<table>
<thead>
<tr>
<th>Attendance</th>
<th>Apologies</th>
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<tr>
<td>Colin Anderson, Joint Improvement Team (CA) CHAIR</td>
<td>Hugh Brown, Clinical Lead COPD, NHS Ayrshire and Arran (HB)</td>
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<td>Lena Collins, North + South Lanarkshire HSCP’s (LC)</td>
<td>Michelle Brogan, United4Health Service Development Manager, SCTT/NHS 24 (MB)</td>
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<td>Iain Findlay, Cardiologist/Clinical Lead Heart Failure, NHS GG&amp;C</td>
<td>Janne Rasmussen, European Service Development Manager, SCTT/NHS24 (JR)</td>
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<td>Lynn Garrett, Evaluation Lead, NHS24/SCTT</td>
<td>David Rowland, Head of Health &amp; Care Social Care Partnership A&amp;A (DR)</td>
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<td>Marlene Harkis, SmartCare Service Development Manager, SCTT/NHS24 (MHa)</td>
<td>Sandeep Thekkepat, Clinical Lead DM, NHS Lanarkshire (ST)</td>
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<td>Victoria Hunter, SCTT/NHS24, European Project Coordinator (Secretariat) (VH)</td>
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<td>Alistair Hodgson, JIT (AH)</td>
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<td>Moira Mackenzie, SCTT/NHS24 (MM) VICE CHAIR</td>
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<td>Kathleen McGuire, NHS Ayrshire and Arran, South Ayrshire HSCP (KMcG) (Vc)</td>
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<td>Jason McLaughlin, Renfrewshire Council, (JM)</td>
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<td>Lisa Morton, SCTT Communications, NHS 24 (LM)</td>
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<td>Johan Nolan,</td>
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1. **Welcome and Apologies**  
   CA welcomed all and introductions were made.

2. **Minute of Last Meeting/ Matters Arising/Quorate**  
   MM noted initially that the meeting was not quorate as such any items which require a decision will be circulated via email to those unable to attend. This was subsequently rectified with the arrival of Lena Collins.
MM noted that the Board now had representation from Information Sharing Board (health and social care information sharing) with Johan Nolan present.

MM noted that there are some typo’s/small glitches in the previous minutes. VH will check and update. Minutes were otherwise accepted

VH will ensure that previous Steering Group and Programme Board minutes are added to SCTT website. MM confirmed that the NHS 24 Exec team have approved the Annual Reports, therefore VH will action at the same time.

KMcG advised that there is a final meeting planned for Friday with 2 strategic alliance meetings taking place to date. The current proposal is that there is still a Pan Ayrshire approach within Ayrshire. Final decision to be made regarding Local Executive Sponsor. KMcG will update when this is confirmed.

Discussion at the last meeting regarding the flow of money to local authority etc. MM confirmed that formal statements need to be provided from each of the local areas. LC confirmed that there is an arrangement locally in Lanarkshire that the funding for time from local authority will be given from NHS24 Recruitment Grant.

LM confirmed that a process is established in Renfrewshire which covers the cost of expenses incurred from local authority.

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<th>3. Role of Clinical Lead</th>
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<td>IF noted discussed the possible issue with Clinical Time facing all of the clinical leads within the project.</td>
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<td>KMcG noted that within Ayrshire and Arran there is a proposal that the MCN and Learning Forum take a lead role. With Hans and Hugh Brown sharing the role for COPD. MB to update the paper and re-circulate following a discussion with the Clinical Leads on the content. A shared Clinical Role may be beneficial within some of the clinical areas.</td>
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<th>4. United4Health</th>
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<td>KMcG presented the highlight report as per paper previously circulated, with the following highlights.</td>
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<tr>
<td>Highlight Report – Paper</td>
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<td>• Project Assembly – Focus on Evaluation and finalisation of database, as recruitment of patients has commenced.</td>
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• Recruitment – Figures are noted within the highlight report with lessons learned regarding recruitment criteria. Further discussion required regarding the protocols as some patients do not meet the criteria set. Further discussion required with European Partners.
• Mid Term Workshop, main focus on Lessons Learned
• Industry Visit – Visit will take place in November from COCIR visiting local areas to look at issues/challenges. An industry Workshop will take place on 7th November – MB will send out further details asap but asked all U4H to hold the date in their diary.

All recognise that there are not sufficient funds to recruit the numbers expected from the EC. At the outset recruitment numbers/scale and funding were not initially fully understood. It is hoped that the cost modelling work will assist with this process.

Service & Cost Modelling Approach

To further inform the cost modelling work MB and LC recently attended the MALT Conference. Throughout Sheffield and surrounding local areas, service and cost modelling approaches are currently being trialled however it is recognised that although these are though to be effective this is also a very labour intensive process. LC and MB are currently looking at this to see if this can used as a tool for the United4Health/SmartCare Projects.

It is hoped that the need for technology can be stratified against disease group and patient need and from the outset identify the particular equipment which will be beneficial to particular disease groups and at what stage. MB will contact ISD to see the types of information which can be reported, and the information which is collected routinely.

Communication

MM noted that the United4Health local leaflet is now available to support wider dissemination and awareness. Copies circulated at meeting for information. VH advised copies available for circulation by project managers.

A Communication event log is being used to capture all events from local partnership areas.

Finance

Workbooks for Quarter1-3 are now due and should be forwarded to VH soon. Awaiting confirmation regarding reimbursement from Year 1 of the project.

Progress

As per the highlight report. KMcG noted that there are challenges with Ayrshire and Arran, noting that the decision
to recruit both Stage I and Stage II diabetes patients has been a positive step forward,

The Compatibility upgrade for My Diabetes My Way is expected by 15th November.

Discussion at Project Assembly regarding a possible extension to the project, further information will be provided when this is available.

Recruitment numbers are noted within the Highlight report with each of the areas noting Lessons Learned moving forward, which is expected to assist with recruitment numbers. Currently COPD patients are expected to be recruited when discharged from hospital; this may need to be reviewed from a Scotland perspective.

Heart Failure
Plan to use Video conferencing within NHS Greater Glasgow and Clyde to ascertain the benefits of using this system.
GG&C Heart Failure nurses have been allocated 1 day a week to monitor patients on the system. IF noted that with Heart Failure Patients there is a difficulty with a Control groups. Monitoring is may only be suitable for a small number of patients.

IF has had recent discussion with Peter McLeod, Director of Social Care in Renfrewshire to see if there are other ways of using this technology for patients in the home or Care home setting.

MB advised that it is expected that local Board areas will apply to the Technology Enabled Care Programme for funding.

4. **SmartCare**

    **Highlight Report**

Procurement process is almost complete with users and carers involved in the process. Procurement Panel met with 15 possible suppliers. Central Legal Team advised that a mini tender process should be undertaken for Lot 3 with this expected to be complete mid October. Meeting with Subgroup lead on 8th October. 10 week timescale have been given to suppliers to have a prototype on Living it Up Platform.

MHa advised that the Concept working group work is now at a critical stage with commitment required from all local subgroup leads. MHa noted that it is important that the subgroup leads are available to attend meetings, particularly within the next 5 weeks.
MHa asked that KMcG ensure that that Local Subgroup leads within Ayrshire and Arran are available. KMcG will look at this and call MHa to advise, whether this is Amy Simpson or otherwise.

MHa hopes that there may be a demo which can be presented at the next Programme Board.

MHa confirmed that the budget is held centrally for the work that ATOS is undertaking with the subgroups taking this work forward.

MM noted that ATOS will develop prototypes, with Local areas needing to assess funding implications when the project phase is complete.

**European Commission Review**

The review with the EC took place on 24th September. Reviewers were responsive to the progress of the project, although some concerns were noted around deployment. Moving forward the focus should be on ensuring optimum recruitment and development of the prototypes as part of the local falls pathways.

MM noted that the EC are keen to have the project Officer present at the General Assembly in November.

**Recruitment Strategy**

Local events have taken place and are still ongoing.

Local areas have been working on recruitment strategies.

Overall 93 patients have been recruited to date. MHa noted that each of the local areas have submitted a recruitment strategy although need to clarify who will take recruitment forward and the capacity which is available. MHa asked that the recruitment strategy was taken through the local Boards for approval.

MHa advised that 2,000 Staff have to be recruited across three partnership areas, urgent requirement for relevant staff to register on the website.

MM noted that a National Recruitment Strategy needs to be developed; Users need to see the benefit of using the Living it up platform.

**Challenges with Patient’s/Living it up**

- Difficulty in recruitment, feedback that Living it Up
- Lack of technology availability

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<tr>
<th>Feedback – 'clunky' website</th>
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<td>Lack of relevant information</td>
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MHa advised that there is a benefit in taking a tablet or laptop to events to register service users at the time, all to look at whether this is possible,

Local information is being added to the Living it up website, although it is recognised that this needs to be further improved. LC noted that there is a wide variety of information available on local websites and currently within Lanarkshire there are more 'hits' on this than Living it Up. MM noted that Living it Up should not be seen as being in competition with Local websites. Prototype to be released in November, where users will be able to create a personal dashboard to pull through relevant information.

MHe is working with the other project managers around the information which is loaded for 'local' users/information.

With the digital up skilling agenda, people are increasingly using technology, we need to look at how we support this option for patients/users, via SCBO, voluntary sector etc. MHa noted how crucial it is for Project Managers to have links with voluntary sectors and whether the voluntary organisations can be used to register patients on the living it up website.

KMcG noted that there is currently a capacity issue within Ayrshire and Arran, currently 3 posts are advertised for Project Officers, and recruitment will be driven forward.

Mandatory data fields will be implemented on the living it up website to ensure that the data fields required can be developed. When users register they will be required to complete whether they are a patient, user, etc It is likely that this will not be implemented until end of October. MM will confirm the date asap.

Further development of Recruitment Strategy is required to be circulated to MHa by 3rd Week in October. Murray Strategy will be circulated with the minutes to assist with the second draft,

MM noted that Living it Up Recruitment Strategy can be circulated for Information.

LM noted that she has spoken to MB about adding some content for United4Health.

LM advised that a monthly Get Involved Newsletter is being developed, specifically for SmartCare. LM asked if any information should be included to let her know.
### Evaluation

The Evaluation group is well established. Before sample should have been collected

RSD leading on Evaluation using the MAST methodology.
Utilised SF12 for Comparative Group. With Renfrewshire collating results, support from NSS to analyse results.

### Challenges

- Capacity
- Require clarity of what measuring
- Need for external support e.g. academia
- Integration of Services

Half day workshop 30th October PM NHS 24 HQ Cardonald. The entire implementation group invited, with a plea to ensure that local representation is provided at the meeting. Local Authority representation is small on the group.

MM noted that the overview which LG gave was an introduction. A paper will be provided at the next meeting regarding evaluation.

KMcG suggested liaising with Susan regarding QUEST to look at similarities and any Lessons Learned which could be beneficial to this process. MM will facilitate this discussion with Susan

### General Assembly 4th and 5th November

4th AM – Site Visit – Renfrewshire (probably Glynhill Hotel)

**General focus will be;**
Integration of Information(Person Held File), Coordination(Diary/Calendar), Care Pathway
In addition, site visits Renfrewshire and East Renfrewshire. Possible visit to Care Home/Day Centre to look at Integrated care etc.

Dinner on 4th as part of the Social aspect of the General Assembly, MM asked that a senior representative from each area were in attendance.

5th General Assembly in Edinburgh, further information on Draft agenda will be circulated within the next few days.

The Digital Health and Care Conference will be held on 6th November at Sheraton Hotel in Edinburgh, people should have received a save the date with further information sent out shortly.
5. **AOCB**

JN provided a brief overview of the Information Sharing Board. The Information Sharing Board commenced when eCare was decommissioned in July 2013, since this time the budget has been used to look at local information sharing following the Girfic agenda, Currently looking at development of standards from a practitioner point of view and the integration of Health and Social Care services...

No further business noted.

8. **Next Meeting:**
   
   Date: Tuesday 9th December
   
   Time: 10am until 1pm
   
   Venue: Meridian Court, Room G1/G2