



Minute

P & K HSCP Strategic Planning Group

Minute of the above meeting held on **15th June 2021 at 1pm via Microsoft Teams**
(Recorded for minute purposes only)

Present

Gordon Paterson, Chief Officer/ Director, HSCP (Chair)
Zoe Robertson, Interim Head of Adult Social Work and Social Care- Commissioning (Vice Chair)
Maureen Summers, Public Partner Carers Representative & IJB rep
Lyndsay Glover- Staff Lead representative NHS Tayside
Sandra Auld, Service User Rep & IJB
Bernie Campbell, Carer Rep & IJB rep
Beth Hamilton- IJB voting member
Colin Paton- Communication and Improvement
Dawn Wigley- Lead Nurse HSCP
Bill Wood- Sense Scotland/Learning Disability Rep
Melvyn Gibson- Carers Rep
Councillor Eric Drysdale- Chair of IJB
Angie McManus, AHP Lead
Sarah Dickie, Associate Nurse Director NHS Tayside
Lynn Blair, Local Integration Lead (Scottish Care)
Beth Hamilton- IJB Member
Ingrid Hainey- Hillcrest Futures/ Substance Use Rep
Ian McCartney- Volunteer
Sheila McKay- Autism/MH Rep
Chris Lamont- Locality Manager
Angie Ferguson- Perth Autism Support/ Autism Rep
Raymond Jamieson- Young Carers rep (PKAVS)
Amanda Taylor- Locality Manager
Jane Smith, Chief Finance Officer
Rob Hughes- Hillcrest Homes
Kenny Ogilvy, Interim Head of Adult Social Work and Social Care- Operations
Danny Smith- GP
Councillor Sheila McCole- Proxy member IJB
David Stokoe- CPP
Lindsey Bailie- Locality Manager
Evelyn Devine- Head of Health
Karyn Sharp- Service Manager
Jillian Milne, Mindspace/Third Sector Forum

Apologies

Alison Fairlie- Service Manager
Maureen McTaggart- Alzheimer Scotland/Older People
Lesley Elliot- Hillcrest
Elaine Ritchie- Housing and Communities
Donald McPherson

Patricia Kilpatrick
Stuart Hope
Lee Robertson
Clare Gallagher
Councillor Callum Purves
Councillor Chris Ahern

1. Welcome & Introduction

GP welcomed all to the meeting.

GP asked everyone to introduce themselves to the group.

GP went on to say the SPG hasn't met for a considerable amount of time due to the Covid Pandemic and is now hoping that the SPG can be revitalised and reinvigorated.

Agenda item 2 will allow people the opportunity to better understand the purpose of the SPG and advise on their views and provide scrutiny, advice, and challenge guidance in relation to how the HSCP is advancing the strategic ambitions of the IJB.

How the HSCP is developing plans, programmes, and strategies in pursuance of those strategic ambitions. Some short life working groups to progress those programmes and strategies could take place.

2. Terms of Reference/Role and Remit

Papers were distributed before the meeting.

ZR stated:

Guidance on Strategic Planning:

- Integration Authorities are obliged to establish a Strategic Planning Group for the area covered by their Integration Scheme for the purposes of preparing their strategic commissioning plan.
- That there is an ongoing need for engagement as part of a continuous cycle of strategic planning.
- That the views of localities need to be considered in our strategic planning, we need to harness the skills of local people, the power of local associations and the supportive functions of local institutions and services to build stronger, more sustainable communities.
- This Guidance also sees localities as the key to effective strategic commissioning.

Main Functions of the SPG:

- Make a lead contribution to the development of the strategic plan for the HSCP, its implementation and its ongoing review
- Support the development of Joint Strategic Needs Assessment
- Be empowered to establish task and finish groups to take forward work on strategic priorities identified within the strategic planning process
- Ensure that locality planning arrangements and emerging issues are reflected in its work

- Work constructively and collaboratively with other key partnerships and agencies in relation to the delivery of health and wellbeing outcomes
- Act as a link to Community Planning Partnership (CPP) structures to support the Locality Partnership arrangements
- Align priorities and gather intelligence from other relevant strategic planning forums
- Work to the national health and wellbeing outcome and the integration delivery principles
- Provide feedback to the Integration Joint Board on its activities and provide advice to the IJB in developing responses to emerging Scottish Government Policy and regulations

Values and Principles:

The ask would be that SPG members agree to work together within this framework to achieve sustainable improvement across the Health and Social Care Partnership, and all members jointly agree to commit to the following:

- Mutual trust, honesty, and respect
- Openness and transparency
- Fairness/equity of view
- To reflect the Strategic Planning Group across wider networks
- True engagement, recognising each other's views

Reporting Structure:

The SPG will oversee the development and monitoring of the Partnership's Strategic Commissioning Plan and reporting structure for the following Strategy Groups:

- Carers
- Autism
- Learning Disability
- Mental Health/Wellbeing and Suicide Prevention
- Substance Use
- Digital/TEC
- Physical Disability Strategy Group and See Hear Steering Group
- Older People
- Primary Care

SPG Membership:

The Public Bodies Joint Working (Scotland) Act 2014 sets out the legislative framework for the integration of health and social care. The associated regulations of the Act set out the arrangements for the membership of the Strategic Planning Group (SPG).

- People who use health and care services.
- Unpaid Carers.
- Commercial providers of healthcare.
- Non-commercial providers of healthcare.
- Commercial providers of social care.
- Non-commercial providers of social care.
- Social work and social care professionals.
- Health professionals.
- Non-commercial providers of housing.
- Third sector bodies carrying out activities related to health and social care

The ask of members:

- Attend all SPG meetings
- Prepare for all meetings by familiarising yourself with the agenda and reading any associated papers.
- Discuss forthcoming meeting agendas with the group, sector, or professional area you represent.
- Contribute to discussions in a way that represents your community of interest, sector, or professional area
- Share relevant information to their peers and build effective feedback loops to the SPG.
- Ensure the interests of the agreed localities are represented
- Develop and maintain the necessary links and networks with groups and individuals in their community of interest to enable views to be sought and represented over the development, review, and renewal of the Strategic Plan
- Help ensure the Strategic Plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations).

Collective Leadership:

- People are internally and externally motivated, working together toward a shared vision within a group and using their unique talents and skills to contribute to success with the recognition that 'lasting' success is not possible without diverse perspectives and contributions.
- Collective Leadership means shared responsibility and decision making, accountability, and authentic engagement with all members involved, in creating a vision and with all members committed to achieving that.
- Collective leadership is based on the assumption that everyone can and should lead.

Comments

Jillian Milne asked what the structure is underneath the SPG and where to direct certain topics.

Action: Zoe has produced a schematic on this, and it will be distributed with meeting papers.

Rob Hughes mentioned if other representatives from Housing organisations should be part of the group. Zoe Robertson replied that the Chair is open to having other representatives to future meetings if it is felt this would be of benefit.

Bill Wood asked if any subgroups would be set up in the future to link into wider networks. Zoe Robertson responded that as this is a quarterly meeting that those types of groups and work would take place in the periods between meetings.

Gordon Paterson explained the IJB (Integration Joint Board) comprises of:
4 x Elected Council Members
4 x Non-Executive Members- NHS Tayside
Public Partners who have been elected to represent a range of other contributors
Board meetings approves strategic direction, a responsibility for planning and commissioning of services. It does so by directing NHS Tayside and

Council boards to start the services to pursue/achieve strategic objectives. Those strategic objectives and priorities of the IJB are contained within the 5-year strategic commissioning plan (which can be provided upon request). It outlines the ambition as an IJB that the HSCP will deliver on to ensure improving outcomes of Perth and Kinross communities, Carers, and citizens. The IJB has an Audit and Performance committee with the SPG being a statutory group that sits below and works alongside the IJB.

Gordon then went on to explain the HSCP supports adults through Primary Care, Community Care and Social Care. It has approximately 1600 staff with a budget of approximately £200 Million. It is responsible for delivering the services of the Council and the Health board. No staff are employed directly as staff are employed by the statutory partners.

In Perth and Kinross there is an Integration Scheme and that defines what services are delegated to the IJB and subsequently are delivered to and by whom. This scheme is now 5 years old and is currently being reviewed and revised. An update on this will be provided at a future SPG meetings.

Jane Smith commented that a IJB Member Induction Guide has just been issued to the IJB and it has been suggested this be provided to members of the SPG.

Action: IJB Member Induction Guide to be distributed with meeting papers

Councillor Drysdale commented that IJB is complex but works extremely well with the HSCP. Ultimately the goal is to integrate the services. With the review of the Integration Scheme a restructure will happen as part of that within the next 18 months.

Evelyn Devine commented about the development needs for SPG members. Any needs will be addressed.

3. Remobilisation Plan

Introduction to the plan:

There have been a lot of impacts on services over the last 15 months due to Covid. The Remobilisation plan shared before the meeting today is the third version due to ongoing challenges and pressures due to Covid 19. During the period of the second wave and the rollout of the vaccination Programme that the third version of the plan was produced.

The Remobilisation plan is an ask from the Scottish Government to identify where support is needed and the response to the challenges of the pandemic. More recently the future projection of plans and strategies has been looked at. This is also in part to the success of the Covid Vaccination Programme.

Staff who have been retasked and within their substantive posts have worked tirelessly to provide care to Covid positive patients, often becoming unwell themselves. Staff have shown immense resilience throughout but after working in this challenging environment for 15 months and are now tired and challenged. Current high levels of infection, compounded with staff fatigue and the reinstatement of non-Covid business requires a balanced approach moving forward.

Overall, the Remobilisation Plan comes with assurances of additional

funding provided by Scottish Government.

Gordon then ran through the key points from the Remobilisation Plan.

Comments

Ingrid Hailey asked if an acknowledgement had been noted about the cost of PPE materials and cleaning products where some of the types and levels of these products had previously not been used. Gordon responded that this has been considered within the plan. Although it is important to keep raising this with the likes of Scottish Care and third-party providers. Jane Smith commented that sustainable claims have been signed off timely, in a fair and proportionate way.

Dawn Wigley commented that IPC has changed and adapting to new ways of working/delivering care will take some time to get used to as normality returns. This has been challenging when in a home setting to adhere to these guidelines due to the nature of the environment.

Bill commented that as a provider of registered services they have aligned with the Health Protection team and solely follow their guidance. This has caused some conflict with service user families e.g., because paid staff must wear masks, swimming activities cannot be undertaken with individuals as you can't wear a mask in the pool. With swimming pools opening again this has caused some conflict between service users/families and workers as this was a very valid outlet for some.

Amanda Taylor commented on Near Me/Digital technology being used to connect with GP's and local facilities.

Amanda Taylor commented on LiNCS model, this connects health multidisciplinary teams with HART to allow people to stay within their own homes. A bid has been submitted to Health Improvement Scotland to receive funding to develop Hospital at Home services.

Angie McManus commented about the Covid Assessment and Rehabilitation and Enablement Service (CARES) being setup by Dundee HSCP in July 2020 to work with long covid patients. Accessible via helpline or central contact. Patients are then sent a Post Covid enablement pack. To date have received 416 referrals, 75% of which are key workers and include 34% of HSCP employees. The input from the service includes 8 appointments and 6% of people need no further input beyond that. Due to the inevitable longevity in the appointment process, there is a current waiting list, which stands at 263(34 week wait). This has brought about discussions around the model to make it a Tayside wide model with 75 people on the waiting list from P&K.

Melvyn Gibson commented on new brain health project and believed 6 or 7 sites are being setup with assistance from Alzheimer's Scotland. Information passed to Lindsey Baillie. Also, to be added to the Carers Strategy agenda by Karyn Sharp.

Bill commented about the Near Me services not being suitable/accessible for all clients in supported living facilities. Due to costs being a barrier.

Danny Smith commented about how all the new services get

communicated with patients. National messaging doesn't appear to be happening. Gordon replied that a Communications Strategy is in process. Jane Smith and Danny Smith are to take a discussion offline to progress further.

Danny then went on to discuss the lack of Consultant Psychiatrists within Primary Care (1.4 F/T equivalent) and the impact on patients and waiting times as a result.

Maureen Summers and Ian McCartney both commented on priorities around Mental Health services/Waiting lists and the impact on clients. Gordon replied that the Community Mental Health Strategy is in development, and that will come to the SPG for comment.

Any further feedback on the Remobilisation Plan can be fed back through email

4. Topics for Future Meetings

Mental Health Strategy

Market Facilitation Plan

Suggestions for other agenda items can be emailed into Zoe Robertson for future agendas

5. AOCB

No discussion required

Date & Time of Next Meeting

31st August 2021

1pm- 4pm via Microsoft Teams