

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 12 OCTOBER 2017.

Present – Jim Forrest (Chair), Marion Barton (Health Care Professional), Alan Bell (Social Care Professional), Dr Margaret Douglas (Health Professional), Belinda Hacking (Health Professional), Mairead Hughes (Health Care Professional), Jane Kellock (Social Care Professional), Mary-Denise McKernan (Carer of Users of Health Care), Iain McLeod (Health Professional), Charles Swan (Social Care Professional) and Robert Telfer (Commercial Provider of Social Care)

Apologies – Carol Bebbington (Health Professional), Ian Buchanan (User of Social Care), Dr James McCallum (Health Professional), Dr Elaine Duncan (Health Professional), Pamela Main (Social Care Professional) and Patrick Welsh (Finance Officer)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The Group confirmed the Minute of its meeting held on 17 August 2017.

3. UNSCHEDULED CARE PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on current performance to unscheduled care and the improvement plan being progressed to improve performance.

Improving scheduled care across Scotland was a key ministerial priority for the Scottish Government. *The National Unscheduled Care – Six Essential Action Improvement Programme* had been designed to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community.

Over the last year the implementation of the Six Essential Actions had primarily focused on what was required in the acute sector with innovation and best practice shared across Health and Social Care Partnerships through National learning workshops. The report provided a diagram of how the six essential actions looked from an integration perspective.

It had been recognised that to maintain progress it was important to increase the whole system focus. This was particularly important given the increasing demand on primary and secondary care due to a rapidly aging and growing population.

Additionally the Scottish Government had set up a Ministerial Steering

Group (MSG) to monitor the effectiveness of health and social care delivery plans. The MSG had identified key performance measures and required each partnership to set local targets against these.

The performance for West Lothian was outlined in the report and it was noted that these had been RAG rated against the local target. The report also provided a narrative on some of the targets including unplanned hospital admissions, unscheduled bed days, accident & emergency, delayed discharges, end of life care and shifting the balance of care.

A range of actions had now been implemented as well as further actions that were planned and these too were summarised in the report and included Rapid Access Clinic & Frailty Hub, Inpatient Redesign, Intermediate Care and Old People's Mental Health.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;
2. Note the current performance against key unscheduled care performance indicators;
3. Acknowledge the challenges which were impacting on performance; and
4. Support the management team in the deployment of the health and social care delivery plan designed to improve performance.

Decision

1. Noted the contents of the report; and
2. Noted that continuing to provide training to care home staff, particularly night time staff, on behavioural support techniques was vital to preventing unnecessary hospital admissions.

4. MARKET FACILITATION PLAN

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director outlining the requirements to develop a Market Facilitation Plan in support of Strategic Commissioning and to gain the support of the group for the proposed approach to preparing a plan.

The group were advised that "market facilitation" was part of the strategic commissioning process and aimed to inform, influence and change the service delivery market to provide a wider range of options for commissioners and for service users.

It was not the purpose of a Market Facilitation Plan to set out a description of all services that were formally commissioned or purchased through Service Level Agreements but rather was intended to show the areas where there was scope to provide services differently and in a way that might enable third or independent service providers to develop their role

in the overall health and social care sector.

The report continued that the increasing population, especially amongst people over 65, would place a greater demand on services and at the same time the economic constraints would mean that this demand needed to be managed with reduced resources. This challenging environment, as well as advances in technology, would mean that the way services were currently delivered would need to change.

For example :-

- There was a national expectation that support to unpaid carers needed to be increased;
- There was a need to grow support that provided early intervention and prevention to support the move away from long-term dependent care provision;
- The role of information and advice in the market was expected to grow to support people in taking choice and control over how their needs were met;
- The use of assistive technology needed to be further embedded into mainstream support provision;
- Life expectancy was increasing, including those with long-term conditions;
- Focus would move towards shorter-term intensive social care packages focused on enablement and returning home; and
- In addition, the emphasis on choice and control, the delivery of individual outcomes and self-directed support.

For this reason to was proposed that the key information to be provided in the Market Facilitation Plan was focused on areas of pressure in the health and social care system, the reasons for this and the potential scope for development.

It was therefore proposed that a short life working group was set up with members of the Strategic Planning Group to take forward the development of the Market Facilitation Plan.

The Strategic Planning Group was asked to :-

1. Note the contents of the report;
2. Note the requirements to develop a Market Facilitation Plan;
3. Agree the scope and proposed approach to develop the plan; and
4. Identify nominees from the Strategic Planning Group to participate in a short life working group to develop the plan.

Decision

1. To note the contents of the report;
2. To agree that Mary-Denise McKernan and Robert Telfer would participate in the short life working group; and
3. To agree that anyone else wishing to participate in the short life working group were to contact Marion Barton or Carol Bebbington.

5. LOCALITIES PLANNING UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on progress against locality planning.

The Public Bodies (Joint Working) (Scotland) Act 2014 required that the Integration Joint Board (IJB) strategic plan divide the IJB area into at least two localities and required the IJB to develop measures for delivery of services to these different locations.

The two West Lothian Locality Groups; known as East and West were subsequently set up in April 2016. Since this time they had been meeting every six weeks with the main focus on the process of developing locality plans.

It was acknowledged that much of the content of the locality plans would be informed by existing plans such as the IJB Strategic Plan and the various care group Commissioning Plans, which had been subject to extensive stakeholder engagement. Nevertheless it was considered appropriate to have specific locality engagement as an essential foundation for the development of the locality plans. To that end a draft Engagement Plan had been developed and a copy of this was attached to the report at Appendix 1.

It was to be noted that there had been some slippage in the timescales set out in the draft Engagement Plan as following agreement at the Locality Group meetings a much more rigorous mapping exercise was to be completed before agreeing the content of the engagement documents. This approach would ensure that those we engaged with were as well informed as possible to ensure that engagement was meaningful and did not duplicate work that had already been done elsewhere.

The group continued to be advised that the Community Regeneration team were also in the process of creating “locality plans” for each of the most deprived areas in West Lothian. Community Regeneration was represented on the Locality Groups to ensure both pieces of work dovetailed. Community Regeneration continued to make progress with community engagement activity, with both the regeneration team members and members of the locality groups carrying out survey work.

Additionally the West and East GP Clusters were both working on similar

pieces of work due to similar issues being raised across both localities. Each practice had also looked at the 50 most frequent attendees, identifying the reason and looking at ways to manage this more effectively. Data has also been gathered on the number of house calls being carried out by each practice and a graph had been produced highlighting the average number of house calls being carried out per 100 patients per practice. Information from the GP Cluster Groups was provided to the respective Locality Groups.

The report concluded that once the data analysis for each locality was completed then another localities development session would be organised for November 2017. This session would bring together the Locality Groups, including Community Regeneration colleagues and GP Cluster leads and other relevant stakeholders and would help formulate the key priorities for each of the East and West localities. These priorities would then inform the Engagement Plan which would then be finalised.

The group was asked to note the progress made in the development of Locality Plans and to note the planned activities set out in the report.

Decision

1. To note the contents of the report;
2. To note that an event would be held on November bringing together the two locality groups including other stakeholders to discuss progress and share ideas.

6. ADULTS' MENTAL HEALTH COMMISSIONING PLAN UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the strategic commissioning priorities outlined in the Strategic Commissioning Plan for Adults' Mental Health 2016 to 2019.

The group were advised that the Adults' Mental Health Commissioning Plan was approved by the Integration Joint Board on 18 October 2017. The plan set out the strategic ambitions, priorities and the next steps for delivering integrated health, social care, support and other services in West Lothian for adults with mental health problems, their families and carers.

Progress had been made across a number of priorities outlined in the plan. Also the redesign of in-house mental health services had moved forward across a wide and varied range of workstreams.

Attached to the report at Appendix 1 was a summary of the activity to date. The group were advised that this data would be further developed in due course.

Decision

1. To note the contents of the report; and

2. To note that an amended appendix would be circulated to the group members once this had been updated with the latest information.

7. LEARNING DISABILITIES COMMISSIONING PLAN UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on the strategic commissioning priorities outlined in the Strategic Commissioning Plan for Adults with a Learning Disability 2016-2019

The Learning Disability Commissioning Plan was approved by the Integration Joint Board on 18 October 2017. The plan set out the strategic ambitions, priorities and the next steps for delivering integrated health, social care, support and other services in West Lothian for adults with a learning disability and autism, their families and carers.

Good progress had been made across a range of priorities in the plan. Work continued on the modernisation and redesign programme for learning disability services across Lothian; this was being led by the Lothian Learning Disability Collaboration, which would see a shift in the balance of care from hospital to community settings throughout Lothian by 2020.

Financial planning also continued with the aim of identifying resources which would be available for the development of local community services in each of the Lothian health and social care partnerships in support of the modernisation programme.

Additionally the relocation of NHS Lothian's Community Learning Disability Team to Arrochar House had been a particularly positive development. Now co-located with the learning disability social work teams, the move had allowed greater scope for joint working and improved communication across the partnership.

Further information on the commissioning plan priorities were attached to the report at Appendix 1.

Decision

To note the contents of the report;

8. MENTAL HEALTH UPDATE

The Strategic Planning Group considered a report (copies of which had been circulated) by the Director providing an update on three recent developments in Mental Health Services in West Lothian.

The group were advised that mental health services in West Lothian were undergoing changes. The adult service was undergoing a significant redesign and there had also been a number of investments in both adult

and old age mental health services. There were three main areas of development and these were explored in the report :-

- The expansion of the Acute Care and Support Team (ACAST);
- The development of the WL Psychological Approach Team (WePAT); and
- The development and expansion of the Post Diagnostic Support (PDS) Services for People with Dementia

Acute Care and Support Team (ACAST)

ACAST provided home treatment for adults less than 65 years of age suffering acute mental health problems. The service offered an alternative to hospital admission and facilitated early discharge. Funding had been approved to extend the service in the Emergency Department from 1 April 2017 so that staff could be available from 0800 to midnight 7 days per week.

Details of the outcomes from the services were provided in a series of graphs attached to the report at Appendix 1.

West Lothian Psychological Approach Team (WePAT)

Funding had been established through the West Lothian Frail Elderly Board on a recurring basis for the development of the West Lothian Psychological Approach Team. This followed a successful pilot that had demonstrated that there was a reduction in distressed behaviour for those with advanced dementia with the implementation of stress and distress training across care homes in West Lothian.

A small team, led by a Consultant Psychologist was in the process of being established. This team would be multi-agency and would comprise psychology, nursing, occupational therapy and administrative staff.

It was anticipated that the redesign would enable the psychology service to better meet the HEAT target and NHS Lothian corporate objectives. This would also reduce those in hospital who had a delayed discharge associated with distressed behaviour and dementia.

Post-Diagnostic Support (PDS) Service

Funding had been established through the West Lothian Frail Elderly Board for the expansion of the service. This would assist all people newly diagnosed with dementia to have a minimum of a year's worth of post-diagnostic support co-ordinated by a link worker.

Whilst various approaches and models existing across Scotland in West Lothian it was intended to have a model of four PDS workers embedded within Older Peoples' Mental Health Services. This would represent an increase of 1 worker on the previous model of delivery and was predicated on there being an increase in demand.

Two additional staff had also been approved for 12 months to assist with the reduction of the current waiting list.

It was also anticipated that clear outcome pathways would be developed to ensure that at the 12 month stage, patients were transitioned to appropriate destinations. An implementation steering group had been now been established for this purpose.

The report concluded that the three projects were still very much in the early days and that a report could be brought back next year to provide an update on progress.

Decision

1. To note the contents of the report; and
2. To note that an update would be provided in approximately one year's time.

9. WORKPLAN

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

It was agreed that for the January 2018 meeting an additional item would be added to the workplan in relation to an update on the Carers Act.

Decision

1. To note the contents of the workplan; and
2. To add to the workplan an update on the Carers Act to the January 2018 meeting.