



Strategic Planning Group (SPG) meeting

To be held on 9th November 2015 at 1400-1600 in the Saltire Room, Balfour Hospital

AGENDA

	Topic	Lead Person	Start Time
1.	Welcome and Apologies	Jeremy Richardson	1400
2.	Terms of reference	Jeremy Richardson	1410
3.	Strategic planning and the SPG	Caroline Sinclair	1415
4.	Introduction to full SCP	Caroline Sinclair and Members of Authors Group	1430
5.	Consultation comments and Group discussion	Jeremy Richardson	1450
6.	Confirm areas for change	Caroline Sinclair	1530
7.	Timeline of Consultation	Caroline Sinclair	1545
8.	Training and support	Caroline Sinclair	1550
9.	Next meeting 16 th February 2016 at 1400-1530, Saltire Room, Balfour Hospital.	Jeremy Richardson	1555

Members

Jeremy Richardson, Chair, Strategic Planning Group
Caroline Sinclair, Chief Officer, Orkney Health and Care
Marie O'Sullivan, Head of Children Services, Criminal Justice and Primary Care
Chris Nicolson, Director of Pharmacy
Graeme Clark, Clarke Optometrists
Jay Wragg, Acting Dental Clinical Lead
Elaine Peace, Director Nursing, Midwifery and Allied Health Professionals
Judy Sinclair, Lead Nurse
Moraig Rollo, Lead Allied Health Professional
Tom McGuire, All Age Learning Disabilities and Mental Health Service Manager
Louise Wilson, Director of Public Health
Anne Mathison, Principal Social Worker
James Henry, Principal Social Worker
Frances Troup, Head of Housing and Homelessness
Gail Anderson, Chief Executive, Voluntary Action Orkney

Vicki Anderson, Employee Director
Sally George, Unison Steward
Paul Cooper, Consultant Anaesthetist
Andrew Fuller, Divisional Head of Services (Islands), Scottish Ambulance Service
Malcolm Macleod, Area Service Manager (Islands), Scottish Ambulance Service (Deputy)
Lynda Bradford, Health and Community Care Service Manager
Karen Stevenson, Health and Community Care Service Manager
Gina Flett, Isles Network of Care Practice Manger
Christina Bichan, Transforming Clinical Services Programme Manager
Maureen Firth, Primary Care Services Manager
Maureen Swannie, Children Services Manager
Marthinus Roos, Medical Director
Jon Humphreys, Criminal Justice Service Manager and Interim Chief Social Work Officer
Thomaz Waszyrowski, Consultant Physician
Charlie Siderfin, Lead GP
Kirsty Cole, GP, Local Medical Committee
Huw Thomas, GP, Local Medical Committee (Deputy)

Strategic Planning Group

Draft 'Interim' Terms of Reference (until March 31 2016)

1. Context

The draft Regulations for the Public Bodies (Joint Working) (Scotland) 2014 Act set out the need for a Strategic Planning Group containing a set of key stakeholders

2. Name

The name of the group will be the Strategic Planning Group (SPG)

3. Remit

The SPG will be concerned primarily with:

Supporting and informing the development process for the Partnership's Strategic Plan, together with ongoing iterative review.

Providing stakeholder advice to the Integration Joint Board (IJB).

The SPG will:

1. Receive clear direction from the IJB to ensure the SPG meets the strategic priorities set, within agreed timescales
2. Contribute to the first strategic plan for the IJB and thereafter undertake the generation of a three year plan.
3. Review annually the strategic planning process for the IJB, including responding to Scottish Government and other stakeholder feedback.
4. Ensure a clear link across the 'whole system' including membership from other agencies, if required.
5. Provide a check and balance process between the stakeholder aspirations and the financial realities.
6. Develop and plan for the implementation of further integrated and co-produced approaches. This will also include discussions in relation to workforce planning
7. Display positive behaviours which support the integration agenda to peers and other stakeholders.
8. Provide advice to the IJB when developing responses to emerging Scottish Government policy and regulations.
9. Provide an effective conduit and feedback loop to the IJB members on key proposals and service changes by linking effectively to wide groups of staff, users, carers, clinical & care professionals and locality members.

10. Through robust and engaged membership, the Strategic Planning Group will bring forward key issues of concern expressed in the locality planning arrangements from the communities.

4. Membership

<i>Stakeholder Group</i>	<i>Numbers</i>
Vice Chair of SIB (Chair of the SPG)	1
GPs	1
Community Pharmacy	1
Optometry	1
Dentistry	1
Nurses	1
Allied Health Professionals	1
Mental Health Services	1
Public Health Services	1
Social Work Services for Adults	1
Social Worker Services for Children and Families	1
Housing Services	1
Third Sector	1
Carers	1
A person who uses health services	1
A person who uses social care services	1
Staff Side – NHS	1
Local authority unions	1
Acute Hospital Services representative	1
Scottish Ambulance Service	1
Locality Planning Group Representatives (Chairs of the Locality Planning Groups)	2
TOTAL	22

5. Terms of office

Generally members will be nominated from organisations and groups and it will be their prerogative in the first instance who their nominated representative is and how long they should serve. As a matter of good practice, it can be helpful to have the insights of new members, notwithstanding the need for continuity. Consequently, it may be helpful for organisations and groups putting forward representatives to allow for a regular refresh of the membership and to ensure representatives are not implicated as members for very long periods unnecessarily.

6. Chair

The Chair for the group will be the Vice-chair of the IJB.

7. Role and remit of individual members

Individual members will be representing stakeholder groups, constituent groups, organisations, professions or localities.

Group members will ensure good communication between the SPG and the area, organisation, profession, locality represented.

Group members will table issues arising from their own 'constituency' discussions at the SPG and will bring appropriate issues from the SPG to their own groups.

8. Deputies

Each SPG member will have a nominated deputy who will attend meetings in their absence.

9. Link to IJB

The SPG is a formal Committee of the IJB. The Chair of the SPG will ensure regular reporting into the IJB.

10. Co-option

The SPG will co-opt additional members for particular pieces of work as appropriate.

11. Reporting

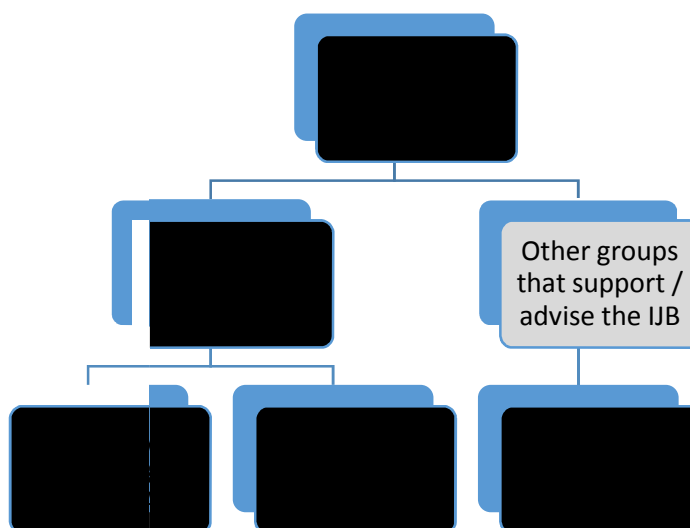
The SPG will provide a regular formal report to IJB meetings. The IJB may request a particular view from the SPG for specific work areas and developments as required.

12. Link to Locality Planning

A representative from each of the Locality Planning Groups, usually the Chair of each group, will be a member of the SPG. They will be responsible for tabling issues emerging from the locality groups and for disseminating information from the SPG to the locality groups.

Each Locality Planning representative will ensure the content of Locality Plans are fed into the SPG.

The linkage can be illustrated, at a high level, as follows.



13. Link to other strategic planning groups

The SPG will ensure live linkage with other strategic planning groups such as the Community Planning Partnership and other key groups.

These groups may table draft planning and policy documents at the SPG before they are tabled at the SIB/IJB ensuring that a stakeholder perspective is present.

14. Joint meetings with IJB

On occasions the IJB and the SPG may hold joint meetings. This would normally be at the request of the IJB.

15. Support for the Group

The Chief Officer of the IJB will ensure adequate officer support for the group in addition to appropriate secretarial support.

Additional Standing Orders are still to be determined including the structure and frequency of meetings and the linked Quorum needed for meetings.



Orkney Health and Care Partnership

Strategic Plan: Summary Version

2016-2019

First Consultative Draft

'We aim to help the people of Orkney live longer, healthier and more independent lives within their own homes and communities wherever possible'.

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1. Introduction

1.1. This is our first consultation draft of the Strategic Plan from the emergent Orkney Health and Care Partnership, which brings together a wide range of health and social work services into a single strategic planning and operational delivery unit. It builds on the progress that has already been made by Orkney Health and Care, formed in 2010, which has achieved a significant level of integrated services to date.

1.2. It sets out a vision for health and social care in Orkney, and it identifies the principles and values that will enable us to deliver that vision. It also describes some priorities for action in our first year. It makes the case for change, and the financial context in which our plans and ambitions are set. The plan will be developed through consultation with staff, our partners, service users and the public to improve local services.

1.3. We believe that our ambition of aiming to help the people of Orkney live longer, healthier and more independent lives within their own homes and communities wherever possible can be delivered by putting the views of people at the heart of all that we do. The formation of the Partnership provides us all with a unique opportunity to design and deliver better, more integrated services for local people.

1.4. This Plan invites a wide range of stakeholders to reflect on:

- How we might improve and design services to meet the future challenges of our rapidly ageing population with increasing levels of complex needs and frailty, along with a declining adult workforce to provide care and support and;
- How health and social care services can contribute to reducing inequalities across our communities.

1.5. Our final Strategic Plan will be supported by more detailed documents which will set out how we will deliver the changes that we want to make. Every year we will produce an annual delivery plan which will describe in detail the progress that we expect to make in the year ahead towards achieving our vision for health and social care in Orkney.

Caroline Sinclair: Chief Officer, Orkney Health and Care Partnership.

2. The Orkney Health and Social Care Partnership

2.1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) establishes a legal framework for integrating health and social care in Scotland. This legislation requires each Health Board and Local Authority to delegate some of its functions to the new Integration Authorities – the Health and Social Care Partnerships. By doing this, a single system for local planning and delivery of health and social care services is created. The key functions of the Integration Joint Board are to:

2.1.1. Prepare a Strategic Plan for Integrated Functions that is in accordance with National and Local Outcomes and Integration Principles.

2.1.2. Allocate the Integrated Budget in accordance with the Strategic Plan.

2.1.3. Oversee the delivery of services within the scope of the Partnership.

3. The Strategic Commissioning Plan

3.1. “Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.” – National Steering Group for Strategic Commissioning 2012.

3.2. This Strategic Plan describes how Orkney Health and Social Care Partnership, an integrated partnership between Orkney Islands Council and NHS Orkney, will make changes and improvements to develop health and social services for adults and children and their families, over the coming three years. It explains what our priorities are, why and how we decided them and how we intend to make a difference by working closely with partners in Orkney and across Scotland. The Plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision.

3.3. The development of the Strategic Plan is being supported by a newly established Strategic Planning Group which includes representation from a wide range of stakeholders as set out in the legislation. This ensures that the plan will reflect what people tell us is important to them. Once the plan is finalised it will be reviewed and renewed on a three-year basis and this process will be supported by a programme of public engagement on an ongoing basis.

3.4. An equality impact assessment will be undertaken after two rounds of consultation and engagement on this plan and before any final version is presented for approval.

4. Vision, Mission and Values

Orkney Islands Council and NHS Orkney through their respective Chief Executives have worked hard since 2010 to build up an integrated approach and culture and provided leadership to direct and implement a significant change agenda that established an integrated community health and social care partnership for both adult, children’s and criminal justice services commonly known as Orkney Health and Care. Over the past 5 years this partnership has enabled a common vision and set of shared commitments to develop which underpin the future of integration within Orkney which can be summarised as follows:

4.1. Vision

‘We aim to help the people of Orkney live longer, healthier and more independent lives within their own homes and communities wherever possible’

4.2. Our Mission

We promise to work together with you, your families/unpaid carers and our third sector colleagues to:

Make it easier for you to access information, support and services through a single point of contact and so reduce health inequalities:

- Promote independence and choice by giving you more control.
 - Deliver better, more convenient and co-ordinated services to enable you to live in your own home and community for as long as possible.
 - Ensure your 'unpaid' carers are adequately supported.
 - Improve outcomes and personal experiences for you and your families/unpaid carer.
 - Encourage ongoing engagement with you, your families/unpaid carers and the wider community.
 - Support local empowerment as part of a locality based approach.
 - Develop a culture of collaboration and co-operation amongst partners.
- Utilise and make best use of our delegated resources

4.3. Our Values

4.3.1. You and your families / unpaid carers can expect:

- To be treated with dignity and respect and for us to respect your rights.
- For us to show compassion by taking the time to listen, to talk and do the things that matter to you.
- To receive high quality care and when you don't, we will listen and act on your feedback so we can learn, improve and do better next time.
- For us to be consistent and reliable and do what we say we will.
- For us to work with you and your family / unpaid carers and our colleagues so that we can anticipate and respond to your needs proactively.
- For us to communicate (as individuals, teams and organisations) effectively, keeping you and your families / unpaid carers informed and involved and providing explanation if something has not happened.

4.3.2. And for our workforces:

- We will give them the support and trust they need to help them deliver high quality information, support and services.

5. What is Integration Trying to Achieve?

5.1. The fundamental aim of the Health and Social Care Partnerships (HSCPs) approach is to integrate adult health and social care budgets, and to strengthen the role of clinicians and care professionals, along with those in the third and independent sectors, with key representation from localities in the planning and delivery of services.

5.2. The policy aim in developing HSCPs is to ensure that adult health and social care budgets are used efficiently and effectively to achieve quality and consistency, and to realise a shift in the balance of care from institutional to community based settings.

5.3. There are 9 National Outcomes for adults and older people as set out in Regulation as part of the provisions of the 2014 Public Bodies (Joint Working) (Scotland) Act. The Statutory Partners in Orkney have decided to include services for Children and Families and Criminal Justice within the scope of the Partnership and the key National Outcomes have been identified for these areas. The Partnership, through its Annual Performance Report and by a range of other means, will be required to demonstrate progress towards the delivery of all of these outcomes.

National Health and Well Being Outcomes for Adult Health and Social Care	
Outcome Area.	Outcome Description.
1: Healthier Living.	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2: Independent Living.	People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3: Positive Experience and Outcomes.	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4: Maintained or Improved Quality of Life.	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5: Reduced Health Inequalities.	Health and social care services contribute to reducing health inequalities.
6: Carers are Supported.	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7: People are Safe.	People who use health and social care services are safe from harm.
8: Engaged Workforce.	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9: Effective Resource Use.	Resources are used effectively and efficiently in the provision of health and social care services.
National Outcomes for Children	
10.	Our children have the best start in life.
11.	Our young people are successful learners, confident individuals, effective contributors and responsible

	citizens.
12.	We have improved the life chances for children, young people and families at risk.
National Outcomes for Criminal Justice	
13.	Community safety and public protection.
14.	The reduction of reoffending.
15.	Social inclusion to support desistance from offending.

6. Health and Well Being

6.1. People living in Orkney tend to live longer and enjoy a high level of wellbeing. Rates of teenage pregnancy and children living in poverty are among the lowest in Scotland. Broadly speaking, people living in Orkney enjoy low levels of crime and income deprivation. However, Orkney faces specific health challenges with significantly higher rates than the Scottish average relating to road traffic accident casualties, alcohol consumption, which is the third highest in Scotland, and levels of obesity along with a rapidly aging population. There are also some appreciable economic and environmental inequalities between Orkney's local communities.

6.2. Using the Chronic Disease pyramid of intervention (illustrated in figure 1), almost one in three people in Orkney are currently supported to live with a long term condition. (Our Orkney, Our Health - transforming clinical services-NHS Orkney August 2011).

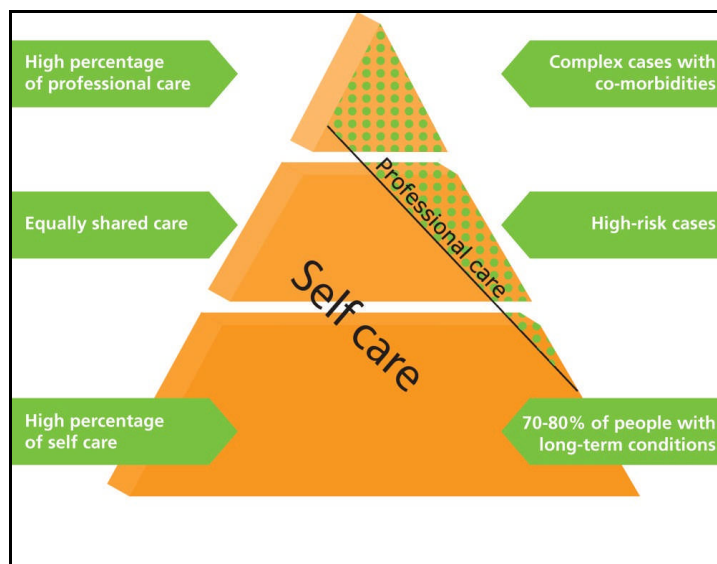


Figure 1

7. The Case for Change

7.1. The landscape of national, regional and local policy across health and social care is undergoing a period of major change, and the services that we plan and commission are delivered within this rapidly changing policy environment. This draft

Strategic Plan recognises the need to reflect this context, and it has been developed in response to a number of strategic policy drivers.

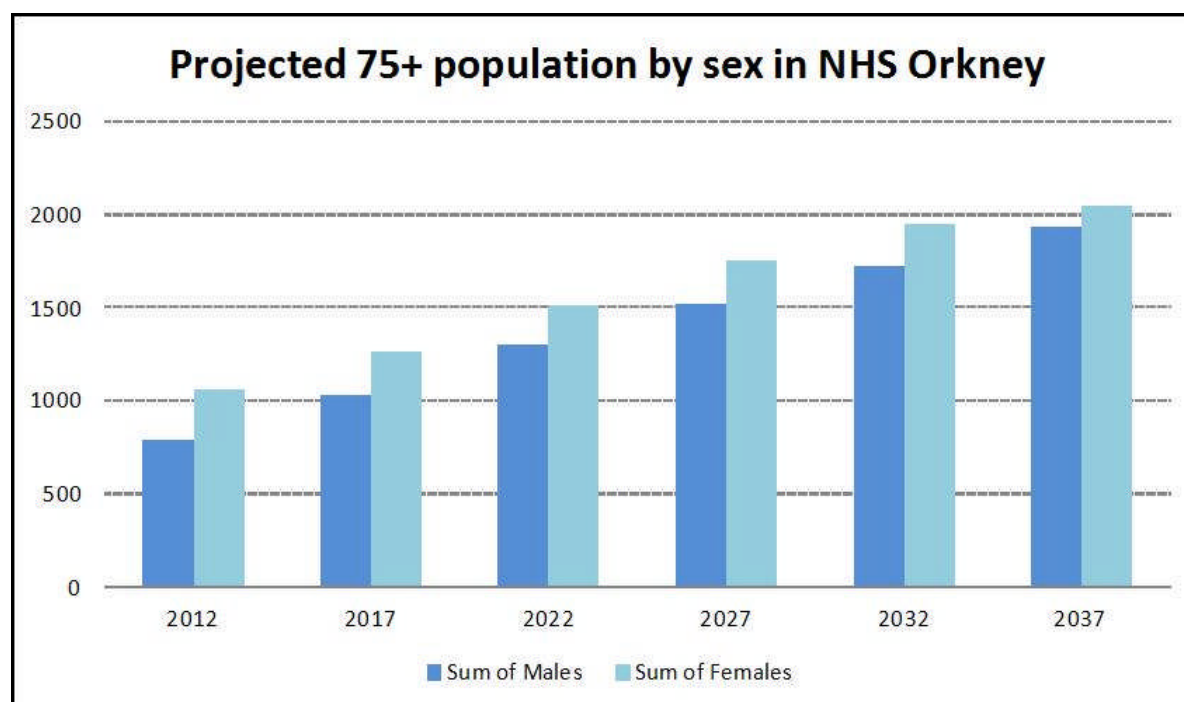
7.2. The common themes across these policies culminate in service developments which: are designed with and for people, their carers and communities; are safe, effective, and person-centred led; involves partnership and whole systems working to improve care; and are aimed at reducing inequalities and promoting equality.

7.3. The future model of health and social care is one which is able to meet the dual challenge of increasing demand on healthcare resources and is deliverable within a challenging environment, both economically and geographically, as well as from a workforce perspective.

8. Demographic Change

8.1. Rapidly Aging Population

Compared with Scotland, the population of Orkney is aging very rapidly. Between the 2001 and 2011 censuses, the number of people in Orkney aged 65 and over grew by 32.5% (the highest of all Boards). The older population in Orkney will continue to grow over the next 25 years. Between 2012 and 2037 the number of people aged 75 and over in Orkney is estimated to grow by 116%. **Extract from NHS NSS (ISD) document produced for Orkney Health and Care integration - August 2015**



8.2. The demand for healthcare is increasing

(Our Orkney, Our Health - transforming clinical services - NHS Orkney Aug 2011).

8.2.1. Partly because of the increasing numbers of people over the age of 85, if we don't make changes to the way we do things, then we are predicting significant increases in demand across a range of healthcare services from the following areas:

- People with dementia and their carers.
- People with cancer due to a combination of an ageing population and the fact that the incidence of some more common cancers increases with age.
- People with Chronic Obstructive Pulmonary Disease (COPD), although lower than the national average the increasing prevalence, means we anticipate a rise of around 30% in consultations from 834 to 1094 by 2017.
- People with Coronary Heart Disease (CHD) has been a major cause of death in Orkney. It is anticipated by 2016 approximately 185 extra cases will need to be managed in the community.
- People at risk of dying from a stroke.
- People with diabetes and, currently, the highest rate of childhood obesity across Scotland.
- People experiencing depression and anxiety.
- Expected 15% increase in hospital admissions over the next 10 years.
- An Increased demand on primary care services, owing to an “ageing” population, with an estimated 8% more contacts per annum by 2017.
- Rising demand for Palliative Care – Orkney had the highest rate of all boards in 2012/2013 - 6.2 per 1000 people compared with 2.1 per 1000 for the rest of Scotland which is reflected in the demands on GP practices.

8.2.2. It is well recognised that age is strongly associated with multi-morbidity which is the presence of two or more long-term health conditions that last a year or longer, impact on a person’s life, and may require ongoing care and support, medication and other therapies. Over the next 25 years, it is expected that the prevalence of multi-morbidity in Orkney will increase faster than the national rate. In addition, the likelihood of the presence of a mental health disorder increases.

8.2.3. Current service provision will not meet the future health needs of the population, with the predicted rise in long term conditions, and health problems associated with an ageing population. To ensure that our future population receive the level of health and support required we need to develop services which have a stronger focus on prevention and enablement and a stronger community focus.

8.3. Financial Context

8.3.1. Demand is rising significantly while, in real terms, public spending is falling. Over the next 3 years both NHS Orkney and Orkney Islands Council have to deliver year-on-year efficiencies to sustain priority services. This means that ‘business as usual’ is not sustainable and would not allow the partnership to deliver the positive outcomes linked to our shared vision.

8.3.2. The indicative budget for integrated services for 2016/2017 is approximately £32.8 million. Please note that these figures may be subject to change).A full breakdown for the 3 years of the Strategic Plan will be detailed in the final version.

9. Our Strategic Objectives

9.1. These priority areas have been developed from our current strategies across Orkney Islands Council and NHS Orkney. The priority areas for action by the Orkney Health and Care Partnership will be shaped by engagement with a range of

stakeholders, including people and their carers who use our services, as well as the staff delivering them.

9.2. Some objectives will need to have long-term goals as well as short-term actions to ensure we can deliver our vision. As we develop the plan we will also outline those strategies which the IJB will work in partnership with others to deliver. Such as the Integrated Children’s Service Planning Group; Alcohol and Drug Partnership; Community Planning Partnership, etc.

9.3. Key Priorities

- Improve prevention and early intervention.
- Reduce avoidable admissions to hospital.
- Provide care closer to home.
- Develop a workforce strategy which equips us to care for our increasing older population.
- Reduce the number of adverse events in children and young people and provide best start in life for them.
- We will develop sustainable remote and rural Health and Social care services.
- We will provide support to help keep you safe from harm.
- We will work with our partners to develop Information and Communication Technologies (ICT) and Tele-healthcare across the entire Health and Social Care spectrum to offer seamless pathways of care and support.

10. Integrated Services

10.1. In Orkney we have already achieved a significant level of integrated services to date through the Orkney Health and Care Partnership, formed in 2010.

10.2. The new partnership will be responsible for planning and commissioning integrated services and overseeing their delivery. These services are all adult and children’s social care and criminal justice services, adult and children’s primary and community health care services and elements of adult hospital care including maternity services. The partnership has a key relationship with acute services in relation to unplanned hospital admissions and will continue to work in partnership with Community Planning and other key partnerships: Integrated Children’s Services; the Northern Community Justice Authority; Alcohol and Drugs Partnership. This extends to charities, voluntary and community groups so that, as well as delivering flexible, locally based services, we will also work in partnership with all of our communities.

10.3. Who will work in the Orkney Health and Care Partnership:

10.3.1. Around 618 (full- time equivalent) staff who are employed by NHS Orkney and Orkney Islands Council will work within the Partnership, allowing for complete coordination of care

10.3.2. Our staff include:

NHS Orkney

Orkney Islands Council

District Nursing.	Social Work Services for adults and children.
Health Visiting.	Services and support for adults with physical disabilities and learning disabilities.
General Medical Services.	Mental Health Services.
Public Dental Services.	Drug and Alcohol Services.
General Dental Services.	Community Care Assessment Teams.
Ophthalmic Services.	Care Home Services.
Community Pharmacy Services.	Adult and Children's Placement Services.
Community Geriatric Services.	Re-ablement Services.
Community Learning Disability Services.	Aspects of housing support including aids and adaptations.
Mental Health Services.	Day Services.
Continence Services.	Local Area Co-ordination.
Community Addiction Services.	Respite Provision.
Community Palliative Care.	
Allied Health Professional Services.	
Maternity Services.	

11. Financial Profile

The financial plan is currently under development with the Chief Officer designate and in conjunction with NHS and Council senior finance individuals. The detail included within the finance plan will provide a summary of the overall resources relating to integration and will be made available in the second consultation version of the Strategic Plan, during January / February 2016.

11.1. The Financial Plan comprises:

- The Integrated Budget, i.e. the sum of the payments to the Integration Joint Board.
- The notional budget, i.e. the amount set aside by the Health Board for large hospital services used by the Integration Joint Board population.

11.2. As functions, strategies and services are reviewed and integrated, it is likely that the current pattern of spend will alter as the Partnership seeks to operate in accordance with the Integration Planning Principles and takes steps, along with the two Statutory Partners and other sectors, to shift the balance of care from institutional to community settings.

11.3. Current estimates for the Integrated Budget are £32.8 million and approximately 618 (full-time equivalent) staff.

12. Performance

The Scottish Government has prescribed a set of 9 Health and Wellbeing Outcomes and associated suite of National Indicators which all Health and Social Care Partnerships across Scotland should achieve through Integration. We have developed a performance framework which provides accountability against the 9 outcomes for adults, and have also included the key national Children's outcomes from 'Scotland Performs along with those for Criminal Justice Services. In addition the IJB will receive a set of performance reports which will enable the Board to assess the effectiveness and set targets for improvement for the delegated services. The following list represents the types of performance reports which will be subject to scrutiny by the IJB:

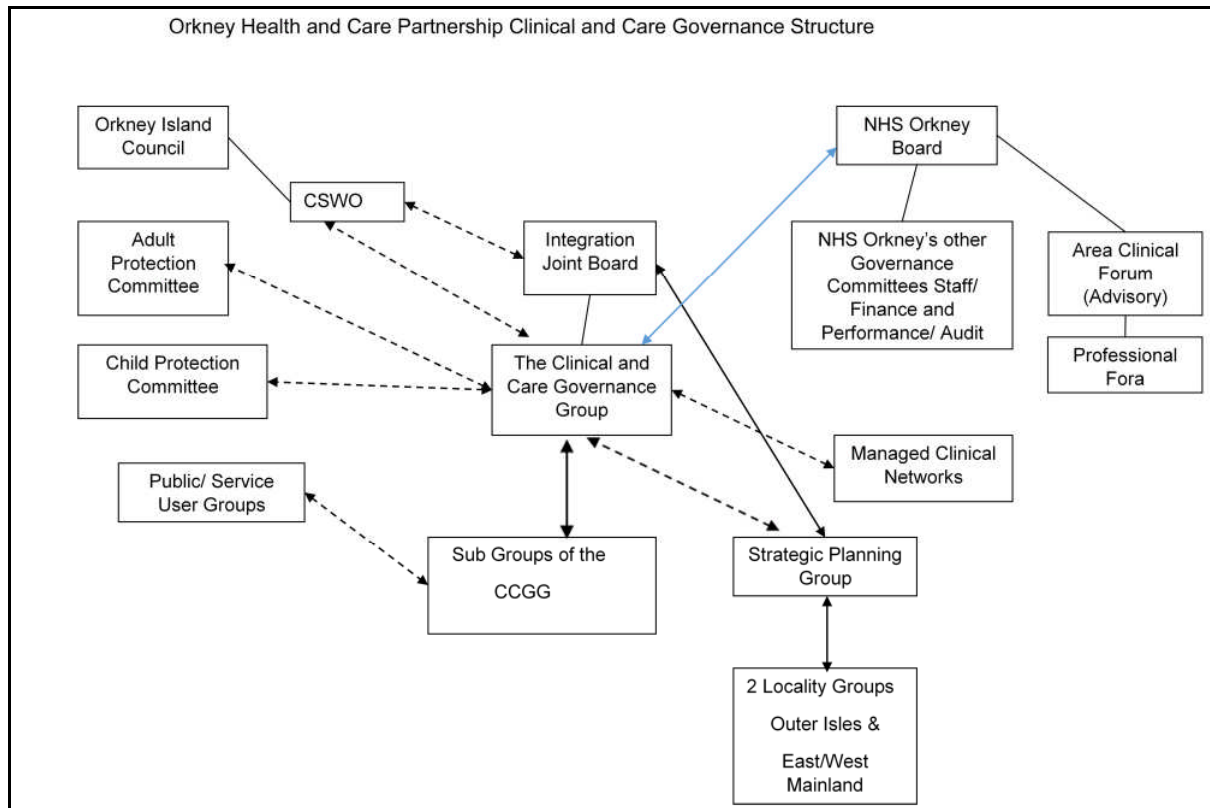
- An annual work plan from the Chief Officer setting out the key objectives for the year against the delivery of the strategic plan.
- Finance Reports.
- Performance reports against the Health and Wellbeing Outcomes.
- Regulation and scrutiny activity.
- Child and Adult protection.
- Clinical and Care Governance reports to be assured of the delivery of safe and effective services.
- Engagement and community co-production report.
- Staff governance and workforce planning report.
- Improvement plans and report.
- Risk management reports.

13. Clinical and Care Governance

13.1. Clinical and care governance is the system by which Health Boards and local authorities are accountable for ensuring the safety and quality of health and social care services, and for creating appropriate conditions within which the highest standards of service can be promoted and sustained.

13.2. The Integration Joint Board will establish a Clinical and Care Governance Group (CCGG) to provide assurance on the quality of health and social care. It will have representatives from NHS Orkney Health Board, Orkney Islands Council and others, including service user, carer and Third Sector representatives.

13.3. The role of the CCGG will be to consider matters relating to the strategic plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. The CCGG will provide advice to the strategic planning and locality planning groups within the Partnership. Further assurance is provided through the responsibility of the Chief Social Work Officer to report directly to the Council and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in turn report to the NHS Board on professional matters. Diagram 1 outlines the inter-relationships for Clinical and Care Governance between the IJB, the NHS and Council and other groups.



14. Consultation

This document is currently draft and being consulted upon through various groups within Orkney. It will be available for public consultation early in the new year, 2016.

The link for responses is <https://www.surveymonkey.com/r/ohacijbstakeholder>

The closing date for responses is 31 October 2015.



Report to: Shadow Integration Joint Board
From: Jacqueline Torrens
Date: 20th October 2015
Subject: Report on the Strategic Planning Group Seminar 16th September 2015.

1. Introduction

- 1.1 The Integration Programme Board on the 20th May 2015 agreed to hold a Strategic Planning seminar with the aim of:
- Ensuring the Shadow Integration Board members and the Strategic Planning Group are well informed regarding existing strategic planning
 - Exploring key priority areas for the 3 year Strategic Plan which need to be developed and resourced
 - Agreeing the timetable for the Strategic Plan development and final approval
- 1.2 The Shadow Integration Board voting members have been in place since July and the membership of the Strategic Planning group by August (note that some of the professional membership are still to be identified).
- 1.3 The programme and speakers for the seminar was approved at the IPB meeting on the 17th August. The final programme is detailed in Appendix 1.

2. Attendance

- 2.1 The seminar was attended by over 40 representatives from the voting members of the Shadow Integration Joint board i.e. Councillors and Non-Executive directors, professional representatives including GPs and Consultants, and the third sector and carer organisations. Sedurunt attached.

3. Presentations

- 3.1 Key presentations were delivered on the current and future challenges facing the health and social care sector in Orkney. Some of the speakers offered views on what needs to change to cope with future demand, with particular attention to developing capacity within the community and primary care sector. It was acknowledged that the new Balfour Hospital presents great opportunities for increased clinical care in Orkney, and that there should be joint planning with this transformation agenda along with community based services to ensure a seamless service across the sectors.

3.2 Copies of the presentations have since been distributed to all in attendance at the seminar, and additional copies can be obtained from Stephanie Johnston, Directorate Secretary, Orkney Health & Care.

4. Workshops

4.1 The 4 groups were asked to address key issues and priorities including gaps in services which should feature in the developing Strategic Plan for the Integration Joint Board.

4.2 In summary there was a broad consensus on the key areas which require action by the IJB and partners and these are summarised as follows:

- Need for compatible IT systems across NHS/OIC for development of integrated working
- Workforce planning and recruitment strategy
- Matching capacity in community and primary care to cope with increased needs and the new hospital services
- Development of prevention and early intervention models of care

A full list of the key issues raised by participants is attached in Appendix 2.

4.3 Participants at the seminar were engaging and constructive about the future for the integration of health and care, and were keen to build on what has already been achieved by Orkney Health and Care. The overall feedback from the seminar has been very positive and presents a good foundation for future events.

5. Development of Strategic Plan

5.1 This was the first consultation event with members of the newly formed Strategic Planning Group. A series of meetings have been planned until March 2016 which will:

- provide information on the role and responsibilities of the group
- receive feedback on the staff and public consultations on the Strategic Plan
- provide opportunities to co-produce the final version of the Strategic Plan

5.2 The first stage of consultation on the summary version of the Strategic Plan 1-31st October is underway and is aimed at key stakeholders. The feedback from this seminar will be included along with other responses to the consultation, and will shape the final priorities agreed for the Strategic Plan.

6. Recommendations

The Shadow Board is asked to

- note this report
- ensure the timetable for the development of the Strategic Plan is adhered to

Appendix 1

Strategic Plan: Workshop Programme

16 September 2015

Council Chamber, Kirkwall

Aim:

- To ensure the Shadow Integration Board members and the Strategic Planning Advisory Group are well informed regarding existing strategic planning
- To explore key priority areas for the 3 year Strategic Plan which need to be developed and resourced
- To advise of the timetable for Strategic Plan development and approval

Agenda:

8.45	Arrival Tea / Coffee	
9.00	Welcome and Introductions	Councillor Russ Madge Chair Shadow Integration Board
9.10	Why do we need a Strategic Plan and Locality Groups	Caroline Sinclair Chief Officer
9.25	Older People & Adult Services: Key Issues	Head of Health & Community Care
9.40	Challenges in Primary Care	Dr Charlie Siderfin Primary Care Lead GP
9.55	Children's and Criminal Justice Services: Key Issues	Marie O'Sullivan Head of Children Services, Criminal Justice and Primary Care
10.10	New Hospital Working together with the Partnership	Rhoda Walker Clinical Lead NHS Orkney
10.25	Orkney Housing Strategy	Frances Troup Head of Housing and Homelessness
10.40	Orkney's health and some priority areas for action	Roelf Dijkhuizen Asst Medical Director NHS Orkney
10.55	Break	
11.10	Orkney Health and Social Care Data What does this tell us	Richard Hunter & Gavin MacColl NHS National Service Scotland

11.25 4 Workshops * Workshop questions attached

12.15 Bringing together the key themes for
Strategic Plan

12.45 Closing Remarks

Jeremy Richardson
Vice Chair Shadow Integration Board /
Chair Strategic Planning Group

4 Workshops – Same Questions to all Workshops:

1. Do you agree with the key issues and priorities that have been raised by the speakers?
If not, what's missing?
2. Are there any gaps in current service provisions that we need to address urgently?
3. Are there particular areas which IJB Members and the Strategic Planning Group would want to see prioritised in terms of focus in the early years of the partnership?

Appendix 2

Key issues raised.

Group 1

- IT - poor connectivity –lobby BT and national providers for broadband connectivity to specific points on the islands to support access to health/telehealth care
- IJB should not be a 3rd bureaucratic body – active/visible/engaging
- Planning for new Balfour and increase in community based primary health and social care re consequences of repatriation on acute and primary care
- Workforce planning recruitment – grow our own – scholarship opportunities /secondment opportunities succession planning/Skills development –palliative care /Integrated training for certain care/support staff across Social work/Housing/Health /Greater involvement of staff in finding solutions
- Lack of Learning Disability diagnosis – no LD nurse
- Lack of Psychiatrist - Access issues in relation to psychiatry/psychology
- CAAMS service inadequate
- Does the NHS obligate network arrangements meet Orkney's needs
- Role of Public Health in Well Being/Early Intervention needs to be more active

Group 2

- IT
- Lack of Nursing Home/Dementia provision
- Need to ensure CYP and Families services receive due attention and resources within IJB as concerns mainly about adult care issues
- Transport - Issue of Dial a Bus delivering patients to attend appointments at the Balfour
- Absence of Consultant Psychiatrist
- Limited scope of LD service due to lack of specialists – LD Nurse
- Workforce planning – recruitment /retention in Primary and Acute care
- GP beds at Care homes Step Up/Step Down
- Develop Mental Health provision to avoid using safe hospital beds
- Gaps – OT/Psychology

Group 3

- Prevention via collaboration
- Person centred community liaison
- Co- location and locality service delivery
- IT workforce development/integration
- Preventative models for self- management for all long term conditions
- Development of local social pedagogue/Local Authority Co-ordinator
- Healthy Orkney Bus
- Need for Specialists who are also generalists

Group 4

- IT - Increase broadband reach / join up NHS/Council systems in place
- Expand VC into people's homes/care homes

- Need for improved data sharing to protect vulnerable children and adults to improve integrated working
- Psychiatrist and dementia specialist
- Development of staff skills in Dementia Care / dementia nurse
- Issue of repatriation on community/primary care and acute services
- Recruitment Retention
- GP step up/step down/respite beds out with the hospital
- Need for Nursing Home care
- Transport -review of Community Transport – Dial a Bus/Red Cross/ SA
- Development of Self-Management programmes
- Increase Home Care capacity
- Continue to increase focus on Alcohol Abuse
- Children and early years intervention
- Develop more co-location/locality working
- OD to support new structure
- Use Housing stock as a recruitment tool
- Need to urgently address communication between services
- Need for more funding for Aids/Adaptations as older population increases plus repair budgets

Working together to make a real difference

**Strategic Planning Group for the Integrated Joint Board
Council Chamber, OIC
16 September 2015: 0845 – 1300**

Attendance Sheet

Cllr Russ Madge	IJB Chair, OIC Elected Member
Jeremy Richardson	IJB Vice Chair, NHSO Board Member
Gillian Skuse	NHSO Board Member
David Drever	NHSO Board Member
Ronnie Johnson	NHSO Board Member
Naomi Bremner	NHSO Board Member
Cllr Alan Clouston	Elected Member
Cllr John Richards	Elected Member
Cllr Janice Annal	Elected Member
Cllr Bill Stout	Elected Member
Cllr Gwenda Shearer	Elected Member
Caroline Sinclair	Chief Officer – Health & Social Care
Marie O’Sullivan	Head of Children Services, Criminal Justice & Primary Care
Jacqueline Torrens	IJB Support
Elaine Peace	Director of Nursing, AHP and Midwifery, NHSO
Frances Troup	Head of Housing and Homelessness, OIC
Rhoda Walker	Clinical Programme Lead, NHSO
Lynda Bradford	Service Manager Health & Community Care East
Moraig Rollo	Lead AHP, NHSO
Dr Bob Hazlehurst	GP & Proxy LMC Representative, NHSO



ORKNEY
ISLANDS COUNCIL

Orkney Health and Care

Working together to make a real difference

**Strategic Planning Group for the Integrated Joint Board
Council Chamber, OIC
16 September 2015: 0845 – 1300**



Attendance Sheet

Karen Stevenson	Service Manager Health & Community Care West
Jon Humphreys	Service Manager Criminal Justice & CSWO delegate
Dr Tomasz Waszyrowski	Consultant Physician, NHSO
Dr Charlie Siderfin	Lead GP, NHSO
Vicky Anderson	Employee Director, NHSO
Maureen Swannie	Service Manager Children Services
Dr Roelf Dijkhuizen	Associate Medical Director, NHSO
Gail Anderson	VAO Chief Executive
Jay Wragg	Senior Dental Officer, NHSO
Richard Hunter	NHS National Service Scotland
Marie-Anne Fisher	NHS National Service Scotland
Joe Horrocks	Union Representative, OIC
Anne Mathison	Principle Social Work Adults, OIC
Tom McGuire	Service Manager AALDS & Mental Health Services
Carolyn Chalmers	Service Improvement Coordinator, NHSO
Maureen Firth	Primary Care Manager, NHSO
Gina Flett	INOC Practice Manager, NHSO
Judy Sinclair	Lead Nurse, NHSO
Roger Dart	Finance Officer OHAC
Gareth Waterson	Head of Finance, OIC