



East Lothian Health and Social Care Partnership

Strategic Planning Group MINUTES

Date: 25th November 2019
Time: 13:00 – 15:00
Venue: Council Chambers, Town House, Haddington

1.	Welcome and Apologies	ACTION																								
	<p>Attendees:</p> <table border="1"> <tr> <td>Fiona O'Donnell (FO'D)</td> <td>IJB Vice Chair (Chair)</td> </tr> <tr> <td>Trish Carlyle (TC)</td> <td>GSM: Rehabilitation and Access</td> </tr> <tr> <td>Lorraine Cowan (LC)</td> <td>Interim Chief Nurse</td> </tr> <tr> <td>Paul Currie (PC)</td> <td>Strategic Planning and Performance Manager</td> </tr> <tr> <td>Melissa Goodbourn (MG)</td> <td>Project Team Manager</td> </tr> <tr> <td>Iain Gorman (IG)</td> <td>Head of Operations</td> </tr> <tr> <td>Caitlin McCorry (CMcC)</td> <td>Head of Connected Communities</td> </tr> <tr> <td>Marilyn McNeill (MMcN)</td> <td>User Representative</td> </tr> <tr> <td>Rebecca Pringle (RP)</td> <td>Strategy Officer: Housing</td> </tr> <tr> <td>Jon Turvill (JT)</td> <td>Clinical Director</td> </tr> <tr> <td>Andrew Tweedy (AT)</td> <td>Director, Carers of East Lothian</td> </tr> <tr> <td>Roberta Kerr (RK)</td> <td>Personal Assistant (notes)</td> </tr> </table> <p>Apologies: Shamin Akhtar, Andrew Bates, Colin Briggs, Claire Flanagan, Fiona Ireland, Rona Laskowski, Alison Macdonald, Peter Murray, Judith Tait, Diane Gray</p> <p>FO'D welcomed everyone to the meeting and apologies were noted.</p>	Fiona O'Donnell (FO'D)	IJB Vice Chair (Chair)	Trish Carlyle (TC)	GSM: Rehabilitation and Access	Lorraine Cowan (LC)	Interim Chief Nurse	Paul Currie (PC)	Strategic Planning and Performance Manager	Melissa Goodbourn (MG)	Project Team Manager	Iain Gorman (IG)	Head of Operations	Caitlin McCorry (CMcC)	Head of Connected Communities	Marilyn McNeill (MMcN)	User Representative	Rebecca Pringle (RP)	Strategy Officer: Housing	Jon Turvill (JT)	Clinical Director	Andrew Tweedy (AT)	Director, Carers of East Lothian	Roberta Kerr (RK)	Personal Assistant (notes)	
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2.	Notes of Last Meeting (16.10.19)																									
	Notes from the meeting of 16 th October 2019 were agreed as correct.																									
3.	Matters Arising																									
	FO'D had a matter arising for discussion later in the meeting.																									
4.	Self-Assessment Action Plan																									
	<p>PC provided an overview of the East Lothian IJB Self-Evaluation – Improvement Plan. This was produced at the request of IJB and looked at:</p> <ul style="list-style-type: none"> • redeveloping leadership for moving forward the Integration agenda • best use of resources, eg Third Sector • delivering to client bases • working together • using Directions to deliver various services • budgets the Partnership has control of. <p>Planning strategies were self-assessed as there is a requirement to look at planning in terms of how we wish to perform and how we have done. IJB has published the report.</p> <p>FO'D thought that this was a helpful overview and invited comments.</p> <p>FO'D asked whether Housing was involved in the Community Justice Partnership and was advised that Rebecca Pringle, James Coutts (Service Manager, Community Housing & Homelessness) and Nicola Cochrane (Service Manager, Mental Health & Substance</p>																									



	<p>Misuse) are involved.</p> <p>FO'D talked about IJB Development sessions and the development needs of Board members. She suggested a needs audit and maybe a budget briefing to understand roles and empower Board members to be proactive in governance. This would be at an individual level but FO'D thought that common threads would emerge and it would be worth investing time in this. PC suggested that IJB colleagues could be asked what they would like in terms of knowledge.</p> <p>FO'D commented that Dementia Friendly East Lothian was not included, they are an important partner. She also suggested trying to use 'best value' language to show how we are improving and where the focus is. With regards to Key Performance Indicators, we should be thoughtful about how we meaningfully translate these into something useful for IJB to understand the ramifications and make decisions and try to focus best value approach.</p> <p>MG told the group that that some areas focus targets on their own areas on a dashboard, which would give us more of a snapshot.</p> <p>FO'D stated that there are many threads of improvement for monitoring the early days of Integration and that it needs to bed in before changes are made.</p> <p>PC added that Planning and Performance were asked about this work some months ago but that there has been no follow up. Government audits allow colleagues to get recognition. He suggested asking the Scottish Government if they plan to follow up on the self-evaluation exercise. FO'D agreed that we need feedback that is focussed on East Lothian. PC's perception is that if they don't come back then we are doing OK. We need to understand the benefits of feedback on performance levels.</p> <p>FO'D also remarked that the Adults with Complex Needs section did not include Community Opportunities. PC replied that not everyone who contributed could be contacted. The document is relevant at the time of printing but is ever-changing. He will feed this back. The paper is for IJB, looking at developmental needs/strategy.</p>	PC
5.	<p>Draft Performance Framework</p>	
	<p>MG reported on the IJB Draft Performance Framework. The Framework was produced on the back of Directions and the Delivery Plan, reporting at Partnership level highlighting relationships and reporting. It is broken down into different levels:</p> <ol style="list-style-type: none"> 1. National message, for example delayed discharge, A&E attendance. Core integration indicators are included in the Annual Report over a 5-year period to highlight change. 2. LVP targets relevant to ELHSCP, local government benchmarking. MG will update with feedback to CMT. 3. Locally-agreed performance indicators. 4. Locally-agreed performance indicators. <p>The Framework provides assurance but also is an ongoing plan to use data for improvement.</p> <p>The Planning & Performance Team is reaching out to Change Boards to see how it can help and include colleagues at LIST (Local Intelligence Support Team) and get a better data picture on attendance at A&E, and whether needs could be met elsewhere. They are also working with Operational Managers.</p>	MG



	<p>MG is trying to capture what we are already reporting on and how it relates to performance and where there is overlap, for example with East Lothian Council and other agencies. She is very open to feedback before taking the draft to IJB. Indicators may change as work evolves.</p> <p>FO'D commented that this would be a great induction for IJB members. MG said that they don't get information fed back on a Board level that they should, for example sharing data with multi-agency groups and partners. For example it would be good to look at what Fire Services are doing. Discussions have taken place with Fire Services about defibrillators, for example.</p> <p>FO'D added that disability/hate crimes are now included, and asked about violence against women. CMcC added that this is included in Public Protection Unit (PPU) Subgroup reports.</p> <p>MG is making sure that IJB can access information (Quarterly Report). IJB could look at how to get links to those reports. LC sits on a group with Judith Tait and TC – the report on violence against women could easily be transferred across. The Quarterly Report is quite detailed. CMcC said that PPU could provide training.</p> <p>CMcC asked whether this report goes to the East Lothian Governance Group. MG and PC replied that it does; they are working on linkages and trying to avoid divergent directions.</p> <p>CMcC thought that the point about defibrillators was good – sometimes it is unclear who has overarching control – is there a strategy?</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • RP would like to see housing data, eg homeless people's A&E attendance. • PC thought that it would be worth acknowledging LIST/ISD (Information Services Division) colleagues who have access to good sources of data and are good at helping to find good data. He reported that there is a possibility of a secondment from LIST and is looking at ways of presenting data. • FO'D asked MG if we are doing the same as other IJBs in terms of data collection? MG thought that other areas may have brought health and social care data together, having different infrastructure. She replied that we can look at this and pinpoint areas where we can make improvements however there will be some information governance and system challenges to address. If IJB colleagues would like more information she could ask LIST to do a presentation. • IG commented that there is some value in putting this information together, outlining why this information is relevant and what to pick out, and what IJB wants to look at - what do we want to know and why, and making decisions with data behind them. • JT commented that the PPU annual report contained a lot of data on violence against women. 	
<p>6.</p>	<p>Change Map for Self-directed Support</p>	
	<p>TC provided an outline of the Change Map for Self-directed Support (SDS). This was included on the agenda in relation to the Golden Thread approach to Health and Social Care across the Partnership, issued through Scottish Government priorities.</p> <p>The report summarises work carried out on SDS in 2018/2019 and gives an overview of achievements last year and priorities for this year.</p> <p>The Change Map illustrates how to support Change Boards to take self-directed support</p>	



	<p>forward, embedding SDS in strategic arrangements and planning – the map shows it in progress.</p> <p>TC has sense checked the Carers Workstream against it. Each Change Board should sense check against the map and feed back, looking at successes, challenges and how to take the work forward strategically.</p> <p>FO'D liked the layout. She asked if the capacity of Mosaic was going to be resolved? TC replied there is a need to define Mosaic episodes. As a Partnership we are active in looking at systems, improving the way we work – it's about spinning plates. There is capacity in the team, recent recruitments. Time has been spent rebuilding resilience. Getting the workplan on the right time and right place is dependent on a number of other workstreams.</p> <p>FO'D intimated that she was confused about the future of SDS and asked if the budget was narrowing. TC explained that SDS can have a zero budget. There are more fundamental, person-centred approaches including planning and promoting independence. It may be supporting the person but without a budget, for example a support plan without budgetary implications. In the early days it was seen as a mechanism of how to deliver SDS.</p> <p>AT flagged up that he accepted that the map is a Government document. He is speaking to users who use Option 1. Users continue to ask about how to make Option 1 work for themselves. The report looks more at processes and less at practicalities like how can we support people to get the best outcomes, and this is almost holding people back. FO'D agreed, for example there are people living in rural areas who can't get service providers. She is also concerned about the lack of regulation around personal assistance. FO'D explained to TC that the group had been discussing IJB induction before she arrived to see if there is anything that members should learn about. TC would like Change Board Chairs to be asked to complete a template (in the document pack) that would enable her to collate information. She would be happy to draft an email/ agree a timescale with IG.</p> <p>Core funding is received from the Scottish Government for SDS and they will expect a report in March on how it has been spent. TC has met with the Care Inspectorate and SDS Scotland and it would be good to report on work related to SDS as we go across the Partnership. FO'D commented that she hadn't heard SDS mentioned at the Adults with Complex Needs Change Board.</p> <p>TC has useful information leaflets and is hosting a Ketso event, with plans to roll out a more public event in Spring 2020 for service users, stakeholders and partners. LC suggested that it would be good to include Senior Charge Nurses and have conversations early on with patients and their families – many operational staff don't know the details in order to have these conversations before people leave hospital. TC added that there is a requirement to give information to service users.</p> <p>CMcC asked about promoting the event. TC suggested discussing this outwith the meeting.</p> <p>JT would like Quality Improvement Cluster involvement as there are gaps in his own knowledge around social care issues. FO'D asked how to reach the Third Sector.</p> <p>TC suggested also looking at a Learning and Development Plan to consolidate/raise awareness and support the Third Sector. She has worked around Carers Strategy, for example Carers of East Lothian (COEL) are attending a briefing on how to work with</p>	<p>TC/IG</p> <p>TC/ CMcC</p>
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	<p>SDS and carers. This is not specifically linked to strands and involvement has been difficult but there have been new faces around the table with Care Inspectorate and SDS Scotland and this can stimulate new momentum with SDS. AT felt that the theory of SDS is straightforward but the specifics can be different. TC added that it is person-centred so it varies from person to person.</p> <p>FO'D remarked that there has not been a quarterly forum with emphasis on health and social care and this could be looked at for this future.</p> <p>CMcC said that this was a helpful introduction.</p>	
7.	Recovery Programmes Update	
	<p>LC explained that this is a response to being at Level 3. Recovery Programmes are on target to meet targets for November and have a monthly development session regarding delays. A number of issues have helped with improvements. A number of pieces of work have improved delayed discharge performance but it needs to be sustainable and targets need to be set locally.</p> <p>LC is unsure about mental health – IG replied that there is a separate mental health programme and suggested that RL could feed back after the meeting.</p>	RL
8.	Change Boards Feedback	
	<p>FO'D expressed concern about missing reports from Change Boards and asked IG to reiterate the importance of reporting and transparency.</p> <p>Primary Care Change Board: JT reported that there were some developments from the last meeting about Pharmacotherapy. While Pharmacists are trained to degree-level, Pharmacy technicians have no previous experience and are being trained from scratch. The LMC had said that risk levels were over-optimistic.</p> <p>Alan Millarvie has successfully recruited the following:</p> <ul style="list-style-type: none"> • 1x 0.5wte Band 6 Pharmacist • 2x Band 7 Pharmacists (experienced primary care Prescribing Pharmacists) • 3x Pharmacy Technicians who are doing on the job and college training. <p>When these new recruits are in post they will support all 15 practices.</p> <p>FO'D asked if Pharmacists were on board with a multidisciplinary approach and JT explained that there may be instances where it may be suggested to a patient that a Pharmacist could help. Sometimes the Pharmacist may refer the patient back to the GP – JT thinks that this is good clinical care. FO'D agreed that it was about educating patients and managing expectations. JT provided some examples of how this works in practice.</p> <p>Rollout of the Musselburgh Model includes NHS24, Riverside Medical Practice and CWIC.</p> <p>The next stage is Harbours Medical Practice which will join on 10.12.2019.</p> <p>Progress was held up by telephony. Unlimited lines are available and will deliver benefits by linking to IT and providing data on demand. The system will also provide information on governance in that calls are recorded and staff can follow up on any issues or listen in to difficult conversations. IT systems are integrated on one central server therefore CWIC/NHS24 can look at records seamlessly on one central database. Problems have now been resolved.</p> <p>Three Band 5 nurses have been recruited with two more to come. Band 7s are being</p>	IG



	<p>interviewed next week.</p> <p>The Link Worker paper has been taken to IJB Commissioning Board and the team are working with colleagues to push forward and go to Procurement for the service to be established across East Lothian for users to get access to Link Workers. This is planned for April 2020 – to give providers time to respond and have a transition period. The Link Worker services will continue during the transition phase. With regards to the Primary Care Improvement Plan, we will draw down as we need to therefore we can carry forward to the next quarter.</p>	
<p>9.</p>	<p>Local Housing Strategy</p>	
	<p>RP explained that this is a 5-year strategic document. A yearly action plan update is required by the Scottish Government. It is aligned with the HSCP Strategic Plan and with local housing strategy guidance.</p> <p>Main points:</p> <ul style="list-style-type: none"> • Scottish Government requirement on Social Housing Involvement Plan is to have a target for wheelchair users. • Housing have been asked to recognise key workers as a specialist group. This will require some research and affordable housing will be needed. • RP is working with RL to research formal procedures for individuals in long-term care. <p>FO'D raised concerns that elderly carers are not seen as a priority. RP replied that she will introduce housing health checks next year to look at this.</p> <p>FO'D asked about self-build and asked what was being done to promote/support this. RP said that this is not being dealt with as yet and that the Scottish Government is supporting affordable housing.</p> <p>IG asked about out of area placements for facilities outwith East Lothian. RP replied that the Government assumption is that it is expensive and they want to encourage repatriation. FO'D asked if it would not be cost neutral to repatriate if out of area was cheaper and AT replied that it was more to do with the complexity of needs and what is available in the area.</p> <p>FO'D intimated that she was pleased that housing was included.</p> <p>JT commented that it was interesting joint working that anticipatory care planning is carried out not in a medical setting but in housing. RP will be looking at housing officers working with people into think about issues in long-term housing, starting at sheltered housing complexes.</p>	
<p>10.</p>	<p>Discussion: IJB Venues and Presentations</p>	
	<p>Venues will be discussed at IJB – the idea of going to different parts of the county to get local engagement. FO'D thought that it had been tried and that people hadn't found it of value, so it will be discussed further.</p> <p>FO'D asked whether we should have these at IJB or at a development day? She sometimes feels that IJB is not the right place for presentations and asked the group to think about these issues before IJB. There is also a need to add in discussion time following presentations and PC would like to emphasise that timescales for presentations must include discussion time.</p> <p>FO'D intimated that IJB is an opportunity to seek funding and asked the group to think</p>	



	<p>about what they would like at a development session.</p> <p>IG commented that we need to give people time to showcase and have discussions and a development day would be good for this, whereas issues such as Front Door Redesign are better for IJB as a shorter discussion with questions and answers. FO'D thought it would be good if development days were used to understand the Partnership. IG gave the example of Community Justice, where a full presentation could not be given at IJB and would need a development day. FO'D said that this will be discussed at the next IJB.</p> <p>MM spoke about the IJB Improvement Plan consolidating relationships with Area Partnerships (APs). The APs goal is to reduce poverty across East Lothian. Some work is being done with Health, for example providing mental health workers at schools. Some APs do not have a mechanism where they can employ people through the partnerships and they would like to have a conversation about budgets, etc.</p> <p>FO'D had been thinking of this and has asked voluntary organisations to map where fundraising is and whether we should devolve budgets to APs. 'Best value' would need to be more rigorous and evidenced.</p> <p>CMcC added that it tends to be Third Sector bodies that employ them and that most organisations carry out checks. JT said that with APs wishing to provide support we should work with them. CMcC has undertaken a major service review on support her staff give to APs aligning and bringing it under one team. This will bring local alignment and will have a locality approach:</p> <ul style="list-style-type: none"> • Area plans – local priorities • Funding – area delegates, grant funding (APs). <p>FO'D asked whether APs would be able to provide support? CMcC replied that CLD groups help with funding applications and skills development. JT thought that it was great to see an upsurge in grassroots involvement in the community and a shift in focus towards community-based support and not problems being 'medicalised'. FO'D added that contributing to the community and involvement in community activities is sometimes the best prescription. CMcC would like to make people aware of opportunities.</p> <p>AT commented that the synergy with wellbeing hubs will be more successful if resources are brought together with the opportunity to link these conversations. Third Sector support to APs is not an ideal or long-term solution. The issue of enabling local action through the establishment of a Trust would be a good thing. FO'D thought that this was an opportunity for STRiVE to look at.</p>	ALL
11.	AOCB	
	<p>CMcC reported that the Food Bank is looking for volunteers especially in December and January, for collections/driving/dropping off and for helpers at their Headquarters in Tranet. They are also short of bags for life.</p> <p>FO'D thanked everyone for attending.</p>	
12.	Date of Next Meeting	
	<p>15th January 2020, 13:00 – 15:00 Saltire Rooms 1 & 2, John Muir House, Haddington</p>	



Actions			
Date	Lead	Action	Completed
25.11.19	Paul Currie	Feed back to contributors to Self-Assessment Action Plan that Adults with Complex Needs section did not include Community Opportunities.	
25.11.19	Melissa Goodbourn	LVP targets relevant to ELHSCP, local government benchmarking – update and feed back to CMT.	
25.11.19	Trish Carlyle	Draft memo asking Change Boards to complete template in document pack. Agree a timescale with IG.	
25.11.19	Caitlin McCorry/ Trish Carlyle	Discuss promotion of Ketso event.	
25.11.19	Iain Gorman	Remind Change Boards about importance of reporting and transparency.	
25.11.19	ALL	All Strategic Planning Group members to think about what they would like to see at an IJB development session.	