

MINUTE of MEETING of the WEST LOTHIAN COMMUNITY HEALTH AND CARE PARTNERSHIP BOARD of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN, EH52 5LH, on 7 OCTOBER 2014

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

Apologies – Janet Campbell and Alison Mitchell

In Attendance – Jim Forrest (CHCP Director), Jennifer Scott (Head of Council Services), Marion Christie (Head of Health Services), Gill Cottrell (Chief Nurse, NHS Lothian), Dr Elaine Duncan, (Clinical Director), Carol Bebbington (Primary Care Manager, NHS Lothian); Alison Milne (Keep Well Team Lead); John Richardson (PPF)

1. DECLARATIONS OF INTEREST

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

2. MINUTE

The Board approved the minute of its meeting held on 12th August 2014 as a correct record.

3. CHCP RUNNING ACTION NOTE

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

Decision

To note and agree the Running Action Note.

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

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

5. WEST LOTHIAN KEEP WELL

The Board considered a report (copies of which had been circulated) by the Head of Health Services presenting the Keep Well in NHS Lothian Annual Report 2013-14 which had been provided as an appendix to the report.

The report recalled the history and purposes of the programme and

provided details on the model of delivery in Lothian. Key points arising from the report were as follows:-

- NHS Lothian had exceeded the target of delivering 4800 Keep Well checks in a year and continued to develop its relationships with General Practices with 58 practices throughout Lothian engaged by March 2014 and partners who supported vulnerable groups.
- Scottish Government funding contributions would continue largely unchanged in 2014 (£1,119,000 for NHS Lothian) and would reduce nationally from £11 million in 2014-15 to £7 million and £3 million for 2015-16 and 2016-17 respectively.
- Work had commenced to develop an options appraisal to explore how Keep Well would evolve, given the changing environment and changes to funding arrangements.

The report concluded that during the review process, the project would remain focussed on the main objective of reducing inequalities and continue to improve focus on person centred care, with further communications with CHCPs to follow as work developed.

Decision

1. To note the content of the Keep Well in NHS Lothian Annual Report 2013-14.
 2. To note that the annual report had been approved by NHS Lothian Board and submitted to the Scottish Government.
 3. To note that work was ongoing to explore the evolution of Keep Well in Lothian.
6. FALLS RESPONSE PATHWAY – CRISIS CARE AND SCOTTISH AMBULANCE SERVICE

The Board considered a report (copies of which had been circulated) by the Head of Social Policy advising of the recent partnership work with the Scottish Ambulance Service to develop a falls response pathway focussed on better outcomes for those at risk of falls.

The report recalled that in 2012 a report had been commissioned by NHS Scotland to examine the resources, costs and benefits associated with implementing care bundles to prevent falls in the community which had concluded that care bundles improved people's quality of life, decreased morbidity and mortality and enabled people to be independent for longer. The financial implications of not implementing care bundles was expected to result in a 40% rise in costs by 2020 which would place a major strain on the ability to co-ordinate care effectively and with compassion for increasingly frail people.

The report explained that nationally, 80% of individuals the Scottish Ambulance Service (SAS) responded to post fall were conveyed to A&E

which was not always clinically warranted or in the best interests of the individual. In addition, patients responded to by the SAS did not have access falls bundles which resulted in falls and bone health risk factors not being fully assessed and appropriate interventions to decrease risks being put in place. The report provided details of new national guidance which had been developed by the SAS to reduce the number of people who attended A&E when it was not clinically warranted. Under the guidance, if an individual was clinically stable but had new support needs, there was now a pathway between the SAS and health and social care services to ensure a same day or next day response to conduct an assessment of needs.

Within West Lothian, a Crisis Care Service had been developed that had a significant and positive impact in improving and streamlining response to falls. Appropriate screening and development tools had been developed to enable those at risk of future falls to be identified and an appropriate preventative programme to be implemented. Over the last year, pathways had been developed to ensure falls bundles were available.

The report concluded that whilst some challenges remained, the introduction of an integrated pathway with the SAS would ensure falls response services were better targeted and integrated.

Decision

1. To note the partnership developments with the Scottish Ambulance Service (SAS).
2. To agree to support the key aim of ensuring that falls response services were well targeted and integrated.
3. To agree that a report should be brought to a future meeting of the Board to provide up-to-date information on the overall crisis care service, including the performance of the falls prevention service.

7. CLINICAL GOVERNANCE – DISTRESS TOLERANCE PROJECT

The Board considered a report (copies of which had been circulated) by the Clinical Director advising of the progress of the distress tolerance project and the findings of an interim report.

The report recalled the background to the introduction of the project which aimed to assist patients who had difficulty coping with distress caused by life events through the provision of a 12 week course to teach new methods of coping with internal feelings of distress. The three key aims of the project were provided within the report.

The feedback from course attendees had been overwhelmingly positive and indicated that it had made a substantial improvement to their lives. Furthermore, feedback from health professionals indicated that the programme was the most advanced of its kind in Scotland and an

excellent example of evidence based treatment for Borderline Personality Disorder that was fully implemented and supported by all local statutory agencies.

The report concluded that a sustainability working group was analysing how the project could be taken forward in the longer term on a more sustained basis by examining the cost benefits to a range of frontline statutory services (Primary Care and Secondary Care, A&E, SAS, Social Work and Police).

Decision

1. To note the contents of the report.
2. To agree to support the progress being made to provide appropriate, accessible care for the patient group.
3. To agree that Board members should be provided with an electronic copy of the Distress Tolerance Project Interim Report June 2014.

8. CARE GOVERNANCE – UPDATE ON ADULT PROTECTION AND CHILD PROTECTION

The Board considered a report (copies of which had been circulated) by the Head of Council Services providing an update on adult protection and child protection activity in the CHCP over the last 6 months as follows:-

- Employment of an additional administrative assistant to support the Adult Protection Committee in view of the 25% increase in the number of meetings and to assist with meeting performance targets.
- Active engagement with the voluntary sector to supplement and enhance the future development of the Safe and Sound Adult Protection Service User and Forum.
- A suite of Adult Protection Performance Indicators approved by the APC which provided greater emphasis on outcomes than previous indicators and focussed on ensuring timescales were measured. Further work to be carried out to include an audit of assessment and plans used in the adult protection process.
- A new Adult Protection Committee action plan had been developed that would focus on the adult protection case conference process. Two audits had been carried out which had resulted in a number of recommendations and improvement actions being implemented.
- The Learning and Development Sub-Committee of the APC had developed an action plan focussed on assessment training and scoping further skills-based training. The current training programme required a degree of revision to take account of the

increasing complexity of adult protection work.

- The APC would submit its biennial report for 2012-14 on Adult Protection Activity when it submitted to the Scottish Government in October 2014.
- The priorities of the Child Protection Committee (CPC) continued to be self-evaluation, promotion of good practice, training and staff development to improve outcomes for children involved in the child protection system.
- The quality of joint investigative interviews conducted by Social Workers and police continued to be assessed with a more consistent approach having been noted.
- The Quality Assurance and Self Evaluation subcommittee scrutinised cases where the names of unborn children had been placed on the register and remained after 12 months of agencies' intervention.
- Following an audit of the quality of all aspects of Child Protection Case Conferences (CPCC), changes had been made to ensure CPCCs focussed on the risks to children and the planning to reduce those risks. CPCC chairs had been provided with a script to ensure consistency. A further audit carried out in 2014 had identified that whilst there had been an improvement in focussing CPCCs on the impact of risk factors of the child and planning to reduce the impact, auditors had noted that some improvements were still required and that work would continue to address those issues.
- The Practice and Training subcommittee had focussed on sexual abuse and had provided seminars on child protection and the internet and the impact of sexual abuse. A seminar raising awareness of child exploitation and West Lothian's procedure would be held in October 2014.

Decision

To note the ongoing work within adult and child protection.

9. FINANCIAL GOVERNANCE - 2014/15 REVENUE BUDGET – MONITORING REPORT AS AT 31 JULY 2014

The Board considered a report (copies of which had been circulated) by the Head of Social Policy and Head of Health Services providing a joint report on financial performance in respect of West Lothian Community Health and Care Partnership (WLCHCP) based on figures for the period 31 July 2014.

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

Decisions

1. To note the information in the report regarding financial performance in the CHCP to 31 July 2014.
2. To note that the CHCP Council services outturn for the year was forecast to break even.
3. To note that the CHPC health services outturn for the year was expected to break even.
4. To note that service managers were taking management action to address areas of financial pressure within their own service area to ensure spend was contained within the budget available.

10. STAFF GOVERNANCE

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

Decision

To note the updates provided in relation to:-

- Person Centred Health and Care Programme
- National learning session
- Delivering Better Care Leadership Programme
- General Practice Nursing
- NHS Scotland Staff Survey
- West Lothian Council Absence Management

11. DIRECTOR'S REPORT

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

Decision

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

- a) Integrated Care Fund
- b) Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014.

- c) Re-offending Rates in West Lothian.
- d) Children's Services Information Day.
- e) Transforming Care After Treatment.
- f) New Hearing Aid Battery Distribution Service.