

The following notes and comments were gathered during the workshop activity and will inform the revised draft plan 30th May 2018

Vision

- Put person at the centre
- Requires rewording/revision for clarity
- Should have Links with children and young people
- Should be more linked to health and social care standards
- Aspirational/inspirational/motivational not encompass everything
- Should be short and snappy
- “Quality Health and care for the people of Moray” Hope, Love Peace
- High quality of care to all those in need delivered by competent staff
- Should shorten -mantra you live by versus know what sits behind it – quality, sustainability not necessarily money
- Needs to be realistic – we don’t want to shoot ourselves in the foot - so broad – not going to fit it on a T shirt – where is it used on the building
- It is person centred in its description
- If we get the vision right the outcomes will follow
- Always what we are aiming for - do we involve citizenship?
- Finish vision at supported – remove to achieve their own goals
- Why is it a shared vision for Moray
- Longer vision with shorter statement
- Vision – not inspire, sounds good, how will we measure funding to support
- Where are we going to deliver socio economic issues, children/education respect families and link to other goals
- Stick to more health and social care – more achievable, include all in communities
- What about those that are not active and want to be included
- Stop looking at things as a medical model – quite negative enable rather than improve
- Work with council development plan – housing
- Co-operatively working together
- Can’t just put everything in one box – join up
- How do we involve those who can’t or don’t want to be involved
- Vision can’t be too technical break down what we can achieve in 2-5 years’ time
- Relationships to who – family unit
- We should include something about technology in the vision – then make sure access and that folks are able to connect
- Empower rather than enable
- Investment in the workforce to provide seamless services (might be different things) – improve hand offs- joint training and development opportunities
- Include voluntary/third sector support – aim – good stuff/share it – layers of implementation – key worker
- They need to be quantifiable – what is community 16-18 year olds is a critical time community of young people

- Services should seamless not the workforce – training support, HR, Terms and conditions
- Redesign of infrastructure

Scope of the Strategy

- The scope should include - parents/families and young adults
- Which are children not included ?

Values and principles

- Should be jargon free – currently wordy
- Remove labels such as “patient/carer” etc should be patient centred – “Iwill”
- Agreement that values and principles are overarching so not detailed
- 2nd value supporting people to live independently at home for as long as possible – revoe “will always be our default position”
- Values for everyone – underpin every decision and action
- We should use the principles of the national care standards
- Some are outcomes rather than together
- National – combine and ensure they are reflected

Should we adopt integration principles?

- Both similar in content – different wording integration principles less wordy
- Difficult to measure against
- Care standards – short to the point/easy for all to read
- Use the five principles - my care my life
- Mutual dignity and respect between staff and service user
- Brief concise point which can be measured
- Prevention/early intervention missing
- Support independent living is that what people want
- Simple measure
- What support if own your home
- Too many to go through

Strategic Outcomes

- Need more info, these aren't outcomes
- Should reflect the rural nature of Moray
- Carers outcome not value
- Don't know where they came from or what evidence there was to support them
- Don't understand them “relationship” requires clarity
- To Be
 - working together
 - Supporting independence in an appropriate environment
 - Make best use of resource efficiently, effectively according to need
 - Person centred care and support

- Listen, respect and value (all not just carers) workforce
- MORE honest, fair and equal
- Remove *seamless* replace the workforce
- “Redesign infrastructure” not infrastructure and redesign
- Access/referrals and signposting
- labels apply to all
- workforce - changing face of primary care part of redesign
- Are we maximizing technology
- Seamless processes – how does public navigate that, what does the journey look like/how do you access services, promoting engagement process, signposting and referral
- Integrated workforce/seamless health and social care – challenges different terms and conditions – access to shared development and training
- Recruitment of staff – GP’s, specialists, consultants
- Best value from best provision – not see the cheapest
- Appropriate use of technology – promise kept –still waiting
- Local services
- Invest to save – resource prevention - how do we move/shift resource?
- Unpaid carers – 24/7 time to look after self – worry for those you care for
- Concept might – to be responsible need the resource
- Might imply you don’t look after yourself
- Emphasis on community – we need to take more responsibility
- Shortfall in community, increasing working age, reduction of access to support
- Change of mindset – “we” are responsible for caring for our neighbours
- Infrastructure and design is wider than Moray –Grampian, Scotland, national links to pharmacy – may need resource
- Time limits constrain services to maintenance of wellbeing
- Community hospitals, more AHP’s in primary care managing patients and preventing hospital admissions
- Development of teams, sustainable services across moray, improving outcomes for unpaid carers, deliver appropriate services based on need

Other Comments re Project

- How do we link Arrows into this process
- How does this link into children and young people/families with trauma informed practice
- Where does this fit with the LOIP
- Explore community – in relation to young people (18+ or 16+)sense of community this connects community and workforce
- Strengthen links to child/young people and adults
- Communities needs to be about design, planning of houses, roads, transport links as well as the people
- Community – a better place to stay – strengthening connections and setting the strategic direction towards links between children, young people, families and adult services

Policy

- New drug and alcohol combined strategy and Alcohol Framework due for publishing Summer 18

Standards

- How will we measure these ?
- Expectation of care – better standard
- Too much to consider
- Could use the principles that underpin the standards

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