

West Lothian Integration Strategic Planning Group

Meeting Held on 20 February 2020 at 14.00, Meeting Rooms 2&3, Strathbrock Partnership Centre

MINUTE & ACTIONS

Present:	Bill McQueen (Chair), Yvonne Lawton, Steve Haigh, Robin Allen, Martin Higgins, Marjolein Don, Caroline McDowall, Robert Telfer, Mairead Hughes, Nick Clater, Alison Wright, Iain McLeod, Elaine Duncan, Jo MacPherson, Sheila Hook, Tim Dent, Grant Taylor, Pamela Main, Douglas Grierson, Lorna Kemp
Apologies:	Allister Short, Mairead Hughes, Carol Bebbington, Alice Mitchell, Alan McCloskey
In attendance:	David Small

	Discussion/Decision	Action	By Whom	By When
1.	Apologies Apologies were noted as above.			
2.	Order of Business including notice of urgent business Order of Business confirmed as on agenda.			
3.	Declarations of Interest Tim Dent declared an interest as a provider of a health service.			
4.	Confirm Draft Minute of Meeting of the Strategic Planning Group from meeting of 12 December Minute confirmed as accurate. <u>SPG Terms of Reference</u>			

	<p>It was noted that the Terms of Reference were revised and approved by the IJB at its meeting of 26 November 2019. Yvonne advised that the Terms of Reference were revised to stimulate discussion and being a more open forum for discussions. The membership has also been expanded to include social and independent housing, economic development and community planning, West Lothian Leisure and representatives from the East and West Localities.</p> <p>It was agreed that membership would be reviewed in a year to see if it is working.</p> <p><u>Drugs and Alcohol Partnership Needs Assessment meeting</u> Nick advised that a meeting will take place on the 5th of March to seek representation after which the working group will be formally established.</p> <p><u>Commissioning Plans</u> It was confirmed that comments received on commissioning plans after the previous meeting were incorporated into the plans.</p> <p><u>Work plan</u> It was noted that the work plan is a work in progress.</p>	Add review of membership to work plan	L Kemp	Following meeting
5.	<p>Draft Structure for Primary Care Priority David Small was in attendance to present a report.</p> <p>David advised the report provides a broad perspective on what Primary Care does and highlighted that IJB plans focus almost exclusively on General Medical Services (GMS). West Lothian has done some work with other contractors but West Lothian plans could say more about dentistry, optometry and community pharmacy.</p> <p>David explained that the Primary care management group is responsible for oversight of four contracts and advised that although the GMS group oversees implementing the GMS contract, there is not nearly as strong mechanisms for management oversight or implementation oversight of the other areas. David</p>			

would like more shared work to be done to establish need in West Lothian in relation to all primary care functions with a recognition that we need to clarify what the IJB and HSCP are responsible for – historically there has been a strong focus on acute services. There are no statutory targets associated with the four contracts.

David's structure proposes how the health board can work with HSCPs and IJBs to improve primary care.

Discussion took place on Primary Care funding and what we could do to better engage with Primary Care services. There was agreement that we don't engage as well with the services other than GMS and David advised that there is a lack of good mechanisms to pay dentists and optometrists locally but that it was possible to add on specific mechanisms on top of the pan-Lothian contract for additional services. Existing plans and strategies that could be adapted.

David offered to facilitate a conversation with dentists, pharmacists and optometrists and it was agreed that interested parties would take part in such a meeting.

Discussion took place on the potential risk to premises due to the PCIF budget, aging population, demand and unmet need. David agreed that the value of PCIF will decrease with the growing population, particularly if new practices need to be established. It may be that IJBs need to direct the Health Board to invest through HSCPs. David further advised that the IJBs/HSCPs should be driving the premises plan.

Yvonne raised the IJB priority of early intervention and prevention and summarised some of the work around population growth and the aging population. Further discussion ensued around planning for population growth, sustainability, environmental considerations.

	<p>Agreed the Group were supported of the priorities.</p> <p>Agreed Elaine, Yvonne and David would meet initially to think about who should be involved.</p> <p>Agreed detailed comments should be sent to David.</p>	<p>Initial meeting to discuss further</p> <p>Send detailed comments on the paper to D Small</p>	<p>E Duncan, Y Lawton, D Small</p> <p>ALL</p>	<p>Spring 2020</p> <p>Following meeting</p>
6.	<p>Commissioning Plans Implementation and Monitoring</p> <p>Yvonne advised that the IJB had agreed a new Strategic Plan and that four associated joint commission plans had been developed for key care groups, older people, learning disability, mental health and physical disability. The IJB approved the plans at their meeting in January with the caveat of doing some additional work for the plan for older people.</p> <p>The group was asked to consider how we monitor the plans through performance measures and was asked how the Group would like to be involved in the monitoring of the plans.</p> <p><u>Mental Health</u></p> <p>Bill commented that there were some items that were missing some specificity around what would be delivered in 2020/21 and further. Nick advised that this was discussed yesterday and the next few meetings would further refine what will be achieved and when. Various working groups will be working on each action. A new senior development manager will be starting soon and the new housing model will be a priority.</p> <p>Nick advised that the referral to treatment target of this was the A12 national target. There are recovery plans for both areas, CAHMS and Psychology Services, of which both are not achieving the target but we have limited control over these services.</p>			

	<p>Discussion took place on whether Community Treatment Orders should be signed by GPs. Nick advised that the guidance advised it has good practice that the second signatory is a GP.</p> <p>Yvonne would like a consistent approach taken to all of the plans and suggested a detailed plan and performance framework that sits underneath each workstream.</p> <p>Discussion took place about the frequency and detail of updates desired by the Group. Comments included not wishing to report too often but also not losing site of the whole system. It was suggested that particularly good progress and issues could be brought to the group. Other suggestions included an in-depth, quality report on specific themes would be more useful, a highlights report, reporting by exception and the role for commissioning boards on how progress should be measured.</p> <p><u>Older People</u></p> <p>Jo advised that there is a huge amount of transformation required in relation to older people's service. A series of projects need to be initiated to take this work forward. Allister Short will chair the Older People's Board going forward and a workshop has been planned to begin progressing this. Yvonne advised early intervention, crisis intervention and long-term care are the three key areas. Jo advised that there is a review of the support required to support this work.</p> <p>An update on progress will be reported to the next meeting and it is envisaged that the plan will be more complete by June.</p> <p>Pamela advised that under the discharge to assess model, care will start immediately (or another service that they may require) following discharge. Assessment is combined with care, which is thought to be the best model of care.</p>	<p>Progress update on Older People Commissioning Plan</p>		<p>Meeting of 26 March</p>
--	--	---	--	----------------------------

	<p><u>Learning and Physical Disability</u></p> <p>Robin summarised the key workstreams required for each of the care groups including housing options. Robin advised that the planning and commissioning boards will be reviewing whether the right people are involved to deliver the work.</p> <p>Royal Edinburgh work on redesign is ongoing but we have fed back West Lothian's requirements in relation to learning disability beds.</p> <p>Steve welcomed the more detailed action plan circulated, which allows the Group to see the concrete actions.</p> <p>Bill asked that the measures are labelled as national/local/new etc. Pamela updated the Group on a meeting that took place on what indicators the HSCP should be scrutinising at an operational level. Further indicators can be developed to ensure performance monitoring is relevant and without duplication. Bill suggested that satisfaction measures could be considered for the commissioning areas. Pamela advised this was challenging in an integrated environment given the scale involved but that there were mechanisms for collecting more qualitative data from patients and carers.</p> <p>A discussion took place on environmental considerations. The IJB has given a commitment to climate change and it was considered what the SPG's role should be. It was agreed to give this further consideration.</p> <p>Agreed that Yvonne would consult with others and come back to the next SPG with a proposal for performance monitoring.</p>	<p>Label performance indicators on whether they are local, national, new or existing</p> <p>Consider SPG role in climate change</p> <p>Develop a proposal on performance monitoring of commissioning plans</p>	<p>ALL</p> <p>Y Lawton</p>	<p>Following meeting/as indicators are developed</p> <p>Future meeting</p> <p>Meeting of 26 March</p>
--	--	--	----------------------------	---

7.	<p>Advertisement for users of health and social care services</p> <p>Lorna presented a draft advertisement for service user representatives for the SPG and discussion took place on the rationale for seeking up to four individuals.</p> <p>It was agreed to remove the reference to the East and West Localities; remove “requirements of the role” and instead sell what they can contribute; make the tone warmer, less formal.</p> <p>Nick highlighted that predominantly those who present to, in particular, mental health or disability services are those who might need support to take part. Nick suggested circulating to advocacy partners e.g. service users in mental health and addictions.</p> <p>Discussion took place on the challenge of anyone being able represent multiple services.</p>	Make changes to advert as noted	L Kemp	Following meeting
	<p>Agreed that the discussed changes would be made and that focused circulation would be carried out including to Voluntary Sector Gateway and advocacy partners as well as wider circulation through the usual networks.</p>	Circulate widely with more focused circulation in addition	L Kemp	Following changes to advert
8.	<p>Work Plan</p> <p>It was noted that Marjolein had submitted an item for the wok plan and this has been added.</p> <p>Agreed Lorna will send out a reminder for agenda items 3-4 weeks in advance of meetings.</p> <p>Steve announced he will be resigning all of his committees and that the cluster leads will be taking the SPG positions. Bill thanked Steve and Iain for their time and efforts on the Strategic Planning Group.</p>	Reminder for agenda items 3-4 weeks in advance of meetings	L Kemp	Ongoing