

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 NOVEMBER 2016.

Present – Jane Kellock (Chair, West Lothian Council), Alan Bell (Social Care Professional), Carol Bebbington (Health Professional), Steve Field (WLC), Clare Gorman (Health Professional), Dianne Haley (Health Professional), Jane Houston (Union Heath), Mairead Hughes (Health Professional), Mary-Denise McKernan (Carer of Users of Health Care), Martin Murray (Union WLC), Charles Swan (Social Care Professional) and Patrick Welsh (Chief Finance Officer)

Apologies – Colin Briggs, Ian Buchanan, Dr Margaret Douglas, Elaine Duncan, Jim Forrest and Robert Telfer

1. MINUTE

The Group confirmed the Minute of its meeting held on 6 October 2016. The Minute was thereafter signed by the Chair.

2. COMMISSIONING PLAN FOR OLDER PEOPLE - REPORT BY DIRECTOR

A report had been circulated by the Director in respect of the strategic commissioning plan for older people.

The report recalled that at the meeting on 24 March 2016 the Integration Joint Board (IJB) approved its strategic plan which included details of how high level outcomes were to be achieved through a process of strategic commissioning. The Strategic Plan also included a commitment to develop a series of care group based commissioning plans.

A short-life working group had been established to develop the three year commissioning plan for Older People. A draft plan had now been prepared for the approval of the IJB. As with all commissioning plans it followed a specific structure which was as follows :-

- Section 1 – Provided an overview
- Section 2 – Detailed the main recommendations
- Section 3 – Detailed the specific commissioning commitments; and
- Section 4 – The next steps

The report then explained that Section 4 would not normally form a significant part of a commissioning plan however it was felt that this was necessary at this stage because the IJB budget was not yet developed to the level appropriate to commissioning plans. This in turn limited the extent which commissioning commitments could be detailed. In addition, organisational arrangements within the scope of the IJB were undergoing

considerable change and this was likely to have an impact on commissioning commitments.

The programme of change covered areas such as Dementia, Carers, Telecare, Community Support, End of Life Care, Community Capacity Building, Care in the Community and Service Integration and the report provided a narrative on these areas. It was further noted that the some elements of the plan were complex and would be difficult to implement.

In relation to the effect, of the plan, on carers and particularly on the back of the Carers (Scotland) Act 2016 coming into being, it was agreed that a separate discussion would be undertaken with Mary-Denise McKernan on this very subject.

Complimentary to the plan was details of the Frail Elderly Programme which was targeting and identifying a particular group to design a whole system model of care that would improve outcomes, individual experience and deliver value for money. There were four projects within Phase 1 and each project would be developing recommendations for change and gathering data to support the recommendations made. The projects were as follows :-

- ❖ St John's Hospital In-Patient Re-Design – to design a more streamlined pathway for frail elderly patients who were admitted into hospital with an in-patient stay through to discharge;
- ❖ Family Hub and Templar Rapid Access Clinic – to provide patients, families and GP's with one point of contact to refer frail elderly patients, before they reached an acute stage, for appropriate assessment and care;
- ❖ Intermediate Care Review – would explore the contribution that intermediate care provision could make to whole system review and redesign, including community hospital provision; and
- ❖ Older People's Mental Health Project - would focus on key initiatives to improve the dementia care pathway and enhance community provision around the OPACT service, the Memory Assessment and Treatment Service.

It was anticipated that a programme of change would be in place by the start of 2017 with some elements being implemented by the start of the new financial year.

There was a general discussion about the current position with care for the elderly, noting that demand across West Lothian for elderly care services was on the increase particularly with an ever aging population. Requests for nursing home places was also on the rise and concerns with contractual arrangements with both private and public providers of care home place were just a number of issues impacting on service delivery today and into the future.

The Group were being asked to comment on the commissioning plan which had not been circulated so it was agreed that this would be

circulated after the meeting and that any feedback was to be submitted direct to Alan Bell by 4.00pm on Monday 21 November 2016.

### Decision

- 1) Noted the contents of the report;
- 2) Agreed that the plan itself would be circulated to all SPG members and that any feedback was to be submitted to Alan Bell by 4.00pm on Monday 21 November 2016;
- 3) Agreed that a separate discussion would be undertaken with Mary-Denise McKernan with regards to the impact on carers;
- 4) Noted the work of the Elderly Frail Programme;
- 5) Noted the concerns around service provision at some care homes; and
- 6) Noted the concerns with regards to the rise in demand for nursing home care places; and
- 7) Noted the many challenges ahead due to an aging population and that efforts continued amongst partners to address needs in both the present day and into the future.

### 3. RISK MANAGEMENT REPORT

A report had been circulated by the Director advising of the approach being taken to the management of risk and to advise of the risks identified.

The group were advised that the Integration Scheme between West Lothian Council and NHS Lothian required the IJB to operate a risk management strategy. The risk management strategy would comprise of relevant policies and procedures for the management of risk. The Integration Scheme also required the IJB to maintain a risk register. A risk register had therefore been devised by using West Lothian Council's covalent system and the risks to be reported and monitored were attached as Appendix 1 to the report.

The risks detailed had been identified by the IJB Senior Management Team during a risk management session facilitated by West Lothian Council's Risk Manager.

All of the risks had been scored for likelihood and impact using a five by five risk matrix. The scores ranged from 1 to 25, with the higher the score, the higher the assessed risk and therefore the greater potential impact on IJB objectives.

It was important to note that the risks identified represented high level or strategic risks to the IJB's objectives. Operational risks were recorded separately in the risk registers of both West Lothian Council and NHS

Lothian.

In relation to Appendix 1 the following was to be noted :-

- The original risk score represented the uncontrolled risk, that was to say the potential impact if controls were absent or failed;
- The traffic light icon represented the risk ranking based on the score;
- The risk matrices represented the risk score;
- The current risk score represented the current risk
- The “assigned to” column were those processes in place to reduce the risk from original risk score to current risk score.

A discussion was undertaken on the risks identified and it was agreed, that in light of the earlier discussion on the Older Peoples Commissioning Plan, to include an additional risk to be known as “Failure of Provider”.

It was also agreed to amend the wording of risk IJB0002 to “Failure of Deployment of Strategic Plan”

And finally it was agreed to include the scoring matrix to understand better the scoring and grading mechanism.

#### Decision

- 1) Noted the contents of the report;
- 2) Agreed to include an additional risk, to be known as “Failure of Provider”;
- 3) Agreed to amend risk IJB0002 to “Failure of Deployment of Strategic Plan”; and
- 4) Agreed to include details of the matrix used for scoring.

#### 4. LOCALITY PLANNING UPDATE

A report had been circulated by the Director providing an update on locality planning in West Lothian since April 2016 when the SPG approved the terms of reference for the east and west locality groups and to also seek approval to deliver a development event for group members.

At its meeting on 7 April 2016 the SPG approved the terms of reference for locality groups which would guide the development of locality plans. The terms of reference were attached to the report at Appendix 1. Officers subsequently established membership of the groups based on the SPG’s guidance. The SPG also agreed to hold a development event for members of the locality groups to provide background on the work required of the groups.

An event was held on 10 June 2016 and the report provided a brief summary of the programme for the day. The event was well attended and a note from the day was attached to the report at Appendix 2.

The groups would meet every two months with both groups having met twice so far. The agenda for the first meeting included a reminder of the terms of reference and membership, a review of locality developmental day summaries, an update on commissioning plans and regeneration plans. The agenda for the second meeting included a presentation on the implications of the development plan on service provision in health and social care and consideration of a possible structure for presenting locality plans and an outline work plan.

The proposed format and outline work plans were attached to the report as Appendices 3 and 4.

It was proposed that updates would be provided to the SPG every six months with the next report due on 20 April 2017.

It was recommended that members of the SPG :-

- 1) Note the terms of the report; and
- 2) Note that the Director would provide a further update to the group at its meeting on 20 April 2017.

#### Decision

- 1) Noted the contents of the report
- 2) Agreed that the Minutes of past Locality Group meetings would be forwarded to Union Representatives and thereafter a further briefing could be provided if necessary; and
- 3) Agreed to include Union Representatives on the distribution list for papers for both groups.

#### 5. PRIMARY CARE UPDATE

A report had been circulated by the Director providing an overview of the current challenges being experienced in Primary Care and the actions being taken to support and sustain service provision.

The group were advised that GP practices were facing a number of challenges which were affecting service delivery and capacity to meet demand. The report then provided a summary of the main issues that were facing GP practices and covered matters such as :-

- Changing practice populations
- Workload

- Workforce
- OOH Primary Medical Services
- Community Nursing
- Practice Nursing
- Changes to GMS contracts
- Expansion of GP training places
- NES Scotland Returner and NES Enhanced Induction Programmes
- List Expansion Grant Uplift Scheme (LEGUP)
- Integrated Care Pharmacies
- Skill mix
- IT and eHealth
- Premises
- Risk register

The report also provided a summary of a Primary Care Summit that was held in Musselburgh in September 2016 which identified actions that could be taken to resolve some of the issues and included :-

- ❖ Transfer resource from secondary care to primary care to support development and facilitate more care in the community;
- ❖ Develop financial and other support for contractor practices and ensure an appropriate governance framework;
- ❖ Promote skill mix to utilise pharmacy, physiotherapy, mental health, nursing, advanced nurse practitioners, etc in general practice, especially in contractor practices;
- ❖ Better manage demand on GP's by signposting patients to alternative sources of help and by reducing inappropriate workload;
- ❖ Encourage use of technology in provision of patient care, e.g telephone consultation, demand triage, email and web based services;
- ❖ Expand the Primary Health Care Team with an appropriate range of skills and competencies to enhance capacity and manage demand appropriately;
- ❖ Develop a professional standard marketing and recruitment strategy to include contractor practice vacancies; and

- ❖ Find an appropriate balance between autonomy and innovation within HSCP areas.

It was also being proposed that West Lothian would hold a Primary Care Summit in February 2017 which would be a protracted learning time session to enable wide stakeholder engagement and focus on the key issues identified.

The Strategic Planning Group was asked to :-

- 1) Note the contents of the report;
- 2) Note the current challenges facing Primary Care;
- 3) Support the management team in their actions; and
- 4) Contribute to the proposed Primary Care Development event in February 2017.

#### Decision

- 1) Noted the contents of the report
- 2) Agreed that the report be forwarded to the next scheduled meeting of the IJB; and
- 3) Agreed that the IJB would be asked to make representation through the appropriate channels with regards to developer contributions towards medical facilities.

## 6. WEST LOTHIAN WINTER PLAN

A report had been circulated by the Director advising of the Winter Plan developed for 2016-17 and to outline the activities underway to prepare for the winter period when it is recognised that demand for services was likely to be at its highest level.

The group were advised that West Lothian HSCP and St John's Hospital were required to plan for the winter period. The plan attached to the report at Appendix 1 built on previous Winter Plans for West Lothian and provided details of the local actions already in place to support prevention of admission and early discharge.

The Winter Plan aimed to provide safe and effective care for people using services and was to ensure effective levels of capacity and that funding was in place to meet expected activity levels to support service delivery across the wider system of health and social care.

The outcome of winter planning was to ensure :-

- The provision of high quality, responsive services were maintained through periods of pressure;

- The impact of pressure on levels of service, national targets and finance were effectively managed;
- That a process was in place to meet the reporting requirements of the Scottish Government;
- That comprehensive plans were in place covering the requirements of the Scottish Government Health Department outlined in their Winter Planning communications; and
- Assurance for the Director of West Lothian HSCP, the Site Director St John's Hospital and the Chief Operating Officer NHS Lothian that effective Winter Plans existed.

The HSCP and St John's Hospital management teams had established a Winter Planning Group to monitor and evaluate the winter planning process and to take any actions necessary to implement the plan.

The Winter Plan was also to be viewed in the context of the range of interventions already in place within West Lothian to prevent admissions and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures.

It was recommended that the Strategic Planning Group :-

- 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 organisations reputation was protected; and
- 3) Support the activities and management responsibilities to ensure winter preparedness and effective response to adverse situations.

#### Decision

- 1) Noted the contents of the report;
- 2) Agreed that future versions of the plan were to include a legend to assist with abbreviations; and
- 3) Agreed that any further suggestions to the format and layout of the plan were to be forwarded to Carol Bebbington

## 7. WORKPLAN

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

#### Decision



To note the contents of the workplan