
Working together to make a real difference

Strategic Planning Group

Minutes | 29 November 2024 | 0900 | Teams

Present: Issy Grieve (Chair), Stephen Brown, John Daniels, Shaun Hourston-Wells, Wendy Lycett, Danny Oliver, Yvonne McPhee, Gary Reid, Helen Sievwright (left at 9.28 am, hoping to rejoin), Louise Wilson, Diane Young, Darren Morrow (joined at 9.25 am) Scott Robertson (joined at 9.32 am)

In Attendance: Gail Smith (minutes)

Apologies: Janice Annal, Lynda Bradford, Kieron Brogan, Morven Brooks, Morven Gemmill, Lou Willis, Frances Troup and Steven Johnston

1. Welcome and Apologies

Issy Grieve (IG) welcomed everyone to the meeting and the apologies were noted. It was noted that Scott Robertson (SR) would join the meeting at 9.30 am.

2. Minutes from previous SPG Meeting

The minutes were agreed as an accurate reflection of the meeting.

3. Draft Strategic Plan 2025 - 2028

IG explained the purpose of today's meeting was to look at the draft Strategic Plan 2025 - 2028, which would be ready by the end of January and then presented to the next Integration Joint Board (IJB) meeting in February 2025. Stephen Brown (SB) and Shaun Hourston-Wells (SH-W) would take the meeting through the draft so far.

SB acknowledged that the draft was only circulated late yesterday so everyone may not have had chance to read and be conversant with it, but he and SH-W were sharing it and wished to thank everyone for their contribution so far.

SB was keen to have associated actions under their own priority areas, with a commitment to 2 or 3 big items being achievable, but challenging. Discussions had taken place as to what these might look like, but it would be good to share everyone's thoughts around that theme and finalise some actions and look at the Action Plan as well as the Strategic Plan.

SH-W shared his screen and took the meeting through the current draft document, based on the last Strategic Plan. Currently working on a definition of "older people, but it's clear the six Strategic Priorities from the previous plan were still relevant and covered the most pressing issues facing health and social care services in Orkney.

Working together to make a real difference

SH-W was looking for new photographs and would obtain the appropriate permissions for use and needed to check all the links.

Darren Morrow (DM) had spoken several times about how we cannot deliver without our staff, so we needed to talk about capacity within the workforce and acknowledge what our staff were doing.

SH-W ran through the priorities in more detail, noting some needed to be updated with the desire to link to a golden thread.

SH-W had received good feedback from Matt regarding the two overarching qualities of Early Intervention and Prevention and Tackling Inequalities and Disadvantage. Bullet points for consideration had been added into the body.

SH-W had written the Unpaid Carers section and had talked about the value of unpaid carers and who they were in Orkney and how they had been supported over the last three years. He needed to define what the challenges were and what was needed to be put in place to achieve, and what we want to do over the term of this plan to help carers and whether we put everything in here or in a separate action plan.

The delivery milestones related to what SB was talking about: a lot are realistic and achievable. There was a need to show how we know we made a difference.

The facts and figures section needed to be updated and would be completed shortly.

The housing contribution section was clearly going to be more important with assisted living and associated staff requirements and the financial implications section had been updated from a budget perspective, but nothing else yet.

IG noted this was a good basis for the Strategic Plan and opened the meeting to comments and questions.

Wendy Lycett (WL) noted there was no mention of non-managed contractor services. Community Pharmacies were often the first port of call providing a first-class service and supporting the older generation to stay in their homes. Non-compliance associated with medicines given to older aged people leads to hospitalisation and then a care home and they never get back to their own homes.

WL suggested the addition of delivery of substance of Misuse services and supporting recovery.

SH-W thanked WL and wished to include examples of work that we are doing and specific actions of what we would be doing and how to measure them. WL would email SH-W a narrative.

Working together to make a real difference

Gary Reid (GR) referred to the Mental Health and Wellbeing section, noting that outcome 5 linked to work that had been done in Sports Scotland: they have a strategy pretty much ready, and it would be presented to its Policy and Resources Committee in February 2025. GR asked how all the strategies would be joined together as discussed with SB previously. GR would share the document he has with SH-W, noting that LW had been the leading representative for the NHS so had been feeding into it from the NHS.

IG would welcome the Plan at the IJB, not necessarily to approve but to make it known.

HS referred to a conversation with WL about links and was happy to incorporate linkage to housing and other infrastructure supporting home living.

LW asked if there could be something about the need to commission within the funding bundle? The next three years would be difficult so there was a need to engage with the public about what we were going to decommission and decisions to be made. This could sit in the finance section but be more scene setting: how things were going to change and what would be delivered.

SH-W confirmed the intention to bring everything together compared to how it was done in previous years and SB added that the actions needed to be very clearly articulated at the same time as the Plan.

In the financial section this time we would try and provide more detail around how much we currently spend on children, older people and hospitals, and adding something about early intervention and percentages between this and crisis.

John Daniels (JD) talked about Community Pharmacies and asked how we describe commissioned independent business: general practice in primary care? He would email SH-W wording to be added, noting that not all workers are employed by the NHS.

IG referred to the Delivery Milestones and suggested the addition of appendices/attachments at the end for people reading the Plan for the first time, noting that the IJB also track Milestones for audit purposes so it would be good to have a clear Action Plan with smart targets. Also, it would be helpful to have an appendix showing the amount of engagement this Plan has had and who was involved.

SH-W responded to DM's question that the previous iteration of the Plan detailed the actions to be over a 12-month period then review and move on and they would then generate new actions. It certainly happened with carers: proposed Milestones in the

Working together to make a real difference

new Plan were based on what was achieved previously but we needed some way to capture what we have done, and this was the next piece of work to be done.

DO suggested reviewing the Eligibility Criteria, so people got support when they needed it and need investment whilst still absorbing crisis intervention. Investment in foster care was required to avoid costly off island services - how do we do that in the context of financial restraint?

SB noted there were challenging financial circumstances across the country, but he and other IJB Chiefs were working with Scottish Government to allow budgets to be used flexibly at a local level.

DM commented that there needed to be a focus within Children and Families on whole family wellbeing, which could come under the Early Intervention and Prevention Priority.

The core partners in this are the Council and, together with our third sector partners, all agencies provide 'community wrap-around'. The problem was that third sector funding, too, was becoming increasingly challenging, both locally and across the country.

IG commented that around five of the islands involved in the Wellbeing Project had Development Trusts that held very significant sums and suggested we should be asking the isles residents to approach their Development Trusts to secure support for health and social care services, and not just capital projects.

SB summarised the key themes:

- workforce - agreed to do more around this section with reference to independent contractors – ideally with a link to update workforce plan.
- detail section on all the consultation and engagement in lead up to this Plan.
- the Action Plan would be separate to the Strategic Plan but would be presented to the IJB for approval at the same time.
- we would bolster the finance section to recognise the financial challenges we would face over the coming years, and include clear actions that involved commissioning alternatives and, indeed, commissioning initiatives, and would be clear how this would be done.
- no-one on the IJB had ever suggested any service that they wished officers to safely decommission. There was a real fragility in services on a day-to-day basis, and we needed to be clear about how we would fund these.
- funding for the Community Led Support Officer was agreed by the IJB, but the money continued to offset our overspend at year-end. The job description was ready; all we needed to do is create the post

Orkney Health and Social Care Partnership

Council Offices | School Place | Kirkwall | Orkney | KW15 1NY

Tel: (01856) 873535 extension 3376 | Email: gail.smith@orkney.gov.uk

Working together to make a real difference

SB suggested GR and SH-W get together as he was keen to link one or two items from GR's Strategy into this Plan. LW may need to be involved too.

IG thanked everyone for their great contributions and asked them to please email SH-W with their further contributions, especially around challenging but achievable actions associated with each of the Strategic Priorities.

4. AOCB

None.

5. Date of Next Meeting

Friday, 31 January 2025 - 1000-1200 - Teams