

GROUP NAME:	Keith and East Locality Board Meeting
CHAIRPERSON:	Pam Gowans
DATE OF MEETING:	Wednesday, 24 July 2019
LOCATION:	Meeting Room, Turner Hospital
ATTENDING:	Pam Gowans, Chief Officer (PG) Steven Lindsay, (SL) Staff Rep NHSG – via VC Leon Stelmach (LS), Chair PPG Gerry Donald, (GD) Head of Planning Stan Matheson, Project Director – via VC George McLean, Infrastructure Programme Manager Dr Liam O’Loughlin, GP, Community Hospitals Superintendents Group – via VC Bruce Cruickshank, Third Sector Liaisor, Moray Wellbeing Hub (BC) Susan Pellegrom, Project Manager, Infrastructure, Premises and Digital. (SP) Dr Daivd Rathband, GP, Keith (DR) Duncan Munro, IT Project Manager, Aberdeen (DM) Nicola Rochester, Personal Assistant (Minute) (NR)
APOLOGIES:	Dr Lewis Walker, IJB Clinical Lead (LW) Garry Kidd, Assistant, Director Finance NHSG Sean Coady, Head of Service (SC)

Final

1	<u>Welcome/Apologies</u> The Chair welcomed everyone to the meeting and apologies of absence were recorded for those mentioned in the above box.	
2	<u>Minutes of the last meeting</u> It was agreed that the minutes of the last meeting could be regarded as final. Action: NR to circulate minutes as final.	NR
3	<u>Matters arising/actions from the last meeting</u> These were as follows:- <u>Scheme of delegation</u> – Done and circulated and accepted for the Keith project. <u>Moray Council</u> – Investment possibilities. PD has raised this point through Council colleagues but it was decided that an official meeting is necessary. PD asked NR to arrange a meeting with the Chief Executive of the Council, herself and Gerry Donald. Action: NR. <u>Private industry involvement</u> – it was reported that a meeting had been held with the Police Estate. Keith Rotary Club, Keith Builder’s Yard and an engineering company had been approached but to date no replies had been received. Pharmacists had also been contacted and they are considering whether to be involved as a cash sponsor. Distilleries and a brewery may wish to be involved	SM NR

	<p>via community shares (although they could have a right to ask for their money back at a later date).</p> <p><u>Communication and Engagement</u> – Good progress had been made so far. There had been limited staff involvement at the staff briefings in Aberlour and Buckie. However, with the forthcoming workshops starting later this month and into October, it was felt that staff would attend those. PD had recently done a film associated with her work on the Strategic Plan. Colleagues might like to consider running a podcast after the workshops had concluded. The trade union side said they would feedback any concerns through to SP direct. Action: SP.</p> <p><u>Keith Show</u> – Was generally well received. Of those approached, not everyone was keen on making use of IT for medical consultations. The community preferred traditional face to face contact with doctors and other medical practitioners. The Group noted that it would take time for everyone to accept how IT could be to their advantage particularly in saving on travelling time and costs.</p> <p><u>Digital Transformation – Social Security Scotland</u> – SP reported that she had been in touch with them and a meeting had been arranged for this Friday to get them involved and test their interest level. Action: SP</p>	<p>SP</p> <p>SP</p>
4	<p><u>Care in Between Project – GSA</u></p> <p>It was noted that some members of the Group had not seen much progress from GSA in recent months.</p> <p>However, it SP reported that she has been in fairly regular contact with GSA and could inform the Group that work was being done in stages (albeit slowly).</p> <p>First, GSA were looking at the discharge element at DGH. This would then be followed up with a study of community hospitals. They are currently undertaking a workshop of analysing data. There would then be a 'data pulling together' stage which would take on points arising from the service modelling workshops (starting soon). From this a landscape would be created where it was envisaged that a joint workshop would be held on 5 December which would be an options appraisal day that would ultimately feed into the national plan proposals.</p> <p>There was a query about the GSA's original brief. In response it was stated that GSA was brought into look at how community hospitals are used now; seeking professional views; seeking the views and experiences of users and to then assess options for the future service model. GSA were hired on a one year contract. Their funding runs out at the end of the financial year</p>	

5	<p><u>Project Plan</u></p> <p>A draft project plan had been circulated in advance of the meeting.</p> <p>It was explained that this Group needs to report back to the [Scottish Government] by May next year at the latest for an initial agreement. It was important to note that this deadline does not slip (owing to a definitive resource). Indeed, the Board should aim to submit a return ideally by April next year so that Keith is not seen as out of step with other projects.</p> <p>The Scottish Government is set to make an announcement on primary care finances later this year.</p> <p>In paper terms, the Keith project is slightly behind. Confidence noted in being able to catch up and get in line with other projects.</p> <p>Action: GMcL for ongoing project plan issues.</p>	GMcL
6	<p><u>Benefit Realisation Plan/Investment Objectives</u></p> <p>A document was circulated on this before the meeting.</p> <p>It has been identified that there is a need for charge. Once that has been precisely understood, some substantive investment objectives will be set which will then lead to a risk register. The Project Board will need to finally approve the objectives. Key colleagues will consider how to align the GSA's work to this work. There is still time for yet more objectives to become known.</p> <p>A short discussion then followed. One Board member enquired whether there would be scope for the commercial sector to have a role in this project ie gas/oil/drinks industries etc.</p> <p>It was agreed that this could be seen as something of a challenge. Private involvement would need to be built in now as the NHSG wouldn't normally consult the private sector for private investment.</p> <p>That said there might be scope for the private sector to lead on occupational medicine as well as for physiotherapy services. It was noted that all opportunities should be considered within the parameters of the project should they be a means by which progress could be made.</p> <p>The discussion then moved onto asking whether there was scope within the Moray Growth Deal for some investment. It was thought unlikely as both Buckie and Aberlour were thought to be benefiting from this first, however this will be explored.</p> <p>At the end of the discussion it was agreed that:-</p> <ul style="list-style-type: none"> (a) GMcL would explore private industry investment options; and (b) PG would have a meeting with Roddy Burns and Gerry Donald to see if Moray Council would be willing to part fund an investment into the Keith project. <p>Action: GMcL and PG.</p> <p>The meeting noted that a first draft risk register had been developed as well as commercial case document. Both of these are self-explanatory.</p>	GMcL PG

	<p>In respect of the commercial case, the document covered all that is needed to drive through the strategic case, with the management case section dealing with the governance case.</p> <p>At the end of the discussion, colleagues were asked to consider all the documents and submit any comments to GMcL/SP.</p> <p>Action: All.</p>	All
7	<p><u>Communication and Engagement</u></p> <p>A draft Stakeholder and Communication and Engagement Plan was circulated in advance of the meeting.</p> <p>The document already builds on work already started in that the public have a voice and can influence the project. Working with the public and partners in this process are key particularly for well-being matters and complementary therapies.</p> <p>The Board noted that the communications and engagement website whilst visually representative, did need more of a professional touch going forward so it was user-friendly and fit for purpose.</p> <p>Additionally, the Board felt that in addition to the website, there were other engagement options available that could assist. These included:-</p> <ul style="list-style-type: none"> (a) Having a stall at the forthcoming Keith Show; (b) The Chair giving an interview on Keith Radio; (c) Using the mobile information bus; (d) Using the Tesco foyer/local shops; (e) Ads in local schools; and (f) Adding a link to the communication and engagement website onto repeat prescriptions. <p>At the end of the discussion it was felt that the following actions could be taken forward reasonably quickly so as to maintain the momentum of the work:-</p> <ul style="list-style-type: none"> (a) PG to speak to the Head of Schools; (b) GMcL to speak to Eildh McKechnie to progress the above; and (c) All to consider the Plan document and submit any comments to SP. 	PG, GMcL, All
8	<p><u>Digital Transformation</u></p> <p>It was noted that the digital element of the project needed to be enhanced and required patient testing ie for Attend Anywhere, welfare situations etc. The Working Group will arrange this with assistance from Digital Health Scotland.</p> <p>Separately, the Chair advised that a simulation space is to be developed at the Alexander Graham Bell Centre, Moray College and this could help the project in the future.</p> <p>Action: GMcL</p>	GMcL
9	<p><u>Elective Care and Community Hubs Awayday – 16 August</u></p> <p>SP is expected to attend this event on 16 August and she will report back on what is possible for this project.</p>	

	Action: SP	SP
10	<p><u>Correspondence</u></p> <p>The Chair reported that there had been an increase in the number of enquiries about this work and this will probably continue.</p> <p>A Members' Briefing meeting is scheduled to take place in 2 weeks' time which the Chair will attend with SP and will update Members about this work.</p> <p>It was noted that engagement of the Politicians was important.</p> <p>Action: PG, SP.</p>	PG, SP
11	<p><u>AOCB</u></p> <p><u>Keith Assets</u> – PG to liaise with Richard Anderson, Head of the Housing Review at Moray Council about Keith's assets.</p> <p><u>Location of new facilities</u> – the location of Keith's new medical services is unlikely to be directly affected by proposed amendments to the A96, this was however a point of note.</p>	
12	<p><u>Date of next meeting</u></p> <p>Wednesday, 18 September 2019 at 1 pm, Meeting Room, Turner Hospital and Southfield venues via VC.</p>	