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Agenda Item: 16

## **Integration Joint Board**

Date of Meeting: 27 March 2019.

Subject: Strategic Plan 2019 to 2022

### **1. Summary**

1.1. To put before members a new style Strategic Plan and to gain agreement to go out for a period of consultation.

### **2. Purpose**

2.1. To ensure the Integration Joint Board (IJB) has an overarching Strategic Plan that will cover all services delegated to it for the period 2019 to 2022.

2.2. To seek approval from the board to consult on the new style Strategic Plan.

### **3. Recommendations**

The Integration Joint Board is invited to Note:

3.1. The work to date on the new style strategic plan.

**It is recommended:**

3.2. That the draft Strategic Plan 2019 to 2022, attached as Appendix 1 to this report, be approved for consultation.

### **4. The Strategic Plan**

4.1. Orkney Islands Council and NHS Orkney delegate a wide range of health and social care services to the IJB known as Orkney Health and Care.

4.2. The IJB is required to have a three-year strategic plan. The current plan ends this year. The draft plan should have been developed and ready for publication and implementation. However, given that there was a significant period with no Chief Officer in place then this piece of work has delayed.

4.3. The Strategic Plan will set out the focus and the direction for the next three years, based on clear principles and priorities. The national integration principles have also been considered when designing this plan.

4.4. The current Strategic Plan is cumbersome and holds an incredible amount of information which can be overwhelming. This new plan has been designed to be public facing and the final plan will have many more infographics included for ease of reading and understanding.

4.5. The plan will again span for a three-year period and a refreshed plan will need to be worked on for publication in March 2022. Realistically we will plan to commence the refresh in January 2021, to avoid any future delays.

4.6. The aim will be to have a 'plan on a page'. This will be at the very start of the plan and will aim to be a graphic representation of the plan, set out on one page. This will include our values and our vision and our aims. It will show our implementation plans and our enablers. It will also show some of the ways in which we will know if we have been successful.

4.7. The plan has been linked to the Local Outcomes Improvement Plan (LOIP). It will be supported by both the Medium-Term Financial Plan (in development) and the Strategic Commissioning Implementation Plan (to be developed).

4.8. Alongside the Strategic Plan will be a suite of specific strategies or implementation plans. These will all be reviewed or developed over the year to ensure they are consistent with our overall approach and visioning for the future.

4.9 To support the delivery of the aims of the plan, it has been agreed that we move to a programme board approach. There will be three programme boards to support the various aspects of the plan, those being;

- Strategic Commissioning Programme Board
- Community Led Support Programme Board
- Tech enabled Care Programme Board

4.10. These boards will then feed into an Executive Programme Board chaired by the Chief Officer. The terms of reference for these boards were circulated at the Strategic Planning Group on the 26 February 2019 for comment and to identify membership for each board.

4.11. The plan will be consulted on as far and wide as possible. The plan will be open for all general comments but will have some specific questions attached to it also.

4.12. The first question is about the 'vision' The vision within the current strategic plan is to, '**Help the people of Orkney live longer, healthier and more independent lives within their own communities wherever possible**'. There has been discussion about whether this is the right vision or does this vision really make one think only of the health and social care for older people. Here in Orkney all children's, adults and older people's services provision is delegated to the IJB. So, should our vision be as simple as, '**Getting it right for all in Orkney**'.

4.13. There will also be a specific question on our priorities over the next three years and whether they are acceptable and achievable.

4.14. All responses will be collated and recorded so that we can bring the final draft to the IJB in June and members will be able to clearly identify any amendments. If feedback from the consultation is not used or led to no change in the plan, this will be articulated to the IJB at this meeting.

4.15. The plan has some basic graphics but colleagues in the Change Team can produce this plan by using professional graphics.

## 5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

<b>Promoting survival:</b> To support our communities.	Yes.
<b>Promoting sustainability:</b> To make sure economic, environmental and social factors are balanced.	Yes.
<b>Promoting equality:</b> To encourage services to provide equal opportunities for everyone.	Yes.
<b>Working together:</b> To overcome issues more effectively through partnership working.	Yes.
<b>Working with communities:</b> To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.
<b>Working to provide better services:</b> To improve the planning and delivery of services.	Yes.
<b>Safe:</b> Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
<b>Effective:</b> Providing services based on scientific knowledge.	Yes
<b>Efficient:</b> Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

## 6. Resource implications and identified source of funding

6.1. There are significant financial implications attached to continuing to deliver services in the current manner that are unsustainable. The aim of integration is to create a health and social care system in which the public pound is always used to best support the individual at the most appropriate point in the system.

## 7. Risk and Equality assessment

7.1. Orkney Islands Council and Orkney NHS retain many statutory responsibilities for those services delegated to the IJB for planning and commissioning and delivered by Orkney Health and Care.

## 8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No

## 9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No

## 10. Author

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## 12. Supporting documents

12.1. Appendix 1: Draft Strategic Plan.



## Draft Strategic Plan

Integration Joint Board.

This front page will have picture of Orkney or different groups in Orkney

There will also be a forward from the Chair and the Chief Officer on the next page





## Plan on a Page

This page will have an infographic that will show our vision / values/ enablers etc – if will act a as pictorial executive summary



# The idea is to have the strategic plan on one page, done in for graphics

And will detail our aims, our implementation plans, our enablers and how we will measure success

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# 1. Introduction

## 1.1. This Strategic Plan

This plan aims to set out the ambitions for health and social care in Orkney, for those functions and services delegated to Orkney Health and Care by Orkney Islands Council and NHS Orkney. The plan however does include the services provided by the new Balfour hospital and other functions that remain with NHS Orkney. We believe that this will allow us to make the most of our stretched resources and to ensure that movement in and out of the hospital setting is safe, seamless and efficient.

The plan clearly sets out the principles, values and approach which will shape all that we do. Our focus will always be on innovation the continual improvement of the health and wellbeing of all living in Orkney. It will be also about ensuring our activities maximise our ability to reduce health inequalities that exist in our communities.

The plan sets out our new approaches to health and social care. We need to develop different ways of working. Not only will our traditional models of support not be able to withstand the increase in demand for services, but the current models are labour intensive – we will not be able to support such models with an adequately number of staff to safely operate these models in the future.

We all need to ensure we take greater responsibility for our health and wellbeing. We need to work within our communities to develop this responsibility and to ensure that our communities are adequately equipped to support the needs of their individual populations.

In undertaking the activities set out in this plan and the developing Strategic Commissioning Implementation Plan, then we are determined to use all available community assets and also to ensure our third sector colleagues become equal partners. Equal does not just mean sitting at the same table, it means having equal say in how, what and when we commission, amongst other things.

We also seek to ensure that we break down hierarchy and other barriers that hinder our staff in their day to day work. We want to develop imagination, innovation and a culture where staff feel engaged, enabled and are part of a learning organisation. We see this as essential for driving forward what will be a health and social care revolution here in Orkney!

Oh, and we will have fun doing all set out in this plan!

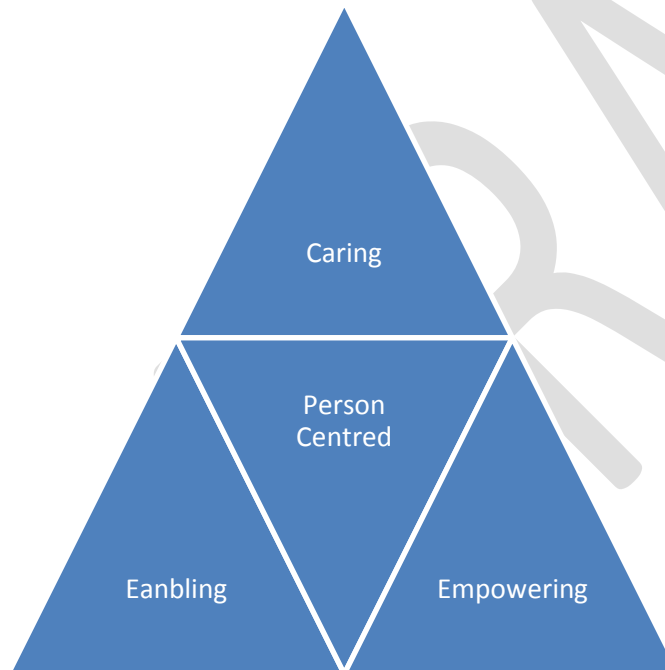
## 1.2. Our Vision and Values

Our strategic vision in Orkney is to:

**“Help the people of Orkney live longer, healthier and more independent lives within their own communities wherever possible”**

**“Getting it right for everyone in Orkney”**

### Our Values



### 1.3. Realistic Conversations



CHANGE OUR STYLE TO  
SHARED DECISION-MAKING?



REDUCE HARM  
AND WASTE?

MANAGE RISK BETTER?



# REALISTIC MEDICINE

CAN WE:

BUILD A **PERSONALISED**  
APPROACH TO CARE?



REDUCE **UNNECESSARY**  
**VARIATION** IN PRACTICE  
AND OUTCOMES?



**BECOME IMPROVERS**  
**AND INNOVATORS?**

Realistic conversations is based fully on 'realistic medicine'. Here in Orkney we have decided to call it realistic conversations to promote the idea this is about health and social care.

Realistic conversations puts the person at the centre of any decisions being made. It ensures our staff take time to find out what is important to the person so that any health or social care support fits the persons needs and situation. Having a realistic conversation demonstrates that a 'one size fits all' approach to health and social care is not the most effective path for the individual or those providing services.

Realistic conversations encourage shared decision making the individuals care and moves away from the professional being seen as the expert, but more of the enabler. Staff will be equipped to discuss with individuals the type of treatment and/or support available and the benefits and the risks associated with each. They should also discuss the option of doing nothing and what the consequences of that might be. It is about giving adequate information in order that the individual can make up their own mind as to what is right for them.

#### **1.4. Public Health Priorities for Scotland**

In the summer of 2018, the Scottish Government and COSLA published the Public Health Priorities for Scotland. The principles that underpin these priorities are:

- **Reducing Inequalities** – tackling health inequalities is a matter of social justice. This principle should run through all public health priorities.
- **Prevention and Early Intervention** – preventative measures to be prioritised in order to reduce demand and lessen inequalities.
- **Fairness, Equity and Equality** – everyone has the right to the highest attainable health standard of health and everyone should have equal opportunity to realise this right without discrimination.
- **Collaboration and Engagement** – effective services must be designed and delivered with, and for, people and communities. Early and meaningful engagement across organisations and with people and communities is essential.
- **Empowering People and Communities** – supporting services and communities to produce the change they want to see together and co-design the services that they will use. The goal is to put people and communities at the heart of change.

These six guiding principles are aligned closely to those across health and social care services in Orkney. The 6 Priorities that these principles underpin are also closely aligned to our aspirations for our population in Orkney, these are:

**Priority 1** – A Scotland where we live in vibrant, healthy and safe places and communities.

**Priority 2** – A Scotland where we flourish in our early years.

**Priority 3** – A Scotland where we have good mental wellbeing.

**Priority 4** – A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.

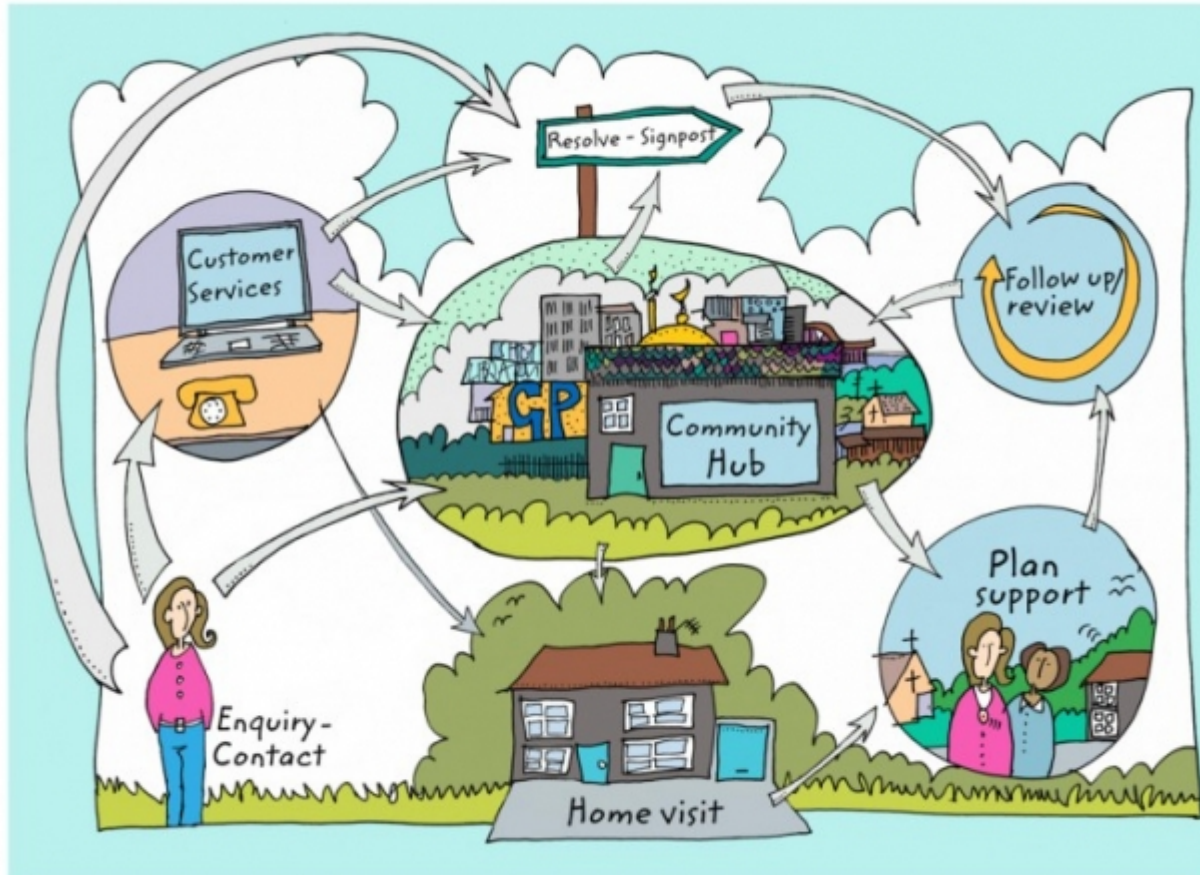
**Priority 5** – A Scotland where we have a sustainable inclusive economy with equality of outcomes for all.

**Priority 6** – A Scotland where we eat well and have a healthy weight and are physically active.

It is essential that our strategic thinking is inclusive of these priorities and their guiding principles.

## 2. Our Approach

### 2.1. Community Led Support



© Community Led Support | National Development Team for Inclusion | [www.NDTi.org.uk](http://www.NDTi.org.uk)

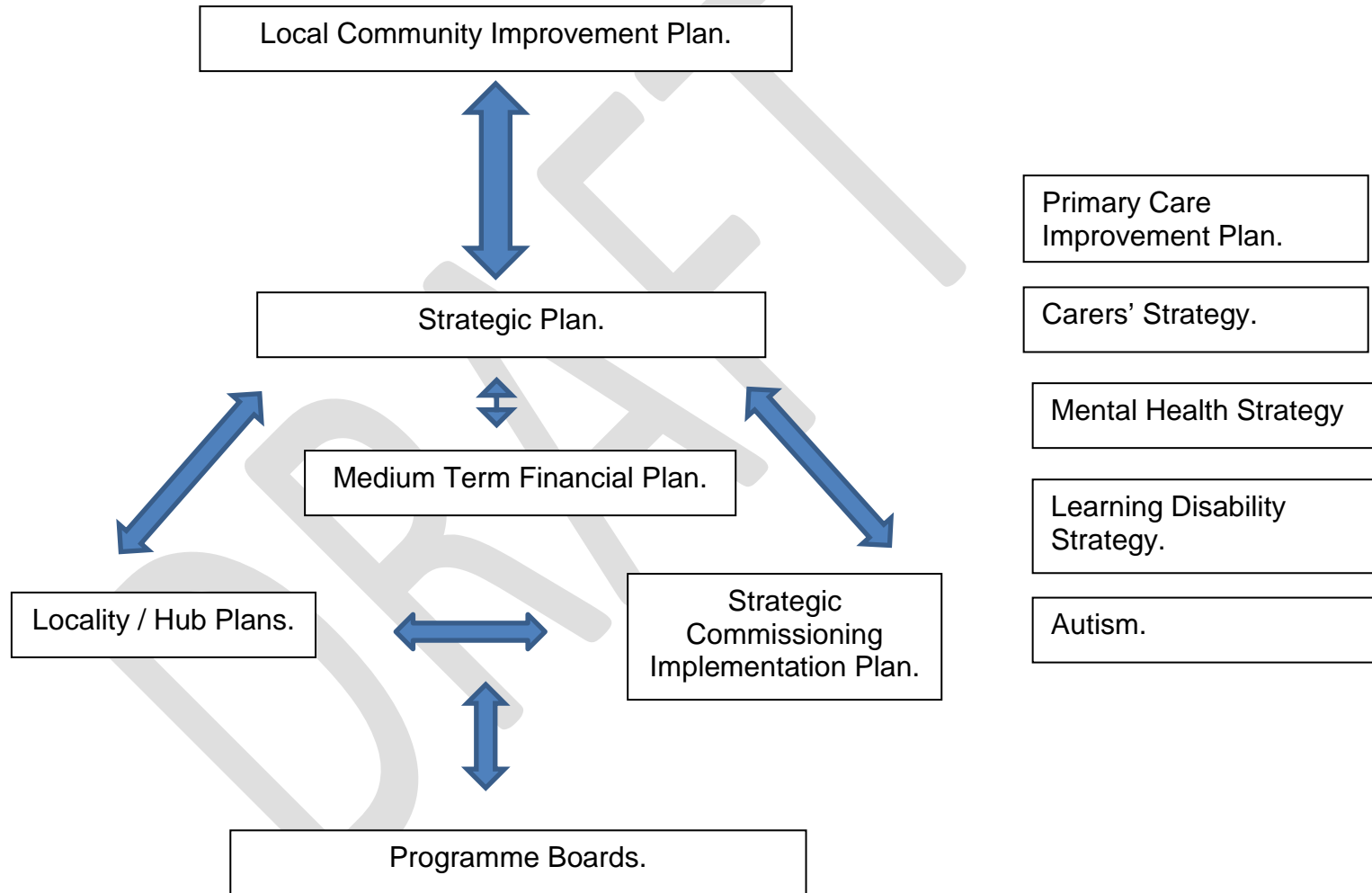
Working with Individuals and communities will be at the heart of everything we do. We have committed to look at developing Community Led Support and have been successful in securing match funding from Scottish Government to pursue this with the support of the National Development team and HiS iHub. This will build on the already emerging work of our Third Sector colleagues. The principles of CLS are:

- Coproduction brings people and organisations together around a shared vision.
- There has to be a culture based on trust and empowerment.
- There is a focus on communities and each will be different.
- People are treated as equals, their strengths and gifts built on.
- Bureaucracy is the absolute minimum it has to be.
- People get good advice and information that helps avoids crises.
- The system is responsive, proportionate and delivers good outcomes.





### 3. Our Services



**Delegated Services:**

Community Mental Health Services.  
Clinical Psychology Services.  
Substance Misuse Services and Drug and Alcohol Services.  
District Nursing.  
School Nursing  
Health Visitors.  
Primary Medical Services.  
Out of Hours GP service.  
General and Public Dental Services.  
Pharmaceutical Services.  
Palliative Care Services.  
Community Learning Disabilities and Social Work services for Learning Disabilities and Physical Disabilities.  
Contingency Services.  
Services provided by health professionals that aim to promote public health.  
Community Physiotherapy, Speech and Language, Dietetics and OT Services.  
Intermediate Care Team.  
Family Health Services Prescribing.  
Sexual and Reproductive Health excluding hospital obstetrics/gynaecology services.  
Social Work Services for adults and older people; Children and Young People; Criminal Justice.  
Adult Protection and Domestic Abuse.

**Hospital Services:**

- Accident and Emergency.
- Inpatient Hospital Services.
- Macmillan Palliative Care.
- Mental Health Service provide in a hospital.
- Ophthalmic Services.
- Resource Transfer, including Voluntary Services.

**Delegated Services:**

Carers Support Services.  
Community Care Assessment teams.  
Support Services.  
Care Home Services.  
Adult Placement Services.  
Aspects of Housing Support, including aids and adaptations.  
Day Services.  
Local Area Co-ordination.  
Occupational Therapy and Re-ablement Services, Equipment and telecare.  
Child Care Assessment and Care Management.  
Looked After and Accommodated Children.  
Child Protection.  
Adoption and Fostering.  
Special Needs / Additional Support.  
Early Intervention.  
Through Care Services.  
Youth Justice Services.  
Services to Courts and Parole Board.  
Assessments of Offenders.  
Diversions from Prosecution and Fiscal Work Orders.  
Supervision of Offenders Subject to a Community Based order.  
Through care and Supervision of released prisoners.  
Multi Agency Public Protection Arrangements.

## 4. Our Strategic Aim



We aim to provide our communities with:

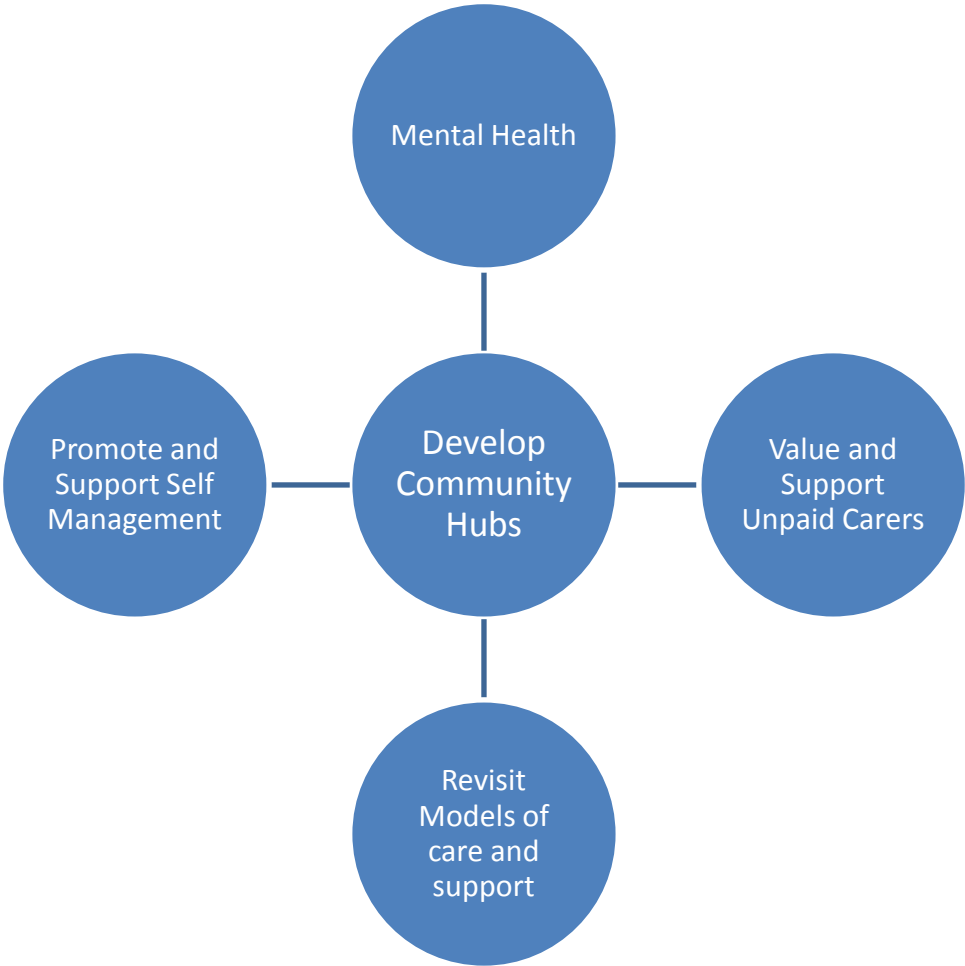
**Enabling** – to ensure the right support is provided at the right time in the right place for the right reason. We need to ensure that it is easy for all to navigate through what can be a complex health and social care system at present.

**Prevention and Early intervention** – it is clearly understood by all that if we invest in prevention and early intervention initiatives then this helps to stop crisis - which is generally labour intensive and can have long lasting impacts on both physical and mental health. To ensure that we can develop a suite of prevention and early intervention approaches we must identify barriers to change. Such interventions need to address both physical and mental health. We need to work in full collaboration with all stakeholders across all of our communities to develop a culture that adopts a positive, non-stigmatised approach to areas such as alcohol and drug addiction and mental health.

We have committed to develop a local Mental Health Strategy which will adopt the principles and aims of the national 10 year strategy but in a manner that makes sense for Orkney and its communities. We will find ways to strengthen mental health support to our children and young people in order that they develop into adulthood with good mental health, that allows them to **live well**, as part of their wider **strong community** and contribute to our **vibrant economic community**.

**Resilience** – unless we find ways of supporting individuals and communities to cope and where possible overcome the impacts of their health and social care needs, then we will continue to see a rise in the demand for services. We need to work in close collaboration with all our partners to find innovative ways of achieving this.

**4.1. Priorities**



## 5. How will we know we are making a difference?

Orkney is recognised as being the best place to live in the UK – we will ensure that our health and social care services will be a main factor in this recognition, thus sustaining the accolade. Orkney Health and Care will be nationally recognised as an exemplar of innovative integrated practice. We will ensure all that we do is about maximising positive outcomes for individuals and our communities. Our annual performance report will clearly evidence how we are achieving our objectives.

