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Agenda Item: 15.

Integration Joint Board

Date of Meeting: 14 March 2018.

Subject: Chair's Report – Strategic Planning Group.

1. Summary

1.1. This report highlights key agenda items that were discussed at the Strategic Planning Group (SPG) held on 30 January 2018.

2. Purpose

2.1. To update Members on the current business of the Strategic Planning Group.

2.2. To provide assurances to the Board that issues of importance are being progressed.

2.3. To update Members on the progress of the three actions tasked to the group by the Board.

2.4. To update Members on the progress of the Strategic Planning Group Workplan.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Note the content of the report and seek assurances on performance.

3.2. Note the progress of the three actions, set out in section 5 of this report.

3.3. Note the progress on the workplan, set out in section 6 of this report.

It is recommended:

3.4. That the second responder team be continued on an 18 hour per day provision from 1 April 2018, as set out at Section 4.1.3 of this report.

3.5. That the GP direct referral bed be discontinued as of 1 April 2018, as set out at section 5.2.1 of this report.

4. Key agenda items

4.1. Rapid Mobile Community Responder Service

4.1.1. Members were advised that the pilot of the second responder team commenced in April 2017 and a breakdown of service as of 31 December 2017 for the nine month period was presented.

4.1.2. 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 services user over an average of three days. The service has been used to provide discreet packages of care to individuals and to supplement other partial care packages.

4.1.3. The service clearly supported a number of people to remain at home, and avoid hospital admission or alternative forms of residential care. The service was also valued by those who used it. The service has therefore been successful in meeting the objectives that were set for it. From this perspective the service should clearly be continued. Funding for the service does however present a cost pressure. Analysis of use of the service indicates that good outcomes could still be achieved and alternative forms of care avoided with a reduced level of operating hours. It is therefore recommended that the service be continued on an 18 hour per day provision, from 06:00 to 00:00, rather than a 24 hour per day provision. This would reduce costs from around £153k to £127k per annum.

4.2. Orkney Island's Health and Care Integrated System Map

4.2.1. Members of the Strategic Planning group were presented with the first draft of the local Integrated System Map which was developed in partnership with colleagues from the national Improvement Hub (iHub). The intention is to enable the partnerships see where resources are currently deployed across the whole system and to support commissioning and de-commissioning decisions.

4.2.1. This is to be developed further to assist in Strategic Planning functions.

4.3. Draft Strategic Commissioning Plan

4.3.1. Members received the first draft of the refreshed Strategic Commissioning Plan.

4.3.2. This plan will focus on people, place and purpose.

4.3.3. Members noted that unless a specific service change is outlined in the report the direction is that the service continues in its current form.

4.3.4. In light of discussion Members agreed to revise the future meetings to incorporate more workshop time to develop projects.

5. Action Update

5.1. Generic Worker – Initial Report

5.1.1. Members were presented with an initial report on the work which has been undertaken locally.

5.1.2. Members noted previous issues which had affected the ability to implement this role and discussed the changes which may make this possible.

5.1.3. Members to receive an updated report at the next meeting.

5.2. Locality Hubs and Co-location – Initial Report

5.2.1. Members were presented with an initial report on the work.

5.2.2. Members were advised that the next step would be to establish a working group to take the project to the next level.

5.2.3. Members to receive an update on this at the next meeting.

5.3. Isles Model of Care – Initial Report

5.3.1. Members were advised that this would be deferred to the next meeting.

5.3.4. Members agreed that a data led approach should be adopted.

5.4. Evaluation of Services Commissioned by the SPG

5.4.1. The Integration Joint Board referred the decision to cease provision of the GP bed back to the Strategic Planning Group for further consideration, following identification of a miscalculation in the costings. After further discussion it was agreed to endorse the previous recommendation to the Board to discontinue the GP Admission Bed after March 2018 as although it has delivered good outcomes for individuals it has not demonstrated value for money at this time. The learning from the pilot project has been useful and in time it may be possible to re-introduce this model at various care settings in the future.

6. Workplan

6.1. The SPG received the Workplan, attached as Appendix 2 to this report.

7. Contribution to quality

Please indicate which of the Our Plan 2013 to 2018 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	No.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	No.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	No.
Working to provide better services: To improve the planning and delivery of services.	Yes.

Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

8. Resource implications and identified source of funding

8.1. The financial implications associated with the recommendations at section 4 of this report, totalling a commitment to a spend of £127k per annum are addressed through the finance report and its associated recovery plan.

9. Risk and Equality assessment

9.1. There are no risks directly arising from this report.

10. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	Yes.

11. Author

11.1. Caroline Sinclair (Chief Officer), Integration Joint Board.

11.2. Councillor Rachael King (Chair), Strategic Planning Group.

12. Contact details

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13. Supporting documents

13.1. Appendix 1: Strategic Planning Group Unapproved Minutes 30 January 2018.

13.2. Appendix 2: Strategic Planning Group Workplan.