



East Lothian Health and Social Care Partnership
Strategic Planning Group
DRAFT MINUTES

Date: 30 November 2021
Time: 12:00 – 14:00
Venue: MS Teams

1.	Welcome and Apologies	ACTION
	Attendees:	
	Cllr Shamin Akhtar (SA) Chair (IJB Vice-Chair)	
	Maureen Allan (MA) Volunteer Centre East Lothian	
	Lesley Berry (LB) Lead AHP, General Manager Rehabilitation and Access	
	David Binnie (DB) Carer Representative	
	Trish Carlyle (TC) General Manager Statutory Services	
	Judith Tait (JT) Head Social Worker	
	Paul Currie (PC) Interim General Manager Strategic Integration	
	Iain Gorman (IG) Head of Operations	
	Hannah Gray (HG) Interim Project Support Manager	
	Matt Kennedy (MK) General Manager Adult Social Work	
	David King (DK) Interim Chief Finance Officer	
	Claire Goodwin	
	Laura Kerr (LK) Interim General Manager Service Improvement and Strategic Planning	
	Peter Murray (PM) IJB Chair	
	Rebecca Pringle (RP) Senior Strategy Officer, Housing	
	Jim Sherval (JS) XXXXX	
	Martin Hensman (MH) XXXXX	
	Bill Ramsay (BR) Primary Care Service Manger	
	Marilyn McNeill (MMc) Integration Joint Board member / Stakeholder representative	
	Suzanne O'Kane (SO) Business Support Administrator (Minutes)	
	Apologies: Cat Cockburn, Colin Briggs, Frieda Calogan, Philip Conaglen, Lorraine Cowan	
2.	Notes of Last Meeting (20.10.21)	
	Minutes agreed as an accurate record.	
3.	Matters Arising	
	<ul style="list-style-type: none"> SA appreciative of everyone's contributions in responding to the National Care service consultation, await a reply Mental Health and Wellbeing fund – MA confirmed fund live from 30 November and applications will be open until 21st January 2022. Funds are to be transferred to organisations by March 2022 and committed/spent by organisation by March 2023. Covering social isolation, suicide prevention, dementia and mental health (aligned with principles of the fund and IGB directions, will be accepted for assessment), then onto a panel for assessment which should be MA, LK and one other. LK confirmed tight turnaround but well sighted. 	



4.	<p>Social Care</p> <ul style="list-style-type: none"> • Operational update from MK - delivery of social care remains very challenging. Situation week by week becomes more difficult, essentially diminishing resource available particularly care at home which has issues with recruitment and retention. Growing issue. Trying our best to stabilise delivery and aim to continue with minimal disruption. Trying to look across the board on a daily basis to make sure we are getting the resources to those people that need it. Minimise disruption and stabilise the situation. The other two factors putting immense pressure on the system is new people, identified and assessed in the community needing support and people in hospital awaiting discharge and delivery of care at home. Care home recruitment and retention is also an issue. Looking at alternative care and identify on a daily basis where there is staffed available care home beds. Challenge regarding ongoing COVID and the stability of that service. Senior managers, service managers, team manager and frontline staff are incrementally moving to respond and react to this situation which has a knock on impact on ability to manage all aspects of our work. • LK added some update around finances – increase that we will distribute to providers to allow them to pay £10.02, not sufficient to address the shortfall of staff or attract staff back but it's a start, £300m increase capacity but won't necessary to purchase more care at home hours, improve, source and look at alternatives to care at home. • PM asked if we are unable to provide care due to circumstances out with our control but care still required is there any expectation people may seek legal advice? LK responded not sure of legal position, we are legally obliged to assess but not always necessary to provide a care at home service. MK imagines there is some form of legal route, note sure of technical details. Important questions in and around that, application of our eligibility criteria and critical level of need and 2nd part is around equality of provision, if we are making difficult decisions, operations and as a partnership basics of equity, short term a rise in complaints/concerns and approaches and that is something we want to be transparent in responses is another pressure point. PM states it's something we need to look into. • JT confirmed the Care Inspectorate has also seen a rise in complaints across Scotland for care at home. There is a short life working group, Judith will remain connected and let us know the remit and if we can input in to. • IG confirmed there has always been an issue for demand for care at home. 3 points to note, at our last strategic plan we have dated about a 5.5% internal market, over the course of the coming months, significant expansion of that as we move to recruit staff, well above 10% or higher. 2nd care closer to home, which is a challenging strategic objective. 3rd workforce development, course of the coming months we will see a drive in multidisciplinary approaches to care. • MA asked if Self Directed support is utilised as an option. IG confirmed yes, it's always the starting point. The SDS option, has specific ties around how it can be used. Trying to look at the options being widely known to people, the options around carer grants. LK added importance of alternatives and budget to buy support, early preventative care and alternatives to care at home. • SA stated it would be useful to have figures for complaints for care at home, if there are particular areas where care is more difficult or across the board. LK no figures but complaints are in relation to care being late, missed visits, only one carer when two required. When care comes care it is good and is across the piece. SA asked what is happening with recruitment. LK confirmed it's being worked on and a drive on locum staff was successful but the process/support to speed this up is required. • SA asked about the funding solution and does the money have to be spent in a particular way. LK confirmed there is flexibility but have to show evidence its improving the position across the piece. MK confirmed there is scope for investment and opportunity in creating capacity, not increasing capacity, we have to accept that this is the level and have to manage. 	
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	<ul style="list-style-type: none"> MA asked if any of the funding could be used in areas in the communities to help. LK confirmed looking at other areas/service where we could help to support people that have needs but not care at home. JT stated from a Chief Social Work position it is way off where we would want to be, unable to do anything different and it's a level of service we don't want to tolerate for long. Risks involved. Obligated to make this statement and remain closely involved with. SA thanked those involved and those behind the scenes. DK Asked if this is reflected on risk registers. LK confirmed it is noted and updated on our risk registered and on ELC also, (confirmed by IG). Every 2 weeks it's reported on the ELC resilience planning tool too. Key points of escalation through NHS Lothian Gold and Multiagency Gold command meeting with is the combined Local Authority areas. SA also confirmed its reporting to on a weekly basis issued to the Scottish Government. 	
5.	Herdmanflat	
	<ul style="list-style-type: none"> IG confirmed the steering group met 4 weeks ago to discuss the site options and feasibility report and presented options reconfiguration of the site. Gillian Neill and her team have been involved regarding the range of options that should be considered. Final completion date is September 2026, 1st house available September 2024. Key points - ELC will take forward contractual elements over next year and the community engagement work due to start summer 2022. 	
6.	Change Board Highlight Reports	
	<ul style="list-style-type: none"> Adult with complex needs Change Board IG no update for as meeting is this afternoon. Mental Health Change Board IG confirmed meeting was end of last week. Mental health review program for acute services has seen a range of specific operational changes took place and a positive impact, further work in January 2022. Work with other 3rd parties, early next year. Elder St Development update, looking for members of the group to feedback on service. Next change board bigger piece on the model, helpful to update at SBG, update to this group following that. MELDAP update within change board to confirm work-band cycle, meeting on Monday 6th will be finalising the spend agreement. Also received an allocation from MELDAP for residential placements for substance misuse. Joint bid to Scottish Government with NHS Lothian for LEAP program, update on Monday. Carers Change Board TC confirmed they are proposing to postpone work on reviewing the East Lothian Carers Strategy with a view complete work in the next year. A dedicated carers Strategy officer will be in post around March/ April 2022 who be able to take forward this work. The development of a new young carers service is underway and is being led by Education. Co-ordinator in post and business support for the service in place. Recruitment for 2 youth worker vacancies ongoing. MA highlighting counselling services that are currently in place. TC confirmed model makes most of existent links and consolidate from a carers perspective. DK asked about current strategy, how we deal with COVID and strategy and future emerging is this still ongoing. TC confirmed it is on the agenda, work undertaken by Strategy officer. TC also confirmed they have agreed further funding to extend micro grant available from carers of EL, adult and young carers. 	



	<ul style="list-style-type: none"> Primary Care Change Board Jon not in attendance. Paper submitted. IG confirmed it was just to highlight development of the Primary Care Improvement Plan and the Cluster Improvement Plan. SA asked if patient feedback included. IG confirmed yes with the exception of pharmacotherapy services. East Lothian Community Hospital and Care Home Provision Change Board No update Balance of Care Change Board No update, SA asked if any questions to direct to Lorraine. 	
7.	AOCB <ul style="list-style-type: none"> None 	
8.	Date of Next Meeting	
	14 th February 2022 14:00 – 16:00 Microsoft Teams	

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