



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

Minutes

Date: 2nd May 2024
Time: 1400-1600
Venue: MS Teams

Attendees:		ACTION
Andrew Cogan (AC)	Chair	
Shamin Akhtar (SA)	Vice-Chair (IJB Chair)	
Neil Munro (NM)	Project Support Manager (minutes)	
Fiona Wilson (FW)	Chief Officer, ELHSCP	
David Hood (DH)	Head of Operations	
Caroline Rodgers (CR)	Head of Service for Communities and Partnerships	
John Hardman (JH)	Clinical Director	
Jamie Megaw (JM)	General Manager, Primary Care Services	
Laura Kerr (LK)	General Manager, Planning and Performance	
Gillian Neil (GN)	General Manager, Acute and Ongoing Care	
Maureen Allan (MA)	Chief Officer, Volunteer Centre East Lothian	
Sarah Gossner (SG)	Chief Nurse	
Marilyn McNeill (MM)	Service User Representative	
Claire Goodwin (CG)	Performance and Improvement Manager	
Paul Currie (PCu)	Interim General Manager, Strategic Integration	
Jennifer Jarvis (JJ)	Senior Communications Advisor	
Elizabeth Gordon (EG)	NHS Lothian Non-Executive Board Member	
Philip Conaglen (PC)	Consultant in Public Health Medicine	
Jamie Forrester (JF)	Strategic Planning and Commissioning Officer	
Lesley Berry (LB)	General Manager East Lothian Rehabilitation Service and Lead AHP	
Isobel Nisbet (IN)	General Manager Adult Social Work	
Wendy McGuire (WM)	Head of Housing	
Nikki Donald (ND)	Organisational and Workforce Development Manager	
David Binnie (DB)	Carer Representative	
Jennifer Jarvis (JJ)	Senior Communications Advisor	
Sandra Bagnall (SB)	Macmillan Programme Manager	
Apologies: David King, Lindsey Byrne, Rebecca Pringle		
1.	Welcome and Apologies	AC
	Andrew Cogan (AC) welcomed everyone to the meeting and apologies noted.	
2.	Minutes of last meeting (07.03.24 / 14.03.24) and Matters Arising	AC
	The minutes of the last meeting were approved as a true and accurate record.	
	Shamin Akhtar (SA) asked in reference to page 3 for a brief update on The Abbey and Blossom House, Belhaven. Fiona Wilson (FW) confirmed that the HSCP is working through a process and engaging	

	<p>with staff and families. Staff are working to a timescale and aiming to complete Blossom House, Belhaven by the end of June and The Abbey thereafter. All care home residents are working with a named worker to support them through the options. The transferred beds from Edington that went to ward 6 at ELCH are now closed.</p> <p>Isobel Nisbet (IN) added that the social worker staff picked to do the assessments are experienced in working with families.</p> <p>Maureen Allan (MA) brought to the members attention that there is an article in the East Lothain Courier today and whether the Partnership would be providing a response. FW will discuss with the Communications Team on whether an official response is required.</p>	
3.	Improving the Cancer Journey	SB
	<p>Sandra Bagnall (SB) presented the paper on Improving the Cancer Journey: -</p> <ol style="list-style-type: none"> 1. To provide colleagues with a progress report on the 'Improving the Cancer Journey' (ICJ) Programme. 2. Consider the positioning of the East Lothian ICJ service and advise on next steps to inform exit strategies for the service once the Macmillan funding concludes. <p>SB provided a summary of the detail in the paper and invited questions from members.</p> <p>Jamie Megaw (JM) thanked Sandra and her team for developing the model and how they try to connect with people living with cancer. The report shows there is underused capacity in the program and work is taking place with other parts of the system to increase the uptake. JM also noted there is added difficulty with the reduced availability of the link worker programme due to reduced finances.</p> <p>John Hardman (JH) added that an additional challenge is that a lot of what they do on a day to day basis gets taken over by other areas, such as oncology and surgical teams so it's not always clear who is or isn't being referred into the ICJ team. Realistically it's about getting systems in place to make sure that patients are routinely linked in with the team on a regular basis through other sources.</p> <p>Paul Currie (PCu) asked other than men if there are any groups that are under-represented and also other communities of people? SB confirmed that there is effective links with the interpretation service and they also have staff in the Edinburgh team who speak other languages and also within the link worker team. A lot of work has been done in this area over the last 12 months to improve the process. In relation to men we have engaged with the men shed and linked into sports organisations to raise awareness.</p> <p>Caroline Rodger (CR) raised that some of the East Lothian libraries have informal cancer support groups and often run by staff who have experienced cancer themselves and this might be another opportunity to raise awareness. SB thanked Caroline for this and confirmed that staff do regular visits to Dunbar and North Berwick libraries and there is one starting soon in Prestonpans that they have linked in with.</p> <p>Sarah Gossner (SG) found interesting the spiritual care that is provided and around this data. A lot of people have highlighted that this as a potential missing is what spiritual care we have. SB attends the palliative care meetings and this is a great connection for them.</p> <p>SA thanked SB for the paper and noted that funding was available until 2028. How would this look prior to 2028 and what can the HSCP do to help and support the programme as 2028 approaches? SB provided a summary of how the programme aligns throughout Lothian and the different teams involved. Macmillan's expectation is that it will take around 4yrs to get to targets set and the focus is around the processes and relationships that can be built with secondary care. JM sits on the pan Lothian programme board from East Lothian where discussions around funding will take place for the next phase. There is work to be done on where the programme aligns throughout Lothian and how does it contribute locally. Midlothian have a model that East Lothian may want to think about depending on how the work with the link workers progresses.</p>	

	<p>Maureen Allan (MA) raised the point that given the budget cuts and constraints moving forward this is something that the SPG and IJB need to consider in how they upskill staff and in particular link workers.</p> <p>AC thanked MA for raising this and as a reminder to members that the programme is run by Macmillan and to take this into consideration given the funding issues.</p> <p>JM summarised the current position with the link worker programme and that he would continue to work with SB on the ICJ programme and also noted the points raised with regards to upskilling staff.</p> <p>FW highlighted the significance of the ICJ programme and the concerns on how to balance this around the financial issues the HSCP is dealing with at the moment.</p> <p>AC thanked SB on behalf of the group for coming along to present on the ICJ programme and the work of the team.</p>	
4.	ELHSCP Performance Framework	
	<p>Clare Goodwin (CG) presented the paper on the East Lothian HSCP Performance Framework. The SPG is asked to: -</p> <ol style="list-style-type: none"> 1. Review the appended draft ELHSCP Performance Framework and provide feedback. 2. Agree for a final version of the Performance Framework, incorporating any amendments required, to the IJB for approval. 3. Note the intention to develop additional key performance indicators to be presented to the SPG / IJB alongside the existing mid-year Annual Delivery Plan progress report and the Annual Performance Report (from autumn 2024). <p>CG provided a summary on the East Lothian HSCP Performance Framework and invited feedback from the SPG.</p> <p>AC raised an observation that there is a lot of data in the framework that is for other people and organisations. How much of this data is used by the management teams to inform day to day service and improve things? CG agreed and provided clarity that as an HSCP we are unique in that we have delivery partners that we need to report to as well as stakeholder partners. The HSCP is also required to report to a number of national bodies such as The Scottish Government. However, the HSCP identifies a number of these as key performance indicators that inform service delivery and improvement. There are 2 bits to this that we use, firstly as outcome indicators which is what we report at the end of the year as the Annual Performance Report and as indicators relating to the level of activity and demand that the services perform to.</p> <p>Philip Conaglen (PC) asked how we measure the strategic development of developing services that are sustainable and proportionate to need. I don't think we have got the point where we are able to show or measure the application of proportionate universalism by making sure that the most vulnerable and those of the highest need are getting access to the services. A recent published report, albeit based in England shows a difference in need and the expansion of need - https://www.instituteofhealthequity.org/resources-reports/englands-widening-health-gap-local-places-falling-behind. PC offered for the the Partnership and Place Team to work with Claire on looking at these key measures that reflect the inequalities side and also to look at some work that has been carried out regarding the demographics and metrics on the Do Not Attend (DNAs) of outpatient appointments. CG welcomes the opportunity to look at all these metrics more alongside the Partnership and Place Team.</p> <p>AC mentioned that this will be more important in the next period of work as finances become tighter and this data will become more and more useful to measure the impact on services and the decisions being made. FW added it is important that we use this data to tell the story and the challenges. How we flag up issues on performance or deprivation in other areas alongside the growing older population. How do we add this narrative, which is something the HSCP needs to get better at. AC agreed and added that there would be those early warning indicators in the data that would highlight areas that</p>	CG

	<p>need to be looked at. Understanding that there is a process that needs to be put in place to identify what those early warning indicators would be.</p> <p>John Hardman (JH) reiterated what PC raised in relation to proportionate universalism and the important of using data to measure this in the next couple of years. Also, just to highlight the issue of getting to those people who are most vulnerable in our communities that are missing appointments. JC referenced a piece of work that has been undertaken that highlights that missed appointments represent a high-risk factor. - https://bmcmecicine.biomedcentral.com/articles/10.1186/s12916-018-1234-0. It is important to identify these people and not think of them as just being a missed appointment that gives some time back.</p> <p>SA agreed with the comments being made and also added how we get user feedback from people in the system from those services that have made a difference. SA noted that the Chief Social Workers report and the IJB Annual Performance report provides a good overview of everything that has happened over the year.</p> <p>SPG agreed the recommendations at 2.1.1 to 2.1.3 noted in the report and confirmed that a final version will be taken to the IJB meeting on 23 May.</p>	
5.	ELHSCP Strategic Workforce Plan Update	
	<p>Laura Kerr (LK) presented the paper on the East Lothian HSCP Strategic Workforce Plan update. The SPG is asked to: -</p> <ol style="list-style-type: none"> 1. Agree the content of this report. 2. Acknowledge the progress that has been made to date. 3. Approve the annual update of the workforce plan. 4. Agree that the IJB should issue a direction to NHS Lothian and East Lothian Council to support delivery of the 2022 - 2025 East Lothian HSCP Workforce Plan. <p>LK provided a summary on the East Lothian HSCP Strategic Workforce Plan update and highlighted the successes at section 4 along with the challenges at section 5. Feedback and questions were invited from the SPG.</p> <p>SA noted the successes at section 4 and asked how we get that out to the public to build on this. Also, on the health and wellbeing of staff, the NHS Charity has done a lot of work in this area with healthcare staff in NHS Lothian. Are there any inroads to this for the staff in East Lothian? LK noted the comments on the successes and mentioned that East Lothian HSCP is increasingly seen as a great place to work. The NHS wellbeing initiatives are shared across both NHS Lothian and East Lothian Council staff where possible, although in some situations the resource may only be accessed by NHS Lothian staff. The work and initiatives provided by the Workforce Development Team is offered to staff as part of the Partnership.</p> <p>Jamie Forrester (JF) asked if there is scope to widen out these initiatives in relation to care at home staff who work with the externally commissioned partners as part of the Workforce Plan? LK we do look for opportunities to share training and share this with our external providers.</p> <p>PCu asked what are the implications of the Health and Care (Staffing) Act that has become active this month and what actions does the HSCP need to take? LK is aware of the Act and the need to comply and the administrative burden this will put on the Partnership for reporting. The Partnership are in a good position to report, albeit using different systems. The information is there it's just reporting it to the Government in a different way than is collected.</p> <p>David Binnie (DB) mentioned that there were a number of factors outlined in the report causing issues post covid such as increased absence and working from home, is this still the case? LK responded that it is something that is being looked at and may become more of a hybrid approach for staff</p>	LK

	<p>working both from home and the office and how these impact on staff wellbeing. Partly it is dependent on the IT infrastructure and the amount of accommodation available in the office. Nikki Donald (ND) mentioned that in the office and at the hospital there are difficulties logging in to systems both for NHS Lothian and East Lothian Council staff and that this causes frustrations. Within the office there is no dedicated desk for a person, which also provides difficulties. DB asked if there was an active workstream in place that is looking at these systems? LK confirmed that there is an accommodation group that has been setup and a TEC Data Board that highlights these issues to both parties of the Partnership.</p> <p>IN mentioned that the Social Work team have in place a 60-40 split working in the office and from home. Picking up on JF's point they are doing a lot of work within the Care Homes with their staff such as falls training and the quality team are also going into the care homes to support them.</p> <p>JF wanted to clarify his point on training to external staff around the input from educational entry, SVQ, college schools and into the wider social care sector in terms of recruitment and employability including external providers.</p> <p>SPG members agreed the content of the report and acknowledged the progress at points 1 to 4 and supports the Workforce Plan going forward to the IJB meeting on 23 May.</p>	
6.	Care at Home	
	<p>LK presented the paper on the Redesign of Care at Home services. The SPG is asked to: -</p> <ol style="list-style-type: none"> 1. Agree to the development of a Flexible Locality-based Care at Home model, flexible so it can be bespoke to the needs and outcomes of the Locality within which it is used. 2. Agree to use internal CAH service, alongside external providers representative of Older Peoples and Learning Disability Services CAH, Community Supports, TEC and Community Health services in a defined locality within North Berwick under a Test of Change. (See Appendix 5, Rationale for North Berwick) 3. To note that the CAH Change Board program will help inform development of CAH services for all disability groups and localities within East Lothian. 4. Agree that the bespoke locality-based model fits with the wider approaches of the IJB Strategic Plan 2022-25, in particular Strategic Objective 1 - Develop Services that are Sustainable and Proportionate to Need 5. To note that the IJBs Financial Recovery Plan could have an impact on the ELHSCPs ability to implement a locality-based CAH model. Specifically in relation to expected budget availability to the third sector and associated cost of living pressures, acutely felt by the social care sector. This may reduce their ability to flex or deliver capacity as part a new locality-based model of care. 6. To note that the new model will have to be delivered within the existing forecast Care at Home Budget as noted in the IJB Commissioning Board Paper 31st Jan 2024 (see Section 10). 7. To agree that the project will be governed by the CAH Change Board with the purpose set out in the Care at Home Project Delivery Plan. <p>LK provided a summary on the Redesign of Care at Home services and invited questions from the SPG.</p> <p>MA added that we need to be mindful when designing this service proposal that there will be discussions and consultations with users and their families - what would they like this service to look like/what are they prepared to "offer" - realistic expectations for them and the service.</p> <p>SA is keen to see how the work progresses and whether there are any other places doing something similar to this? JF confirmed that there are a few examples in the Capgemini report provided showing</p>	LK

<p>where this has worked and ran through some of the work that the project team has looked at in terms of best practice being considered.</p> <p>MM asked to be considered as a user representative to be involved in the project. LK confirmed this and will ask JF to get in touch.</p> <p>SPG agreed the recommendations at 2.1.1 to 2.1.7 noted in the report and confirmed that a final version will be taken to the IJB meeting on 23 May.</p> <p>FW confirmed that the papers discussed today along with the work being undertaken is taking forward delivery of the strategic plan.</p>	
<p>Date of next SPG meeting – 6th June 2024. 14:00-16:00.</p>	