



Working together to make a real difference

Title of meeting: Strategic Planning Group		Date: 01.12.21
		Time: 10:30-12:30
		Location: Microsoft Teams
Chair:	Rachael King	
Action Log Recorder:	Debbie Hallworth	
Member	Attended	Apologies / No Apologies (NA)
Gail Anderson		✓
Janice Annal	✓	
Christina Bichan		✓
Lynda Bradford	✓	
Stephen Brown	✓	
Graeme Clark		NA
Angela Colborn-Veitch		✓
Kirsty Cole		NA
Callan Curtis	✓	
Susan Dutton		NA
Maureen Firth		✓
Joyce Harcus	✓	
Jacqui Hirst	✓	
Wendy Lycett	✓	
Jim Lyon		✓
Fiona MacKellar		✓
Michelle Mackie		✓
Dawn Moody	✓	
Danny Oliver		✓
Jim Quate		NA
Pat Robinson	✓	
Valerie Stonehouse		NA



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Maureen Swannie	✓	
Frances Troup		✓
Kim Wilson		NA
Louise Wilson	✓	
Jay Wragg		✓
In attendance/By invitation		
Elizabeth Brooks, HUME Health Design Ltd	✓	

	Agenda Item:	Issues Raised:	Action Agreed:	By Whom and When
1.	Welcome & Apologies	Concern was expressed that today's meeting may not be quorate as a result of the number of apologies received, however this proved not to be the case and the meeting was able to formally proceed. Whilst it was understood the pressure people were under with conflicting priorities, thought would need to be given how attendance can be assured going forwards.		
2.	Clinical Strategy: public consultation analysis	<p>Elizabeth Brooks was invited to the meeting to share the outputs of the Clinical Strategy Community Engagement on which she and Dawn Moody had been working. She explained it had gone through the second review cycle and would be submitted to the Executive Management Team this month. It was drafted in 2019 and reviewed at the beginning of 2020 but work was then put on hold because of the pandemic.</p> <p>In response to queries from the group Elizabeth explained feedback received was that people want to see more local services as they do not want to have to travel outwith Orkney and also to have services on the</p>		



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		<p>isles and not have to travel to The Balfour. In relation to dentistry they did not want to have to pay for private work because they cannot get an NHS appointment. They want accessible and timely access to mental health services as there are long waiting times, this was particularly so with young people.</p> <p>Lynda Bradford advised there was a children and young people survey conducted in July and the comment regarding mental health resonated with that. She noted it would be useful to know if the comments regarding podiatry were isles based. She also queried whether respondents meant more sheltered housing or more supported accommodation, as she did not agree that more sheltered housing was needed. Elizabeth advised she could review the comments to see if there are any predominant themes emerging and feedback the results.</p> <p>Stephen Brown thanked Dawn and Elizabeth for the work they have done and noted that the detail available through this survey would help move forward and shape the clinical strategy. He agreed to provide Elizabeth with Callan Curtis' contact details so Callan would have access to the raw data. Stephen noted of interest was the two big areas in terms of improvement in mental health and care, which will take investment in staff and time. He advised that agreement was made in the Integration Joint Board (IJB) last month that we could recruit to 14 full-time in child and adolescent mental health services with new funding and we have begun advertising those posts, which will make a significant difference. He noted more concerning was the adult side of mental health services across Scotland and the need to ensure</p>	<p>Share Callan Curtis' contact details with Elizabeth Brooks.</p>	<p>S Brown</p>



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		<p>continuum of care.</p> <p>Louise Wilson noted the importance of differentiating between wants and needs, also the clinical effectiveness of particular services and being mindful of what is going to be decommissioned.</p> <p>(Louise Wilson left the meeting).</p> <p>Rachael King advised she would like to understand more detail about where these points were being made, how the respondents link in with localities, how the information connects with the wider community. She asked whether the data could be presented in a locality basis and Elizabeth offered to work on this with Callan, who would then bring the breakdown back to this group.</p> <p>The need to make provision around locality planning and to look at the emerging issues around the ferry linked isles was noted. Once that breakdown has been received it was suggested escalating to the Community Planning Partnership, asking what can be done Orkney-wide.</p> <p>(Elizabeth Brooks left the meeting).</p>	<p>Work with Elizabeth Brooks on breaking down data into locality and report back to SPG.</p>	<p>C Curtis</p>
<p>3.</p>	<p>Minutes of the meeting – 02.11.21</p>	<p>The group was updated on actions from the previous meeting.</p> <p>Rachael King was still to feedback comments to Callan Curtis on the Joint Strategic Needs Assessment (JSNA) and agreed to follow up after</p>	<p>Feedback comments on JSNA to Callan Curtis.</p>	<p>R King</p>



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		<p>the meeting.</p> <p>The JSNA Risk Register was forwarded to members on the 2 November and it was agreed that it would be an agenda item for the next meeting of the group for review moving forward.</p> <p>Gail Anderson was still to update Callan Curtis on the differing island community approaches of community led support.</p> <p>In relation to the deadline for feedback in finalising the JSNA for submission to IJB, Callan Curtis advised it would be by the end of this week.</p> <p>Future meetings of the SPG were in the process of being scheduled.</p> <p>The minutes were approved as a true and accurate record, and it was confirmed they can be submitted to the IJB going forwards.</p>	<p>JSNA Risk Register to be submitted to next SPG meeting for review.</p> <p>Update Callan Curtis on differing island community approaches.</p> <p>Any feedback on JSNA to Callan Curtis.</p>	<p>C Curtis 13.01.22</p> <p>G Anderson</p> <p>All 03.12.21</p>
4.	Joint Strategic Needs Assessment	<p>Callan Curtis explained that the JSNA is now in final draft for submission to IJB for feedback and approval. He advised the JSNA Risk Register needs further review and as stated under agenda item 3 any further feedback would be required by the end of this week. The group was asked for any additional thoughts.</p> <p>Stephen Brown noted that a useful and full discussion around the JSNA took place at the SPG's last meeting and asked what our focus should be moving forwards. He advised that a number of themes came</p>		



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		<p>through as detailed in the minutes. Discussion had taken place at the last meeting around mental health, carers, community led support approach, commitment to prevention and early intervention. Today discussion has been around the community survey which feeds in with previous discussions and it has been agreed that the risk assessment will be on the next agenda. Stephen advised he has had discussions with the Chair of the IJB about bringing this together and that SPG needs to begin to take the themes and decide whether these will be our priorities.</p> <p>(Joyce Harcus left the meeting).</p> <p>Stephen advised this needs to be put together early in the new year and suggested having a writing group to begin to draft the strategic plan. He noted another element to consider is the 336 responses to the clinical strategy survey and adding that to what we see emerging from children and young people, and whether there is anything else we need to consult on with our communities. He asked the SPG to assist in this process in terms of volunteering for a writing group, perhaps 4-5 people. He advised that a draft would be required for the middle of February and that the strategic plan needs to focus on the big areas needing specific attention over the next 3 years.</p> <p>Maureen Swannie informed the group there had only been 43 responses to the poverty consultation, so it should be easy to target those families. She proposed getting feedback from those specific groups in January and for the writing group she would like it to have a</p>	<p>Consider volunteering to be part of a writing group to begin drafting the strategic plan.</p>	<p>All</p>



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		<p>truly organisational group to ensure nothing is missed. It was agreed this was a good idea and it was suggested producing a template to begin with.</p> <p>The conversation moved on to Community Led Support (CLS) and the debate that had taken place at the previous meeting of the SPG around people's understanding of its meaning. Rachael King advised her understanding was that it meant the community leading the support and apologised if her previous comments were misunderstood. Whilst Stephen Brown was not convinced of the terminology, he confirmed it was about communities leading on the support, working in tandem with statutory services. Maureen Swannie noted that CLS was a recognised brand internationally. Rachael noted that different communities have different challenges. She advised there is a platform being developed by the Economic Development Social Group and that it might be useful from a health and care perspective, and suggested someone contacting Luke Fraser and then bringing back to this group if it is found to be useful. Maureen Swannie agreed to pick this up.</p>	<p>Discuss platform being developed by Economic Development Social Group with Luke Fraser & report back to SPG.</p>	<p>M Swannie</p>
<p>5.</p>	<p>Investing in Communities Fund</p>	<p>As Gail Anderson was unable to attend today's meeting, a paper was circulated prior to the meeting explaining that the Investing in Communities Fund is a streamlined communities fund that is delivered as part of the Scottish Government's Empowering Communities Programme. Its aim is to support community anchor organisations based in the places they serve by delivering activity across four areas for action in the most disadvantaged communities across Scotland. Stephen Brown explained that Gail was keen to increase awareness</p>		



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		<p>across SPG and assumed she would be happy to update if anyone wanted more detail. There was a query raised on the indicative timeline and when the funding would be available, and Stephen agreed to clarify this with Gail.</p> <p>Rachael King noted that the funding would be well applied to. She referred to an Economic Recovery Steering Group who are running a carbon neutral initiative focussing on islands, around the same time as the Investing in Communities Fund and asked if someone from the SPG could check with Anna Whelan to ensure we are not duplicating work. Maureen Swannie advised that the funding was due to end 1 March 2022 but because of the pandemic it was extended to March 2023.</p> <p>It was agreed that Debbie Hallworth would ask Gail whether she wanted to provide an update at the next meeting of the SPG.</p>	<p>Clarify timeline for funding with Gail Anderson.</p> <p>Discuss carbon neutral initiative with Gail Anderson to ensure not duplicating work.</p> <p>Check if Gail Anderson wishes to update at next SPG meeting.</p>	<p>S Brown</p> <p>S Brown</p> <p>D Hallworth 13.01.22</p>
6.	AOCB	<p>Rachael King suggested renaming this agenda item as she wanted it to be an opportunity for people to flag up any thoughts, anything that needed underlining, as she does not want this meeting to be wholly formal. She opened the floor for discussion.</p> <p>Maureen Swannie referred to a webinar ‘Putting people first – How health and social care in Scotland can be different’ and agreed to share the link as she thought it might stimulate discussion for the strategic plan. She had previously circulated details about a ‘Children’s Health Service Celebration Event’ and advised there was no need to register, just to click on the link on the day.</p>	<p>Share link to ‘Putting people first’ with SPG.</p>	<p>M Swannie</p>



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		<p>Dawn Moody expressed her thanks for everyone’s help with the clinical strategy work. In turn Rachael King thanked Dawn and Elizabeth Brooks on behalf of the SPG, asking how we articulate in a simple way how this works, how we set the strategic plan. Dawn asked how does the strategic plan link and encompass other strategies, this would be helpful for people to understand and contribute so they do not feel daunted. Stephen Brown noted that when the clinical strategy was being addressed it was important it aligned with the forthcoming strategic plan. He asked whether there was more that could be done so staff have more ownership and their voice is heard. Dawn advised that Elizabeth would be feeding back to Michael Dickson and Mark Henry around the information that has come out around the process of staff engagement.</p> <p>Dawn noted that Lynda Bradford’s suggestion of producing a template for the writing group to use was a good idea. She advised that selecting themes, drivers and key areas would have been easier but because there was already pre-existing text it had proven difficult.</p> <p>Stephen Brown referred to the DHI (Digital Health & Care Innovation Centre) learning and listening report, along with the iMatter findings of what staff are telling us. The findings suggested that staff want to be more involved in decisions made and Stephen advised there is an action plan to address that.</p> <p>Rachael King thanked everyone for attending today, she felt that the</p>		



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		SPG is an engaged group, working collectively and seeking the best outcomes. She noted the culture we set for this group is important.		
7.	Date of next meeting	<p>It was noted that the sequence of meeting dates needed to be scheduled going forwards and that it was important that both Rachael King and Stephen Brown were in attendance.</p> <p>SPG were asked to consider a Vice Chair for the group and to contact Stephen Brown or Rachael King if interested.</p> <p>It was agreed that the Terms of Reference (ToR) would be an agenda item for the next meeting.</p>	<p>Arrange 6 weekly meetings till end March.</p> <p>Contact Stephen Brown or Rachael King if wish to be considered for Vice Chair of SPG.</p> <p>ToR on next agenda.</p>	<p>D Hallworth</p> <p>All</p> <p>D Hallworth</p>