



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

Date: 8 September 2021  
Time: 09:00 – 11:00  
Venue: MS Teams

1.	Welcome and Apologies	ACTION
	<b>Attendees:</b>	
	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	
	Lorraine Cowan (LC) Chief Nurse and General Manager Acute and Ongoing Care	
	Jane Crawford (JC) Third Sector Representative	
	Paul Currie (PC) Interim General Manager Strategic Integration	
	Bruce Dickie (BD) Project Officer	
	Claire Goodwin (CG) Assistant Strategic Programme Manager	
	Iain Gorman (IG) Head of Operations	
	Hannah Gray (HG) Interim Project Support Manager	
	Martin Hensman (MH) Head of Development	
	Fiona Ireland (FI) Deputy Director-Corporate Nursing & Business Support (part)	
	Christine Johnston (CJ) Planning and Performance Manager	
	Matt Kennedy (MK) General Manager Adult Social Work	
	David King (DK) Interim Chief Finance Officer	
	Laura Kerr (LK) Interim General Manager Service Improvement and Strategic Planning	
	Alison Macdonald (late) (AMac) Chief Officer	
	Caitlin McCorry (CM) Service Manager ELC, Connected Communities	
	Wendy McGuire (WM) Head of Housing	
	Rebecca Miller (left early) (RM) NHS Lothian Strategic Planning	
	Peter Murray (PM) IJB Chair	
	Rebecca Pringle (RP) Senior Strategy Officer, Housing	
	Bill Ramsay (Bra) Primary Care Service Manager	
	Barbara Renton (BRe) PA (Minutes)	
	Jon Turvill (left early) (JT) Clinical Director	
	Emma Jane Watson (EW) Housing Strategy Officer	
	<b>Apologies:</b> Colin Briggs, Philip Conaglen, Gillian Neil, Jane Ogden-Smith	
2.	<b>Notes of Last Meeting (02.06.21)</b>	
	Minutes agreed as an accurate record.	
3.	<b>Matters Arising</b>	



	<ul style="list-style-type: none"> <li>SA agreed to discuss with IG re feedback in respect of Primary Care Improvement Plan.</li> <li>IJB and strategic plan already commenced in respect of Matter of Focus which was discussed at IJB Development Session on 26.08.21 which will form iteration of next Strategic Plan.</li> </ul>	
<p><b>4.</b></p>	<p><b>Care at Home Update</b></p>	
	<p>LK talked to paper which provided an update in respect of the current crisis: -</p> <ul style="list-style-type: none"> <li>Not unique to East Lothian as issues nationwide evident. Scottish Government have scheduled a series of meetings which EL feed into.</li> <li>Since June/July have seen a critical turn within Care at Home and have seen an increased number of providers who are suffering finding it very difficult to maintain their services especially the smaller services who do not have a large parent company who own them.</li> <li>Over the last three years Care at Home provision includes all services to people under and over 65 years of age but finding it increasingly difficult with over 65s.</li> <li>Under 65s normally see provision for a longer period of time with a mixture of tasks.</li> <li>Care at Home is moving to far more complex and clinical in nature which is true throughout Scotland. Even though decreasing hours evident still struggling to deliver the care that is required.</li> <li>Only 8% of EL services delivered care at home however lack of control has not helped the situation.</li> <li>Tried to increase staffing internally but it is important to note staff feel burnt out with the presence of COVID and the requirement to self isolate.</li> <li>Carers are working extremely hard some 60-70 hours per week which make work life balance difficult but especially for women who have young children.</li> <li>When competing with other areas of work i.e. retail, care at home role is a much less acceptable option.</li> <li>Increased skills evident in the role compared to five to ten years ago \z now requesting same staff with same level of training to complete quite complex care.</li> <li>National Care Consultation touches on workforce.</li> <li>Ongoing work taking place to implement processes within EL including reviewing care packages which is easier with internal services rather than the independent sector.</li> <li>Eligibility criteria should be followed by all assessors as important to deliver care at home who are at high risk</li> <li>Training and support for staff to be completed.</li> <li>Risk register has been updated to reflect the current situation and feeding back to Scottish Government re care at home services.</li> <li>Letter will be sent to all services users from the four partnerships detailing the current crisis which was agreed at NHS Gold Command.</li> <li>Script to be prepared for duty staff as well as elected members.</li> <li>Introduced care broker team who are working daily with the independent sector.</li> <li>Care AT Home Daily Huddle scheduled which was instructed by the Scottish Government which allows us to look at the current situation on a daily basis.</li> <li>Emergency Response Team set up at Penston House to try and address the immediate crisis which will be an ongoing condition.</li> <li>Number of areas still be to be worked on with the use and implementation of tech.</li> <li>Improved processes for ICAT and in particular referrals from the acute sector</li> <li>Increase staff looking at existing service users, improving the risk of recording.</li> <li>Looking at eligibility criteria making it clearer for assessors and public.</li> <li>Looking to increase care at home provision which will be submitted to IJB.</li> </ul> <p><u>Questions</u></p> <ul style="list-style-type: none"> <li>MA how will it be beneficial brining care at home in house rather than looking at procurement?</li> </ul>	



	<ul style="list-style-type: none"> <li>• LK look at costs to increase position and predominantly for over 65s a task model. Internal services cost more however independent sector deliver services well but here is a need to ensure we have better control.</li> <li>• MA staffing is a huge factor which is dropping dramatically however this is noted well in the paper.</li> <li>• LC noted last interviews for Hospital to Home service were not good. Bigger and longer term response required showing improved conditions for staff and Care Academy are developing training. Workshop scheduled 09.09.21.</li> <li>• FI wondered in terms of 8% delivered how does this compare to other partnerships delivering internally? If we recruit to care services by an integrated pot of money then need to think about skill mixing within the team. Need to quantify how services support hospital discharge and ensure travel time is paid to staff the time they are working. Funding is preventing people moving to salaries which results in lower turnover of staff. Worth looking at this model.</li> <li>• PM noted a five year approach is required for the caring at home strategy is required however need to be thoughtful of the National Care. Involved with Bon Accord in Aberdeen who pay staff more for the eight hours they work and organise their terms and conditions higher than other companies. PM agreed to circulate the link. <b>ACTION: PM</b></li> <li>• Reassuring we are looking at care at home provision framework which will be extended for one year.</li> <li>• Nomination required from independent sector to sit on IJB. Paul White was the representative and previous to this it was Jean Trench.</li> </ul> <p>SA expressed thanks to LK for an informative paper which will be the commencement of a strategy.</p> <p>Recommendations were agreed and communication will be issued.</p>	
5.	<p><b>Older People Day Centres Update</b></p>	
	<p>CJ talked to paper: -</p> <ul style="list-style-type: none"> <li>• Positive news having been successful in gaining carer funding for resource funding until March 2023 from the Scottish Government.</li> <li>• Main issue is to highlight is the commission approach to resource centres.</li> <li>• Challenge is around governance with nine small charities across EL.</li> <li>• Challenge is around governance as nine small charities exist across EL therefore is this the right time to create uncertainty with providers whose quality is good? No safety net with care at home. Item has already been discussed at IJB.</li> <li>• Recommendation is to extend step funding to day centres to end of March 2023 which would allow issues and risks that have been addressed.</li> <li>• Currently working with colleagues at procurement and HR to understand complexities.</li> <li>• Also working with association of EL day centres to help them to address trustees to undertake this piece of work.</li> <li>• New proposal for dementia meeting in Musselburgh is progressing well working in a collaborative way with the third sector. Proposal is to continue with model into public partnership,</li> <li>• Group asked to note background risk and issues together with commissioning approach for resource and day centres.</li> <li>• DB noted paper was excellent and easy to understand and that flexibility had been granted to day centres was very welcomed and appropriate.</li> </ul> <p>SA expressed thanks to CJ for an informative paper and her hard work in respect of day centres. For the process of communication this paper will be submitted to IJB on 16.06.2 then decision will be communicated. Recommendations agreed.</p>	
6.	<p><b>Primary Care Premises SBAR</b></p>	



	<p>BR talked to paper: -</p> <ul style="list-style-type: none"> <li>• Paper submitted is a refresh of 2014 paper which has been useful to demonstrate growth of population and housing across EL and asked on a regular basis to refresh paper.</li> <li>• Good ongoing discussions taking place with Rebecca Pringle in respect of the housing strategy.</li> <li>• Primary Care does not consist of GPs but also dentists, pharmacist and optometrists as well who all work together ensuring they are providing services across the board.</li> <li>• In paper identified 4 priorities             <ul style="list-style-type: none"> <li>○ North Berwick Practice</li> <li>○ Blindwells</li> <li>○ Requirement to review GMS services within Haddington as a result of review lease</li> <li>○ Wallyford</li> <li>○ Fifth item is East Linton however level of expenditure will go via a different route.</li> </ul> </li> <li>• Cockenzie (Harbours Medical Practice) extension broke ground last week after a significant long term project.</li> <li>• Haddington and Wallyford require agreement as part of NHSL strategy.</li> </ul> <p>Paper agreed in principle</p>	
7.	<p><b>Change Board Highlight Reports</b></p>	
	<p><b><u>Adults with Complex Needs Change Board (IG)</u></b></p> <ul style="list-style-type: none"> <li>• Approval received from transformation programme for over 65s and under 65s and paper will be submitted to SPG and IJB. Main focus from the Change Board is to continue with work in respect of project plan.</li> </ul> <p><b><u>Carers' Change Board (TC)</u></b></p> <ul style="list-style-type: none"> <li>• Focus over last few months has been around thinking how the spend will be increased to carers this year</li> <li>• Feedback from carers is request they would like single point of contact therefore as a result of this proposals have been sought across the partnership and four proposals have been approved.</li> <li>• Day centre does not exist in Musselburgh however additional funding has been provided therefore working closely with existing services.</li> <li>• Looking at current version of adult carers support plan which has been in existence for three years. Group to be scheduled looking at process and new flow chart will be drafted.</li> </ul> <p><b><u>Questions</u></b></p> <ul style="list-style-type: none"> <li>• DB noted paper does not mention costings of approximately £1m budget and does not address how we are going to follow up on the outcomes, monitoring requests and costs. It would be helpful to have a paper to hand detailing carers act budget for this year and next year.</li> <li>• TC indicated paper will be submitted to Carers Change Board as now in a strong position to build on this establishing new projects with agreement to monitor and report back to Change Board on a quarterly basis.</li> <li>• MA enquired why are we bringing a CCW into the mix which is a concern.</li> <li>• MK CCW will be single point of access so everybody will have access to this person and role will provide extra capacity. It is not the case of somebody else involved but will bring more flexibility together with expertise and knowledge across all areas.</li> </ul> <p><b><u>Change Board for Primary Care (JT)</u></b></p> <ul style="list-style-type: none"> <li>• Existing pressures still noted.</li> <li>• Improving the Cancer Care Service presented to Change Board on 01.09.21 is now in place in EL. Noted this is an improved service supported by MacMillan.</li> </ul>	



- Discussed draft communication strategy which JT agree to circulate after this meeting.  
**ACTION: JT**
- Second Memorandum of Understanding issued 31.07.21 which provided agreement between Scottish Government within next couple of years with pharmacotherapy, CTAC, Vaccination Programme and physio support to be maintained.
- Vaccination Transformation Programme discussed with practices yesterday as not asked to take part in flu programme.
- Agreed to bring paper back to SPG stating it is East Lothian Plan with risk being accepted.
- Colleagues delighted with pharmacy colleagues coming to practices.
- Phone number now established for existing EL CTAC service and can now self-refer. Everybody is pleased with this service and coverage is excellent.
- Aim is to progress urgent mental care.
- SA noted happy to support direction of travel from IG.

#### **East Lothian Community Hospital and Care Home Provision Change Board (BD)**

- Three working groups up and running. Met 19.08.21 and scheduled on 30.09.21. Three groups will focus on finance and capital working on base line information.
- Ongoing work in preparation for Comms and Engagement group. Elected Members briefings attended health and wellbeing groups. Continue throughout autumn and winter
- Capacity and planning work group cover three areas of work. Care homes work assessment and impact and what this means for EL. Work completed re inpatient beds and use of them and information on palliative care compared to other partnerships which will help us to scope this out. Then Intermediate Care Provision work will continue.

#### **Questions**

Nil.

#### **Shifting the Balance of Care Change Board (LC)**

- LC has covered a lot in conversation around home care.
- Reported at previous meeting how our reference group feeds in, therefore an engagement event was scheduled with various groups with approximately 50 people attending.
- Next meeting scheduled 09.09.21 which will look at outputs gaining wider engagement across the community.
- Engagement event will replicate a couple of times per year gaining community priorities.
- Looking at bringing more work to ELCH and started to commence sessions re haematology and chemotherapy which will benefit EL residents.
- JT noted Primary Care Change Board gave presentation at this event and keen to co-operate particularly in respect of communication and engagement
- FI noted she was keen consider what reference group looks like going forward then return with some ideas as there is lot of duplication of people on these change boards.
- PC noted a recommendation of Change Boards review is to look at larger group which will save individuals attending more than one change board however this has not really progressed. Challenge remains but this item is necessary therefore needs to be progressed. PC will take this as a reminder. Carers change board matters continue structure or does this need work done.
- TC noted following on from discussions with carers panel group were keen to support the planning process.

#### **Mental Health Change Board (IG)**

- Last meeting consisted of small select group. Discussions consisted of PT update, MELDAP update and Action 15 monies. PT challenge with waiting time however plan is in place but EL require investment.



	<ul style="list-style-type: none"> <li>IG scheduled to take over chair for MELDAP and first meeting is scheduled end of this month. Keep service but develop steering group into a workplan.</li> <li>Scottish Government has renewed focus on drug related deaths and harms.</li> <li>Continue to feed back to change board.</li> <li>Small pot of investment left in respect of Action 15. GN presented a paper at Change Board which was agreed. Majority of money has been invested into NHSL but not with the independent sector.</li> <li>Three Project Managers required in respect of CWIC, MH and IHTT however looking at the correct way to invest this finding.</li> </ul> <p><u>Question</u></p> <ul style="list-style-type: none"> <li>SA noted the preventative approach and supporting voluntary sector will make a difference.</li> </ul>	
<b>8.</b>	<b>AOCB</b>	
	<ul style="list-style-type: none"> <li>IG met CG and GN last month to discuss adults with complex needs.</li> <li>Request issued to PC to reconsider wording then submit to SPG and then IJB.</li> <li>PC noted there is not a specific plan drawn up but CG has raised this needs to be addressed.</li> <li>All directions need to be revisited and need to be pertained. Meeting with team later this week to discuss and return with something more solid.</li> <li>DB made observation which requires no further discussion.</li> <li>PM made comment earlier in meeting which was correct. Doesn't really matter if something is inhouse or brought to inhouse. Tendering process for young carers had predominantly been inhouse.</li> <li>Carers act monies where the bidding for the majority of the funds this year were restricted to inhouse bids. Leave this item for possible thought and reflection.</li> </ul> <p>SA thanked everybody for their participation.</p>	
<b>9.</b>	<b>Date of Next Meeting</b>	
	<p>20 October 2021 15:00-17:00 Microsoft Teams</p>	