



Working together to make a real difference

Strategic Planning Group

Minute | 27 September 2024 | 1000 | Teams.

Present: Issy Grieve (Chair), Stephen Brown, Diane Young, John Daniels, Kieron Brogan, Lou Willis, Louise Wilson, Lynda Bradford, Morven Brooks, Shaun Hourston-Wells, Helen Sievwright, Janice Annal, Scott Robertson, Danny Oliver, Yvonne McPhee, Darren Morrow and Stephanie Johnston (notes)

Apologies: Morven Gemmill, Ryan McLaughlin, Sam Thomas and Wendy Lycett.

1. Welcome and Apologies

Issy welcomed everyone to the meeting and the apologies were noted.

2. Minutes from previous SPG Meeting

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

3. Extended SPG – In Person Facilitator Highlights

It was noted that work is in progress of pulling together the key themes from the session.

3.1. Unpaid Carers

Shaun shared that everyone had agreed that this remains a Priority, with a possible focus on awareness of support available for all ages groups as well as potential managing expectation of what can be achieved with a finite budget. An easier approach to completing assessments would be beneficial. There is need to look at different respite options, which is an area the Carers Strategy Group is looking into. Shaun provided an overview of the work done by the Strategy Group on awareness. Following a query in relation to young carers on the Strategy Group it was agreed that Shaun and Darren would discuss. **Action:** Shaun.

Shaun also provided an update on the Carers representative for the Integration Joint Board and queried if it was possible for more than one Carer to be on the Board. Issy agreed to discuss with the Chair but would welcome having more than one carer.

Action: Issy. It was suggested that possible actions could be around awareness raising, process for GPs and Schools to identify carers and assessments for carers.

3.2. Community Led Support

Morven and Kieron updated that although there was a general feeling of lack of understanding on what CLS means, people were able to give local examples, and there was agreement that this remains a Priority. There was an understanding that it is a priority for working together across all sectors to maintain and build on supports

available. It was noted that CLS is stronger in some communities than others and the need for Community Hubs was highlighted. Stability of funding was highlighted, where there is no certainty that groups etc would be there in the future. Overall, it was agreed that the session was the start of a conversation. Following a query in relation to the name of the Priority, it was suggested that if there was some focus and clarity with clear examples to reinforce the work that would be beneficial.

Following a discussion on the work that Development Trusts do and the Islands Wellbeing Project, it was noted that work is progressing to develop a new charity which would be eligible for more access to funding opportunities. The charity could build on the support of the project as well as offering support to help the Development Trusts to grow. It was suggested that the Islands Wellbeing Project action be moved to this Priority.

It was suggested a possible action could be related to the new delivery model and move to a new charity being set up. Another area could be defining CLS including possible vision statements and case studies.

3.3. Older People to Remain in Their Homes

Helen advised that there was agreement that this Priority should remain, however there was much debate about 'Older People' which is dated. A suggestion was 'aging well and support through all ages'. Housing was a common theme with the lack of affordable/available housing impacting on the ability to grow a sustainable workforce with suggestions of house swaps etc. Early intervention and prevention, how to better utilise technology, embedding Getting It Right For Everyone into service delivery. Transport issues were also highlight as a barrier. There was a discussion around the need for more core and cluster model which does not have an age restriction, where people could move in younger. There is a need for transition plans to be consistent and have equality across services. Kieron provided an overview on the Caring for Sanday project.

It was suggested that it might be helpful to have an action in relation to the Caring for People project to assist with housing that is fit for purpose.

3.4. Mental Health

Diane recapped there had been a lot of reference to early intervention including in schools, access to services, waiting times, data, an ongoing rolling programme of suicide prevention training. There was also discussion around more joined up working with all agencies and clear signposting. It was noted that there was agreement that this should remain a Priority, with a focus of more non statutory work being done by other agencies to prevent silo working. There was recognition that although waiting times are very long, this is due to mental health services being significantly under resourced compared to physical services across the Country.

There were discussions about the difference between mental health and mental wellbeing which requires a lower level of support that could be provided in a variety of ways. Also highlighted was the need to distil confidence in service to help people to talk more openly and support them to get help as early as possible.

3.5. Early Intervention and Prevention

Lou advised that everyone agreed that this remains a Priority. It was noted that 'Aging Well' starts at birth so that it does not appear an age thing. It was suggested having a CLS tiered approach would be beneficial to know what is available and removing the eligibility criteria would be good as well as linking people into support as quickly as possible. The importance of not being data led, but by patient journey led, in relation to funding as some changes take a number of years before data can evidence improvements. It was suggested that learning from what is working well to adopt in other areas as well as looking at what other countries are doing. It was also noted that the language in the current plan was very child focused and amending wording to be all ages.

Following a discussion, it was queried if there was an action around commissioning and on how to support early intervention and prevention and how to build this into budgets. There was also discussion about considering the eligibility criteria, and the potential to link this with new charity to look to support it. It was agreed that when writing the new Strategic Plan it would be beneficial to not separate the Pories into different sections, but embed them together.

3.6. Tackling Inequality and Disadvantage

Stephen updated that bar a few controversial views, the majority agreed that this should continue to be a Priority. It was noted that there is a need to consider inequality and disadvantage and how these impacts on health and wellbeing. There is a need to be very specific on actions on a few big hitters and do these well. It was highlighted the surge of people who are requiring neurodevelopmental needs and requirements and the challenges in meeting these.

3.7. Emerging Trends

Lynda advised that as well as some of the areas highlighted by other the main highlights was that demand versus supply is a big concern both in terms of people and money. There was a plea that there we should do less and follow through better. Transition between services was also highlighted. It was noted that technology in relation to health is behind in Scotland compared to other areas. There is also a big need to do something to build individual and community resilience on how to manage when things are challenging.

3.8. Next Steps



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Work is being undertaken to gather details of any groups or places where people meet that could be visited to gain people's insights on any priorities/thoughts for the new Strategic Plan. It is important to try to speak with as many people as possible. It was agreed that everyone would think about any groups/places, or being part of the conversations, to let Stephanie know. **Action:** All. Issy took the time to thank everyone for participating.

4. Strategic Plan Timeline

Stephen updated that the new Plan needs to be in operation for 1 April 2025, which means the Integration Joint Board needs to approve the Plan in February 2024. This means that the Plan will need to go out for engagement in late December/early January, meaning the Plan needs written by December 2024. If anyone is interested in becoming part of a small writing group to begin drafting the Plan, please get in touch with Stephanie. **Action:** All.

5. Update in Strategic Plan Delivery Trackers

Item deferred to next meeting.

6. Future Agenda Item Updates

Item deferred to next meeting.

7. AOCB

None.

8. Date of Next Meeting

Friday, 8 November: 1000-1200, Teams.