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## **Strategic Planning Group**

**Tuesday, 24 April 2018**

**13:00-15:00**

**Chamber, Council Offices, School Place, Kirkwall**

# **Minutes of Meeting**

**Present:** R. King (Chair, Orkney Island Council); G. Amos (Third Sector Representative, Voluntary Action Orkney); D. Drever (IJB Member & Non-Executive Director, NHS Orkney); M. Firth (Head of Primary Care Services, Orkney Health & Care); S. Hourston-Wells (Project Manager, Orkney Health & Care); S. Johnston (Senior Dental Officer, NHS Orkney); S. MacGregor (Workplace Representative, Unite the Union); F. MacKellar (Employee Director, NHS Orkney); A. Mathison (Principal Social Worker – Adult Services, Orkney Health & Care); G. Peters (Scottish Health Council Representative); P. Robinson (Chief Finance Officer, Orkney Health & Care); J. Sinclair (Lead Nurse, NHS Orkney); K. Stevenson (Service Manager – Health & Community Care, Orkney Health & Care); C. Stewart (Public Health Manager, NHS Orkney); J. Trainor (Head of Health & Community Care, Orkney Health & Care); L. Wilson (Director of Public Health, NHS Orkney).

**In attendance:** G. Pendlebury (Minuting Secretary); L. Sinclair (Scottish Ambulance Service Representative); S. Stevenson (GP Representative, Skerryvore Practice).

## **1. Apologies**

C. Bichan (Head of Transformational Change & Improvement, NHS Orkney); L. Bradford (Service Manager – Health & Community Care, Orkney Health & Care); G. Clark (Optometrist, NHS Orkney); K. Cole (GP Representative, Skerryvore Practice); P. Cooper (Consultant Anaesthetist, NHS Orkney); A. Fuller (Head of Ambulance Services North Region – Islands, Scottish Ambulance Service); J. Henry (Principal Social Worker, Orkney Health & Care); S. Hunter (Head of Children & Families, Criminal Justice & Chief Social Work Officer, Orkney Health & Care); C. Jenkins (Third Sector Representative, Arthritis Care Organisation); W. Lycett (Principal Pharmacist, NHS Orkney); M. MacLeod (Area Service Manager – Orkney, Shetland & Western Isles, Scottish Ambulance Service);

D. McArthur (Director of Nursing, NHS Orkney); C. Nicolson (Director of Pharmacy, NHS Orkney); M. Rollo (Lead AHP, NHS Orkney); M. Roos (Medical Director, NHS Orkney); C. Siderfin (Lead GP, NHS Orkney); M. Swannie (Interim Head of Children's Health Services & Service Manager Children's Services, Orkney Health & Care); G. Tait (Practice Manager, Isles Network of Care); H. Thomas (GP Representative, Dounby Surgery); S. Towrie (Carer's Representative); F. Troup (Head of Housing, Homelessness & Schoolcare Accommodation Services, Orkney Island Council); J. Wragg (Clinical Dental Director, NHS Orkney).

## 2. Minutes of Previous Meeting

**Received:** as Appendix 1

**Amendments:** The following amendment(s) were to be made to the minutes from the meeting on Tuesday, 30 January 2018:

- a) **Section 18/08 Locality Hubs & Co-location – Initial Report (page 10 of 16)**  
There was a need to change “Health & Social Care Sub-Group” to read the “Third Sector Forum”.
- b) **Section 18/04j) Matters arising from the previous minutes - Value of Data presentation (page 3 of 16)**  
There was a need to change the meeting title to “Sub-Group: Data”. Gary Amos Volunteered to attend this group on behalf of the SPG.

**Agreed:** It was noted that the previous minutes were agreed as a true and accurate record of the meeting held on Tuesday, 30 January 2018 with the following amendments.

*[Lyndon Sinclair joined the meeting @ 13:13]*

## 3. Matters arising from previous minutes

- a) **Attend Anywhere**  
There had been no further developments identified to the SPG regarding the indemnity information for Attend Anywhere. This item is still of concern for GPs and will be carried over to the next meeting.
- Action:** **M. Firth to query with C. Bichan if any indemnity information for Attend Anywhere has been received and to feedback at the next meeting.**
- b) **Other SPG Structures**  
The purpose of this item was to investigate the membership structures of other SPGs throughout Scotland for information and discussion within Orkney's SPG.
- Action:** **Carol Stewart to feedback to on other SPG membership structures throughout Scotland the next SPG meeting.**
- c) **Financial Planning Standing Item on Agenda**  
It was previously agreed that this item would be a standing item on the SPG

agenda. At the previous agenda setting meeting this was discussed and agreed that it would be reported on under one of the existing standing items.

**Action:** **Pat Robinson to confirm if this was suitable or if it should be an additional and separate standing item.**

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

It was noted that this item would be carried over to the next meeting as there were no members in attendance who could update on whether the external IJB audit had been completed.

**Action:** **Completion of the IJB external audit to be confirmed at the next meeting.**

**e) Value of Data – Data Sub-Group (Third Sector Representation)**

Gary Amos volunteered to attend the Data Sub-Group as the SPG's Third Sector representation.

**f) Rapid Responder**

The Chair queried the previously tabled Rapid Responder report and raised a concern around how the quantitative and qualitative data around the success of the service is captured. This query was opened to the group.

It was felt that the service is of benefit to individuals, though this is hard to substantiate without individually interviewing each patient who utilises the service. Often the service is utilised out of hours, so it would be difficult to arrange for face-to-face feedback interview with the patients. It would also increase time and workload pressure on existing members of staff who would be tasked with undertaking such feedback interviews.

It was suggested that we may be able to look into the delayed discharges and the flow of patients through the hospital, measuring that they have received the appropriate care in the appropriate timescales.

Another potential solution suggested was the use of a user survey. There are a number being utilised at present and L. Wilson further discussed a group that she was looking at for the provision of their survey services in a variety of different formats. This is still in the early exploratory phases, however there is definitely potential for a pilot project looking at proactively sourcing the information that we require.

The recommendation that the service be continued is more difficult due to the fact that there is a lack of funding in place. The question was asked if this issue could be investigated further by the Carer's Strategy Group.

This discussion also raised another question that we should be investigating; do we have a lack of qualitative and quantitative data to inform us and provide feedback to us in other significant areas too.

**g) 18/22 Isles Model of Care – Initial Report**

There had been a previous action that L. Fraser would provide population forecast data for 2017-27 to M. Firth, however this had not been received yet.

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

Firth.

#### 4. Feedback & Direction from IJB

a) **Third Sector**

S. Hunter has met with Gail Anderson from Voluntary Action Orkney (VAO). There has been no feedback from this meeting as of yet.

**Action:** S. Hunter to provide feedback regarding his meeting with Gail from VAO at the next SPG meeting.

b) **Ministerial Group**

R. King delivered feedback from the recent meeting of the Ministerial Group to the SPG. This was to say that the Scottish Government place good deal of importance on Third Sector involvement. There is a need to monitor the Third Sector involvement that we have as it will be a key tool for measuring the effectiveness of the SPG. We will also need to ensure that our Third Sector representatives engage with each of the working groups around our projects. We need to keep Third Sector engagement throughout the process.

#### 5. Refresh Strategic Commissioning Plan 2018-19

It was noted that all members have seen the draft version of the Strategic Commissioning Plan for 2018-19 and the Group is in favour of the new plan.

#### 6. Strategic Commissioning Plan 2019-22

**Received:** as Appendix 2 - Communication & Engagement Methodology and Timeline as Appendix 2a - Covering Report

The documents received and circulated propose a communication strategy for engaging stakeholder and public, demographics where feedback levels had previously been reported as poor.

It's clear that we need a different approach to gain genuine input from the public, which will involve asking specific questions and require seeking specific feedback from specific groups.

Also included within the document, is a proposed timetable for engagements to take place. This will hopefully ensure meaningful input, at appropriate intervals and for relevant approvals to be firmly set in place.

This document detailing proposals for the Strategic Commissioning Plan for 2019-22 was noted as a welcome approach and it was agreed that having a timetable for the rolling out of the new plan was excellent as there has been slippage in the past especially in regards to the lifelong quality of the engagement. Concrete and specific areas are a key part of engaging with relevant the stakeholders. For example, in May 2018, all GP Surgeries and Community Councils will receive letters in connection with the new Strategic Commissioning Plan.

A broad brush approach will not work, as we have previously witnessed that we do not

receive the level of engagement that we require. Specific questions are more likely to be answered.

L. Wilson commented that the SCP in its new form needs to reflect the needs of the Community and raised the question about whether a Strategic Needs Assessment has been factored in to the timeline. The Community need to feed into this process as early as possible and their views and opinions need to be fed-back to the SPG, who will then inform the IJB what to commission. We need to be commissioning services that are needs based. If there is an additional piece of work that needs to be done around the Strategic Needs Assessment, we need to be investigating it sooner rather than later. L. Wilson raised a second concern around our oversight of the Needs Assessment, and when and where the needed conversation around the analysis data is being captured to inform the next Strategic Commissioning Plan. It was noted however, that there are some specifics already being fed through. The three year financial plan is running alongside the Strategic Commissioning Plan and the Recovery Plan is already in place. We need to ensure that we can afford the services that we want to commission as well.

G. Peters raised the concern around engagement with the Scottish Health Council, as this is still part of the NHS. G. Peters also drew the attention of the Group to a piece of research by Rosie Alexander in **the Third Sector Interface**. This was noted as a really good, comprehensive piece of research that makes recommendations that the Group should consider.

**Action: Once Rosie Alexander's research piece has been finalised, Gemma will circulate to the SPG.**

This paper will inform a lot of work across the engagement strategy. It highlights the different interest groups in the Isles and notes how important it is to engage and integrate those voices within the service design.

In general terms the communication strategy aims to satisfy the part of engagement which is input on general themes. It also focuses on increasing involvement of the Third Sector. It is of key importance that we pick up on and use all of our resources in the Isles and remote and rural communities, for example, involving Community Councils. However, the need to expand our horizons was also noted, as by simply using the channels of engagement, we often miss the quieter voices (i.e. young mothers, pensioners, etc.) We need to capture the minority voices not necessarily covered in the engagement strategy.

It was noted that we should look into utilising the reach of the Development Trusts to engage stakeholders from minority groups as they have a good record of engaging with different areas of the community. Development Trusts are key as they look at things from a different perspective.

G. Amos informed the Group that he was currently working on a piece looking at how Public and Private Sector can utilise the Third Sector to engage with the Communities, particularly hard to reach groups who are seldom heard from or involved.

S. Hourston-Wells notified the Group that there will be a second Meet the Buyer event taking place, during which further engagement could be established. iHub would be returning to Orkney to discuss the event in May 2018. The view this time will be to successfully engage the Isles Communities.

It was further discussed within the Group that within the timeline set out in the engagement methodology document, that during November 2018 consideration of consultation of

Strategic Commissioning Plan would take place and it was agreed that there was a valuable opportunity to look at this jointly rather than separately. It was agreed that there would be more benefit to undertaking a joint session to look into this rather than two separate sessions which would then need combining and collating.

It was agreed that minority groups should be referenced clearly in the timeline document to evidence that we have engaged with them thoroughly.

*[S. Stevenson joined meeting @ 13:52]*

The Group approve this document and it was noted that it would be communicated to the IJB on Wednesday, 25 April 2018 on the agenda under "Any other competent business".

## **7. Strategic Planning 2018-19**

L. Wilson reminded the Group about the IJB as the strategic commissioner, along with the differing roles of the Council, the Health Board and the Strategic Commissioning Group.

Final decisions around the delivery of any plans of things will sit with the Health Board. Whilst it is good to have new ideas, to share and develop information, the SPG should not expect that everything discussed within the Group will be implemented. The Group should be aware of the difficulties that may come from each service nesting within different plans required by different organisations.

Despite this it was also noted that it is the remit of the SPG to investigate how to improve the outcomes of the public through integration. This will be by looking at ideas of how to improve the services but also to address the financial constraints. This does sit in a process around regional plans. It is clear that we need to look creatively at how to deliver a better service, taking into account all of the plans and financial constraints. It is our chance at approach any issues from a different angle, thinking outside of the box alongside local planning. We don't want to stifle this creativity and increase workload by looking at improvements individually, we want to streamline and improve through integration.

### **a) Generic Worker**

**Received:** as Appendix 3

For this item we need to think about whether the IJB is directing Orkney Island Council or NHS Orkney to develop this role, as this will have great bearing on the type of role. We need to investigate what steps that we, as managers and clinicians, need to take to make this a suitable role. We require a definition around what that term means for a service in Orkney as well as looking at the social care aspects involved.

### **b) Locality Hubs & Co-location**

**Received:** as Appendix 4

The working group has attempted to address three main issues, however, this raises more questions at this stage. Hubs would be looking to deliver

better services throughout Mainland Orkney and would likely include GP Primary Care from an accessible location.

There would be two hubs; one based in East Mainland and one based in West Mainland is the current strategic direction.

M. Firth noted that the work around the locality hubs reflects work being undertaken with the new GP Contract. M. Firth asked to be included in the Locality Hubs & Co-location work group.

**Action:** **In connection with this, the Group was reminded that there was a need for individual members to make their interest in a specific project workgroup known, and that they should request to be included where they see fit.**

The workgroup would like to reflect on the input from today's SPG meeting.

L. Wilson raised a concern regarding the need to be clear on the functions of each project and the need for more clarity around how the SPG would decide when a project no longer warranted continuation, in favour of focusing on something perceived as a higher priority. There was also some confusion around how the SPG worked in conjunction with NHS perspective. She mentioned that there was a lack of clarity around the deliverable outcomes feeding into to a bigger, wider plan.

The Chair reminded the Group that there is already work being undertaken in connection with the three projects. If the eventuality occurs where the general consensus of the Group is that a project cannot be progressed any further, we need to be realistic about what we can and should take forwards.

J. Trainor noted that we are currently three years into our IJB plan. These pieces of work are in progress and we are following a strategic vision from the Health Board. It was his feeling that this work fits very well with the new GP Contract and GP Cluster Group. Much of the strategic direction is already set for us, providing good insight into the direction that we need to pursue and where we need each project to go. We are not an SPG starting from a position of nothing.

From a staff governance viewpoint, it was noted as imperative that the Unions be included in these discussions and projects, to ensure members of staff are well represented throughout the entire process. It was noted that there was Union representation from an OIC perspective, however we require NHS Union representation also.

**Action:** **S. Hourston-Wells to invite the Union Representative from NHS Orkney, Fiona MacKellar**

**c) Isles Model of Care**

M. Firth reported that there was a large agenda around this project, with a great deal of interest around anything in connection with the Isles. The Isles Network of Care (INOC) have raised concerns, especially as work with the new GP contract is being undertaken at the same time. We need to build an action plan for the new GP Contract into any work for this project. INOC have also submitted a collated paper of their issues and concerns which will

also need to be taken into. We cannot and should not underestimate the issues this project will cause in the Isles.

In line with this, the question was raised regarding how the Group should investigate ways of delivering services amongst pressures and issues that come to light throughout the process.

It was noted that there is a requirement to feedback to the Scottish Government on our three projects. As long as we thoroughly explore all avenues open to the project thoroughly, and provide evidence of this when reporting back to the Scottish Government, we will be meeting their requirements. However, if we do not report back, there is a possibility that the Scottish Government will discontinue everything, apart from essential services.

Legislation from the Scottish Government issues directions to the SPG, which in turn gives direction to the IJB. No direction should be going back to the partnership groups that surprises them or is something that they can't afford.

The SPG raised the issue that there was an inherent need for a more top-level involvement within the Group to help direct the outcomes and develop projects which are unpalatable to either organisation.

The SPG will feedback to the IJB that there is dissatisfaction with the current situation and continuing without a Chief Officer.

**Action: R. King to discuss the lack of top-level involvement in the SPG in the absence of a Chief Officer at her meeting with G. O'Brien and A. Buchan.**

**Action: G. Pendlebury to invite G. O'Brien to the next meetings.**

## 8. Workshop time

Time was taken for the Group members to break out into three workgroups to discuss the three projects being undertaken by the SPG.

## 9. Workshop feedback

a)

### Generic worker

#### Positives

- Creates opportunities for staff
- Career pathway
- Always have contingencies in place, especially in the Isles
- Good experience of Generic Workers within Health Board
- Would reduce "silo" working
- Fits well with the Primary Care agenda

#### Negatives

- What the term "Generic Worker" means – this is currently too general and we are in danger of losing specialist skills
- It means a number of different things in different places – the definition must be clearer
- Issues across two bodies – Insurance and Governance
- Mindful of non registers staff doing registered staff work



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- Supervision (i.e. OT Nursing)
  - Accountability
  - Legislation

b)

**Locality Hubs & Co-location**

- Should this be a physical hub of shared facilities?
- Should this be a virtual hub that the patient can tap into from home?
- Should the patient be the hub?
- Need to consider the legislation about providing services in patients home
- Need a financial framework
- Coordination of appointments, (i.e. arranging all of the patients appointments on the same day so only one visit to the Hospital is required, the timing between appointment should be for colleagues to discuss to ensure they have enough time to discuss what they need to about the patients needs, virtual shared notes)
- IT limitations need to be taking into consideration if the hub is to be virtual
- We need to know what property we have and where they are based as a starting point for a physical hub
- We also need to be aware of the big issue regarding the delivery of service in Orkney at the moment
- Should be asking the patients what their main issues are currently to look at how hubs can affect this positively
- There is a chance to take learning from previous failed attempts at hubs and other pilot projects
- Meeting integration requirements and separate issues regarding hub-based care virtual model, not in a physical building.

c)

**Isles Model of Care**

- The current model of care is expensive (i.e. currently eight times more expensive than Mainland Orkney)
- Frustration as it is part of bigger question and linked to the Hub work-stream
- Finding ways for the Development Trust to bring forward volunteers, encouraging carers and take in different directions
- Issues faced in Orkney are similar to those all over Scotland
- Qualifications, Health & Safety, training costs, etc.
- Once carers are trained, they are finding it more beneficial to become self employed – staff retention issue
- Difficult to resolve, but similar throughout Scotland
- Resolutions will not be on an Isles basis, but will need to be part of a wider, interrelated issue of Orkney

Following the workshop breakout it was collectively felt that the three projects were intrinsically linked.

## **10. Workplan review**

**Received:** as Appendix 5

a) **Rapid Mobile Community Responder Service**

This service has been received and considered by the IJB. It has been decided that the service should continue, however it was noted that it is not as of yet funded.

**Action:** G. Pendlebury to update commentary on Rapid Mobile Community Responder Service on the SPG workplan.

b) **Review structure of SPG, working groups and Terms of Reference**

It was noted that the review of the SPG structure had not yet taken place. This would be placed on the agenda for the next meeting.

**Action:** G. Pendlebury to place the structure review of the SPG, working groups and Terms of Reference on the agenda for the next meeting.

c) **Locality updates**

The locality updates form part of our consultation engagement for the SCP. This will sit alongside and inform the updates. This is a part of the ongoing strategy.

L. Wilson raised that the locality plans were not clear, i.e. where this was feeding in to. She noted that there was no SCP for localities and information was a key part that should inform and feed into the SCP.

In connection with this point it was noted that the Localities Strategy is currently being developed within the SCP. This is something we will be addressing as part of the work being lead by S. Hourston-Wells. Under the legislation the service within the localities will inform the overarching plan. This will be part of the process for informing the creation of the SCP.

**Action:** G. Pendlebury to add Locality Strategy to the agenda for the next meeting for feedback.

d) **Additional items to be added onto Workplan**

Looking at the workplan, it was noted that there was no needs analysis. This is a key function for the SPG to complete a suitable and effective SCP, and for them to advise and make recommendations to the IJB. The Group felt that there was value in this being added to the workplan and supported the inclusion.

**Action:** G. Pendlebury to add needs analysis to the SPG workplan.

## 11. Items to be referred to other Groups

a) **Items for IJB**

- Issues regarding Strategic Leadership to be escalated to G. O'Brien and A. Buchan.

b) **Items for SCP Authors Group**

- Needs analysis to be discussed at the next Authors Group meeting.

c) **Any other forum**

- Work-streams to be highlighted through Joint Staff Forum
- Communication and engagement plan to be circulated to the Area Clinical

Forum.

**Action:** G. Pendlebury to circulate Communication and Engagement Plan to the Area Clinical Forum.

## **12. AOCB**

a) **Mental Health consultation event**

Outcomes report has been completed and has been presented to the NHS Board. The issues noted and taken into account with future planning and a plan is being formulate based on that. We can make recommendations for this consultation to IJB. Mental health will play a key part in the SCP refresh and will be embedded into the plan.

b) **SPG Workgroups Membership**

Membership of the three working groups to be provided for the SPG.

c) **OHAC Heads of Service – Thank you**

Thank you was expressed to all Heads of Service within OHAC for stepping up in absence of a Chief Officer. They were assured that this will be an interim measure.

d) **Layout of the Chamber**

The new layout of the Chamber was agreed as not suitable for good discussion and conversation. It was agreed that we would return to the standard room layout.

## **13. Date and Time of Next Meeting**

Tuesday, 12 June 2018 @ 13:00-15:00

Chamber, OIC

**Meeting closed @ 15:09**