

## Strategic Planning Group – Reviewing the Moray Strategic Plan (03/04/2017)

**Workshop activity:** Café style event where 24 attendees from management, staff and service users considered and discussed progress against key themes in relation to the Strategic Plan. The aims of the workshop were to discuss with wider stakeholders group

- What have we achieved so far?
- What lessons have we learned?
- How we draw on these lessons and plan in the context of the financial landscape for future priorities?
- Our Future Priorities in Moray

<b>Theme: Promoting Community Wellbeing</b> (public Health, TSI, Community Development etc)			
Progress	Stop	Start/Continue	Improve/Good Use of Resources?
<ul style="list-style-type: none"> <li>• Examples given of variety of community groups/initiatives supported individually or jointly by TSI, public health team or community development team</li> <li>• Better understanding and response to cultural societal differences across Moray</li> <li>• Increase population understanding re looking after yourself</li> <li>• Strengthened communication and partnership working</li> </ul>	<ul style="list-style-type: none"> <li>• Working in silos at HSC and CPP level</li> </ul>	<ul style="list-style-type: none"> <li>• “Making Every Opportunity Count” programme – SF and RS – keen to adopt</li> <li>• Growth and sustainability of a Prevention and Early intervention workforce.</li> <li>• Wider Public health and Early Intervention and Promotion activity gains to be had It takes time to evolve prevention and Early intervention there are little quick wins</li> <li>• Strengthen monitoring and evaluation</li> <li>• ? Adequate transport arrangements for those less able to get to groups</li> </ul>	<ul style="list-style-type: none"> <li>• Provide key information and support to inform and give guidance to community/ third sector/ed groups/so that their vision and plans/contribution better responds to the Moray position</li> <li>• Community hospitals – scope for third sector engagement and work with public, patients, visitors, staff</li> <li>• Organogram</li> </ul>

Other information: Digital shared assessment (similar to red book)

**Key Points going forward in relation to Promoting Community Wellbeing Theme:**

- Continue on the direction of travel
- Agree mechanism/model for a whole system approach e.g. “Making Every Opportunity Count” programme
- Provide guidance and support to community/ third sector so their contribution better responds to the Moray position
- Strengthen monitoring and evaluation

<b>Theme: Staying independent and self-management of long term conditions</b> (care at home, falls prevention, peer support MH etc)			
<b>Progress</b>	<b>Stop</b>	<b>Start/Continue</b>	<b>Improve/Good Use of Resources?</b>
<ul style="list-style-type: none"> <li>• House of Care</li> <li>• Peer support in various settings</li> <li>• Peer support and mental wellbeing developments</li> <li>• Good first years – need to prevent focus on mental health maybe coming through and causing further stigma?</li> </ul>	<ul style="list-style-type: none"> <li>• Thinking in terms of single conditions – “People not Conditions”</li> </ul>	<ul style="list-style-type: none"> <li>• Care models should be modelled more around personal outcomes</li> <li>• House of Care: De-medicalise. Effects rather than diagnosis. Person centred - Not condition focused. Holistic needs assessment</li> <li>• Model ? How do we get efficiency but deliver person centred care?</li> <li>• Challenge to rural isolation – virtual presence but need to consider tech access and ability</li> <li>• Be aware of fracturing of family support networks</li> </ul>	<ul style="list-style-type: none"> <li>• Still a lot of work to do</li> <li>• Currency – time - e.g. Dr – 10 mins – what can you do? How do we create a system that is not reductionist?</li> <li>• Peer support model - needs to be positive: think of Trip Adviser, negative to positive comments about the same experience – different views</li> <li>• One size does not fit all - Solutions need to be variable/varied in line with what is best for the individual</li> </ul>
<p>Other: Space – physical – what does this need to be? – potential to use fire service buildings – urban and rural prescience</p>			

**Key Points in relation to Staying independent and Self-management of Long term Conditions Theme:**

- Continue on the direction of travel but look to ensure holistic, person centred approach across all services
- ?? Improved monitoring, evaluation and review of outcome measures
- ??

<b>Theme: Integrated Recovery, rehabilitation and enablement</b> (This group focused on mental health recovery)			
<b>Progress</b>	<b>Stop</b>	<b>Start/Continue</b>	<b>Improve/Good Use of Resources?</b>
<ul style="list-style-type: none"> <li>• New developments - mental Health and Wellbeing Centre (linking with senior case workers)</li> <li>• GP link workers for mental health</li> <li>• Making Recovery Real initiative: positive – strengthened community networks; tackled stigma; making in-roads on how to tap into current contacts</li> <li>• Vintage teas and Community Champions – positive, lots of community champions in place</li> </ul>	<ul style="list-style-type: none"> <li>• Maybe continue/ maybe stop/Needs further consideration: there are lots of link workers or support workers – including new ones in GP practices. Confusing - be clear on remit/Is there overlap? How do service users/public know who they are and what they do?</li> <li>• Public concerns about how a holistic approach is taken i.e. Who is taking the overview of care if lots of support workers are involved?</li> <li>• Stop missed opportunities to tell the positive messages about what IS going on. Shift the balance from negative stories about what isn't going on or what isn't being funded to what is being done (example the press coverage around ceasing Horizons funding – this catered for approx. 30 individuals, but</li> </ul>	<ul style="list-style-type: none"> <li>• Continue focus on mental health recovery</li> <li>• Continue to work on better coordination; example discussed of the new Mental health Wellbeing Centre with a senior case worker linking in and includes links to psychology staff</li> <li>• Continue building relationships and to make connections between services, build relationships and share information</li> <li>• Continue removing barriers and easier access</li> <li>• Continue tackling stigma re mental health e.g. Link worker title (generic)</li> <li>• Continue the commissioning process</li> <li>• Continue evaluating projects</li> <li>• Mental health: fire service can get “in the door”- start sharing info and developments so signposting</li> </ul>	<ul style="list-style-type: none"> <li>• Start/Improve - Localities clarify are they up and running? Who from each community is involved or can be involved e.g. Community councils unaware. How can we engage with everyone? Is there a role for the Scottish health council in terms of public involvement?</li> </ul>

	<p>with same money created a wellbeing centre for the whole of Moray</p> <ul style="list-style-type: none"> <li>• Stop using confusing names for services or initiatives</li> </ul>	<p>can be added to fire safety visits</p> <ul style="list-style-type: none"> <li>• Start- co-ordinate press releases and share info across services. Think public awareness and communication strategies, publicity and increase good news stories</li> <li>• Promote community safety partnership – wide remit/share info through this mechanism</li> <li>• Start to ask people how would they like to be informed? Variety of communication methods/Social media</li> <li>• Start a kindness, compassion movement</li> </ul>	
<p>Other:</p> <ul style="list-style-type: none"> <li>• Gov policy regarding patient involvement/service users participation standards has no “teeth”. Need commitment to act upon and improve quality, match performance.</li> <li>• Other – where or how does the link come with young people’s services (adult v children's) and transitions?</li> </ul>			

**Key Points in relation to Integrated Recovery, Rehabilitation and Enablement Theme:**

- **Continue on the direction of travel**
- **Review developments to avoid duplication and clarity ?**
- **Improve public information about commissioning decisions/service redesigns**
- **Improve community awareness of and input to development of localities/ locality planning**

**Theme: Intensive supports**

(frail elderly CGA, palliative, end of life care, community hospitals)

Progress	Stop	Start/Continue	Improve/Good Use of Resources?
<ul style="list-style-type: none"> <li>• Continue to change culture in community hospitals</li> <li>• Creating community team opportunities- share the load</li> </ul>	<ul style="list-style-type: none"> <li>• Too early to stop anything!</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to change culture in community hospitals</li> <li>• Create community team opportunities</li> <li>• Improve MDT communication – working in community hospitals</li> <li>• Define intensive support</li> </ul>	<ul style="list-style-type: none"> <li>• Mindset challenges/ opportunities</li> <li>• Structures required</li> </ul>

**Key Points in relation to Intensive Support Theme:**

- Continue on the direction of travel
- Clearly define what intensive support is. Ensure key services have clear roles, responsibilities and remit and other community stakeholders are supported to achieve their role and contribution ??
- Improved monitoring, evaluation and review of outcome measures

## Attendance List

**Strategic Planning Group – Reviewing the plan**      3rd April 2017, Elgin Town Hall      09.00 – 12:30

Ivan Augustus,	IJB member(carers)
Fire service	representation
Martin Robertson	TSI moray
Ann Hay	Community Development Team
Tracey Gervaise	Health and Wellbeing Lead
Graham Findlay	North East Sensory
Julie MacKay	Operational Manager, mental Health
Kirsteen Pyatt	Community Mental Health
Aileen Marshall	OPRG member
Ann Earle	PPF member
Pauline Maloy	Health Intelligence
Wendy Johnston	Project Support
George McLean	Primary Care manager
Jamie Hogg	Clinical Lead
Sean Coady	Head of primary Care
Chris Littlejohn	Public Health Lead
Pam Gowans	Chief Officer
Holly Hendry	TSI Moray
Lorna Bernard	Project manager
Roddy Huggans	Commissioning and Performance Manager
Ann MacKenzie	Service Manager
Irena Paterson	OPRG, Alliance
Jane Mackie	Head of operations
Sandra Gracie	Strategy Development officer