



Working together to make a real difference

Title of meeting: Strategic Planning Group		Date: 02.02.23
		Time: 15:00-17:00
		Location: Microsoft Teams
Chair:	Rachael King (RK)	
Action Log Recorder:	Debbie Hallworth (DH)	
Member	Attended	Apologies / No Apologies (NA)
Janice Annal (JA)	✓	
Lynda Bradford (LB)		✓
Morven Brooks (MB)		✓
Stephen Brown (SB)	✓	
Graeme Clark (GC)		NA
Kirsty Cole (KC)	✓	
Callan Curtis (CC)	✓	
Susan Dutton (SD)		✓
Maureen Firth (MF)	✓	
Andrew Fuller (AF)		✓
Morven Gemmill (MG)		✓
Jacqui Hirst (JH)	✓	
Wendy Lycett (WL)	✓	
Jim Love (JL)	✓	
Jim Lyon (JLy)		✓
Michelle Mackie (MM)		NA
Ryan McLaughlin (RM)	✓	
Dawn Moody (DM)	✓	
Danny Oliver (DO)	✓	
Scott Robertson (SR)	✓	
Valerie Stonehouse (VS)	✓	
Maureen Swannie (MS)		✓



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Frances Troup (FT)		✓
Louise Wilson (LW)		✓
Jay Wragg (JW)	✓	
Diane Young (DY)	✓	
In attendance/By invitation		
Ruth Lea, Occupational Therapy Lead – Adult Services (RL)	✓	

	Agenda Item:	Issues Raised:	Action Agreed:	By Whom and When
1.	Welcome & Apologies	<p>Jim Love from Crossroads Care Orkney was welcomed to his first meeting along with Ryan McLaughlin, new Employee Director for NHS Orkney, and Chief Inspector Scott Robertson, new Area Commander for Police Scotland.</p> <p>Apologies were noted as above.</p>		
2.	Minutes of the meeting – 25.10.22	There were no outstanding actions from the previous meeting and members approved the minutes as a true and accurate record.		
3.	Priority Area Discussion – Supporting Older People to Stay in Their Homes – Introduction	SB thought it helpful to provide an update around the frailty work lead by DM and others, which continues to be challenging. DM will share the ongoing work around frailty pathways and the Getting it Right for Everyone (GIRFE) pathfinder projects. We will discuss our aspirations today and talk about the eligibility criteria for this service.		



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4.	Frailty Work	<p>DM gave a presentation entitled ‘System Approach to Frailty’, explaining that they used the themes that emerged from the Clinical Strategy session for the frailty project. The bid was supported by the Value Improvement Fund. It has been running for just over a year but still at an early stage due to the pandemic constraints and staffing. Staffing was complex to organise but has proved successful.</p> <p><i>(JA joined the meeting).</i></p>		
5.	GIRFE Project	<p><i>(DY left the meeting).</i></p> <p>RL was invited to today’s meeting to give an update on the GIRFE project. She explained that in autumn last year the Scottish Government (SG) implanted a proactive and preventative care programme. The frailty work in Orkney was aligned with the work of the new care programme and we were asked to consider applying to be a pathfinder, so Orkney Health and Social Care Partnership applied to be a pathfinder for the GIRFE older people and frailty strand. She attended the first launch in December and the plan is to co-design a model of service delivery across Scotland. The first design school was in December and we have committed to five design school days and some work in between. They have attended two school days and extended the project. May/June is the end of the design phase and they will then test it locally with a view to it being rolled out across Scotland in 2025.</p> <p>They are a small team consisting of herself, DM, MB, MG, Gillian Skuse</p>		



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		<p>and Shona Stockan, and had their first one-to-one with the support team yesterday. They are trying to ensure that the work they do complements the work DM has described and does not overlap, using the pathfinder to build on that work. They are still working out what their outcomes might be. SG want the outcome to co-design the GIRFE practice principles, to design what the national toolkit should be and implement GIRFE locally. RL offered to share the outline of the project, which is being created on a mural board, but it needs more work before they do so.</p> <p>SB thanked DM and RL for their input and expressed his excitement about the opportunities that GIRFE brings. He referred to work being undertaken in Durham and offered to share the feedback when it arrives to look at the approaches and tools we should be putting in place. He asked whether there was any commonality of feedback from the service users. DM advised a feeling of loneliness was coming through loud and clear and the importance of being connected. Another common theme was the issue of multiple appointments. She advised she would get more feedback on the questionnaires at a meeting she is attending on Monday. MF agreed it was the most exciting thing we have been doing for a long while and definitely fits with community support as we go forwards. She referred to DM's vast knowledge in frailty and that it was a really useful piece of work that RL and DM were doing.</p> <p>RL asked how we get to those people not accessing the services and was hopeful it was one of the things that will be supported through the design school; trying to look at what has come out of the frailty findings</p>	<p>Share outline of project when mural board complete.</p> <p>Share feedback on work being undertaken in Durham when complete.</p>	<p>M Gemmill</p> <p>S Brown</p>



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		<p>and see where the gaps are in our knowledge.</p> <p>JW noted that in co-designing a piece of work we need to be careful we balance that against pigeonholing everyone and thanked DM, RL and the team for their engagement. KC noted it feels like our response is reactive, which is incredibly difficult as we do not have the resources when someone reaches crisis point and our default position when that happens is admission. Feedback she receives is that people do not know who to ask and they therefore struggle and carry on, she felt this happens so often there must be things that can be done before it gets to crisis point.</p> <p>RK agreed and asked how we join this up with early intervention not limited by processes and procedures. SB asked how do we encourage people to be proactive to help us cope with that moving forward. That is a challenge for us as some carers do not recognise themselves as such. How do we manage this with our finite resources? RK suggested the involvement of Public Health for early intervention and DM advised there is someone from Public Health that attends the team meetings.</p>		
6.	Discussion Paper	<p>The agenda then moved on to JL's discussion paper where he asked; does an acceptable balance exist between care at home and care in a residential setting for Orkney's most vulnerable older people</p> <p>SB noted that JL's paper made him wonder whether we have devalued the role of residential care. JL agreed and noted that his paper was not questioning the need for residential care but whether there are people</p>		



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		<p>in the community that would prefer to be looked after in a care home, against the culture in Orkney of home first and residential care not seen as a positive choice. CC noted in his experience of work carried out, it was about the quality of care regardless of where that is, it was about the needs of the people and supporting positive choice, the quality and practicality of what is right for the individual.</p> <p>MF noted feedback she receives within the community is the lack of availability when the person is not ready for a care home but struggling at home. RL advised in the Netherlands they have co-housing and mixed economies with students supporting frail people. She agreed there is a challenge around supporting people at home as it is resource intensive and people expressing loneliness. She asked how the whole community can live together to support the needs of the community.</p> <p>RK suggested it was maybe not helpful for us to think about the scale of care at home and residential care, but the continuum of getting it right. Whether we are ever going to achieve that level of response of care in the community due to resources and workforce issues.</p> <p>CC referred to the challenges of living in the outer isles. An older, very resilient population who have the desire to remain there but it is unfit for them to do so. SB agreed it becomes more complicated trying to support people on the isles, which MF would know well in terms of the challenge of trying to deliver Primary Care services on the isles.</p> <p>JW noted we run the risk of assuming what is right for a percentage of</p>		



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		<p>the people means that 100% of the people want it done. Many people want to stay at home, whilst others want something different. People should be allowed to make that choice. He noted the best we can hope for is to better understand where the risk is, using a shared decision-making approach in realistic medicine. He suggested we could learn from Maternity on the risks that they do really well. A mutually agreed decision rather than being told what they can have.</p> <p>RK thanked everyone for a really engaged conversation and JL for presenting.</p>		
7.	AOCB	<p>JW referred to Orkney having been voted the friendliest place in the UK and asked how we build on that and whether there was opportunity to embed that as dementia friendly. RK suggested JW's comment had sewn a seed in people's minds and asked what it means to be friendly and to sustain and broaden that.</p> <p>DO noted a less cheery thought was the experience described earlier in today's meeting of people trying to access services and coming across closed doors, being told to contact someone else. RK asked what the process of the eligibility criteria was and how does this Group seek to escalate that or even have the authority to do so. SB noted that discussions today aligned with operational management discussions that have begun. He advised that the Integration Joint Board will have to be sighted and that recommendations from SPG will play a big part. MF noted this was the benefit of everyone working together.</p>		



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		MF advised that £4m has been secured to upgrade Primary Care premises and they were looking at Stromness and St Margaret's Hope. Also looking for additional funding from the sustainability fund. She noted it would be good to make more space in the Practices to upgrade and extend for hubs where the community workers can work together. She advised that surveyors were coming up next week. RK noted this was great news.		
8.	Date of next meeting	09.03.23, 15:00-17:00		