £0.110 million had been included. The approach to identifying these took account of the need to continue to deliver agreed outcomes and it was believed that they could be delivered with minimal impact on front line services.

The report continued to advise that due to the difficult economic position, the risks and uncertainties associated with the budget were considerably

greater than in previous years. There was a risk of price increases above the amounts allowed in the budget model with potentially volatile areas including food, energy, fuel and costs of materials. Within the CHCP budget, there had also been severe needs led and demographic pressures over recent years for home care and care at home services for the elderly, children and adults.

In conclusion, the Acting Head of Council Services highlighted that whilst the Council had approved a budget increase of £3.634 million for CHCP services in 2009/10 which allowed for all known budget pressures and commitments, there remained a level of uncertainty associated with some budget assumptions. To this end the budget would be carefully monitored during the financial year to ensure risks were appropriately managed.

Decision -

To note the budget increases and the associated risks and assumptions.

17. PERFORMANCE MANAGEMENT -

(a) Financial Position - West Lothian CHCP

The Board considered a report by the Head of Council Services and the Acting Head of Health Services (which had been circulated) providing the Board with a joint report on financial performance in respect of the CHCP for the period to 31 January 2009.

The report advised that although it related to both budgets, the budgets were still on an aligned basis, and so the Council and NHS Lothian each were to deliver a balanced budget independently of the other.

West Lothian Council's CHCP budget was forecast to be overspent by £135,000 for 2008/09. NHS Lothian's CHCP budget was forecast to be overspent by £389,000. The Hosted Services were forecast to be underspent by £64,000. Details of the underlying variances for each budget were set out in the report.

In conclusion the report advised that budget holders would be pro-actively managing budgets to ensure spend was contained within approved budgets and any outstanding funding pursued.

Decision -

To note the contents of the report;

(b) Allocation and Waiting Times for Adults and Older People's Occupational Therapy and Social Work Services Referral

The Board considered a report by the Head of Council Services (which had been circulated) advising that the maximum waiting time for allocation for assessment of need across council Adults and Older Peoples Social Work and Occupational Therapy services on 26 February 2009 was 10 weeks. This was within the standard of 13 weeks established by the council.

In addition to providing a snapshot of the numbers of people on the related waiting lists and the associated waiting times as at 26 February 2009, the report advised that between 15 January 2009 and 26 February 2009 the average waiting time for all cases across Social Work and Occupational Therapy was less than 4 weeks.

Decision -

To note the contents of the report.

(c) Delayed Hospital Discharge

The Board considered a report by the Head of Council Services (which had been circulated) which advised that West Lothian CHCP had reported to the Lothian Wide Partnership as the part of the Delayed Discharge monitoring arrangements that on the 11 February 2009 there was no one delayed in acute/short stay accommodation, and no one delayed more than 6 weeks.

Decision -

To note the contents of the report.

(d) Absence Management - West Lothian CHCP

The Board considered a report by the Head of Council Services and the Head of Health Services (which had been circulated) providing summary information on sickness absence levels within the CHCP. Statistics for Social Policy and Health Services broken down by service area, and tables/graphs comparing actual sickness absence levels against targets, featured in the appendices to the report.

For the months of December and January sickness absence within Social Policy was and 6.64% and 6.79% respectively. For the January, sickness absence within the NHS staff of the CHCP was 6.00%. An update on the analysis of causes undertaken was also reported.

Decision -

To note the contents of the report.

(e) Single Shared Assessment and use of C-me

The Board considered a report by the Head of Council Services and the Head of Health Services (which had been circulated) presenting activity on the eCare system in relation to single shared assessment across Social Policy, Housing and Health from 1 January to 25 February 2009. A summary of the use of the C-me system in relation to electronic Inter-Agency Referral Discussion (IRD) for the purposes of child protection over the same period was also presented.

The report noted that the number of completed single shared assessments across agencies in Social Policy and Housing remained consistent in relation to previous reports.

Decision -

To note the contents of the report.

18. DIRECTOR'S REPORT

The Board considered a report by the Acting CHCP Director (which had been circulated) setting out the areas of work in which he had been engaged since the last meeting of the Board. He updated the Board on the GP Extended Hours Service, the appointment of Ian Quigley to Acting Head of Social Policy / Council Services, publication of the West Life newsletter and staff governance.

Following discussion amongst officers and members, a consensus emerged that details of the geographical spread of GP practices within West Lothian providing extended hours access, should to be reported back to the Board.

Decisions -

1. To note the contents of the report; and
2. To agree that details of the geographical spread of GP practices within West Lothian providing extended hours access, be reported back to the Board.