



East Lothian Health and Social Care Partnership

Strategic Planning Group

DRAFT MINUTES

Date: 04<sup>th</sup> September 2019

Time: 14:30 – 16:30

Venue: Saltire Rooms 1 & 2, First Floor, John Muir House, Haddington

1.	Welcome and Apologies	Action																								
	<p><b>Attendees:</b></p> <table border="1"> <tr> <td>Fiona O'Donnell (FO'D)</td> <td>IJB Chair (Chair)</td> </tr> <tr> <td>David Binnie (DB)</td> <td>Carer Representative: IJB</td> </tr> <tr> <td>Trish Carlyle (TC)</td> <td>GSM: Adult Statutory Services</td> </tr> <tr> <td>Jane Crawford (JC)</td> <td>Chief Executive Officer, CAPS Independent Advocacy</td> </tr> <tr> <td>Paul Currie (PC)</td> <td>Strategic Planning and Performance Manager</td> </tr> <tr> <td>Bryan Davies (BD)</td> <td>GSM: Planning &amp; Performance</td> </tr> <tr> <td>Marilyn McNeill (MMcN)</td> <td>User Representative: IJB</td> </tr> <tr> <td>Jane Ogden-Smith (JOS)</td> <td>Communications Officer</td> </tr> <tr> <td>Rebecca Pringle (RP)</td> <td>ELC Housing Strategy Officer (deputising for Wendy McGuire)</td> </tr> <tr> <td>Jon Turvill (JT)</td> <td>Clinical Director, ELHSCP</td> </tr> <tr> <td>Katherina Tober (KT)</td> <td>GP (shadowing Jon Turvill)</td> </tr> <tr> <td>Roberta Kerr (RK)</td> <td>Personal Assistant, ELHSCP (notes)</td> </tr> </table> <p><b>Apologies:</b> Shamin Akhtar, Alastair Clubb, Philip Conaglen, Lorraine Cowan, Claire Flanagan, Melissa Goodbourn, Diane Gray, Fiona Ireland, Alison MacDonald, Caitlin McCorry, Wendy McGuire, Peter Murray, Bill Ramsay, Andrew Tweedy</p> <p>FO'D welcomed everyone to the meeting and apologies were noted.</p>	Fiona O'Donnell (FO'D)	IJB Chair (Chair)	David Binnie (DB)	Carer Representative: IJB	Trish Carlyle (TC)	GSM: Adult Statutory Services	Jane Crawford (JC)	Chief Executive Officer, CAPS Independent Advocacy	Paul Currie (PC)	Strategic Planning and Performance Manager	Bryan Davies (BD)	GSM: Planning & Performance	Marilyn McNeill (MMcN)	User Representative: IJB	Jane Ogden-Smith (JOS)	Communications Officer	Rebecca Pringle (RP)	ELC Housing Strategy Officer (deputising for Wendy McGuire)	Jon Turvill (JT)	Clinical Director, ELHSCP	Katherina Tober (KT)	GP (shadowing Jon Turvill)	Roberta Kerr (RK)	Personal Assistant, ELHSCP (notes)	
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2.	<b>Notes of Last Meeting (12.06.19)</b>																									
	Note accepted as an accurate record of the previous meeting. All actions completed.																									
3.	<b>Matters Arising</b>																									
	<p><u>Action from previous meeting</u></p> <p>PC updated the group about reporting lines following Zoe Clarke's presentation in June. FO'D added that there is a need to map existing services and how users are accessing them.</p> <p>JT has met with ZC regarding this work – her questionnaire was not focused on Primary Care, they might design a different one but ZC is working on an understanding of front-line services in East Lothian. It would be useful to bring this back to SPG. FO'D intimated that it would be good for communities to know what is working locally. It is good to relate these to community and think of things in terms of health and wellbeing issues, less 'medical' and more community-focused.</p> <p>BD commented that it is not always clear where the best destination is; don't forget MELDAP Strategic Board as a destination.</p> <p>PC suggested that it could plug into different groups but SPG needs to know in terms of refreshing strategy. FO'D said that getting Partnerships involved is an issue. We also</p>																									



	<p>need to have a conversation with Housing on how to ensure they are attending/ contributing to meetings when appropriate. Being able to see reports from each other rather than via minutes is good.</p> <p>BD agreed that it was good to have Housing representation at SPG and discussion ensued about strategic interface between Registered Social Landlords, SPG and Housing. RP informed the group that Douglas Proudfoot is mapping housing groups.</p>	
<p><b>4.</b></p>	<p><b>Update on Draft Annual Report</b></p>	
	<p>FO'D was very happy with the draft report and thanked JOS/PC for their work. She liked the format and felt that it was accessible and easy to find.</p> <p>PC informed the group that some information was difficult to extract - colleagues need to report on their good work. Planning &amp; Performance can only report on what they know and would like to give service delivery partners a voice in the next Annual Report.</p> <p>The report is very near completion and will go to IJB next week. SPG members were asked to report any inaccuracies to PC. It is his intention to make available a summary of key points. JOS suggested producing a video and taking out case studies for social media.</p> <p>Regarding publicising the report, FO'D asked JT if there were restrictions on using videos in GP practices. JT replied that some GP practices already use videos in their receptions and would welcome tailored patient information for inclusion.</p> <p>BD thought the report was a good account of the good work from the HSCP and partner organisations. He liked the sections under National Health &amp; Wellbeing Outcomes, these are central to what we do.</p> <p>FO'D felt that it would be good to get Scottish Government feedback. PC said that there is variation in presentation across health boards and the Government wants to move towards more patient-friendly presentation to help the public to learn about the work of IJBs.</p> <p>JOS informed the group that the report would be publicised on the website, social media and through the local press. As in previous years, it is not being made available as a printed version but a reference copy could be made available in libraries. PC added that communication needs can be catered to on request. JOS explained that it is laid out to be easily translated into Braille or to access via an online reader.</p> <p>The report will go to local Health &amp; Wellbeing Partnerships, Patient Participation Groups and Local Area Partnerships etc. Opportunities will be considered to disseminate it via social media with videos.</p> <p>There followed discussion about accessibility of an online version for service users without internet access, however JOS noted that the council is committed to a climate change programme and a large print run is not planned. An 'easy read' version was discussed. The video will be accessible to advocacy groups.</p> <p>JC asked how it fitted with other HSCPs. She did not remember seeing the 2018 report. She thought that it was a fantastic document but what if it cannot be seen. BD commented that although the report is designed to be available online he supported hard copies being available in key places such as libraries.</p> <p>FO'D suggested that it could be highlighted in the East Lothian Council publication 'Living', which is sent to all households. JOS sent emails to partnerships last year. DB thought that it was good to be carbon neutral but perceived an absence of positive</p>	



marketing online. JOS explained how the report is publicised online and through various groups/partnerships. TL thought that JOS's suggestion regarding videos was helpful. JOS has discussed videos with GPs and has had talks with Andrew Tweedy regarding laptops/tablets.

FO'D encouraged group members to like the Facebook page and share the message.

JOS has a positive relationship with the East Lothian Courier and there will be coverage in the Edinburgh Evening News and on local radio.

JC felt strongly about accessibility for service users and there was further discussion on this subject. FO'D intimated that she would like to see some evidence/feedback on where people see the report.

JT thought that bullets on a screen at GP surgeries would be a good way for people to see information. JOS suggested that it could be broken down into categories, small pieces on a rolling basis. TC suggested it could go in the Housing newsletter.

Out of 32 Local Authorities with IJBs PC knew of none that would print an annual report. As the report is designed to be accessed electronically and as no printed copies were requested in the two preceding years, he would be reluctant to produce a glossy hard copy. He planned to work with JOS on a summary version. FO'D suggested having meetings in communities and not just in Haddington. She could be available to speak to people before and after meetings.

JC suggested that Third Sector representatives could encourage people to attend with them. FO'D added that representatives need to disseminate this and that there is a lack of awareness of IJB. JT commented that this discussion was a reflection of the difficulty of getting information to the people we serve.

BD suggested that the group should start thinking about a different approach to the 2020 report. He would be keen to hear views on how things could be done differently regarding the content and communicating through a mix of means, to monitor the profile and see how well the approach to dissemination is working and monitor how much of a profile this report will have. FO'D added that encouraging feedback and engagement may stimulate interest.

JT welcomed the section on reducing health inequalities. There is good information from the Scottish Government Healthcare Experience Survey regarding services in Primary Care. There are glaring inequalities in East Lothian but recurring overall satisfaction with access to care. The question doesn't reflect the skill mix and other media being used, for example phone access. Satisfaction with access varies from 40% to 90% reflecting differences in communities. Disadvantaged area of the county have poorer access and this must be addressed. Improvements will come from delivery of innovative models of care that are, in the views of some, controversial.

FO'D commented that this report is an opportunity to do that. Health inequalities are not just housing and poverty. JT replied that once people get an appointment they report well on care received (80-90% satisfaction). He would like the next Healthcare Experience Survey report to come to SPG or another appropriate group for serious consideration. FO'D suggested looking at shifting resource into preventive work, social prescribing etc. JT added that the GP contract tries to address inequalities but doesn't address disparities enough.

MM commented that there are long GP waiting times in East Lothian, even for emergencies. JT is aware of this issue. FO'D felt that this is an opportunity to communicate with patients.



	<p>JOS suggested a podcast as a round-up or a live Tweet during a meeting. FO'D agreed and added that we should be thinking about giving Area Partnerships a budget for this.</p> <p>The draft report has already gone to IJB but BD would welcome comments on how to develop the approach to the annual report.</p>	
<p><b>5.</b></p>	<p><b>Primary Care Change Board updates</b></p>	
	<p>Some Change Boards have indicated a nil return.</p> <p><u>Shifting the Balance of Care</u></p> <p>The report was noted. There were no questions for the authors.</p> <p><u>Carers Change Board</u></p> <p>TC had no changes to add since the last report.</p> <p>RP reported that she is working with the Travellers' Group and Minority Ethnic Carers of People Project (MECOPP). TC suggested that they could meet separately to discuss this further. RP explained that MECOPP supports ethnic groups to access carers for self-directed support. An audit has highlighted gaps in support and advocacy in East Lothian that need to be addressed.</p> <p>DB informed the group that the Scottish Government is running a national advertising campaign to ensure that carers know their rights. IJB Carer Representatives and Lead Officers are meeting in February 2020 for a government-led conference on taking forward carer issues. The Coalition of Carers have been successful in obtaining a grant to deliver training services to support IJB Carer Representatives to improve quality of engagement. FO'D suggested that job sharing might be good for Carers Representatives and that there needs to be more training for Chairs and Vice Chairs to perform a governance role.</p> <p>JC asked if there was any consideration for need for an independent advocacy for carers in East Lothian. TC has identified a need to improve access to advocacy across the board and will improve access for carers in self-directed support. It would cover commissioned services and personal budget level. JC asked if there was an issue about carers' mental health or any aspect of their life, ie, need for advocacy in relation to <u>being</u> a carer and not what they are tasked to do. Edinburgh Carers Council provide advocacy for carers on a range of issues, she wondered if it had come up for discussion at IJB. FO'D replied that it had not come up at engagement events but there was maybe a gap. TC agreed that there is a gap; they are looking at all aspects of advocacy in the community review. They have directed people to advocacy services but need to encourage greater up-take. BD agreed that one of the key issues is to address gaps in independent advocacy.</p> <p><u>Primary Care Change Board</u></p> <p>JT provided a verbal update and apologised for the lack of written report.</p> <p>The Musselburgh Model is soon to be rolled out to three other East Lothian practices: Tranent, The Harbours in Cockenzie and Inveresk in Musselburgh. The four practices will call themselves the 'Hive' and will be working with Collaborative Working for Immediate Care (CWIC) and NHS24. Upgrading of phones and IT is in hand to enable communication between the parties.</p> <p>Four Occupational Therapists (termed Primary Care Occupational Therapists) who will focus on mental health have been recruited. GPs will be able to signpost patients to this team for rapid access. From November, the first point of contact for musculoskeletal</p>	



physiotherapy (MSK) will be Physiotherapy, with direct signposting for open access. Some Band 6 Physiotherapists have been recruited to train as Physiotherapy Practitioners who will advise on self-management or refer on without the need for GP input. Jon commented that Mental Health and MSK are a big proportion of problems that come to GP practices every day

East Lothian Home Visiting Services (ELHVIS) is a home visiting pilot delivered by Nurse Practitioners.

JC asked how patients at these practices have been informed of these changes. JT replied that PPGs have been informed and the contract has been specified. The NHSL Communications Department will undertake a publicity campaign up to 6 weeks beforehand in conjunction with NHS24.

FO'D added that we should encourage communication and change management. JT said that GP practices are run as independent businesses and that the level of interaction is encouraging.

JOS has been trying to work with Scottish Health Council to set up PPGs. There is a problem with inadequate networks. Area Partnerships now have a Health & Wellbeing Subcommittee to have a direct link to Partnerships. FO'D thought it was good to look at different ways in which young people can interact with primary care. Their interaction with GPs is based on the 'Listen & Learn' model and will be referred back to Change Boards and Practices.

JC commented that people from disadvantaged groups and communities may be reluctant to join PPGs but it is good to communicate changes to people. JT had been advised to hold back from releasing an announcement until the time is right, but is planning engagement events, patient information leaflets, web content and social media content.

FO'D expressed concern that people who rarely attend their GP will not see information. Raising concerns with practices through PPGs is a good way to voice concerns.

It was agreed that JT, JC and MM would meet to discuss these issues outwith this meeting. JT indicated that he would be happy to meet with anyone who wants to learn more and there will be more publicity in the run up to rollout. FO'D said that we need to look at gaps when conversations are taking place.

**JT, JC,  
MM**

JT explained that there have been attempts to address access but people will have to get used to differences in healthcare delivery arrangements and this is not always comfortable. The Primary Care Change Board is trying to create better working conditions to attract new GPs. The CWIC Team is focusing on mutual support, training and attracting people from places where there is less of a team approach.

The Adults with Complex Needs Change Board meets on 5th September and FO'D hopes the review will be available after that.

#### Reprovision Change Board

Delayed due to work on ELCH.

#### Mental Health Change Board

Rona Laskowski is chairing this Board on an interim basis. Iain Gorman (Head of Operations) will take on this role at the end of October.



	<p>RP and her colleague Wendy McGuire would like to take turns to attend the Adults with Complex Needs and Mental Health Change Boards (RL has agreed). BD will ask Bianca Culbert to add them to the list. JT recognised the importance of links with Housing and Primary Care, with overlaps. FO'D also thought that it was important in relation to the Rapid Rehousing Strategy. JT will be trying to ask GP practices to respond more quickly to homelessness issues.</p>	<b>BD</b>
<b>7</b>	<b>Review of Structure</b>	
	<p>BD informed the group that a review of structure will commence soon, covering:</p> <ul style="list-style-type: none"> <li>• Chair</li> <li>• Changes</li> <li>• HSCP personnel</li> <li>• Conflicts of interest</li> <li>• Terms of reference</li> <li>• Population of Reference Groups/Change Boards</li> <li>• Representation of stakeholders in Reference Group structure</li> <li>• A survey will be distributed asking for feedback on structure. There is a good link between the 6 agreed priority areas and engagement in ongoing areas. It has been queried whether there should be only one Reference Group.</li> </ul> <p>It is aimed to refine these areas through responses:</p> <ul style="list-style-type: none"> <li>• Reporting template</li> <li>• Ensuring that Golden Threads (commitments) address health inequalities and promote health and wellbeing.</li> <li>• Make Golden Threads come alive and be part of planning, design and delivery.</li> </ul> <p>The starting point is a survey of stakeholders and a subsequent proposal to SPG to reflect feedback.</p> <p>FO'D intimated that it was good to know the review was taking place, and asked whether officers felt they were effective. Questions were invited.</p> <p>JC asked how long the review would take and BD replied that there is urgency as things are not right in the structure.</p> <p>FO'D felt that conflict issues need to be addressed. BD stated that there is a need to be explicit about managing conflicts of interest. This will involve everyone, key elements of structure will be started quickly.</p> <p>PC spoke about a development day where Directions and priorities were discussed. This was approached differently with approach to Change Boards and conversations with colleagues who are trying to make the Strategic Plan happen. The plan is to take Directions to IJB on 31/10/2019. Once Directions are finalised they should then be fitted into the Delivery Plan. We will then work out how to pursue the delivery and monitoring of Directions.</p> <p>We need to clarify whether Directions at IJB are to be taken forward or require adaptation. This will provide a new opportunity to see Directions as they arrive.</p> <p><u>East Lothian Community Hospital</u></p> <p>LC was not present to report on progress.</p>	
<b>8</b>	<b>AOCB:</b>	



	<p><u>Strategic Planning Membership</u></p> <p>BD reported that he had a request from a national Allied Health Professional (AHP) Lead that we should have a local AHP Lead. Alison Macdonald had suggested Lesley Berry and PC agreed.</p> <p>FO'D asked JC whether STRiVE gave her an opportunity to distribute notes. JC replied that if Andrew Tweedy thought that issues were of note he would communicate them to STRiVE personally via email. It is not their standard practice to distribute notes but STRiVE will be looking at mechanisms next year. FO'D commented that STRiVE were looking at training Third Sector representatives and asked if SPG needed to think about how to get the message out. She asked if there is a Third Sector representative on the Primary Care Reference Group. PR replied that there has been a member on the Link Workers Group but that group is now looking at service provision. JT agreed to check and could meet with JC/MM/DB to discuss further. JC commented that at the PCIP engagement event there had been talk of involvement but nothing has happened since.</p> <p>JT reported that there has been an update on the Implementation Plan and we need to investigate further and provide the information JC is seeking. FO'D agreed that this would be useful. JC commented that there is no training regarding being a delegate/wider issues. There is a core who go to meetings. JC can write a note for STRiVE and they can cascade it.</p> <p>FO'D thanked members for attending.</p>	JT
9	<b>Date of Next Meeting</b>	
	<p>16<sup>th</sup> October 2019 13:00 – 15:00 Council Chambers, Town House, Haddington</p>	

Actions			
Date	Lead	Action	Completed
12/06/2019	Paul Currie	Discuss reporting lines with ZC in relation to Substance Use Needs Assessment Proposal.	Yes
12/06/2019	Philip Conaglen	Offer on behalf of Public Health to meet with Change	Yes



		Board Chairs to discuss Golden Threads.	
12/06/2019	Bryan Davies	Send PM a list of Change Board Chairs.	Yes
12/06/2019	Peter Murray	Write to Change Board Chairs about reablement and liaison with East Lothian Housing Department, and include a mechanism to ensure that connections between Reference Groups and Change Boards are embedded.	Yes
12/06/2019	Paul Currie	Present draft Annual Performance Report to SPG on 24/07 prior to endorsement by IJB in August.	Yes
12/06/2019	Melissa Goodbourn	Get feedback on draft IJB Directions and Delivery Plan and take to IJB in August.	Yes
12/06/2019	Bryan Davies	Set aside time to look at Delivery Plan at next Officers' Group meeting.	Yes
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.	

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