

Minute

Perth & Kinross Health & Social Care Partnership

P & K HSCP Strategic Planning Group Minute

Minute of the above meeting held on 28 November 2023 at 1pm via Microsoft Teams
(Recorded for Minute purposes only)



Present

Ian McCartney	Service User Representative (Chair)
Jacquie Pepper	Chief Officer, P&K Health & Social Care Partnership
Zoe Robertson	Interim Head of ASWSC/Commissioning (Vice Chair)
Kenny Ogilvy	Interim Head of ASWSC/Operations
Evelyn Devine	Head of Health
Lisa Milligan	Service Manager, Primary Care
Julie Hutton	Chief Executive of Independent Advocacy
Angie McManus	AHP Lead
Melvyn Gibson	Carers' Representative
Donna Mitchell	Interim Chief Finance Officer
Tia Dixon	Locality Manager
Rhona Pollok	Team Leader, Planning & Commissioning
Jillian Milne	Chief Executive, Mindspace/Third Sector Forum
Christopher Lamont	Senior Service Manager - Mental Health services
Maureen Summers	Chair of Carers' Voice & Carers'
Angie Ferguson	Perth Autism Support CEO/Autism Rep
Valerie Davis	Lead Nurse
Jonathon Cobbald	
Shara Lumsden	(Minutes)

Apologies

David Stokoe	CPP
Sandra Young	Tayside Services Manager, Supporting Mind Scotland
Anna Cunningham	Locality Integration Programme Manager
Sandra Auld	Service User Representative
Amanda Taylor	Senior Service Manager for Older People, Palliative and Urgent Care
Raymond Jamieson	Young Carers' Rep (PKAVS)
Alison Fairlie	Service Manager
Danny Smith	GP Clinical Lead
Christopher Jolly	Service Manager Business Planning & Performance
Angela Milne	North Locality Manager
Karyn Sharp	Service Manager
Bernie Campbell	Carer Representative
Dave Henderson	Scottish Care – Independent Sector Lead
Maureen Taggart	Alzheimer Scotland/Older People
Ingrid Hainey	Hillcrest Futures/Substance Use Rep
Phil Jerrard	Business Support, HSCP
Bill Wood	Sense Scotland/Learning Disability Rep

1. WELCOME AND APOLOGIES

IM welcomed everyone to the meeting.

2. Community Mental Health and Wellbeing Strategy

CL provided an overview of a recent Mental Health Symposium held at the Gannochy and an annual update on Community Mental Health & Wellbeing Strategy (CMHWB).

Key Themes:

- Good Mental health for all – Prevention and Early Intervention.
- Access to Mental Health Services and Support.
- Co-ordinated Working and Person-centred support.
- Participation and Engagement to ensure everyone's voice is being heard.
- Review of workforce requirements on a continuing basis.

Mental Health statutory services currently have a total of 4,835 people involved with various services (not including Third Sector).

Perth and Kinross Burden of Disease Mental Health Data showed the highest population are suffering from Alzheimer's and other Dementias.

ECT and Therapeutics Service based on the Murray Royal site has recently been awarded Excellent Accreditation from a national perspective.

System wide Collegiate working and support: Mindspace, the Neuk and the Lighthouse. Consistently looking at improving pathways and discussing what services could be aligned in a productive manner. Meeting was held to discuss developing a Mental Health Conference in 2024.

Key Challenges:

- Recruitment and Retention of Staff – although there is improvement there is significant issues around recruitment of medical staffing and AHPs which is the same at national level.
- Winter Pressures and Increase demand – outbreaks of flu, bed pressures etc.
- Tackling Suicide rates.
- Future Financial Challenges.

Discussion around Dementia which is covered in the Older Peoples Strategy. Dementia Transformation Programme which will look at how services will be delivered over the next 5 – 10 years.

Suicide figures in 2022 were higher than Dundee. CL confirmed the suicide rates were the highest in Scotland last year but by head of population.

Delayed Discharges query was raised – although performing well in relation to discharges, the admissions rate was the highest in Scotland.

In relation to the new Health Hub in Murray Royal, the last sentence is confusing. What it is going to be delivering physical health, wellbeing advice for patients/carers, opportunity to signpost to other services, undertaking basic health screening such as BP monitoring. Then it states, 'This service is staffed by volunteers with lived experience'. Is it only going to be effective if it is only volunteers that are going to be there. CL confirmed that it is in conjunction with the Move Ahead with qualified nurses who do the physical health checks. There are people that work there on voluntary basis which was the driver behind it. Additional monies were secured which was used to purchase better equipment, signage, leaflets, and information. It is accessible 24-7 but it is manned 4 full days per week.

Developing the thinking around the new model of care that looks at the whole journey. Peter Le Fevre to be invited to a future agenda.

CL

Update on Suicide Prevention work – JM advised that a campaign would target areas or places where men might be or professions where men are more likely to be exposed in terms of loneliness or jobs where they are isolated. There are community services available but there is no handover when people are discharged from hospital. The staffing levels are not there for people to be brought down to other services. Barriers working with the wards and staff changing regularly, unable to develop a working pattern.

AF to discuss the Mental Health Triage Model at a future meeting.

AF

When looking at the spike for rise in suicides, IM suggested looking at the Estate and Farm workers especially around working conditions

The **STRATEGIC PLANNING GROUP:**

- Noted the local and pan Tayside developments that are being progressed in accordance with the CMHWB Strategy and approve its continuation and direction for year 3.
- Acknowledge the numerous and complex factors influencing this work.

3. Tayside Primary Care Strategy

Setting out the vision of Primary Care Services over the next 5 years and the aims that they will be delivering the proactive and community-based health and wellbeing. Engagement with a wide range of groups and identified key priorities for prevention and proactive care, reducing inequalities and delivering care closer to people.

Perth and Kinross are the only partnership which has 5 branch GP surgeries. Branch surgeries have closed in Luncarty/Bankfoot. The people in Luncarty now need to go to the GP Surgery in Stanley. This causes issues for our older people population, having to travel longer distances to see a doctor. Transport issues raised, intermittent buses and regularly late therefore people missing their appointments. Rurality an issue particularly when accessing Ninewells, Dundee to see a consultant.

Members of the Strategic Planning Group suggested consultants should have days in Perth to see patients who live in Perth and Kinross. The group highlighted the differences in Perth and Kinross to Dundee for people to see a GP given these factors.

Public Partner and Carer representatives felt that the plan, which has some positive and nice statements, didn't reflect reality. That the section describing to care closer home wherever possible and working with partners was right but not what they or the groups they represent experience.

There was concern that the Primary Care Strategy and others are setting high expectations and that we are not always able to meet those. There was an ask for more realistic statements that reflect ambition but tempered by the reality of funding available and our ability to deliver.

The **STRATEGIC PLANNING GROUP** asked for further opportunities to engage with the production of this strategy.

4. Strategic Commissioning Plan Progress Update

ZR discussed the Joint Strategic Needs Assessment (JSNA) and Strategic Commissioning Plan Consultation which will go the IJB tomorrow.

An Integration Authority is required to review its Strategic Commissioning Plan at least every three years and may carry out additional reviews from time to time. Then following must be considered:

- The national health and wellbeing outcomes.
- The indicators associated with the national outcomes.
- The integration delivery principles.
- The views of the Strategic Planning Group.

Aims of the Consultation:

To involve people in shaping the future of health and social care services.

To develop a better understanding of what matters to people.

To inform people of the challenges facing the HSCP and seek their views on:

- What did they feel, think, and want?
- What needs to be changed or improved?
- How could things be done differently?
- Provide a range of opportunities for people to engage with the consultation on the development of the strategic plan.

The first draft will go to the IJB in February 2024.

The Carer representative on the group felt that we should have a Dementia Strategy. The group discussed population migration, particularly those of retirement age and the popularity of Perth and Kinross compounding our ageing population issues and demands for services.

The group agreed that there should be a Dementia Strategy or to be a fundamental part of the Older Peoples Strategy. There needs to be a specific focus around Dementia.

5. A.O.C.B.

The Strategic Planning Group will be more active in discussing reports prior to reports going to the IJB in 2024.

There is a review being discussed by the Scottish Parliament on rural health and social care will have an impact on Perth and Kinross and the Highlands/Islands. Need to think about whether the experiences in Perth and Kinross should go as a submission to that committee about how the provision of health and social care in Scotland is organised and funded differently.

Date of Next Meeting: 6 February 2024 1-4pm

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