




East Lothian Health and Social Care Partnership  
Strategic Planning Group  
MINUTES

Date: 5<sup>th</sup> May 2021  
Time: 13:00 – 15:00  
Venue: MS Teams

1.	Welcome and Apologies	ACTION
	<b>Attendees:</b>	
	Shamin Akhtar (SA) Chair (IJB Vice - Chair)	
	Alison Macdonald (AM) Chief Officer	
	Fiona Ireland (FI) Deputy Director - Corporate Nursing & Business Support (part)	
	Paul Currie (PC) Interim GM: Strategic Integration	
	Iain Gorman (IG) Head of Operations	
	Gillian Neil (GN) General Manager Mental Health & Substance Misuse Service	
	Trish Carlyle (TC) General Manager Statutory Services	
	Bill Ramsay (BR) Primary Care Service Manager	
	Wendy McGuire (WM) Head of Housing	
	Lesley Berry (LB) Lead AHP, General Manager, Rehabilitation and Access	
	Eamon John (EJ) Service Manager, Sport, Countryside & Leisure, East Lothian Council	
	Laura Kerr (LK) Interim General Manager: Service Improvement and Strategic Planning	
	Ed Hendrickson (EH) Team Manager - Active Business Unit, Policy & Partnerships	
	Marilyn McNeill (MM) Service User Representative	
	Lorraine Cowan (LC) General Manager Acute and Ongoing Care and Chief Nurse	
	Catriona Cockburn (CC) Operational Business Manager	
	David Binnie (DB) Carer Representative	
	Maureen Allan (MA) Volunteer Centre East Lothian	
	Bruce Dickie (BD) Project Officer, Strategic Planning and Modernisation	
	Andrew Main (AM) Strategy Officer	
	Judith Tait (JuT) Chief Social Work Officer	
	Jane Ogden-Smith (JOS) Communications & Engagement Manager	
	Rebecca Miller (RM) NHS Lothian Strategic Planning	
	Alexandra Kerr (AK) Business Support Administrator	
	<p><b>Apologies:</b></p> <p>Jane Crawford, Rebecca Pringle, Rona Laskowski, Peter Murray, John Turvill, Shamin Akhtar and Trish Carlyle arrived after the meeting commenced.</p> <p>AM welcomed everyone to the meeting and apologies were noted</p>	
2.	<b>Notes of Last Meeting (03-03-21)</b>	<b>AM</b>



	Minutes agreed.	ALL
<b>3.</b>	<b>Matters Arising</b>	AM
	No Matters arising.	
<b>4.</b>	<b>Lothian Strategic Development Framework</b>	RM
	<p>Rebecca Miller thanked the SPG for the opportunity to present on NHS Lothian's Strategic Development Framework. The Boards existing strategy (health, care, future) pre-dates the existence of Integration Joint Boards. The last year has provided them with the chance to pause and rethink their strategy and how we can all collaborate in partnership.</p> <p>Prior to COVID, NHSL had a number of challenges related to performance and the ability to deliver against national standards for scheduled care (waiting times), unscheduled care (including four hour performance), and mental health (psychological therapies and CAMHS). Recovery programmes were in place and were progressing.</p> <p>However, in many of these areas, COVID has created new setbacks, and brought further challenges, both in itself and in consequence- death and morbidity from COVID, death and morbidity from displaced and delayed treatments, death and morbidity from inequality In scheduled care activity, and more additions to the waiting list than removals.</p> <p>Emergency Attendances - Number of attendances in the Emergency Department has dropped, but acuity at NHS sites is increasing and performance against the Emergency Access Standard has remained fairly steady.</p> <p>Admissions &amp; Discharges - % of attendances converting to admission is up, Number of Attendances converting to admission is down, and bed days occupied by delayed discharges are down.</p> <p>Mental Health Services – CAMHS Waiting List is up, although there is a better balance between demand and capacity in adult mental health, the backlog that remains is concerning.</p> <p>Scheduled Care –additions to the waiting list continue, patients are being prioritised on a clinical basis to ensure those of priority are seen first.</p> <p>In terms of finance, COVID has caused an economic shock across Scotland, and NHSL has incurred significant expenses as a result. The impacts on budgets are uncertain in terms of capital and revenue. Some challenges for the Board are presenting in relation to workforce prior to COVID, and over the last year staff have really risen to the challenge. An impact is expected due to the heightened levels staff have worked at, with potential for burnout and accelerated retirals. In terms on inequalities, there is evidence these are exacerbated as a result of the pandemic and societal and economic inequalities.</p> <p>In 2020, NHS Lothian formed a strategic partnership with the RSA (Royal Society for Arts, Manufactures and Commerce) to work with senior leaders to apply the Future Change Framework to our activities and shape strategic direction. Strategy Development Workshops inolved over 100 senior leaders (across NHS Lothian and the 4 partnerships). The intention is to learn from</p>	 LSDf EL IJB SF 2021-04.ppt



experiences during the pandemic and to identify how our NHS Lothian strategy might alter using the future change framework. Outputs of the workshops notes the pace of recent change and demonstrates that there is a tension between a desire for change amongst staff but not having the capacity to do so.

The challenges are changing, there's likely to be less money, and workforces will be less available, this means the models of care are likely to change. There are some adjustments that need to be made, outlined in the principles however these may change as the strategy develops but in the meantime they will be used as a guide to NHS Lothian thinking and decision making.

In this process, NHS Lothian will engage with staff and stakeholders. It is intended to develop three potential future scenarios and to revisit existing plans via Programme Boards. It is also intended to identify some 'public entrepreneurs' to establish workstreams over the next year. Some of this work has already commenced with programme boards asking them to revisit their purpose, in light of the challenges and principles set out in Lothian's strategic direction. The programme Boards are considering the priorities of the programme against 3 time horizons (1 year, 3 year, 5 years). They have been asked to clarify governance arrangements, to ensure all projects within the programme are coherent with the purpose and priorities and to consider whether re-alignment of organisational resources could support delivery of the priorities.

The public entrepreneurs will be engaged as 'champions of renewal', focused on the problems to be solved, using creativity and harnessing opportunities through which to address the problem.

In terms of timelines, it is intended to complete the work in financial year 2021/2022. NHS Lothian's plans are being shared with as many groups as possible to get feedback and input on its thinking. A draft framework will be ready for consultation by the end of the year with the hope the framework will be adopted in March 2022.

AMacD thanked Rebecca for her presentation and noted this was timely considering where East Lothian is in its own strategic planning process, and that the connectivity is there.



PC agreed the framework outlines issues that need to take into account when developing the local strategic plan. The current plan ends in 2022. During this year, work will look at priorities through the SPG and the IJB.

FI asked how we ensure that interrelationship, the directions, the delivery and strategic plans all aligned so outcomes are met.

RM noted the programme boards are key to that success, it's the opportunity for everybody to have that conversation about their goals, and how to make them happen and how to join that up with the operational and planning teams within the different organisations to be able to carry out that cohesive work together.

FI asked how RM thinks our mental health and substance misuse change board relates to the bigger NHSL mental health programme of work and whether there is a direct link between those two, or are they two independent groups each trying to take something forward. GN noted they are independent groups but part of the change board, as she represents East Lothian at the



	<p>wider Lothian agendas, providing updates around the Royal Edinburgh project board and we do have that national but local strategic link. The HSCP is focused on meeting the offer required of the community of East Lothian, however it would be better to start creating an offer and inviting the secondary care services to understand it and learn from each other.</p> <p>GN added the provision of the Royal Edinburgh is putting more pressure on community services. AMacD added, a way needs to be found to be cohesive in our request through acute services on behalf of East Lothian. SA agreed, saying the distinct needs of East Lothian must be reflected and engagement sought with communities across East Lothian to gather their views on the plan. FI is planning to do some specific engagement work around the strategic development framework and what the priorities of communities are.</p> <p>IG noted the last year has seen a shift with NHSL's relationship with care homes, and East Lothian has felt the brunt of that, as have other HSCPs. He was unsure from the framework where that sits. There needs to be a plan of how that's managed pan-region, and how will this be part of the strategy or managed separately.</p> <p>AMacD noted there was acknowledgement that primary care needed to have a larger input with this, and will be picked up as part of the discussion.. FI added it needs to be clear what sits where and who the responsibilities lie with. RM added NHSL doesn't have a planning responsibility for primary care, although we do employ some primary care staff and clinicians.It's about finding the right balance of involvement, and NHS Lothian is happy to have these discussions. AMacD added if the Primary Care elements of the Feeley report are implemented then GP contracts coming to IJBswill need to be discussed further.</p> <p>IG requested that strong engagements with HSCPs in relation to the workforce strategy, having moved from acute to HSCP the complexity of professional vs clinical, different roles that can be carried out due to it not being well defined in HSCP is really challenging.</p>	
<p><b>5.</b></p>	<p><b>Physical activity with a focus on health and wellbeing</b></p>	<p><b>EH</b></p>
	<p>EJ and JT co-chair the strategic forum for physical activity. Through conversations it was felt appropriate to bring plans to the IJB, to share what's happening directly within East Lothian in and around physical activity in relation to the strategic forum and the planning and implementation group, and to discuss the plan and contributions to the key investment areas.</p> <p>EH noted there is strong scientific evidence that being physically active can help people lead healthier and happier lives. It lowers the risk of many chronic illnesses, and has been proven to improve mental health. In terms of being active, this includes any activity such as an individual's total daily activity and include leisure time, work-related activity and transportation. The UK Chief Medical Officer have produced guidelines, last revised in 2019, which provide information split by age group and categories (0-5yrs, 5-18yrs, adults, pregnant woman, individuals with disabilities). Since the revision, messaging has changed to emphasising that something is better than nothing when it comes to physical activity.</p> <p>The SPG report sets out an overview of the approach of physical activity taken to date in an East Lothian context. First of all bringing partners together</p>	<p> Report on Phys Activity 2021 - S</p> <p> PA Report Appendices.zi</p>



establishing a physical activity strategic group and a planning and implementation group, and then the identification of a physical activity plan which currently runs from 2019 – 2023. The plan is based on research conducted by the International Society of Physical Activity and Health. It focuses on 7 best investment areas (Communication & Public Education, Transport & Environment, Urban Design & Infrastructure, Healthcare & Health Education, Community Wide Programmes, Sport & Recreation). The view is no area in isolation reach everyone, so focusing investment in each of the 7 areas can achieve better outcomes at a population level.

In relation to the impact of COVID on physical activity a Public Health Scotland survey conducted in October 2020 and research conducted to date, suggests that the global pandemic, , may have caused an overall deterioration in physical activity levels by around 30%. However, the full impact may not be known until a later date.

The Scottish Government has recognised the benefits of physical activity to people's physical and mental health and wellbeing. In an East Lothian context and as a result of restrictions, forced closures of indoor spaces has resulted in a decrease in the number of visits to leisure facilities and participation in formal sport and physical activity. The limitations from closures have seen an uptake in online classes/outdoor activity.

In addition to recovery from the impact of COVID-19 and improving the data capture, over the coming year, the promotion of physical activity will continue to be a priority, with partners including the Council, NHS Lothian and third sector working together to achieve this. This will include an increased focus on supporting more people within the East Lothian population to increase their levels of physical activity and an emphasis on physical activity as a contributor to prevention of poor health with a particular focus on social prescribing.

In the next year an evaluation will take place, supported by Queen Margaret University. This will look at who is benefiting from the interventions in place, where the gaps are and some cost benefit work. This will inform the writing of the next plan to be implemented in 2023 onwards.


AMacD noted we have our rehab/rehab essential programme working with the GP practices and there is a synergy of how we make sure that we have hand offs between both services and is keen we work together on that. The full ramifications of COVID are unclear, but work needs to be mindful of that and the post-COVID support that Lesley Berry's team are working closely on.

AMacD asked where this would sit in the change board's structure and where we best have those conversations to make the most of the synergy as it's something we directly commission or operationally manage. FI suggested it come through the Shifting the Balance of Care Change Board and where LB's service came from, making it the most logical place for these discussions to take place.


JT requested that the links with young people's mental health work are also developed and maintained. FI added from the Reference Groups it should feed through all the different Change Boards. PC noted work is underway on active travel approaches, in relation to the community hospital.





	<p>CMcC added that the area partnerships have groups in each of the 6 localities looking at promoting active travel opportunities.</p> <p>CF noted there is potential with the CWIC Mental Health team and the Link Workers, where as part of an intervention, people could be directed to these services. EH noted LB and JT are part of the strategic forum for physical activity so there is opportunities for these discussions to be ongoing and continued through that, and they will feed in to which ever structure is most appropriate. Regarding mental health work, EH will be attending the group that Lynne Binnie chairs around young people’s mental health. He hopes this will allow them to focus in on that area in a bit more detail. MM added local area partnerships need to be in the collaboration, as they have health and wellbeing groups and the work they do ties in with the p[hysical activity work.</p> <p>SA asked EH how the SPG as a group can effectively and collaboratively take work forward in terms of involvement in Change Boards, EH noted physical activity isn’t particularly represented at any Change Board, but he has regular dialogue with different colleagues and teams in health services. He would though be more than happy to attend any Change Boards as requested.</p> <p>SA noted that NHSL Public Health Team will be developing locality teams, and asked if this this work would tie in with this team or require their input, AMacD noted Philip Conaglen, Public Health consultant, who is well versed in all things East Lothian, will coordinate that through the planning team.</p>	
<p><b>6.</b></p>	<p><b>East Lothian Community Hospital and Care Home Provision Board</b></p>	<p><b>LK</b></p>
	<p>LK noted the paper was pulled together by Bruce Dickie and Andrew Main to provide background on progress and to request a Change Board be established for East Lothian Community Hospital and Care Homes project. Such a Change Board would ensure good governance within the current structure and reporting to the Strategic Planning Board.</p> <p>LK noted that East Lothian IJB Direction 12d in December 2018, required a report and recommendations be developed on the reprovision of Community Hospitals and Care Homes. Further work was undertaken by HubCo in 2019/2020. The impact of COVID-19 across much of 2020/2021 stalled progress, resulting in the need to re-establish a focus on this work, by revisiting the original proposal in 2018 and taking account of the current set of circumstances.</p> <p>Through discussion, it was agreed a Change Board should be set up, reporting to the SPG, to reset the strategic direction and provide the groundwork with recommendations for the next 3-5 year planning cycle. It is anticipated that this should be completed over the next 9-12 months.</p> <p>A draft membership has been drawn up and the Terms of Reference developed. If agreed, these will be presented to the first meeting of the Change Board on the 31<sup>st</sup> May. On establishment of the Change Board, workstreams will be identified and work progressed through these.</p> <p>LK noted the Change Board is required to help speed recommendations being progressed.</p> <p>LK summarised the recommendations –</p> <ul style="list-style-type: none"> <li>• Support the establishment of the East Lothian Community Hospital and Care Home Provision Change Board.</li> <li>• Note the anticipated timeline of this Change Board (9 – 12 months)</li> </ul>	 <p>21.05.05 - IJB Strategic Planning</p>



	<ul style="list-style-type: none"> <li>Note reporting arrangements in to the SPG from the Change Board and include these as part of the agenda.</li> </ul> <p>MM asked what the likelihood was of a Reference Group being created for the Change Board to involve the community. AMacD noted it is intended to secure professional engagement support co-production and engagement with the community.</p> <p>BD noted one of the workstreams identified is communication and engagement, and a co-production element is viewed as highly positive. BD has linked in with JO-S to develop a matrix using the current groups within the partnership, and other groups across East Lothian. A Comms and Engagement workstream is hoped to be agreed at the first Change Board meeting.</p> <p>The Strategic Planning Group approved the recommendations within the East Lothian Community Hospital and Care Home Provision Change Board report.</p>	
7.	<b>Change Board Review</b>	<b>PC</b>
	<p>PC presented a report on the outcome of a review of the six Change Boards and associated Reference Groups in East Lothian. PC noted this structure was set up in 2018 to deliver strategic priorities, operational priorities and IJB Directions to deliver change.</p> <p>In order to obtain the views of Change Board and Reference Group members a Survey Monkey online questionnaire was distributed, with a 22<sup>nd</sup> January deadline date - 22 valid responses were received. The responses showed satisfaction was high, with 12 rating the groups as very good or good (2 and 10 respectively) and 9 rating them as fair. Regarding ease of contributing to meetings, 91% of respondents (20) thought it was very easy. The remainder (9%/2 people) thought it not so easy. Regarding clarity of strategic priorities, 2 responses were very clear and 12 clear, with 7 unclear and 2 selecting don't know.</p> <p>Based on the review and the responses from the Survey Monkey online questionnaire, The report suggests a number of recommendations:</p> <ol style="list-style-type: none"> <li>The current structure, whereby individual Change Boards have a dedicated Reference Group should be replaced by a single Reference Group, established with a broad enough membership to comment with authority on each of the Change Board's plans.</li> <li>Consideration needs to be given to whether carers' issues should become the responsibility of all Change Boards to ensure delivery across all strategic programmes, rather than being a discrete programme of work for one Change Board.</li> <li>All current Change Boards should report within 6 months to the Strategic Planning Group on budget, and progress against agreed priorities, all relevant Directions, the Golden Threads and timeframes for delivery.</li> <li>Each Change Board should then formally report on its work on an annual basis (or six monthly if its delivery timetable is shorter) to the Strategic Planning Group.</li> </ol>	 <p>SBAR - Review Change Boards -</p>



5. Approval for any new Change Boards to be established, remit amended, or joint working formalised, should be sought from the Strategic Planning Group.
6. Approval for Change Boards to be disbanded, either because outcomes have been fully delivered, the work is no longer a priority, or progress is not being made, should be sought from the Strategic Planning Group.
7. Change Boards should seek all opportunities to work together on areas of joint interest and should pursue convergence where this is indicated.
8. Virtual meetings should be utilised where possible in order to maintain and broaden attendance, to reduce time commitments and to facilitate more equitable participation.
9. Individual Change Boards should take into account all comments gathered through this review to improve meeting processes to fully involve participants to take work forward, for example in agenda setting, circulation of papers and chairing arrangements.

FI commented she supported the recommendations, and feels this is the right direction especially relating to reference groups delivering their defined outcomes.

AMacD noted we still need to engage with the various groups from each change board, referring to the East Lothian Community Hospital and Care Home Provision Board, envisaging we will be looking to go out and speak to a large number of groups, we need to make sure the engagement is still maintained.

MA noted the report reflected what Volunteer Development East Lothian, as a third sector interface (TSI), have identified from their self-evaluation with improvement Scotland. She offered to work with PC to pull this work together to improve engagement, as it is recognised the TSI hasn't been functioning as it should be. PC said he would be happy to discuss this further,.

IG noted that a sole reference group would need to be well administrated, taking place regularly, with issues being brought to the group, and having papers distributed well in advance and with feedback gathered and communicated. IG also suggested the minutes from the reference group should come to the SPG, so there is reassurance that the reference group is getting information and having the opportunity to comment on it considering this information to be put in our strategic plans.

FI added reference groups should be more workshop focused to determine the strategic plan, rather than taking/gathering lots of papers, ensuring they are fully engaged participants.

DB asked if the carers change board will still remain, PC suggested it was important to have carers issues embedded into each Change Board. This would ensure carers needs feature in all the change boards across all areas of work, rather than being focussed in one group.

DB commented that if we do away with the carers change board and reference groups we will lose the opportunity to engage with a significant part of the workforce and people who comprise a large sector of our client group. He suggested that as the Feeley report focuses on 2 main areas, creation of the national care service and the new remit of the IJBs, the Carers Change Board





	<p>would have a critical role in taking forward carer specific items and it would be premature to disband them.</p> <p>AMacD asked is there merit in the Carers Change Board having a specific discussion around its role and remit, what it would take a lead on and how they best see themselves embedding in.</p> <p>TC added this will be on the agenda of the next Carers Change oBard and would welcome the opportunity to discuss how the the carer's agenda can have a higher profile in other Change Boards.</p> <p>SA noted that the SPG were happy with the recommendations included within the Change Board Review report although implications will be discussed further.</p>	
<p><b>8.</b></p>	<p><b>Change Board reports</b></p>	<p><b>CB Chairs</b></p>
	<p><u>TC – Carers Change Board</u> The main focus over the last period of time has been the procurement of carer services. The tender process is complete and the standstill letters for the tender issued, with formal announcement of the successful organisation next week. The group is currently putting together a communications strategy to take this forward. Respite and breaks from caring are high on the agenda in terms of thinking about the priorities for the strategy. Close work is underway with the transformation programme and shared lives to think about how we may progress short breaks. The group is thinking about how to develop work, taking into consideration elements of the Feeley report in relation to self-directed support.</p> <p><u>LC – Shift in The Balance of Care Change Board</u> There has been a lot work within the last 3 months looking at the reference group and how it's functioning. JT joined the group in January, discussing the area partnerships and other groups to present work around pathways, outpatients in endoscopy and the new hospital. This aims to bring more activity into East Lothian rather than the acute centres. Work around Hospital to Home and homecare is seeking to pull them together in a core location to provide more care in the community. The group has been working with JO-S on a series of videos (which require further work so releasing dates to be confirmed). It is intended to go out to various groups to engage them in this work and to look for recommendations.</p> <p><u>IG - Mental Health &amp; Substance Misuse Change Board</u> Workingis underway on the remobilisation of scheduled and unscheduled care. Conversations are ongoing and further updates will be provided in due course.</p> <p><u>Gillian Neil presented – SBAR – Transformation Programme</u> Further discussions were held after the last IJB budget setting development session. It was felt appropriate to bring this to the SPG regarding the ongoing discussions of the community transformation programme. After discussions at various fora it was recommended a dedicated IJB development session is held to consider the proposals and the work completed so far.</p> <p>A comprehensive needs assessment was completed, as was an in-depth programme of community engagement with the support of the reference groups. The group has faced challenges due to COVID and issues with sustainability payments.</p>	



	<p>It was noted older people day centres were not initially included in the scope of this project. Due to the impact of COVID this has been added to scope. It was clear from the development session and budget setting session there are a number of financial implications and challenges, meaning difficult decisions will need to be made. Options need to be considered in line with policy considerations and exploration of commissioning models, to provide an element of flexibility.</p> <p>Their intention is to divide the session into two separate sessions, over 65 and under 65. AMacD noted as there won't be an IJB on the 27<sup>th</sup> the opportunity will be taken to use this for a private, IJB members and officers only development session.</p>	
<p><b>10.</b></p>	<p><b>Date of Next Meeting</b></p>	<p><b>SA</b></p>
	<p>The next Strategic Planning Group will be held on the 2<sup>nd</sup> June 2021, 1.30 – 3.30 via MS Teams.</p>	

DRAFT