



# Strategic Planning Reference Group

Developing our strategic options workshop – 4 October 2018

## Workshop discussion notes

Exploring our existing priorities and to consider five or six headlines to take forward.

### **1. More people will live well in their communities – the population will be responsible for their own health and wellbeing, the community will respond to individual outcomes.**

- Most difficult one would be population to be responsible for their own health and wellbeing – most are but many are loath to admit their own health issues. Some are not able to make decisions for themselves.
- Comes back to the point around the health inequalities agenda – it's not just about health, access plays a part in people being able to live well and take responsibility. If you are elderly you might need a bus to get to a group.
- Feedback from the Men's Shed in Keith was that men didn't talk about problems but they get together now and talk about things and get things sorted - that works. At our Tuesday soup and sweet we have groups coming in and people talking to people they wouldn't normally. It's a focal point.
- There are opportunities around what communities can offer to connect people and tackle loneliness. How do we find out about people?
- What does "the community will respond to individual outcomes" mean? Community resilience – what does the community have to offer; how do we galvanise around people? Is there any mechanism for the postie to raise concerns (for a householder's wellbeing)? They might realise something is up and may be the only person someone sees. Could they be recruited to flag up concerns to their supervisor who will pass it on? There is a difficulty in putting that responsibility onto employees; the social eco-system has been killed off by privatisation. What are the triggers that you should take action – mail building up? Who do you call – the GP who is already busy; the district nurse?
- Like the sentiment that people should live well in their community. People living well in the community should be what we aspire to.
- Term community can be used in different way – a community of Men's Sheds or line dancers, not just a geographic community. Loss of community – lots of people don't know the people they live next door to. We could have Facebook groups. There is a danger that technology can make older people feel isolated. There are many older people who don't have a mobile phone.
- Opportunity to have different conversations in different communities. Teams being connected to the community; idea of the neighbourhood care team following the example from Holland where staff would keep a weather eye on people. Some communities have community resilience plans (e.g. what they would do in a flood), so could health aspects be added into these?

- Appropriate support at the appropriate level and time. Integrated and flexible. Community is the key to getting it to work.
- Maybe we need to step up as individuals and put the message out that we all need to support each other. We need to put out good information – you can't be sued for trying your best (such as clearing snow from pavements or giving first aid) – so people are not so scared. Opportunities for a keeping safe campaign which makes the most of available resources. Promote a campaign around kindness – be engaging and fun.
- There will always be some people who don't buy into community
- Should we be taking the model of link workers forward – people who are good listeners and can provide information? Should there be more around social prescribing and health coaching – giving some ownership back? Not everyone's goals are the same
- “More people have access to the support they need to live well”; “Supporting people in the community to live well”

It was agreed that the priority around how we support people in their community is still critical, but there is some opportunity to revise/develop.

## **2. Carers can continue their caring role whilst maintaining their own health and wellbeing**

It was agreed this goes without saying and a priority around supporting carers as equal partners should remain.

## **3. Relationships will be transformed to be honest, fair and equal**

- If they aren't, what's going on?
- Take out the word “transformed”
- It goes without saying. Should be one of the founding objectives of all organisations. Should be a principle/value – something about how we work with people and not doing to people. How people work with each other – does this come into workforce issue?
- People fail on this because of lack of time.
- People lack confidence to have difficult conversations.
- Equalities – boils down to the individual. Person will have priorities and so will the organisation. Aspirational.

It was agreed this is an underpinning value/principle rather than a priority.

## **4. Investment in a seamless workforce to ensure that skills, competencies and confidence match the needs to enable people to maintain their wellbeing.**

- What is our ambition for our workforce? What is the reshaping potential of that workforce?
- Need to have a stable workforce. Attraction of talent and stability.

- An integrated and valued workforce
- Need to be pushing the integrated arrangements. The Forres model has been a good push for an integrated team – who is the team which can help that person? The decision-making of each one is enhanced by the knowledge of the others. Sits well with the new GP contract. How do we work out what the shape should be?
- Need to invest in the workforce so they have the confidence to step out and do things differently
- To be listened to; having the confidence to have their voices heard
- Are you looking at all workers, all service providers? It shouldn't be about who you work for. It's the team who delivers that care.
- Something about how public service teams connect to others. At locality level there's more chance of getting the right relationships. We are broadly a human system. Find a way to communicate and work with each other.
- There are a lot of great organisations out there that are not known about and tapped into.
- How are you going to cope with the new data protection regulations around sharing information without consent? When there is risk of harm we can act. You need to be confident you can defend your actions as being for the good of the individual.
- The seamless workforce has to stem back to commissioned services. Huge disparity of terms and conditions. Responsibility to equality. Importance of when a service is being commissioned there has to be something changed so that in there is something about what is the employer going to be like. As an individual (under SDS) you can become the employer – you are putting people in the community in the position of becoming an employer without having a Scooby. People are finding themselves falling foul of Employment law. On behalf of our trade union (UNISON) we are pushing Fair Work Principles. We need to promote the value we place on the people who deliver the services. People who deliver care don't feel valued. People can earn more working in Tesco; the working conditions and rates of pay are more attractive in the retail sector. We are not valuing the empathetic element of this work. This is something that needs to be built into the Strategic Plan. Need to address equality of access to training. The IJB could tap into areas of funding and ensure access no matter who you work for. It's all about raising the standard/quality of care.
- Some individuals working in the care sector have not been in a learning setting for a long time and need support.
- Upskilling staff, looking at their talents so they can work more flexibly

It was agreed there should be a priority around valuing and supporting staff and continuing to develop our integrated workforce.

## 5. Technology enabled care considered at every intervention

Still needs to be there as we haven't got it off the ground. Attend Anywhere has been tested. How do we address issue of connectivity and people not having necessary technology on their device? Could we set up hubs which have the technology? We have to change the way we work to add value to everybody. It has to be part of how we do business or else it becomes stagnant. Want to push forward transformation through digital. It's about how we implement it and support people to use it.

### Suggested themes for priorities

- Community
- Carers
- Workforce
- Delivery of care - localities; integrated multi-disciplinary team model; one system approach; technology
- Inequalities

### Additional comments made:

- Existing priorities and point 1: community equates to citizenship - as good citizens we all have a responsibility to each other. This creates a sense of belonging.

### Priorities

- Enablement: need to change culture within services (i.e. how Woodview come into being) BUT also change community culture toward self-enablement and support Health & Social Care Moray services.
- Using all resource and challenging mind sets within service. Supporting the "going further" integration. Strategy needs to make this boldly.

### Commitments

- To true co-production with all – strong support in the strategy for this to continue the good work of projects like Woodview. How would this look in Dr Gray's per say? Co-production at all levels. Strategy needs to help this happen.
- To challenging stigma of using services; some long term conditions, labels etc. (including self-stigma) that prevents folk taking prevention measures.