



**East Lothian Health and Social Care Partnership
Strategic Planning Group**

Minutes

Date: 2nd March 2023
Time: 1400-1600
Venue: MS Teams

Attendees:		ACTION
Shamin Akhtar (SA)	Chair (IJB Vice – chair)	
Neil Munro (NM)	Project Support Manager, (minutes)	
Maureen Allan (MA)	Chief Officer, Volunteer Centre East Lothian	
Lesley Berry (LB)	General Manager, East Lothian Rehabilitation Service and Chief AHP	
Philip Conaglen (PC)	Consultant in Public Health Medicine	
Lorraine Cowan (LC)	Chief Nurse ELHSCP	
Paul Currie (PCu)	Interim General Manager, Strategic Integration	
Claire Flanagan (CF)	Chief Finance Officer	
Claire Goodwin (CG)	Performance and Improvement Manager	
Iain Gorman (IG)	Head of Operations	
Fiona Ireland (FI)	Deputy Director of Nursing, NHS Lothian	
Jennifer Jarvis (JJ)	Senior Communications Advisor,	
Judith Tait (JT)	Chief Social Work Officer	
John Hardman (JH)	Interim Clinical Director	
Matthew Kennedy (MK)	General Manager, Adult Social Work	
Laura Kerr (LK)	General Manager, Planning and Performance	
Wendy McGuire (WM)	Housing Manager	
Marilyn McNeill (MM)	Service User Representative	
Jamie Megaw (JM)	General Manager, Primary Care Services	
Peter Murray (PM)	Non-Executive Director (IJB Chair)	
Gillian Neil (GN)	General Manager, Learning Disabilities, Mental Health and Substance Use	
Guy Whitehead (GW)	Physiotherapy Clinical Lead	
Fiona Wilson (FW)	Chief Officer, ELHSCP	
Apologies: David Binnie, Cat Cockburn, Rebecca Pringle		
1.	Welcome and Apologies	SA
	Shamin Akhtar welcomed everyone to the meeting and apologies were noted.	

2.	Minutes of last meeting	PM
	<p>Judith Tait requested an update to item 5. Workforce Plan. This should read 'across <i>all of</i> Social Work' and not just <i>Adult</i> Social Work.</p> <p>The minutes were approved as a true and accurate record and matters arising above noted.</p>	
3.	MAT Standards	GN
	<p>Gillian Neil referred members to the update paper regarding progress on meeting the target of full implementation of Medication Assisted Treatment (MAT) Standards 1-5 by April 2023.</p> <p>GN provided a background to MAT standards as a response by Scottish Government in relation to high level of drug deaths in Scotland. GN noted that the implementation paper was submitted to the Scottish Government in January 2023 and that the Partnership is on track to completing the implementation of MAT Standards 1-5.</p> <p><u>MAT standards 1-2</u></p> <p>Since the implementation of the 5-day same day service on 31st October 2022, 25 patients have been assessed as suitable for Opioid Replacement Treatment (ORT) referred through self-presentation, Mid and East Lothian Drugs (MELD) contact service, triage or via external referral. The Scottish Government target is 23 patients by 2024. The target has been met and the expectation is for this number to increase.</p> <p>There is an increase within East Lothian of patients using Buvidal (buprenorphine) rather than daily pharmacist visits for methadone. The delivery of the Standards is around promoting choice but the challenge and risk in progression of the work is continued funding, as Buvidal is more costly to prescribe.</p> <p><u>MAT Standards 3-5</u></p> <p>These Standards focus on assertive outreach and early intervention and prevention in relation to people using injectable equipment and reduction of blood born viruses. The Partnership has a dedicated nurse doing this work and is engaging with homeless housing and different areas to offer the training. MELD have opened 2 low threshold drop-in cafés in Prestonpans and Tranent where visitors can make the choice to engage with the staff. The number of people attending is increasing as word spreads.</p> <p>The Scottish Government MAT Implementation Team carried out a pre-assessment of the Standards at the beginning of February, with the HSCP provisionally given a green assessment for processes. More data will be available along with experiential information when the data is submitted in March/April 2023.</p> <p><u>MAT Standards 6-10</u></p> <p>Implementation is required by 2024. East Lothian HSCP is quite far forward in developing these Standards which were also assessed by the MAT Implementation Team. Although a year ahead of submission we have been given an amber at this stage and should be green in the next month or two.</p> <p>Fiona Wilson emphasised the amount of work that had been involved with the implementation of the MAT Standards and provided thanks and well done to GN, noting that there are no concerns in meeting the delivery dates.</p> <p>Iain Gorman assured the members that the funding of the prescriptions is being picked up through MELDAP and discussions with the Scottish Government will take place for them to support this as they are driving the targets.</p> <p>John Hardman provided his thanks and commented that patients who have a bit more of a chaotic life are also achieving stability in their lives from the use of Buvidal. There will be challenges ahead in implementing Standard 6-10 and in particular Standard 10 on trauma-informed care.</p> <p>Jennifer Jarvis asked GN if they could pick up on this after the meeting to issue a communication to stakeholders on progress and achievements.</p>	

	<p>JT noted that the Council has committed to becoming trauma-informed and that she will be handing over the reigns as Trauma Champion prior to leaving. There have been difficulties in recruiting a trauma coordinator. It is hoped someone will be appointed from a 3rd campaign that finishes on Sunday 5th March. The Trauma Working Group agreed that they would set-up a Trauma Steering Group along the lines of the Edinburgh model. They have created a pack to support trauma teams with implementation.</p> <p>SA thanked GN for the update and noted the opportunity they had to raise some of the challenges of the MAT Standards in a recent meeting with the Minister.</p> <p>The SPG noted the update paper and thanked GN.</p>	
4.	<p>Access & Capacity RMP LLP & Associated Services – Update Report</p>	<p>JM</p>
	<p>Jamie Megaw provided a brief overview on the progress against recommendations from the external review on access and capacity of Riverside Medical Practice and associated services. JM noted the main purpose of the update is to report on recommendation 3 which has been the main focus to improve provision and increase capacity of Care When It Counts (CWIC).</p> <p>JM advised that required improvements had been made to the telephone system used by patients. The review team will be publishing a short update report following a 3-month progress meeting. JM will circulate a copy of the report to SPG members.</p> <p>SA noted that one of the big issues in the initial report was the difficulties for patients in accessing Riverside GPs. This was reflected in Riverside having a response rating of 7% whereas the Scottish average was 75%. She asked if the new telephone system arrangements will address this issue. JM confirmed that the changes being made are about improving the experience when patients call the GP practice.</p> <p>Peter Murray asked, if staff absence was the cause of a big drop in patient allocation figures. JM said that the drop represented staff being absent and accounted for around 8% of capacity. Some staffing issues continue. On the filling of a vacancy in around 6 weeks, around 600-700 episodes of care should be delivered per week rather than the current 500.</p> <p>JH explained that the data giving 7% for satisfaction, was generated from the Health and Care Experience Survey which takes place every 2 years. The last survey was in Sept 2021. The next one will be Nov 2023 with output from that around Spring 2024. SA noted this and that it would be good to see that data from that survey to see what impact changes to Riverside arrangement have had on the figures.</p> <p>SA will pick up with JM offline following the meeting regarding the 4 recommendations and noted the challenge with signposting, that communication has improved and Riverside's positive engagement in taking forward the recommendations.</p> <p>The SPG agreed the recommendations and the paper.</p> <p>Action: JM to circulate a copy of the review panel report to SPG members when published.</p>	
5.	<p>Eskgreen Care Home</p>	<p>LC</p>
	<p>Lorraine Cowan provided some background following the Care Inspectorate inspection of Eskgreen and their recommendations in June 2022. The feedback was good in relation to the delivery of care, however it was recommended that substantial refurbishment to the building would be required to meet current healthcare standards. On completion of any refurbishment, Eskgreen would still not be fit for purpose as a care home following the higher scrutiny of care homes post COVID. Mainly due to lack of en-suite rooms, lift issues and staff changing facilities, infection prevention issues and East Lothian Council financial support as evident from the meeting on 13 December. It was agreed to re-provide the care with some capacity moving to Crookston Care Home (10 beds) and others via private providers.</p> <p>Two working groups were setup. One to review the progress on closing the home and the other to support staff in finding alternative roles within East Lothian. This second working group also worked with families and relatives of the residents regarding their relocations. LC confirmed staff have been</p>	

	<p>matched to vacant positions within other care homes/facilities. All residents have now been re-allocated - 13 to Crookston, other residents to The Abbey at North Berwick, 1 to Dundee and 1 to Edinburgh.</p> <p>LC gave thanks to JJ for the support and communication provided in relation to the new provision, along with the newsletter and updates provided to the residents, relatives, and staff.</p> <p>The only outstanding issue in relation to the closure is the future use of Eskgreen and how best to secure the facility while discussion takes place.</p> <p>Maureen Allan asked, given the lack of provision in Musselburgh would there be any consideration of Eskgreen becoming a day centre facility.</p> <p>Fiona Wilson and Wendy McGuire advised that Eskgreen is now seen as surplus and has to be assessed through due process. Eskgreen will fall into the Rationalisation Programme with East Lothian Council who will make the decision on its future.</p> <p>JJ asked for clarity that there should be no mention regarding the future use of Eskgreen in the latest update due to go to stakeholders this week. FW confirmed this was the case.</p> <p>Marilyn McNeill asked LK if Crookston has capacity for palliative care and did the Community Hospital & Care Home study include Eskgreen beds and whether there was any demand for home care provisional in the Musselburgh area.</p> <p>IG advised the Eskgreen was included in terms of capacity and we were aware of its closure so was taken account in other factors such as additional care home at Harbour House in Musselburgh. There is approved planning for a care village at Inveresk. Preston Seton Gosford (PSG) has no care home provisions so would be up for discussion to push provision in this area with providers. A new care home is also being created in Haddington and this should be operational before the end of this year. LK confirmed that Crookston takes the same kind of patients as they did at Eskgreen and does provide palliative care.</p> <p>Fiona Ireland asked if this would change any of the 5 options and the timeline within the 5-year plan.</p> <p>IG confirmed that this would not change the timeline the only thing changing would be bringing forward the communication with partners and capital allocations which will be discussed at Council Management Team (CMT)</p> <p>SA recognised the sensitive situation with the Eskgreen closure and that communications in this area with Councilors had not generated concerns. She thanked everyone for their work on this. Matt Kennedy thanked SA and will pass on the thanks to the teams involved.</p> <p>A recent Scottish Parliaments Information Centre (SPICe) report outlined that of the 32 authorities East Lothian is in the top 3 for growth but are at the bottom in terms of financial allocation. This highlights some of the challenges and difficulties ahead given the population growth in East Lothian. The SPG noted the work going on in the background.</p> <p>The SPG agreed the recommendations and the paper.</p>	
6.	IJB Strategic Plan - Annual Delivery Plan for 2023-24	CG
	<p>Claire Goodwin presented a paper on the Annual Delivery Plan (ADP). She described the plan as a working document that will change over time.</p> <p>CG explained the purpose of the ADP is to provide detail on the delivery of the IJB Strategic Plan and its delivery priorities. The ADP identifies responsibility for leading on the deliverables along with timescales, milestones and information on how progress will be measured against performance indicators. The plan identifies the high-level actions and cross references to other plans and is completed in collaboration with the Change Boards. Work is also taking place to look at the directions and the ADP has been useful in identifying some gaps. The proposal is to bring directions to the May SPG for agreement. ADP updates will be brought to the SPG quarterly and twice yearly to the</p>	

	<p>Integration Joint Board (IJB). Resource implication will be further looked at once this year's budget settlements are confirmed.</p> <p>PM asked if there were negative budget implications and if any work is underway, including identifying what deliverables would fall from the plan depending on the available finance and show where the vulnerabilities are. He also asked if named leads could be included against the key actions.</p> <p>CG advised that nothing formally has been carried out, but discussions are underway around what can be included. Anything for consideration would be brought to the SPG for their approval every quarter. For the next update we would have an idea of any changes needed as a result of financial settlement. Further discussion on including an owner for each Key Action will be considered by the HSCP, although it is likely to be a job title/role rather than a specific named person.</p> <p>PM raised the point that the assumption is that when the Strategy is prepared it is on the basis that everything can be delivered. To know what would be lost following a financial change is important and the community would need to be aware of required changes.</p> <p>FW suggested this needed to be as part of the transformation approached. Plans can still be aligned to delivery of the strategic plan as new efficiencies are achieved and new decisions on service delivery are made.</p> <p>Laura Kerr reminded members that the ADP captures what is being delivered. As it is a public document she suggested it wouldn't be appropriate to have an individual's name against the Key Actions, so a post-holder would be more suitable. LK agreed that there has to be a balance of what can and can't be delivered according to budgets, but this could be reflected in a separate document and held elsewhere.</p> <p>JH asked as Chair of Primary Care Change Board (PCCB) for clarity that the Key Actions within the ADP should be clearly achievable rather than aspirational. FW and LK confirmed.</p> <p>SA highlighted the understanding of transformation work and where savings are made in some areas helps to resource other areas.</p> <p>WM noted the reference to Housing under objective item 5 but we need to remember that the Housing contribution statement is a statutory requirement and a strategic critical enabler to the deliverables in the HSCP Strategic Plan. When the Housing Contribution Statement is finalised WM will discuss with colleagues and feedback to CG on how this can be expanded on.</p> <p>CG asked for any further comments or questions within the next 2 weeks. The next step is to take the document back to Change Boards to initiate any further discussion on the content.</p> <p>SA said the other important part is the Performance Report that is due out in June and how the ADP will go alongside that report in articulating the performance clearly through the use of the flow charts and graphs and explains the outcomes.</p> <p>SA asked that any acronyms used are laid out in full for the benefit of others who may have access to the minutes.</p> <p>The SPG agreed the recommendations and the paper.</p>	
<p>7.</p>	<p>Physical Activity Programme Partnership</p> <p>Guy Whitehead presented the paper and informed members that this was originally put to the SPG last year where he was asked to bring back to the group with the financial element. GW has worked with the HSCP Finance team to look at funding and is satisfied that the costs can be met from the current core budget. In future years, the expectation is that it will be self-funded through increased memberships at the leisure centres.</p> <p>MM noted that at the Shifting Balance of Care meeting a discussion took place regarding the SHINE project and part of the discussion was that it could be partnered with this programme. She asked if links to the SHINE programme had been considered.</p> <p>LB responded that evidence had been considered, as had links established with providers. Currently the focus is on increasing the pathway into 3rd sector, so there are no particular linkages currently. FI added that the question was raised to the Shifting Balance of Care Change Board about the linkage and inter relationships between the programmes.</p>	<p>GW</p>

	<p>MM asked for clarity that the finances to cover the cost of the programme is accommodated within existing budget whereas there is a budget requirement for the SHINE programme GW confirmed that is the case and gave a summary of the finances for the next 4 years as note in the paper.</p> <p>SA thanked GW and noted the progress made on getting the programme up and running. SA also passed on thanks to everyone in the team involved in the programme. SA asked GW to update the SPG on progress following implementation.</p> <p>The SPG agreed the recommendations and the paper.</p> <p>Action: GW to update the SPG on progress following implementation.</p>	
8.	Analogue to Digital Transition	GW
	<p>GW presented the paper and provided background regarding the planned switch from analogue to digital telephone services by 2025. Actual date still be announced but the paper is based on 1st January 2025 delivery, which is in line with Scottish Government directions.</p> <p>This change will have an impact on those aspects of Technology Enabled Care (TEC) services, which depend on wired hubs. This includes falls alarms, falls pendants, smoke alarms, exit alarms and other devices within the community. Following switch-over, these devices will no longer work, creating significant risk to those currently using these devices within East Lothian.</p> <p>There are currently about 2,000 users in receipt of the TEC service. Of these, 400 are currently using digital devices. All new users will receive digital devices and some of the telephony providers are currently moving now. There is an ongoing transition to get all other users upgraded by 2025.</p> <p>There is an initial one of cost of upgraded devices at £600k as a non-recurring revenue and thereafter a continued revenue costs of £100k per annum for the SIM cards. Collaboration has taken place with IG as well as LB of the TEC board to write up the paper. Input also received from CF and Chris King in relation to cost projections and the exposure for the partnership and IJB for the costs involved.</p> <p>IG raised a couple of points and confirmed that there have been multiple conversations with the Scottish Government who confirmed that they will provide no additional funding to cover this cost. ELHSCP can potentially manage the risk of the costs through use of IJB general reserves.</p> <p>CF noted that the recommendations to the SPG are to approach East Lothian Council and ask them for the funding or move straight to asking the IJB for the money from the reserves.</p> <p>LB highlighted to members that there is a worldwide shortage of digital devices, but we are working with Midlothian and Borders for purchasing of the devices.</p> <p>IG asked LB if there have been any implications of the upgrade on relation to sheltered housing and discussions around the recurring costs. WM noted the question and will bring back a response.</p> <p>LB asked WM if a representative from Housing could attend a TEC meeting as there are a number of issues around the more detailed functionality of the devices that will come up in the next couple of years. This was agreed.</p> <p>PM asked if this is this is Scottish wide requirement is there a single purchase for Scotland that has been considered. GW confirmed there is a national framework to minimise cost to each area and Partnership. There is scope within the framework to have individual engagement with a supplier.</p> <p>PM further asked what action has been taken to lobby the Scottish Government in relation to the implementation date and in particular advice that for safety reasons they cannot switch the service over to digital until such time that all resources are in place. LB confirmed this has been raised on several occasions with the Scottish Government who have stated that the switch over will happen in 2025.</p> <p>PM asked, considering the implications should this be added to the risk register and can the IJB do anything to support raising with the Scottish Government the associated high risks. CF suggested this be added to the HSCP operational risk register rather than the IJB register. IG mentioned that as</p>	

	<p>funding was essentially allocated it hadn't been considered as a risk, however it has now, as a considerable amount of money is potentially being taken out of the general reserves for this.</p> <p>SA suggested that this could be raised at other meetings. Agree to add to the HSCP risk register. Other authorities may also be struggling with meeting the deadline. LB confirmed that we can purchase from several different suppliers where some HSCPs can only buy from one supplier. GW confirmed that we have 3 approved suppliers where they can purchase devices, some preferred devices have the longest lead times when purchasing those devices of best value. GW confirmed that there is no expectation that HSCP will not meet the deadline of 2025 from their projected modelling.</p> <p>The SPG agreed CF to write to ELC in the first instance to seek funding and if not successful the IJB will be asked to release funding from the general reserve. PM clarified that the project should continue while the financial side is discussed as funding will be available, SPG Agreed.</p> <p>SA thanked everyone for their participation and asked Service Managers to pass on SPG thanks to staff and teams for all the work that goes on behind the scenes.</p> <p>PM on behalf of SPG members thanked SA for her time spent as SPG Chair, as from March she will take over the IJB Chair. PM will be replacing SA as SPG Chair.</p> <p>Action: CF to update HSCP risk register regarding funding requirement for analogue to digital transition.</p> <p>Action: WM to bring back to the Group a response in relation to the sheltered housing.</p> <p>Action: CF to write to ELC in the first instance to seek funding for the purchase of digital devices</p>	
9.	Date of next SPG meeting – Wednesday 3rd May 2023, 1400-1600	