



MIDLOTHIAN IJB STRATEGIC PLANNING GROUP
MS Teams

NOTES OF OUTCOMES AND ACTIONS
Wednesday 28th October 2020

PRESENT: Carolyn Hirst (Chair), Mairi Simpson, Jane Crawford, Kaye Skey, Jim Sherval, Grace Cowan, Andrew Coull, Debbie Crerar, Matthew Curl, Lois Marshall, Alison White, Sheena Wight, Fiona Huffer, Jordan Miller, Caroline Myles, Rebecca Miller, Wanda Fairgrieve, Aileen Murray

APOLOGIES: James Hill, Dr Carol Levstein, Carly McLean, Morag Barrow, Claire Flanagan, Giovanna Di Tano, Anthea Fraser, Angela Tuohy

| | | | ACTION |
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| 1 | Welcome and Introductions | Welcome & Introductions. Carolyn Hirst welcomed members to the meeting. Apologies noted. | |
| 2 | Minutes of Last Meeting | Minutes of meeting on 18 August 2020 approved. | |
| 3 | Action Log | <p>Actions from 18 August 2020:</p> <p>(i) <i>Update Terms of Reference to allow opportunity for SPG to contribute to change programmes at earlier stage of development. CH & MS – complete.</i></p> <p>(ii) <i>JC to consider, with the third sector reference group, how the third sector can be better supported to influence IJB strategic planning. JC has met with Lesley Kelly and will feedback once meeting with third sector reference group has taken place.</i></p> <p>(iii) <i>Representation from the Independent Sector : MS to speak to AF regarding independent Sector Group. Carry forward.</i> <i>Representation from Housing sector:</i> MB & MS meeting Lynne Douglas , CEO of Bield Housing. In progress.</p> <p>(iv) <i>CH and MS to discuss and review the Terms of Reference. Complete.</i></p> | <p>JC</p> <p>MS</p> <p>MB MS</p> |

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| | | <p>(v) <i>CH and MS to progress requirement for a vice chair from Council. No response as yet. Carry forward.</i></p> <p>(vi) <i>MB and MS to consider engagement in NHS Lothian Integrated Care Forum. Carolyn Hirst reported that this group is not meeting at present.</i></p> <p>(vii) <i>MB to contact Colin Briggs regarding membership of NHS Lothian Strategic Planning Group. CH reported that a meeting is planned with IJB Chief Officers, IJB Chairs and Vice-Chairs to look at potential model – Carolyn Hirst reported that this meeting has taken place. No further update at present.</i></p> <p>(viii) <i>AC requested that the SPG inputs to Midlothian work around reshaping care home services. Agreed that GC will progress. Anthea Fraser to present at November meeting.</i></p> | <p>CH MS</p> <p>AF</p> |
| 4. | Report on Progress | <p>Developing a Home First Model (Presentation) Grace Cowan delivered a presentation (attached) on ambitions for a Home First model in Midlothian. Some of the discussion points are noted in Appendix 1.</p> <p>Actions as follows: GC to include feedback on Glasgow and Fife models when progressing the Home First model locally. GC to report back on third sector contribution to the pathway. Single Point of Access to be operational by early December. Consultation with IJB and staff on the model to begin in November. Comments on the proposal to GC.</p> | <p>GC</p> <p>GC</p> <p>GC</p> <p>GC</p> <p>All</p> |
| 5. | <p>(i)</p> <p>(ii)</p> | <p>Developments For Discussion</p> <p>Vision and Values Lois Marshall delivered a presentation and welcomed feedback on a draft vision and values for the IJB 2022-25.</p> <p>LM will incorporate feedback and include in workshop with IJB on 12 November 2020.</p> <p>Midlothian HSCP Engagement Strategic Statement Mairi Simpson presented the document and operational plan. SPG approved the documentation and recommended that it is presented to IJB. Document described as accessible and helpful and should assist synergy across service areas.</p> | <p>MS</p> |

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| | (iii) | <p>Equality Outcomes – Lois Marshall</p> <p>LM described work around Equality Outcomes as described in paper circulated prior to meeting.</p> <p>CH asked that the outcome(s) are more explicit around implications for Black, Asian and Minority Ethnic people (BAME).</p> <p>LM is working to ensure that outcomes are measurable.</p> <p>CH asked that once approved, the implications for the SPG, Directions and services be considered.</p> <p>Jane Crawford offered to encourage service users and third sector organisations to engage in the public consultation around the equality outcomes.</p> <p>Further comments to Lois Marshall.</p> | <p>LM</p> <p>JC</p> <p>All</p> |
| 6. | Report Schedule 2020/21 | <p>25th November 2020:</p> <p>Care Homes & Care At Home – Anthea Fraser</p> <p>Directions – Mairi Simpson/Lois Marshall</p> <p>20th January 2021:</p> <p>Technology Pathway Programme – Matthew Curl</p> <p>Climate Emergency & Green Health Prescribing – Jim Sherval</p> <p>Redesign of urgent care – Midlothian response – tbc</p> <p>Primary Care Improvement Plan – Jamie Megaw</p> <p>Equality Outcomes – update – Lois Marshall</p> | |
| 7. | AOCB | CH suggested that the SPG could do more to provide advice to the IJB. For example, explore and discuss options on a specific topic. For further discussion. | |
| 9. | Future Meetings | <p>All future meetings below are via MS Teams meantime (previously at Melville Housing, Corn Exchange, 200 High Street Dalkeith)</p> <p>Wed 25th November 2020 2 - 4pm</p> <p>Wed 20th January 2021 2 – 4pm</p> | |

Appendix 1:

Discussion points on Home First Model (item 3)

AC- Acute teams want a system that covers all Partnerships as opposed to 4 independent processes. We need to increase trust and confidence between community and acute services.

AC – Will we achieve the same good outcomes via Home First that we see in hospital settings? Can partnerships identify demand and capacity (both for bed based/hospital care and community services)?

There is an enormous duplication in community services – too many small teams.

The experience across the Western world is that more people are living longer, with complex issues such as dementia. The involvement of a geriatrician is important to the multidisciplinary team.

AM – The availability of Care at Home support is critical.

AW – There are good examples of multiagency working in mental health and substance misuse services.

FH- Is there any evidence that this model works?

AC stated that EL has a good example of very low delayed discharges. However when the Discharge to Assess model was introduced it took 2 years for acute and community services to trust each other, and for acute services to 'let patients go'.

Edinburgh data awaited. Social care delays remain although like all Partnerships they did reduce during initial stages of the pandemic. Further data and robust review is required.

GC – We should be also looking to Fife and Glasgow where this model has been effective. GC to include feedback on both models when progressing the model locally.

Community colleagues need to stop reassessing people but to trust the assessment by acute colleagues.

AW – Public health angle needed. Need to think broader, for example fuel poverty and benefit checks. The support to carers is also very important. The pandemic has limited their options to respite.

CH – There are a lot of related discussions at present – how does home First, Discharge to Assess and so on fit together? Multiple small teams.

GC – Third Sector investment will be important. Work under way with Kindecorn to look at how and where the third sector could contribute. GC to report back on third sector contribution to the pathway. MS has just led recruitment of a volunteer co-ordinator.

GC – Single Point of Access to be operational by early December. GC & team to take vision and principles to the IJB and staff for consultation. GC intends to report back to SPG February or March.

FH – In Midlothian we have very good models for MH and LD. How do we incorporate support to those with physical health issues, how do MH and LD services support people in Acute Care?

KS – Is Home First trying to do 3 things at once; rehab, intermediate care and unscheduled care/A&E avoidance?