

APPENDIX 1

The Strategic Planning Group (SPG) meeting

Taking place on Tuesday, 30th January 2018 at 13:30-15:30
in the Chamber, Orkney Island Council

Attendance list:

Cllr. R. King (Orkney Island Council, CHAIR); L. Bradford (Service Manager – Health & Community Care, Orkney Island Council); M. Firth (Head of Primary Care Services, Orkney Health & Care); S. Hourston-Wells (Project Manager, Orkney Health & Care); S. Hunter (TBC, Orkney Island Council); C. Jenkins (Arthritis Care Organisation); S. Johnston (Senior Dental Officer, NHS Orkney); S. MacGregor (TBC, Orkney Island Council); A. Mathison (Principal Social Worker, Orkney Health & Care); D. McArthur (Director of Nursing, NHS Orkney); M. Roos (Medical Director, NHS Orkney); C. Sinclair (Chief Officer, Orkney Health & Care/Orkney Island Council); K. Stevenson (Service Manager – Health & Community Care, Orkney Health & Care); M. Swannie (Interim Head of Children’s Health Service/Service Manager - Children’s Service, Orkney Health & Care); S. Towrie (Carer’s Representative); J. Trainor (Head of Health & Community Care, Orkney Health & Care).

In attendance:

G. Pendlebury (Minuting Secretary); L. Fraser (OIC).

Apologies:

K. Cole (GP Representative – Skerryvore Practice, NHS Orkney); C. Bichan (Head of Transformational Change & Improvement, NHS Orkney); P. Cooper (Consultant Anaesthetist, NHS Orkney); D. Drever (Non-Executive Director NHS Orkney, VICE CHAIR); G. Flett (Isles Network of Care Practice Manager, NHS Orkney); A. Fuller (Head of Ambulance Services North West Region – Islands, Scottish Ambulance Service); J. Henry (Principal Social Worker, Orkney Health & Care); W. Lycett (Principal Pharmacist); F. MacKellar (Senior Physiotherapist, NHS Orkney); M. MacLeod (Area Service Manager – Orkney, Shetland & Western Isles, Scottish Ambulance Service); C. Nicolson (TBC, NHS Orkney); G. Peters (Local Officer in Orkney, Scottish Health Council); P. Robinson (TBC, Orkney Island Council); M. Rollo (Lead AHP, Orkney Health & Care); C. Siderfin (Lead GP, NHS Orkney); J. Sinclair (Lead Nurse, NHS Orkney); F. Troup (TBC, Orkney Island Council); L. Wilson (Director of Public Health, NHS Orkney); J. Wragg (Clinical Dental Director, NHS Orkney).

MINUTES

<u>Item</u>	<u>Discussion</u>	<u>Action</u>
17/12	<p>Welcome</p> <p>The chair welcomed all attendees to the meeting of the Strategic Planning Group meeting held on Tuesday, 30th January 2018.</p> <p>The meeting was noted as quorate and could go ahead.</p>	

17/13 Apologies

Apologies were received from the following Group members:

K. Cole (GP Representative – Skerryvore Practice, NHS Orkney); C. Bichan (Head of Transformational Change & Improvement, NHS Orkney); P. Cooper (Consultant Anaesthetist, NHS Orkney); D. Drever (Non-Executive Director NHS Orkney, VICE CHAIR); G. Flett (Isles Network of Care Practice Manager, NHS Orkney); A. Fuller (Head of Ambulance Services North West Region – Islands, Scottish Ambulance Service); J. Henry (Principal Social Worker, Orkney Health & Care); W. Lycett (Principal Pharmacist); F. MacKellar (Senior Physiotherapist, NHS Orkney); M. MacLeod (Area Service Manager – Orkney, Shetland & Western Isles, Scottish Ambulance Service); C. Nicolson (TBC, NHS Orkney); G. Peters (Local Officer in Orkney, Scottish Health Council); P. Robinson (TBC, Orkney Island Council); M. Rollo (Lead AHP, Orkney Health & Care); C. Siderfin (Lead GP, NHS Orkney); J. Sinclair (Lead Nurse, NHS Orkney); F. Troup (TBC, Orkney Island Council); L. Wilson (Director of Public Health, NHS Orkney); J. Wragg (Clinical Dental Director, NHS Orkney).

Noted:

Discussion took place regarding looking into the organisation of the Strategic Planning Group meeting in order to make the meetings as accessible as possible for all attendees.

17/14 Previous minutes

Received: as Appendix 1.

Amendments : The following amendment(s) were to be made to the minutes from the previous meeting:

Change of lead for the Generic Worker is not K. Stevenson, it is C. Sinclair, and however we will need to discuss a new lead due to changes.

Proposed: by R. King

Confirmed: by L. Bradford

Agreed: It was noted that the previous minutes were agreed as a true and accurate record of the meeting held on Wednesday, 11th October 2017 with the following amendments.

17/15 Matters arising from the previous minutes

Received: as Appendix 2

The following items were discussed from the previous minutes:

a) **Attend Anywhere**

Noted:

C. Chalmers has asked the National Programme Board for assurance around the indemnity information for Attend Anywhere. It was raised by K. Cole and was noted as a valid and important question for the GPs. There had been no reply as of yet. This item is ongoing and carried over to next meeting.

b) **SPG Revised Structure**

Noted:

This item would be discussed in action log.

c) **Vice Chair of SPG Meeting**

Noted:

Asked D. Drever was to act as Vice Chair of the Strategic Planning Group.

d) **Other SPG Structures**

Noted:

This item would be carried over to next meeting.

e) **Financial Planning Standing Item on Agenda**

Noted:

At the previous meeting it was agreed that this item would be

included on future agendas as a standing item. Unfortunately, it hasn't been possible to include it on today's agenda; however it will be included as a standing item for meeting in the new financial year.

f) **17/05 Discussion from the Integrated Joint Board (IJB) Development Planning Session a) Proposals & Recommendations**

Noted:

Members of the group interested in taking part in the three work groups have been in contact with the relevant work group leads and are listed in individual report. The three groups are welcoming people to express interest. The Locality/Hub-based Working and Role of the Generic Worker groups have already been established. The Service Model for the Isles is in the early stages of commencement.

h) **Integrated Joint Board (IJB) External Audit**

Noted:

An external Integrated Joint Board (IJB) audit is just being undertaken. It was noted that it would be sensible to await the outcome of the audit before we revise the structure of the Strategic Planning Group. This item will be considered at the next meeting, unless the audit is still underway.

i) **Membership & Structures of other Strategic Planning Groups throughout Scotland**

Noted:

C. Stewart was tasked with bringing examples of other Strategic Planning Groups in other areas to this meeting to enable us to investigate how they work and to look at a different way of working. This item would be carried to the next meeting.

j) **Value of Data presentation**

Noted:

The Chair apologised for the lack of time for the Value of Data presentation at the previous meeting. It underpins the work we do as a strategic group and we use it to inform our decision making, especially how we should treat the data and what it should be used for. It was suggested that this might be an opportunity to create a sub-group to focus on the data aspect of the SPG and provide a

forum to go into further detail. Do the Group feel this would be a way forwards?

It was noted that there was an existing group already meeting who discuss matters relating to data and perhaps we could consider adopting this group. It's a VC with NSS and we link in particularly with issues where we want a better understanding. It is a core group determining what we want to help with in regards to data, but it was noted that there might be a way of utilising that time more efficiently that we can investigate.

A discussion also took place regarding work to look at a way of sharing all the data within and across the Council. Lots of people using a lot of data in lots of different ways. Investigations into a central place within the Council databases to store all of that information for cross-referencing and sharing data.

It was agreed that data needs to inform what we are doing and direct the commissioning and development of services. It was a welcomed idea that we continue to do that.

There was talk of a sub-group to look at the collated data and how it will be utilised together. We already have a core group of members for that group and are hoping to extend the list of attendance. Involvement from the Third Sector would be welcomed and the collective thought that it would be really helpful to extend the invitation to the members of the Third Sector for the next meeting. This would be considered as part of the paper for the structure of the Strategic Planning Group.

Action: Extend invitation to members of the Third Sector to the next SPG meeting.

TBC ???

17/16 Strategic Planning Group Workplan

Received: as Appendix 3

Noted:

The Group received the Strategic Planning Group Workplan for

information. It was noted that matters arising would be displayed in the Workplan in future meeting papers.

17/17 Rapid Mobile Community Responder Service Evaluation

Received: as Appendix 4

Noted:

A pilot of second responder team started April 2017 test the provision of short term support timely discharge where confidence may be an issue or to prevent admission to hospital. As of 31st December we will have presented nine months of the service. The breakdown of the care needs has been as follows:

Care required	Number of service users
Post discharge support/ trial at home prior to discharge	28
General decline in the community with need for support with activities of daily living	25
Mobility issues or post fall support	17
Monitoring of wellbeing and confidence building	15
Medication administration	10
Palliative care	1
Other	2

In total 550 visits were delivered within 323 days of care, service users ranged from receiving one visit to 34 visits; the average being six visits per service user over an average of three days.

The service had been tested out and people were very clear that the confidence building had played a huge part in enabling them to remain at home.

Visits were spread across the 24 hours period as agreed with the service users to meet their needs. Fewer visits took place over night. Most visits took place on the "late" shift.

In terms of value, it might be considered that the night shift are less needed. However, quite a lot of the visits fell into the hours between 22:00 to midnight.

It is estimated that 50% of the 70 individuals cared for in the community may have required further episodic care.

The approximate estimated value of this is circa £40k.

Keeping individuals at home and confidence building is such an important factor as it takes the crisis burden off the carers.

It was mentioned that this service was covering Mainland Orkney only, and currently not rolled out in the Isles.

The purpose of the paper is to seek thoughts on the ongoing nature of the service as it is currently due to end on the 31st March if not taken forwards.

It was agreed by the group that this is a very valuable service and a number of bed days were saved and it is considered a much more proactive approach to preventing crisis from happening. It was noted that it would be interesting to seek some good feedback from carers who had experienced the service.

The costs of the service could be reduced by adjusting the timings that visits are available. If we turned it into an 18 hours service would reduce costs from around £153k to £127k. It was felt that this reduction in hours would not detract from the service.

There were good synergies with other teams and departments actively making referrals to the Green Team and while these referrals were widespread, the dominating referrals came from OHPs.

There was a general sense of support for the service, though there was a need for quantitative and qualitative data to really substantiate its success.

The Strategic Planning Group will recommend the continuation of the service to Integration Joint Board and will recommend for a daytime 18 hour provision as opposed to 24 hours as an additional recommendation.

A final note was that this service provision is not reducing costs from hospital, though it does reduce the pressure on beds.

17/18 Generic Worker – Initial Report

Received: as Appendices 5i, 5ii & 5iii

Noted:

The Group received the report that provided an update on the work that has taken place locally on the position of Generic Workers. Lots of work has previously been done with this and various colleagues have been part of that historical work. There seems to be confusion over the meaning of the term “Generic Worker” and the role that we require in the IJB.

It was noted that we need to take into consideration the Health Social Care and Third Sector boundaries as well as the evaluation of the previous pilot work.

We have identified the core group of people to take the work forwards. We are trying to develop job roles in Orkney that can be developed in Orkney and can be an attractive option for people wanting to join out of school, college or those looking to retrain.

There had been previous problems due to existing regulatory requirements from Scottish Social Services Council (SSSC) and Care Inspectorate as there was some cross over with Social Care Workers around the vision of what this role should be like. Recently, they have seen that we need a more flexible approach to the provision of health care allowing us a little space to try things differently. We have come quite a long way and are now able to test some new approaches outside of the regulatory challenges that we’ve previously had.

Drawing in evidence from different areas we really need to look at how we can bring this role to life, looking at options and find out what would work for Orkney.

L. Bradford noted that back in 2012-13, we had worked with REAL

and UHI to establish a competency framework and we compiled a really robust job description, though this failed to meet the requirements of the regulatory systems. Other areas in Mainland Scotland were able to pick up and use the work that we'd done as the Highland had a very different partnership arrangement, employing people through NHS and different regulations applied to them.

'One model fits all' does not allow the local flexibility to meet our specific needs.

We are in a changing environment, and know that now is the time to go back with a more imaginative proposal. It was noted that some of the legislation might have changed since we last visited this project, allowing us more flexibility.

However, it was agreed that the SSSC and Care Commission must be on board with anything that we put into practice.

The report will be received at the next meeting.

17/19 Locality Hubs & Co-location – Initial Report

Received: as Appendices 6, 6i, 6ii & 6iii

Noted:

The initial report on the project is looking at pro-locality working.

Hub based working is a service model delivering Primary and Community Care services from a specific location in specific areas. This could be a range of services under one roof, delivering a more united provision for service users.

The draft action plan and terms of references had been circulated for the group.

The next stage is to convene a working group in order to take the project to the next level.

There had been issues identified with the feasibility of the project, e.g. regulatory requirements, the impact on staff, etc. These will be considered by the working group and will be reported back to the SPG at the next meeting.

We are keen to be mindful of NHS Orkney's full business case, to make sure we're all joined up and working cohesively.

It is an open model, looking to involve other people and services. We will be taking it to the Health & Care Forum to see if there is an interested Third Sector party willing to be a member and provide input.

It was noted that there may be information sharing challenges and barriers in place by certain legislation, though we should be aiming for something that is fully integrated and we need to tackle those stumbling blocks.

We do currently routinely share information with Third Sector services that we commission. We need to continue to ensure that we have a close working relationship with the Third Sector, the Health & Care Forum the Community Planning Group as well, to specifically ensure that any properties are not being discussed for other uses.

It was agreed that it would make sense for S. Hourston-Wells to be part of the property planning group as it is important that we are linked in to shared assets and shared opportunities.

17/20 Isles Model of Care – Initial Report

The report for this project will be deferred to next meeting.

Noted:

Currently this project has not progressed very far. Initial discussions have taken place in order to identify a way to move forwards. We do however need to take account of the new GP Contract and to take a step back and establish what we are looking at specifically.

We also need to take account of working on mainland in comparison to working on the Isles as the different locations have very different needs due to geographical implications.

It will be important not to raise expectations or concerns with

service users. By looking at relevant data we will be able to establish if the model of care is really suitable and what we need for our Isles.

We are starting the process at the data level and then putting together a meeting group. Though we are mindful that there has never been a clear rationale for why things are the way they are in our specific locations. We need to make people aware of how we've arrived at our model and ensure they understand what we're delivering and why.

It was agreed that this "data first" approach was the correct way to tackle this project. Though we need to be very careful about the data we measure and equity.

We are aware that it costs more to provide health care in the Isles. What we are striving for is equality of access across all of the islands.

Action: L. Fraser would provide population forecast data from 2017-27 to M. Firth.

L. Fraser

It was noted that there will be potential problems due to people's expectations and historical decisions and services that have been made and provided.

[M. Firth left the meeting @14:21]

17/21 Orkney Island's Health & Care System

Received as: Appendices 8 & 9

Noted:

Our intention is to support partnerships to think about their planning as it enables you to see what you have commissioned, delivering in different areas. This aims to show what you have under different enabling categories. The intention is that we might see where over-investment and under-investment is occurring.

This has been developed as far as it could be with the publicly

available information. iHub have created the circulated document as a first draft. Some budget information is available for some sections and not for others.

We would like to further develop this and map it to other areas in Orkney to assist in your Strategic Planning function.

It was generally felt that it was quite startling to see all the information laid out, but a very useful exercise. This is only the second version produced by iHub and remains a work in progress for both them and us. This gives a visual representative of all of the work that we do undertake.

The “End of Phase” report talks about Third Sector data and how important data is to informing services. It would be a shame if we were to miss out if we are missing out on data. We need to be ensuring that we have a full picture to support the completion of data.

Scottish Government was going to look at Health Boards and Authorities data, then bring in Third Sector data. But given that there has been no further communication from that team, it suggests it is a larger task than they first expected.

[L. Fraser left meeting @ 14:49]

17/22 **Draft Strategic Commissioning Plan**

Received: as Appendix 10

Noted:

This is the first draft of refreshed Strategic Commissioning Plan. We opted to deliver the three year plan, along with yearly refreshes. We didn't write a three year rolling plan as this was changing and evolving across Scotland, so we could try a three year plan with refreshes and do differently if we decide to.

We are drawing on learning from previous years and don't want to duplicate reporting process in NHS Orkney and Orkney Island Council. We are looking at SMART targets, service by service, and

looking at cross cutting over the whole plan.

Through the year it became apparent that the task would be for the IJB to undertake, with NHS Orkney overseeing performance. Statements would be received of what the IJB wanted to see done; and the Strategic Commissioning Plan will establish how to complete those tasks.

This year we will be taking a different approach moving forwards with the Board-approved shape of the plan, and to stop talking about individual services, but instead look at the Board vision as a whole. Focussed on people, place and purpose.

We're also trying to ensure that the Strategic Commissioning Plan is more reader friendly and understandable.

The Plan won't be detailing services individually, but only the things we perceive are up for change and are achievable within the remainder of the plan. If a service not mentioned the indication is that current models of provision continue.

Though it was noted that the IJB does by law have to state how much money per service it's responsible for.

There is a performance framework, populated by National Shared Services (NSS) colleagues, to ensure we're reporting on the information they expect to see in the Plan.

J. Trainor noted that it was a well made comment that the role of SPG is to advise IJB if the proposals are competent or realistic. It was noted as a very pertinent point. It is very difficult in a reducing resource environment to agree which services we should stop and which should be continued. We are the best placed individuals to advise on this, but we do need to be realistic.

A key question was asked to the Group if anyone disagreed with the fundamentals of the approach of starting at a high level, much less detailed approach. It is SPG job to develop the plan. Is this style of approach right? Or has this lifted it too far up? It was agreed that it needs to be a continual testing of ideas of what works and doesn't work. We need to test service needs and how those needs fit into the bigger strategic plan for Orkney. A longer term thinking process.

It was noted that we would potentially need an additional

paragraph to make it clear that it is business as usual if a service is not mentioned.

[S. Johnston left meeting @ 15:04]

In light of the new Strategic Commissioning Plan, we are going to structure the SPG differently, with less agenda time and more time for the creative planning and workshops for each of our projects. This is to allow an over-arching thinking process of how do things that need to take place. We will also be trying to step down the formality to enable much more involved discussion.

We have one more year of the current plan, and then we have the opportunity to make changes with another new three year plan. We are beginning to step into this as it is a continuous process that we need to keep working on.

Need to reduce monies, start new projects

All members of the group have had to do work in connection with the efficiencies in their service. We need to continuously work on reducing costs as well as starting new projects. How much funding comes to the IJB will be informed by this work. We're in a difficult position to refresh the current plan, as we don't know how much funding will be coming to the IJB for the future. Our budget will influence how we accomplish these goals.

It was noted that we should perhaps consider other factors who do not report to the IJB, for instance technology providers, transport links, affordable accommodation providers, etc. It is our responsibility and the perfect opportunity for us to be making these statements to give more leverage to partnership organisations. This is the type of strategic thinking that we need to be doing as it helps to promote integration and raises political awareness of the work being undertaken by the IJB, but also to ensure that any actions are reflective of and achievable here in Orkney. The IJB must recognise the issues that we cannot complete because of our location and send back to parent organisations for them to action.

Opportunity to send out comments back to Caroline by email for 7th Feb. Going to IJB tomorrow morning, next NHS & Council SMT meetings, final comments then for IJB to approve and for NHS and Council to approve it. March IJB meeting to be live for the new financial year. Then start work on the next 3 year plan.

Turnaround for comments to C. Sinclair is by 7th February 2018. It will be presented to the IJB on 17th January 2018 and again at the next NHS Orkney & Orkney Island Council Senior Management Team meetings. Final comments will then be prepared for approval by those mentioned groups with a view to “going live” in the new financial year.

17/23 Any other current business

a) **GP Admission Bed – Updated Report**

Received: at meeting

Noted:

We took the paper and reviewed at the nine month point. Returned with clarity on the costs. Also with a year’s worth of data for more clarity.

The overall cost to run the project is circa £67k. Uptake of bed has been lower than anticipated and there is some crossover of service users with the Green Team. Staff providing the service are in post until March 2018.

In previous discussions at the last SPG meeting, we discussed this service and the group decided to advise the discontinuation of the project at this time, though did recommend that it should be revisited at a later date. The IJB received that recommendation, but it was raised that the cost benefit analysis was not correct. Were this a more occupied bed it would be beneficial.

The pilot has been useful and beneficial. Feedback has been high praise, but it’s such a small number of service users who do make use of it. We have to take into consideration the location of the bed and that fact that Dounby is too far to travel for many patients.

In terms of potential for the GP bed, we haven’t been able to explore that fully in the pilot. Though we have demonstrated that the model works, but there are the unintended consequences.

Alongside this we should highlight that we have achieved and maintained 0 delayed discharges. All of these smaller services contribute to that and we need to be aware that we might begin to see an increase in delayed discharges with the discontinuation of services such as the GP bed.

The staff implications for the discontinuation of the GP bed are that the temporary staff whose contracts are to end on 31st March 2018 will be redeployed. No concerns were highlighted with this action.

It was still the consensus of the group to discontinue this service from 31st March 2018.

b) Chief Officer – Last SPG Meeting

Noted:

The Chair thanked C. Sinclair for all her hard work as this is her last SPG meeting.

17/24 Dates of future meetings

Date and time of the next meetings:

- Tuesday, 24th April 2018 @ 13:00-15:00

All future meetings will be taking place in the Chamber, Orkney Island Council.

Meeting closed at 15:38