



East Lothian Health and Social Care Partnership

Strategic Planning Group

DRAFT MINUTES

**Date:** 16<sup>th</sup> October 2019  
**Time:** 13:00 – 15:00  
**Venue:** Council Chambers, Town House, Haddington

1.	Welcome and Apologies	Action																																				
	<p><b>Attendees:</b></p> <table border="1" data-bbox="228 633 1380 1153"> <tr> <td>Peter Murray</td> <td>PM</td> <td>Vice-Chair IJB</td> </tr> <tr> <td>Alison Macdonald</td> <td>AM</td> <td>Director, ELHSCP</td> </tr> <tr> <td>Fiona O'Donnell</td> <td>FOD</td> <td>IJB Chair</td> </tr> <tr> <td>Diane Gray</td> <td>DG</td> <td>Project Support Manager (minutes)</td> </tr> <tr> <td>Andrew Tweedy</td> <td>AT</td> <td>Director, Carers of East Lothian (CoEL)</td> </tr> <tr> <td>Caitlin McCorry</td> <td>CMcC</td> <td>Strategic Planning and Performance Manager</td> </tr> <tr> <td>Bryan Davies</td> <td>BD</td> <td>GSM: Planning &amp; Performance</td> </tr> <tr> <td>Marilyn McNeill</td> <td>MMcN</td> <td>User Representative: IJB</td> </tr> <tr> <td>Jane Ogden-Smith</td> <td>JOS</td> <td>Communications Officer, ELHSCP</td> </tr> <tr> <td>Rebecca Pringle</td> <td>RP</td> <td>ELC Housing Strategy Officer (deputising for Wendy McGuire)</td> </tr> <tr> <td>Jon Turvill</td> <td>JT</td> <td>Clinical Director, ELHSCP</td> </tr> <tr> <td>Philip Conaglen</td> <td>PCon</td> <td>Consultant in Public Medical Medicine</td> </tr> </table> <p><b>Apologies:</b>            Shamin Akhtar, Alastair Clubb, Lorraine Cowan, Claire Flanagan, Melissa Goodbourn, Trish Carlyle, Wendy McGuire, Bill Ramsay, Paul Currie, Fiona Ireland, David Binnie</p> <p>PM welcomed everyone to the meeting and apologies were noted.</p>	Peter Murray	PM	Vice-Chair IJB	Alison Macdonald	AM	Director, ELHSCP	Fiona O'Donnell	FOD	IJB Chair	Diane Gray	DG	Project Support Manager (minutes)	Andrew Tweedy	AT	Director, Carers of East Lothian (CoEL)	Caitlin McCorry	CMcC	Strategic Planning and Performance Manager	Bryan Davies	BD	GSM: Planning & Performance	Marilyn McNeill	MMcN	User Representative: IJB	Jane Ogden-Smith	JOS	Communications Officer, ELHSCP	Rebecca Pringle	RP	ELC Housing Strategy Officer (deputising for Wendy McGuire)	Jon Turvill	JT	Clinical Director, ELHSCP	Philip Conaglen	PCon	Consultant in Public Medical Medicine	
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2.	<b>Notes of Last Meeting (04/09/19)</b>																																					
	The notes from the meeting of 4 <sup>th</sup> September 2019 were agreed as correct.																																					
3.	<b>Matters Arising</b>																																					
	No matters arising noted.																																					
4. & 5.	<b>Directions &amp; Delivery Plan</b>																																					
	<p>PM stated that he felt that these were the best Directions he had read for ELHSCP. AM acknowledged the amount of work that MG had put into these. BD spoke to the Directions paper and informed group that updates were made to 19 directions. Revised guidance is coming out and it is focussing on clarifying accountability. A lot of engagement has happened in developing the Directions. Integrated Impact Assessments (IIA) will need to be done. Scottish Government is asking all areas to review what IIA's have been done and to feedback this information to them. This work has been completed.</p> <p>There may be a need for new or revised Directions throughout the year, which is a new approach for ELHSCP. Report explains about Health Inequalities and PCon will be meeting Change Boards with a view to discussing how Health Inequalities support the</p>																																					



Golden Threads. Finance has been attached to Directions for the first time. They also cover compliance and accountability and discuss how to develop this for reporting. It was suggested that a 6 monthly report is implemented. New additions in the suite of Directions clearly state if they are continuing (highlighted in green). Some live links have been inserted to demonstrate progress and further links will be included as they are available.

PM commented that he felt it important that the statement made *“As a fundamental principle, there should be neither disinvestment nor further investment in delegated functions without being subject to full discussion and agreement with East Lothian IJB”* was essential and we need to adhere to this.

PM queried where it would feature with the planning for the NHS Lothian, 3-year Annual Operating plan, which will be influenced by the work the IJBs do. AM explained that she had had a very brief discussion about bringing strategic plans and Directions into this with all 4 Chief Officer's and Colin Briggs. AM confirmed this would be shared over the 4 IJBs.

PM also raised a query around the links, which, at the moment, are mainly blank. PM asked for, a link should be inserted in the Directions tracker to indicate progress towards or completion of the work required to fulfil the Direction. FOD noticed there were few updates from Change Boards but AM stated that the Officers will keep track of these required links and not the Change Board's.

PM spoke about Commissioning and whether there was a requirement to indicate that certain elements of what we do will be done more efficiently because we work with other IJB colleagues. I.e, relationship with H@H, H2H. PM thought that there were certain areas that we all need to be working in the same way so that when working with central areas the systems are clear. AM thought these discussions should be held in the Integrated care Forum. BD believed that moving away from the ELC Procurement Board to Partnership Commissioning Services would make this happen, as the IJB will decide what is procured. AM is currently the Chair of this meeting and saw this continuing.

PM spoke about workforce planning and felt if there was workforce issues relevant to a Direction and if the increased human resource did not come to fruition, we need to be appraised of workforce issues should they emerge.

PM queried if the Delayed Discharge target was achievable. AM confirmed that it was. PM thought that it was unfortunate that our footfall to A&E was projected to rise. AM explained that there is other unseen data in relation to how quickly we get people out of hospital.

PM spoke about the self-assessment tables completed and submitted to Scottish Government. He asked if there was an action plan and asked for it to be brought back to a subsequent meeting.

PM gave a big thanks to MG and PC for the work that they have done on this.

BD spoke about recommendations for noting:

- Note progress against all the Directions operating through 2019-20 (Table 1).
- Review current proposed Directions for 2019-20 (Appendix 1) for planned proposal to the East Lothian IJB on 31<sup>st</sup> October 2019.
- Review associated Delivery Plan that has been produced in collaboration with Change Boards and Reference Groups.
- Note that each partner responsible for delivering a Direction is expected to report on progress to the IJB for the purposes of monitoring achievement.



	<ul style="list-style-type: none"> <li>Note that in future the IJB will regularly review the implications for Directions during business sessions.</li> <li>Note that the Directions that will operate in 2019-20 are intended to reflect either the IJB priority areas as outlined in the IJB Strategic Plan or operational priorities.</li> </ul> <p>FOD queried if Partners meant providers/commissioned services. BD confirmed that was correct. Commissioned services are reported on at CMT. PM queried if commissioned reports should come to IJB so that it is formally minuted that we are content with the service provision. AM explained that we look at the quality of commissioned services etc.at the Clinical &amp; Care Governance Committee. BD's team look closely at monitoring and results.</p> <p><b>Action:</b> Developing performance framework to be taken forward.</p> <p>All recommendations were accepted.</p>	PC
5.	<b>Delivery Plan</b>	
	As above.	
6	<b>SG Winter Funding Bids</b>	
	<p>AM explained that we receive money yearly from Scottish Government for winter planning. Scottish Government halved the funding this year. We have a robust process on how funding is allocated. AM now leads on this for NHSL and she felt encouraged with the process. The emphasis is about system flow in an emergency. The IJB bid for £210k and received £190k. The funding is for 13 weeks and must be spent in that period. One key area that has been extended is social work to weekends to support discharge, emergency care social work overnight. Ie, if a GP saw a patient but they did not require to go to hospital we could send someone in. It will ensure we have bodies on the ground to deliver our core services. JT stated that the service would be welcome as it's a common occurrence fed back to him by GPs. He has experienced this at his own practice and there is a frustration that emergency care is not always available.</p> <p>Scottish Government have asked all IJBs and health boards to sign off the winter plans but due to the tight timescales the IJB won't be able to see the plans before they are required to be back with the Scottish Government..</p> <p>PCon enquired about the reduced allocated funding this year and why this was. AM was not able to respond to that query.</p> <p>CMC informed the group that there was a link to resilience planning for communities. She felt there was a lot of learning from the experience of dealing with the Beast from the East in 2017. AM informed the group that ELC also have access to ELHSCP winter plan.</p> <p>A paper going is to the IJB.</p>	BD
7	<b>Change Boards Feedback</b>	
	<p><b>Primary Care:</b> Focused on PCIP. Rebecca Pringle asked that acronyms be spelled out. JT will take this on board. PCAHPS –Primary Care AHPS &amp; Primary Care OTs; CTACS – Community Treatment and Care Services – like treatment room nurses within practices; ELHVIS – EL Home Visiting Service – paramedics and health visitors visiting people at home. These are described in the GP contract and many of these services will become a reality within next few months with recruitment actively happening now. AM stated that we have a responsibility to provide primary care across the county</p>	JT



	<p><b>Pharmacotherapy:</b> GP Subcommittee responded regarding how we grade our progress but this is because of an inability to recruit. The scheme has started and 30 pharmacy technicians are in training. We will have some doing training in EL and the others in Edinburgh college. Primary Care OTs have been successfully recruited but other professions not so easily – this is across Scotland. FOD thought that providing the public with information on how we are delivering services is essential. JT felt there was a big shift going on and practices have been trying to encourage people to access the appropriate services. AM reminded the group that practices are their own businesses and although we can support them, it is up to them how they show their information. It may be helpful if they put this information on their websites. PM asked if we should have a workshop to discuss how to inform the population on changes in various roles. JT informed the group that there is a proforma on GP websites that a patient can fill in and return advice is given, whether it is to make an appointment or a visit to pharmacy. AT thought GP reception staff have become experts in signposting. PM thought we should agree that developments are still to be made.</p> <p><b>Shifting the Balance of Care:</b> Repatriation of moving Mental Health beds are on track. Council Care at Home and Homecare services are working collaboratively with good feedback. PM asked if there was any movement on a broader engagement event. AM confirmed this had not happened yet. Proposed pain pathway paper will go to next Change Board.</p> <p><b>Reprovisioning Change Board:</b> MMcN enquired about this initiative as health and wellbeing groups are concerned they have not been involved. No-one has been approached about joining the programme team. AM clarified that there has been no update as teams involved in this are focusing on ELCH at the moment. All stakeholders were informed via JOS prior to AM leave. MMcN stated that the community worry does not stop and there should be direct connection between the public and project team; even if nothing is happening then this should be communicated. AM confirmed that no work is happening at the moment due to opening of ELCH. PM asked if a further communication would help. MMcM thought it would even if it was a meeting with JOS. AM felt we need to come back with the correct message and do not want to give expectations we cannot meet. AM will speak to JOS and people who will be on the project team at which point a collective message will be provided. MMcN attends all the health and wellbeing groups. MMcN asked if she could have a brief note to present to area partnerships/health wellbeing groups. CMcC informed the group that her management team works with area partnerships and she will relay this information. BD is happy to attend health &amp; wellbeing subgroups, if it were helpful It's important that we have an overarching communications plan to identify key messages, key audiences, how to relay information etc. This will be used by all stakeholders. PM/FOD are keen to participate when appropriate.</p>	<p>LC</p> <p>AM</p> <p>CMcC</p>
8	<b>ELCH Progress</b>	
	As above.	
9	<b>Grant Criteria</b>	
	<p>BD explained purpose of paper. The recommendations are to:</p> <ul style="list-style-type: none"> <li>• Agree the Application Guidance and Scoring Matrix document</li> <li>• Agree the wording of the letter to be sent to current grant funded organisations</li> </ul>	



	<p>Annual grants application process is more robust and will provide an opportunity for organisations to apply for money. Guidance criteria has been developed. Applications need to be submitted by November for funding to commence April 2020. This will go to IJB for noting. It may be on further assessment that service delivery bodies funding could change. FOD would like to do an audit before next November of how much money is panel and which ward this money goes into. She was worried that certain areas are better placed to apply for funding. FOD asked how this works alongside community intervention. AM/PCon met with Chris Bruce to discuss health inequalities and thought that CB/PCon could facilitate an IJB Development Session in January on different areas of the county</p> <p>PM asked how we ensure that another part of the county, which is better equipped to put a bid in, does not overshadow other areas who are not. He queried how you would know if money was spent locally. BD explained this is about tidying up and having a robust application and reporting process. PM asked if a guarantee could be asked for that the money is spent in the area it is given and a criteria that inequalities are recognised. He felt the scoring should be weighted differently.</p> <p>PCon explained that within the directorate of Public Health they have yearly HIF funding. He is conscious of not hearing reviews of other funding or income maximisation and wondered if we could map this over the organisation and look at what we are doing. BD explained that we had to do this within the jurisdiction of the IJB and are now working with council processes to look at avoiding duplication with other grant awards. CMcC felt PCon made a good point and is concerned that people will be confused when receiving letters for applications of funding around the same time. CMcC clarified that we could put joint information on their funding page. PCon queried if we build in an assumption of sustainability to assure people not to run a short-term project and if this were an ongoing need, how would they embed in their core business. PCon asked if CMcC could add links to partnership funding on their funding page.</p> <p>Guidance and criteria noted by group.</p>	
<b>10</b>	<b>SDS Change Map</b>	
	<p>Noted and deferred to next meeting. FOD would like further discussion on this and around public protection issue and issues with rural areas and inability to meet their needs.</p> <p>AT would like further discussion around this – feedback from Carers is that accessing services is problematic; you have budget but not the support. AM thought this may merit a separate meeting.</p>	<b>DG</b>
<b>11</b>	<b>AOCB</b>	
<b>11.1</b>	<b>Rescheduling of SPG on 4<sup>th</sup> December</b>	
	Group agreed for the SPG to be rescheduled to take into account the IJB that will take place at the earlier date of 5 <sup>th</sup> December.	
<b>11.2</b>	<b>Other Updates</b>	
	CMcC informed the group that the Care Inspectorate were carrying out an inspection of community justice partnership. AM met with the Inspector today. TC/J Morton leading on this with support from BD team.	



	<p>RP stated that the Local Housing Strategy 2019 update will be submitted to Council by December 2019. This provides an update on the action plan, which includes a number of actions which are aligned with the H&amp;SCP strategic plan. FOD asked if the RRTP would be included. RP said that this is now included within the annual update of the LHS. RP – twice-yearly housing forums are held by the Strategy Team. This provides a chance for stakeholders and partners to input ideas.</p> <p>PCon has spoken to some Change Boards on an adhoc basis and is keen to see how conversation is happening around challenges that public health have around the small amount of time they are able to spend in EL. Would like to better link with the partnership and hopes that on the back of the directorate review that they are able to support more.</p> <p>Public health body are looking for new Non Executive membership. Angela Leitch is the new Chief Executive of Public Health Scotland. PM made a suggestion to IJB colleagues that we have public health rep on the IJB. PM asked FOD to consider if she would wish to pursue this.</p>	<b>FOD</b>
<b>12</b>	<b>Date of Next Meeting</b>	
	<p>25<sup>th</sup> November 2019 13:00 – 15:00 Council Chambers, Town House, Haddington</p>	

<b>Actions</b>			
<b>Date</b>	<b>Lead</b>	<b>Action</b>	<b>Completed</b>
04/09/2019	Paul Currie	Look into whether group includes IJB members	
04/09/2019	Jon Turvill	Meet with JC and MM to discuss publicising rollout of Musselburgh Model/Hive.	
04/09/2019	Bryan Davies	Ask Bianca Culbert to add Rebecca Pringle and Wendy McGuire to mailing list for Mental Health and Adults with Complex Needs Change Boards.	
04/09/2019	Jon Turvill	Meet with JC, MM and DB to discuss Third Sector representation on Primary Care Reference Group.	
16/10/19	Paul Currie	Take forward developing performance framework and ensure this is captured at IJB.	
16/10/19	Bryan Davies	Present ELHSCP Winter Plan at IJB on 31/10/19 – should there be a paper attached to it?	
16/10/19	Jon Turvill	PCIP – acronyms to be spelt out in full	
16/10/19	Lorraine Cowan	Proposed Pain Pathway paper to go to next SBC Change Board.	
16/10/19	Alison Macdonald	Reprovisioning Change Board – speak to people on Project team/JOS about sending out a collective message to update Health & Wellbeing groups.	
16/10/19	Caitlin McCorry	Reprovisioning: Relay information to Area Partnerships	
16/10/19	Diane Gray	SDS Change Map – bring paper to next SPG.	
16/10/19	Fiona O'Donnell	Consider if a Public Health rep should become a member of the IJB	