



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

Date: 2 June 2021
Time: 13:30 – 15:30
Venue: MS Teams

1.	Welcome and Apologies	ACTION
	Attendees:	
	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 General Manager: Strategic Integration	
	Iain Gorman (IG) Head of Operations	
	Lesley Berry (LB) Lead AHP, General Manager, Rehabilitation and Access	
	Laura Kerr (LK) Interim General Manager: Service Improvement and Strategic Planning	
	Lorraine Cowan (LC) General Manager Acute and Ongoing Care and Chief Nurse	
	Catriona Cockburn (CC) Operational Business Manager	
	Judith Tait (JuT) Chief Social Work Officer	
	Joanne Burns (JB) Senior Business Support Assistant	
	Claire Flanagan (CF) Chief Finance Officer	
	Jane Crawford (JC) Third Sector Representative	
	Claire Goodwin (CG) Assistant Strategic Programme Manager	
	Peter Murray (PM) IJB Chair	
	John Turvill (JT) Clinical Director	
	Peter McLoughlin (PMcL)	
	Joanne Burns (JB) Senior Business Support Assistant (Minute)	
	Apologies: Fiona Ireland, Rebecca Pringle, David Binnie.	
2.	Notes of Last Meeting (05-05-21)	SA
	Minutes agreed.	
3.	Matters Arising	
	No Matters arising.	SA
4.	East Lothian IJB Integration Scheme	PMcL
	PMcL spoke to the SBAR regarding the Integration Scheme Review. There is a legal requirement to review integration schemes every five years and to make any necessary changes.	



NHS Lothian and the four local authorities are working together on this. As the East Lothian IJB had been due to review its scheme in summer of 2020, but this had been delayed due to COVID.

PMcL has written to Council Chief Executives in Lothian to obtain local authority nominees to participate in the review.

A senior level oversight group will oversee this work for the remainder of the calendar year, with the first meeting expected before the end of June. A Strategic Review Group will undertake the detailed work.

Subgroups will consider the main areas of business covered in the Integration Schemes.

Public consultation will take place as part of the statutory process.

AM will be on the Oversight Group, along with other Chief Officers. PMcL invited thoughts on who could be involved in the Strategic Review Group (this group will manage the detail of the exercise).

PM commented on the timing of the review, particularly as there are likely to be structural changes to the IJB on the back of the Feeley Report recommendations.

Regarding the potential structural changes ahead, PMcL acknowledged the direction of travel and the need to think about what that might mean to the IJB and to flag up which issues might need further review.

PC noted that HSCPs had last reviewed their schemes when the Carers Act came into effect.

PMcL acknowledged the Carers' Act related review work, but nonetheless suggested a fuller review was still required, as emphasised by Scottish Government.

PMcL noted that we need to be clear at what stage we are consulting, who we are consulting with and why. PMcL has asked to put this item on the agenda at the first oversight meeting on the 30th June 2021.

AM suggested to save for further meetings as she acknowledged that this was the start of the other processes that will be put in place. Regarding the Carers' changes there will be a further review in the next couple of years as people have been tied up with COVID.

AM also acknowledged general tidying up was required and the difficulty if you want to change a small bit of the scheme then it requires a decision from parliament. Would there be a way to make it easier for all partners involved?

FI said she was keen to understand more about the Strategic Review Group – including the purpose and membership. There seems to be some tension between Clinical and Care Governance with what is being done at IJB or Partnership level and in turn Health Board level.



	<p>PMcL said that with regard to broader conversations about governance, representation, and how the committee structures work, this touched on a wider conversation that is not just integration.</p> <p>Action: AM to keep the SPG informed of progress with the review</p>	
<p>5.</p>	<p>Primary Care Improvement Plan 4 (PCIP 4)</p>	<p>IG</p>
	<p>IG gave a verbal report on the PCIP update to the Scottish Government.</p> <p>The PCIP update requires agreement from the local GP subcommittee prior to submission to the Scottish Government to confirm progress against our PCIP.</p> <p>The PCIP services are being delivered to all 15 GP Practices / all Practice populations, some of them as direct access services – these include CTAC, CWIC Mental Health, MSK, Vaccinations.</p> <p>Some questions have been raised regarding Care When It Counts (CWIC), with some GPs suggesting they would prefer an embedded staffing model.</p> <p>The HSCP is unique as we are offering a defined service as our urgent care service. The HSCP stand in a firm position regarding CWIC as an urgent care service as part of our PCIP and have reached an understanding with GPs. Although there has been some suggestion from a small number of GPs that they would prefer an embedding staffing model.</p> <p>IG stated there is ongoing discussions as the HSPC received a letter from the Scottish Government outlining a change in commitment to PCIPs recognising the challenges of COVID and setting out a requirement for each of the different services to be delivered in 22/23 rather than the original commitment which was the end of this financial year and with reference to issues not yet raised i.e. transitional payments to Practices if the services were established.</p> <p>The letter indicated changes to legislation that HSCPs or NHS Lothian would become accountable for the delivery of these services under legislation.</p> <p>There are discussions with the Scottish Government regarding what is meant by a full delivery of certain PCIP services, and what transitional payments would follow if these services failed to be delivered.</p> <p>The services currently are not all year round. The HSCP have asked the Scottish Government to clarify if full implementation means a 52-week service or a 46-week service – what is the expectation that we must deliver and what does our failure to deliver at that level results in a transitional payment.</p> <p>The Chief Officer (AM) is the representative for HSCPs in the Primary GMS group. IG and other operational managers from the Primary Care Team have attended focused discussions on individual aspects of the services with the Scottish Government.</p> <p>IG highlighted the PCIP Report included details of funding required to fully achieve the PCIP outcomes. Clarity is required in terms of full delivery. Our finance team have worked closely with the other HSCPs to put in a heavily caveated submission to the Scottish Government – this suggests that we are</p>	



	<p>likely to require almost double our current funding to fully implement the PCIP programme.</p> <p>It was noted that primary care activity in relation to vaccinations had grown significantly as a result of COVID, but that this additional burden could not be absorbed going forward – discussions are taking place in relation to this.</p> <p>IG suggested timescales have not been identified. Although the HSCP had provided a caveated description of why we could justify those costs, it is uncertain what the response will be.</p> <p>CF stated that we don't routinely receive feedback on PCIP returns to the Scottish Government. It depends on what they have received across all HSCPs and how consistent this has been.</p>	
<p>6.</p>	<p>IJB Strategic Plan</p>	<p>PC</p>
	<p>The current plan is in place until March 2022. Previous plans have been developed six months before the current one expires so that the new plan is ready this has been consulted on and agreed before the new three-year period begins.</p> <p>Due to current circumstances regarding COVID, a decision needs to be made on whether the same approach is followed for the upcoming plan which will run from 2022-2025 or if a delay can be justified.</p> <p>The recommendations suggest a delay of six months or a year due to disruptions as a result of COVID and in addition to of the Independent Review of Adult Social Care with the many recommendations for substantial changes in the ways in which IJBs operate.</p> <p>The new Strategic Plan will need to reflect any ongoing changes to service provision resulting from COVID.</p> <p>PC identified that work on the fourth remobilisation document coordinated by NHS Lothian will start shortly.</p> <p>PC noted that the Scottish Government's response to the recommendations of the Independent Review of Adult Social Care is also significant in terms of shaping the next Strategic Plan, not least in terms of the Government's plans regarding a National Care Service.</p> <p>PC noted the three options regarding the current IJB Strategic Plan:</p> <ol style="list-style-type: none"> 1. Begin to review and consult on the plan as it stands. In September 2021 with a view to developing a new plan through consultation from March 2022. 2. The plan could be delayed for a six-month period in the hope that more will come out from the review of adult social care. 3. Delay the plan for a full year. <p>PC noted that of the options have merit and difficulties and welcomed the SPG's thoughts on this matter. This recommendation will then be taken to the next meeting of the IJB for a decision.</p>	



	<p>AM noted that there are plans for the HSCP to work with Matter of Focus on developing an outcome focused framework and that it would be useful if this work could also inform the next iteration of the Strategic Plan. Allowing enough opportunity for community engagement is also important.</p> <p>SA thanked everyone for their contributions. The SPG recommended proceeding with option 2 – delaying for six months.</p>	
7.	<p>Change Board Reports</p>	
	<p><u>Adults with Complex Needs Change Board (IG)</u></p> <ul style="list-style-type: none"> • Noted that discussion had taken place at the last IJB re the Transformation Programme. An updated business case will be brought to the IJB as soon as possible. • Learning Disabilities Social Work has moved to within Gillian Neill’s remit • Ongoing recruitment for Shared Lives is taking place. <p><u>Carers’ Change Board (JuT)</u></p> <ul style="list-style-type: none"> • In relation to young carers / carers services, it is proposed that an in-house service be developed to cover areas not yet covered. Carers of East Lothian are providing interim provision. • Timescales are tight but discussions are underway with East Lothian Young Carers. Children’s Services will take on the support and management of that part of the work. • Acknowledged the importance of young carers work linking in with IJB structures. • JuT highlighted research published by CELCIS – ‘Hidden Harm’. This looks at national data during Covid. One of the issues it highlights is children and young people for whom there are concerns and for whom the impact of Covid remains hidden – this includes young carers. JuT offered to share this with anyone who is interested. <p><u>Change Board for Primary Care (JT)</u></p> <ul style="list-style-type: none"> • Noted how much change has taken place and progress made with PCIP since last update in August 2020. • Identified that CWIC provides a service to approximately 12 – 13,00 patients, delivering an extra 1,000 appointments a week. There is ongoing discussion with Practices who are not keen to participate. • MSK line waiting times have increased to an average of two weeks, but action is being taken to reduce this again. • CTAC is delivering ‘treatment room’ services at a number of centres across East Lothian and currently has a ‘high level’ of activity. • CWIC Mental Health continues to deliver rapid access to a mental health practitioner. Feedback from patients has been very positive and demand for the service has increased. • Pharmacotherapy – there are no pharmacists in all Practices and more pharmacy technicians are being introduced to support this further • With regard to remobilisation – JT noted that primary care service have not remobilised as they have been operational throughout, albeit on a different basis. • GP Practices have appreciated support from PCIP services. 	



- The Care Home Team is not part of PCIP and is funded differently but has still made a contribution to reducing pressure on GP Practices.
- SA asked for more information on mental health service provision – JT will follow up offline.
- SA also asked for more information regarding progress being made with the Link Worker service.
- IG noted that the IRASC included a recommendation related to GP contracts and that discussion was also taking place at a national level regarding PCIP – he suggested that an IJB Development Session might be useful in relation to potential developments.

East Lothian Community Hospital and Care Home Provision Change Board (PM /AM)

- AM noted that this new Change Board had been agreed at a previous SPG and its first meeting had successfully taken place.
- A programme has been agreed for the Board, along with terms of reference and governance.
- Three sub-groups have been established, each with a group lead, and six weekly meetings have been scheduled for the remainder of the year.

Shifting the Balance of Care Change Board (LC)

- The Board has been reviewing its associated Reference Group, and an engagement event is taking place on the 17th June where community groups will have an opportunity to help shape the future shape of the Group – around 50 people have confirmed their attendance.
- Mental Health beds have been repatriated from Mid to East Lothian – this means functional patients will come to ward 2 in East Lothian Community Hospital – improvements to the ward are underway to ensure the environment is suitable – this reflects feedback from a Mental Welfare Commission visit.
- Work is continuing on the development of a Dementia Unit at Crookston Care Home.
- Five residential beds have been opened to support admissions over the winter period.
- Hospital to Home and Homecare services will move to an integrated team – both services are now collocated at ELCH and joint operational policy developed. The service will be managed by an Integrated Care Assessment Manager who will also capacity and resources to support people back into community settings as quickly as possible.
- The Pain Management Service is Physio-led. The service moved online through Covid, with groups running successfully using online options. The approach taken has been very successful and future groups will incorporate a multidisciplinary approach. Lothian Pain Management Group is taking on board this model.
- JT suggested this approach to pain management was positive in terms of patients being able to access support without the need to travel. He also noted that it helped reduce reliance on medication.

Pace Physical Activity and Community Education

The difference between the East Lothian Pain Service and those of others, in Lothian or other parts of Scotland, is that a physical activity component is



	<p>added on that supports individuals to remain active even after they have finished their groups or one-to-one sessions.</p> <p>The physical activity and community education team were seeing a lot of patients on a one-to-one or group basis pre Covid. A decision was made to start the exercise programmes online. The groups of exercise professionals developed a fundamental exercise programme where people could be referred. They would be assessed by an exercise professional on a one-to-one basis and then they would be put in contact with the YouTube exercise programme. They would be monitored for behavioural change to try to get people active. They would be supported on a weekly basis. It has been hugely successful and has increased capacity and has provided exit strategies for patients.</p> <p>The service has started to return to a face-to-face service, but the fundamental exercise programme is also being retained due to its success. A test has been started with GPs in North Berwick where GPs will be able to make direct referrals for patients. They will be able to refer for exercise therapy to the team and they will be given a choice either one-to-ones or will be given access to the fundamental exercise programme.</p>	
8.	AOCB	
	None raised.	
9.	Date of Next Meeting	
	To be confirmed.	