

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION STRATEGIC PLANNING GROUP of WEST LOTHIAN COUNCIL held within STRATHBROCK PARTNERSHIP CENTRE, 189(A) WEST MAIN STREET, BROXBURN EH52 5LH, on 17 AUGUST 2017.

Present – Jim Forrest (Chair); Carol Bebbington (Health Professional), Alan Bell (Social Care Professional), Ian Buchanan (User of Social Care), Margaret Douglas (Health Professional), Pamela Main (Social Care Professional), Mairead Hughes (Health Care Professional), Mary-Denise McKernan (Carer of Users of Health Care), Martin Murray (Union WLC), Charles Swan (Social Care Professional) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Marion Barton, Dr Steven Haigh, Jane Kellock, Bridget Meisak and Dr James McCallum

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 20 April 2017 as a correct record.

3. ALCOHOL AND DRUGS PARTNERSHIP (ADP) PERFORMANCE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of the approach proposed by the Alcohol and Drug Partnership to inform the impact of the reduction in funding to commissioned services.

The group were advised that Scottish Government funding for ADP's was reduced by 23% in 2016-17. Given the timing of this confirmation it was not possible to change the investment plans committed for 2016-17 but resulted in reduced funding for commissioned services of £350,000. A review of ADP strategic commissioning priorities was undertaken during 2016-17 and as a function delegated to the IJB, the proposals to reduce commissioned services were reluctantly agreed by the IJB on 29 November 2016.

As part of the council's approved 2017-18 budget, additional one off funding of £296,000 was approved for social care/health initiatives. It was subsequently confirmed by the IJB in April 2017 that this funding would be used in part as an investment to commissioned addiction services to partly offset reduced specific Scottish Government funding for Alcohol and Drug Partnerships (ADP's). The IJB also agreed to review the impact of the cuts to commissioned services over the course of 2017-18.

The HEAT (Health Improvement, Efficiency, Access to Services & Treatment) A11 standard set by the Scottish Government stated that by

March 2013 90% of clients would wait no longer than three weeks from referral received to appropriate drug or alcohol treatment that supported their recovery. A table contained in the report demonstrated that performance in 2017 was significantly down on performance in 2016.

The ADP had discussed the approach to take to inform the impact on the reduction in funding to commissioned services. It was proposed that this should take a similar form to that of the Needs Assessment for the Commission Plan by combining a broad review of secondary data sources related to both services users and the wider community with primary data obtained through stakeholder engagement. The group were further advised that this review would be carried out in-house.

Once the review was complete the outcome would be reported to the IJB to its meeting on 30 October 2017.

The group were also advised that Dr Margaret Douglas would assist with any Equality Impact Assessment that would need completed as part of the overall review.

It was recommended that the Strategic Group support the approach proposed by the ADP to inform the impact of the reduction in funding to commissioned services.

Decision

1. To note the contents of the report;
2. To support the approach being proposed by the ADP in terms of carrying out a review of the impact of a funding reduction to commissioned services; and
3. To note that Dr Margaret Douglas would be available to assist with the Equality Needs Assessment.

4. PALLIATIVE CARE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director setting out a proposed approach for the development of a medium term West Lothian Palliative Care Plan which would meet the palliative care needs of the West Lothian population.

The group were advised that almost all people who died were likely to receive some end of life care in the last year of life from general practice, community or social care staff. Future demands on services not only associated with a rise in the number of deaths due to the growth in the older population but also increased care complexity would place an increasing focus on palliative care.

Palliative care was about ensuring a good quality of life during every stage of life limiting illness from diagnosis onwards. This included relieving symptoms and providing physical, social psychological and spiritual support. In addition it was recognised that planning for care at the

end of life should be responsive to patient choice regarding place of care and place of death.

The majority of palliative care provision was delivered through general practice, community nursing and social care teams. This was augmented through specialist community services and day services which were commissioned through a service level agreement with Marie Curie. Where specialist end of life care was required in a hospice this was provided through Marie Curie, St Columba's or Strathcarron Hospices. Provision could also be made with community beds within St Michaels and Tippethills Hospital.

The aim was to extend the high quality of end of life care presently offered to those dying of cancer to everyone with a life limiting illness and for this to be available in all settings, utilised by those who required it and prioritised according to the patient's needs

In developing a West Lothian Palliative Care Plan it was the intention to build on the history of good practice and current successes through collaborating with the existing Lothian Managed Clinical Network for Palliative Care. Whilst there was a certain amount of data available to West Lothian related to palliative care needs and provision this would be refreshed and updated in more detail.

It would also be important to establish the existing knowledge and skills of staff across health, care and the third sector in palliative and end of life care, with a view to further developing and embedding the education framework for all staff.

Central to future strategic plans and part of any needs assessment would be engagement with service users and key stakeholders. Current attitudes to death and dying were usually gained through existing services from patient stories. Whilst these stories provided a rich source of information as to what was important to patients and their families it was important to broaden knowledge and understanding through additional engagement approaches.

There would also be a need to further explore the opportunities in West Lothian within any future Service Level Agreement with Marie Curie for example emerging models of care such as the REACT hub.

The report concluded that the development of a West Lothian Palliative Care Plan would fit with the transformational change programme focusing on service provision for adults and older people, building on the success of the current West Lothian Palliative Care Service.

The review would bring together administrative, financial and outcomes data from a wide range of sources which would ensure that the IJB had all of the relevant data to make an informed decision about the future needs and service provision.

A progress report would be brought to a future meeting of the Strategic Planning Group toward the end of 2017/start of 2018.

It was noted that the scope of the review had not yet been confirmed and therefore it was not clear if the review would just look at the current provision in West Lothian or include provision throughout the whole of the Lothian's.

Robert Telfer then took the opportunity to advise the group that he had recently received a document drafted by Jo Hockley, Senior Nurse Research Fellow, which provided some useful information on palliative care which he was happy to share with the group.

Carol Bebbington also provided the group with an update on comments received from Dr Steven Haigh who had been unable to attend the meeting. Dr Haigh expressed concern about the additional pressures being placed upon general practice in terms of palliative and end of life care with no extra resources being provided.

It was recommended that the Strategic Planning Group :-

1. Note the contents of the report;
2. Support the review of palliative care provision in West Lothian; and
3. Support the proposed approach to the development of a medium term plan for Palliative Care in West Lothian.

Decision

1. To note the contents of the report;
2. To note the comments submitted by Dr Steven Haigh in relation to general practice and palliative care;
3. To note that an update on progress with the review would be brought back to the SPG at the end of December/start of January; and
4. To agree that Robert Telfer would share a paper authored by Jo Hockley, Senior Nurse Research Fellow with the group and which concerned a study of palliative care.

5. IJB PERFORMANCE REPORT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director presenting the annual performance report 2016-17 and the current performance against indicators.

The group were advised that the Scottish Government issued guidance in March 2016 stipulating the requirement to publish performance reports from 2017-17 onward. The guidance detailed the requirement to publish the performance report within four months of the end of the performance reporting period and that it was made accessible to the public.

Attached to the report at Appendix 1 was the Annual Performance Report for 2016-17. It has been structured according to the national outcomes and included an assessment of performance against key performance measures and highlighted practice examples for the reporting period.

Performance measures had been drawn from the Core Suite of Integration Indicators and performance “RAG-rated” using a traffic light system for illustrating progress against expected performance. In addition the report included sections on governance and decision making, financial performance, inspection findings and locality arrangements; it also set out the priorities for 2017-18.

The Annual Performance Report for 2016-17 had been approved by the IJB at their meeting on 27 June 2017 and had now been published on the web.

The group continued to be advised that the Annual Performance Report included the 23 core indicators for measuring performance against 9 National Health and Wellbeing Outcomes. These indicators were made up of 10 outcome indicators and 13 data indicators.

9 of the outcome indicators were derived from the Health and Care Experience Survey which was due to be completed in 2017-18; therefore these indicators would not be updated until 2018-19. The tenth indicator related to workforce and was not currently available nationally.

3 of the data indicators were still under development and would be reported when available. As the Information Service Division (NHS Scotland) were responsible for providing the data it was expected that the first quarter data for 2017-18 would be made available to partnerships in September 2017. Data was also being provided on a monthly basis with a time lag of three months.

It was further reported that the West Lothian Health and Care Partnership had been responsible for setting its own targets and that some work would be required to investigate the reasons behind some of the achievements.

Carol Bebbington then took the opportunity to advise the group of a number of points raised by Dr Steven Haigh who had been unable to attend the meeting. Dr Haigh had raised a number of comments on the report but was particularly concerned about the manner in which performance for general practice was being reported. Ms Bebbington advised the group that this was an indicator that the partnership had no choice but to report on and that it was unfortunate that the measurement was below the Scottish average.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;
2. Note the Annual Performance Report 2016-17;

3. Consider the current performance against the integration indicators in support of the delivery of the health and social care delivery plan; and
4. Agree performance reports should be reviewed quarterly in accordance with available of data.

Decision

1. To note the contents of the report; and
2. To agree that performance reports would be reviewed on a quarterly basis.

6. NATIONAL CARE HOMES CONTRACT

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of progress of the National Care Homes Contract negotiations and the intention of West Lothian to act as a test site for local variation.

The group were advised that in Scotland a National Care Home Contract had been in place since 2006. This contract defined the terms of local authority placements into private or voluntary sector care homes. The fee structure for these local authority placements was negotiated annually between COSLA and representatives of the Independent and Third Sectors. The contract was not updated annually; instead changes were identified in a Minute of Variation.

The National Care Home Contract was last reviewed fully in 2013 and had been subject to a major review since 2015. The settlement for 2016-17 was a compromise in anticipation of a conclusion of the review in advance of the settlement for 2017-18. The reform of the contract was focused on workforce pressures, quality and innovation and cost and variation.

The settlement for 2017-18 was a compromise pending the outcome of the review with an uplift of 2.8% effective from 10 April which included delivering the new Scottish Living Wage of £8.45 to adult social care workers in care homes from 1 May 2017.

The providers' representatives had made it clear that their members acceptance was conditional on a number of key points :-

1. Completion of a cost care calculator;
2. Development of a dependency tool to support the calculator;
3. Test of change for local variation to the contract in areas where there was a shared concern around sustainability for example in terms of skill mix and remote and rural areas; and
4. A summary of progress in October so as to confirm by December

whether to progress negotiations for 2018-19 on a new basis or to manage a move to local negotiations.

The group continued to be advised that West Lothian continued to have a strong preference for a national contract. This was based on two main considerations :-

1. A national contract effectively shared the market risk. Local commissioning was likely to be heavily influenced by the local balance of supply and demand; and
2. A national contract shared the effort associated with the commissioning process. Although West Lothian had in-house expertise to address local commissioning this resource was already under pressure.

In respect of local variation, West Lothian had indicated an interest in acting as a test site. For example the Frail Elderly Programme was a project looking at Intermediate Care, the scope of which included commissioning within care homes for possible enhanced dementia care, step up/down provision and respite provision. The scope of this programme fitted well with exploring local variation and had been suggested that it form part of the national negotiations.

It was therefore expected that COSLA would confirm that West Lothian be included in the test of local variation in which case would integrate work with that proposed for the Intermediate Care Project.

The report concluded that there was an expectation by providers that the National Care Homes Contract negotiations be concluded by December 2017 and that West Lothian was committed to being a test site for local variation of the contract.

Decision

1. To note the contents of the report;
2. To note that discussions were continuing between COSLA and provider representatives but would cease in November/December 2017 if significant progress had not been made;
3. To note West Lothian's preference for a National Contract; and
4. To note that West Lothian had indicated a desire to be considered as a test site for local variation.

7. WEST LOTHIAN WINTER PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director advising of the development of the Winter Plan for 2017-18 and to outline the activities underway to prepare for the winter period when it was recognised that demand for services was likely to be at its highest level.

West Lothian Health and Care Partnership and St John's Hospital were required to plan for the winter period when it was recognised that demand for services was likely to be at its highest. The plan for 2017-18 built on previous Winter Plans for West Lothian and the local action plans already in place to support prevention of admission and early discharge. It also aimed to provide safe and effective care for people and ensure effective levels of capacity and funding was in place to meet expected activity levels to support service delivery across the wider system of health and social care.

The Plan also took into account the Scottish Government Guidance (DL (2016) 18) with a continuing focus on integration, improving delayed discharge, improving unscheduled care performance and planning for additional pressures and business continuity challenges that were faced in winter.

It was recognised that current service provision was already under pressure and the winter plan needed to be viewed within the context of the range of interventions already in place within West Lothian to prevent admission and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures.

A number of priorities were summarised in the report and included increasing staff capacity within REACT, increase AHP capacity to extend the operation of ROTAS and ensure that staff rota's were augmented and fully staffed over the festive period into January 2018.

The delivery of the Winter Plan would require additional resources to support implementation in both the health and social care teams. Recruitment processes were in progress with additional staff being recruited on a 6 month contract to enable earlier implementation of the plan and to make the posts more attractive to potential candidates.

It was anticipated that the Winter Plan would ensure :-

- That the provision of high quality, responsive services were maintained through periods of pressure;
- That the impact of pressures on levels of service, national targets and finance were effectively managed;
- The requirements of the Scottish Government were met;
- The Director of West Lothian HSCP, the Site Director St John's Hospital and the Chief Operating Officer NHS Lothian had effective Winter Plans in place.

The Health and Social Care Partnership and St John's Hospital management teams had re-established their Winter Planning Group to monitor and re-evaluate the winter planning process and to take any actions necessary in the implementation of the plan. Additionally they would continue to be represented at the major winter planning meetings in

NHS Lothian and West Lothian Council.

At the conclusion of the summary of the report Carol Bebbington then took the opportunity to provide the group with comments that had been submitted by Dr Steven Haigh who had been unable to attend the meeting. Dr Haigh expressed concern that no extra resources were being provided to general practice to contend with winter pressures.

A discussion was also had with regards to flu and its impact not only on patients but staff as well. Ms Bebbington explained that there were protocols in place for patients, care home residents and staff and that she would liaise with council and independent sector colleagues to ensure that these protocols were communicated and adhered to.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;
2. Note the progress made in developing the Winter Plan, which would ensure key services were maintained for critical patients and customers and the organisation's reputation was maintained; and
3. Support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations.

Decision

1. To note the content of the report;
2. To note the comments submitted by Dr Steven Haigh in relation to funding for unscheduled care for general practice noting that any funding requests would have to be submitted to the Unscheduled Care Board at the earliest opportunity;
3. To note that work on the Winter Plan would continue with colleagues at St John's Hospital; and
4. To note that protocols existed and should be in place for the flu vaccination for both patients, care home residents and staff.

8. WORKPLAN

A workplan had been circulated which provided details of the work of the Strategic Planning Group over the coming months.

The Director advised the group that if they wanted anything added to the Workplan to let either himself or the Clerk know.

It was also noted that in light of the discussion earlier in the meeting concerning Palliative Care the update to the group would be provided to the meeting scheduled for 18 January 2018 and that the workplan would be updated to reflect this.

