Health & Social Care Moray

Draft Strategic Plan consultation report – October 2019

1. Introduction

The draft Strategic Plan sets out a vision for adult health and social care where we "come together as equal and valued partners in care to achieve the best health and wellbeing possible for everyone in Moray throughout their lives."

The Plan sets the future direction for the planning, design and delivery of services over the next decade. Key themes and priorities were identified through a process of strategic needs assessment and engagement with a wide range of stakeholders.

We recognise that by working together as active Partners in Care we will be in a stronger position to address the challenges of increasing demand and limited resources and drive forward a more integrated model of service provision which improves outcomes for people with health and care needs, their families, carers and communities.

These services are provided by Health & Social Care Moray, the partnership made up of staff working in Moray Council and NHS Grampian, along with partners in the Third and Independent sectors.

2. Engagement to inform the draft Strategic Plan

A range of opportunities were utilised to have a series of conversations with individuals and groups in order to help inform the draft Strategic Plan.

This included: IJB development sessions; Strategic Planning and Commissioning Group meetings; Strategic Planning and Commissioning Reference Group workshops; System Leadership Group sessions.

3. Formal consultation period

Following approval by the IJB at its meeting on 29 August 2019, the draft Strategic Plan was subject to formal consultation for a four week period from 13 September to 11 October 2019.

A range of channels was used to promote the formal consultation, including targeted messaging via email and general public messaging via social media and newspapers.

4. Who responded

In total 28 responses were received.

- 71% of respondents were female, 25% male, 4% self-defined
- 64% were aged 45-64; 25% 65-84; 7% 25-44 and 4% under 16
- 47% were from the Elgin locality; 25% from the Forres/Lossiemouth locality; 21% from the Keith/Speyside locality; 7% the Buckie/Cullen locality.
- 61% identified as members of the public; 21% from the Third Sector; 17% as staff (council, NHS and partnership).
- 36% indicated they had a disability or long-term condition
- 32% identified as being a carer.

5. Summary of feedback

The following is a summary of the key messages that emerged from the consultation.

Building resilience

Many people already take their physical and mental health and wellbeing seriously, recognising that taking greater responsibility for improving and maintaining this enables greater independence for longer.

Respondents stressed the importance of being able to access information to guide them to healthier lifestyle choices. Promoting choice and control may, however, mean that people continue to opt to ignore public health messages.

People would look to peers in hubs or their community for support to self-manage and activities which link to prevention and early intervention. Targeting younger people to manage health conditions could reduce reliance on formal services as they progress through adulthood.

Opportunities should be taken to support people, including members of the workforce, to develop and test local interventions to improve their physical and mental health and wellbeing.

Home First

The risk of becoming institutionalised in hospital was recognised but for people at home increased social isolation and loneliness was also a factor, particulalry for those with increasing care and support needs which limit their mobility and quality of life. Given the choice, some older people may decide that moving into a care home is right for them.

The approach of taking services closer to patients should be balanced with providing the most appropriate care in the most appropriate setting and having regard to best value in regard to a ceiling of care. Home first could place additional pressure on families/unpaid carers, leaving them struggling to have a life alongside their caring role.

The biggest challenge identified by respondents was the availability of the paid workforce required to support home first, particularly care at home staff with gaps in current provision highlighted.

Person led

The reality for many is choice is greatly limited by availability of support.

Awareness of options/choices should be increased through the provision of up to date, accessible information to both people who use services and those who support them and through better communication.

Different approaches to exercising choice and control need to be in place for individuals with learning disbailities, severe and enduring mental health issues and dementia, for example. Advocacy can benefit people in having their voices heard and wishes respected.

The patient/service user and their family should be recognised as equals in the care and support team, should be listened to and their voices heard and respected. When this doesn't happen there should be a process to report this.

People don't feel valued when they face long waiting times for appointments and referrals. Transition between children's and adult services needs to be better.

Partners in care – whole system approach

Respondents recognised the importance of having strategic leadership in place. Continued integration and strengthened partnership working between all sectors (acute, primary and community) must reduce duplication and achieve improved experiences and outcomes for all.

Partnership working - including within Health & Social Care Moray – must value all involved, be evidence and measured. It was questioned how the Third Sector would be recognised, including financially, for its contribution.

Addressing challenges

Many respondents questioned the Strategic Plan's ability to successfully address the challenge of increasing demand presurising limited resources if the vision is to be realised. They wanted to see the detail of the Transformation Plan for the delivery the prioities to understand what is going to be done differently.

Recruitment and retention of the frontline workforce was highlighted. Without them the shift of the balance of care to people in their own homes will be curtailed.

Investment in prevention and early intervention in the community should be prioritised. Resources and assets in the widest sense must be utilised appropriately, spend per person reduced and bureaucracy reduced in order for the public pound to deliver best value.

Partners in care have a leading role to play in reducing inequalities which cut across all themes.

6. What people told us

	Fully	Partially	No	Unsure
Do you support the vision?	71% (20)	25% (7)	4% (1)	-
Do you support the priorities?	68% (19)	21% (6)	1 4% (1)	7% (2)

Q1. Do you support the proposed vision?	
Person-led	• The professions need to meet more readily & include the patient and carer too as these are the ones requiring the service but often aren't listened to. • Not sure how people can feel valued when it is often impossible to get a GP appointment. People do not choose when they are going to be ill. In theory the system should work but in practice it does not. The consequence of this is that people end up going to Accident and Emergency instead as their symptoms worsen and they know they will be seen there. People ask for a GP, we understand the need to send out nurse practitioners at times but surely there also must be a right for someone to see a GP on request. • Good but those who need care need to be heard as well • Who's "we"? Should everyone be "equal" some services will be more important to person-centred care than others? Although everyone's 'voice' should be heard, there needs to be actual decision makers. • And when we are not treated as equals then a process must be simple to highlight this • To receive the correct care and/or financial support the decision must be made by a GP or medically qualified person and NOT employee of Moray Council. Moray Council should not be making medical decisions and must only be involved in the support or care
Whole system approach	• The vision appears to have much of its focus on those receiving long-term care or ongoing needs. There appears to be little focus on those who need day to day treatment in an ad hoc basis and also those who then require to live forward with further specialist appointments/ongoing support out with Moray e.g. Aberdeen, even though this is part of NHS Grampian. Where is the conversation as to how these services work together? • There has to be strategic leadership in place to cover the gaps between Primary and Secondary Health Care and also the care gaps between NHS and Care in the Community. Also a strategic leadership should be in place to ensure smooth operation of the above while dealing swiftly - within hours - of daily emergent failures in the system (inevitable). I have seen failures due to a simple shift change in Medical/ Nursing staff where a patient was discharged home while in no state to cope at home. It took weeks for the Moray NHS response to redress that deficit. • We have some concern that there may be duplication of effort by services when dealing with individuals i.e. not joined up • I support the vision and it says proven record of partnership working but how and who? I would like to see more detail on how this partnership working is measured and specific results notified and know who is going to take the lead. What

Q1. Do you support the proposed vision?	
	organisation have been targeted for partnership working and is there funding? • The vision is fine, however as someone who works within the IJB I do not feel this happens in practice as there is an imbalance within management structures towards the council/care side leaving those with a health background feeling undermined and undervalued.
Addressing challenges	• Services are unable to cope with the level of care required in the community at present and will only get worse as the population ages. How is care and support of individuals in reality going to improve? This in my opinion is what actually needs to be addressed. Community nursing (in all areas) as well as social care are at breaking point. Redesign as much as you like but unless financial budgets improve and more staff employed in all areas, your proposed “vision” is very much pie in the sky!!! • Not everyone can be cared for at home. There is not enough residential care provision in Forres. The vision is unrealistic. • Good idea but difficult if the resources and staff are not available due lack of funding etc.

Q2. Do you support the priority themes?	
Resilience	• Theme 1 will require peer support Hubs in the community to promulgate and explain key facts and information conducive to self directed preventive care. The HUB in Dr Gray's Hospital while excellent and well resourced, is a passive delivery. Active interactive health education meetings are required. • Theme 1 and 3 are sometimes at odds. Taking greater responsibility and making choices around our own health is not necessarily the same thing or result in a positive health outcome. • Taking greater responsibility requires support and how is this going to be provided? Where do people go for information or advice? Where do organisations that want to get involved go to get involved? • More support required in communities for people to take personal responsibility. Especially for the youth and older people. More BALL groups required. Too long to wait on a waiting list to get into a BALL group in Elgin. 1 year and still waiting! • A minor point regarding Theme 1: Personal Responsibility - I would suggest we are not supporting people to take their physical and mental health seriously - many people do and this statement may be misleading. It may not mean whole-system integration and expensive transformation but perhaps it is more relevant in the context of we will support people, including members of the workforce, to develop and test local interventions to improve their physical and mental health.

Q2. Do you support the priority themes?	
Home First	• I think being supported at home or in a homely setting is not necessarily a theme we should aspire to. It should be the most appropriate care in the most appropriate setting. No. Good value for money. • Theme 2: Budgetary deficits and failure to recruit care in the community staff mean that delivery of care at home is still beyond the scope of family members. In some cases this policy is a recipe for slow euthanasia. Transport to care hubs is possibly a better method. • As in my previous comment, far more staff required in all areas to meet the needs of patients/clients to properly support them in their own homes. The “buck stops with the patients and families” appears to be the main focus of this paper regardless how you dress it up!! Thus allowing the big wigs to avoid spending their budgets on front line staff, enabling them to continue to keep themselves in a high paid job, producing papers on statistics which do not give any in-depth solution to the actual problems highlighted!!! • People quickly become institutionalised and it is imperative they get home with adequate care. • If individuals are to be cared for at home then financials should not be restricted by Council nor based on persons wealth • The focus of people staying at home as far possible has been taken to an extreme now. More and more people are staying at home with care or waiting for care. It may not be their choice to stay at home but it appears to be given the option to stay in a care home is a last resort nowadays. The choice is being taken away from many people who would want to be in a care home environment as they are socially isolated and dying of loneliness at home. There are waiting lists for care for people at home who may wait a long time for care whereas their choice of perhaps moving into a care home would be quicker and also preserve their longer term health. This needs to be a consideration as not everyone does want to stay at home. Has this question actually been asked of people as it’s banded about that this is what people want, but is it? Would they want the choice of staying at home on their own for 24 hours a day, stuck in a hospital bed or unable to walk, only see carers or nurses and apart from that have no one around them. I don’t think so. It must be cheaper financially to have people in a care environment than to have carers attend many times each day and in some cases this may also enhance the mental wellbeing of the person who needs the care. Some people do want to be with others in a shared environment and this shouldn’t be a battle with the authority and also shouldn’t be something that is agreed only as a last resort. It should be a choice, as this is what people should have.
Person-led	• Theme 3: I think people already have these choices. What is lacking is the provision of options and the awareness of these

Q2. Do you support the priority themes?	
	options by the Community care and NHS staff. It is not only the patients who will need to be kept informed of the current options. • As a carer of a young adult with a chronic condition, with little supports for that condition in Grampian we have had no option but to take control of decisions around health and health and wellbeing and education. Some focus needs to be given to those with conditions that are not supported via transition services to allow these young people to be able to move through to adult services and onto a fulfilling life. Many get lost from 16 when they are not in a school planning system and not supported well in a health system...this in turn causes increased mental health issues as they feel unsupported. • It is a fallacy to say that people can make choices over their care. The service is not led by choice it is led by what is or is not available sadly. • Yes listen to the person who needs care and act along with them as equals • Not everyone is capable of taking responsibility for their own care. e.g. people with severe dementia. • These are good themes for those who are able to do so. We need to be careful that those who are not able to take responsibility i.e. people with acquired brain injuries, severe mental health issues or learning disabilities, are still provided with the support they need and not left to fall through the cracks because they cannot access self help information or navigate call centres/access points.
Partners in care – whole system approach	• The third sector is a key partner for the strategy. Does the HSCM have any plans to support them? • I would be very interested to understand how people in the community were involved in these conversations to identify these priorities. I was not aware that these conversations were taking place. Did you engage only with those you are already supporting hence the reason you have reached the three areas identified.
Addressing challenges	• There is an evident shortage of home care staff, these are staff who should be valued and rewarded for the jobs they do, often unaided and without support in the community. The shortage of carers and the reduced time they can spend with a vulnerable person makes it hard to see how they can do their job as well as they could be. There have been several situations recently where individuals have been unable to go home from hospital due to lack of adequate home care in their area. This puts strain on wards too. • Again difficult as resources and funding and staff are not available
Other	• In my own experience these are already being implemented.

Q2. Do you support the priority themes?	

Q3. Does the draft Strategic Plan address what is important to you?	
Resilience	• The plan appears to hand more responsibility back to people generally for their own health care which is conducive to better lifestyle choices and preventive work that can avoid many forms of morbidity. However a network of Educational Hubs can make this work better with effective communication. Hubs can also be a point of contacts to provide timely feedback for any deficits or dire cases. • Yes but still need to consider early adulthood and supporting young people to manage health conditions a lot more...hopefully this would help reduce reliance as they progress through adulthood • Improved health and wellbeing and independence key
Person-led	• The plan addresses person centred care • It is important that people can make their own decisions for what is right for them • One to one help would be of benefit with things or just having someone to speak to. • It is important to me that we ensure people have access to GP when required. It is important that people have referral to consultant quickly and are seen within a decent timescale. I know of many people waiting for months to be seen. It is important that people waiting for cancer treatment and for heart scans, investigations and treatments are seen quickly and without a lengthy time waiting.
Addressing challenges	• I think good value for money is important. Using resources appropriately and fairly for all. • No, I don't think it does. My focus would be on ensuring there are adequate and qualified staff in place in Moray to deal with any ailment/condition that arose. That this would be accurately and timeously identified and that it would then be treated or forwarded for specialist treatment appropriately and in good time. Too often now my experience has been that there are not qualified staff in place in Moray, ailments are not being identified accurately and then there is huge waiting times for results and follow on treatment in Aberdeen. Prevention is becoming much poorer as all the funds and efforts are focused on the ageing population. Young mums, young people and others do not appear to be a priority. • No explanation given how this is actually going to be achieved??? • Focus also needs to be not just on the person/patient but thinking about anticipatory care planning, future needs and creating power of attorney's etc., this is massively under resourced in Moray. • Yes good idea but can it be achieved? I find lack of support for

Q3. Does the draft Strategic Plan address what is important to you?	
	mental health etc. needs a lot of resources introduced to be more effective • Yes, in terms of the challenges set out and that the strategic themes address the challenges and underpin where we want to be. The strategic themes seem to clearly set out the type of change needed to better meet the needs of people in the community, if not perhaps clear how positive examples will be scaled up and spread at pace across the system. • Personally, yes. Professionally I have my concerns.

Q4. Is there anything missing from the plan?	
Person-led	• Really good communication and the practical steps needed to achieve it. For example I have terminal cancer and have received all the advice and support and been invited to make my choices about end of life care etc. A shock of course but a wonderful thoughtful service. At the same time I meet people diagnosed with dementia who are not given, or are too shocked to take in, clear signposting to Social Worker, Dementia Adviser, Quarriers for the carer and Monday Club where sufferer and carer can together find peer support, information, musical entertainment and a bit of fun. In the desperate political and financial mess we are in at the moment we all need SOMETHING TO LOOK FORWARD TO. • My voice
Whole system	• Third sector is mentioned as crucial key partners throughout the document. Is there any strategic plan on how these organisations will be supported such as service level agreements? • Involvement with the care at home family members, many of whom may themselves have significant morbidities. E.g. dementia victims caring for each other. Also the potential to involve voluntary community support groups e.g. church halls, libraries, community centres and village communities.
Addressing the challenges (through the transformation plan)	• This is a very high-level plan. Will the more detailed plans that will subsequently sit below this also be shared with the public and what say will people have in those plans? • In depth plan of future community staffing requirements in all areas to make this happen. • Some evidence to support what could be done differently in future • The need for increased resources needs to be addressed as a matter of urgency. Recruitment of staff has been more difficult due to the Brexit uncertainty. Budgets continue to be stretched because money is spent elsewhere. • Local health partnerships are powerless unless Scottish

Q4. Is there anything missing from the plan?	
	government and Westminster governments recognise the need for better health. • Role of community hospital in the future • How is all this going to be paid for? Are there enough trained carers to be able to be able to fulfil the second theme, especially in isolated rural areas? • Care provision is not wide or varied enough. We have lost two day centres and our local hospital in Forres. We do not have sufficient care for our population. • Yes, this doesn't really say how you are going to achieve any of these things.

Q5. What would you make the first priority for action?	
Resilience	• The first one! • Taking greater responsibility for our health and wellbeing • Mental health • I think that the first and third theme are really the same thing and should be priority.
Home First	• Care at home or in homely setting
Person-led	• We're currently experiencing problems whilst at drs appointment. My wife finds it hard to speak up face to face & feels not listened to & myself as the carer I am not confident enough to speak out either. It's taken many appointments to get just some of the issue resolved. It would help perhaps to have a chaperone who can help speak out for the patient? • Listening to the person needing care • Theme 3 • Ensure support plans are clearly understood by individuals. • Early diagnosis and treatment can ensure people are supported before they require long term treatment and hospitalisation. Mental health services are severely stretched, if there was better early intervention schemes then people can be helped before their problem becomes chronic and they need time off work, more drugs and potentially psychiatric, psychology or in patient care. • Highlight the services people already value and build on that success moving forward.
Whole system	• Ensuring that NHS Grampian recognises Moray as an important part of its portfolio and that it is funded accordingly - that not all the money is kept in Aberdeen and Aberdeenshire. • Make a stronger link between health and social care professionals and the voluntary organisations that support their clients. • Appoint a strategic leader (possibly ex military) with good communication skills for oversight and implementation to mobilise and motivate existing personnel and resources.

Q5. What would you make the first priority for action?	
	• Community buy in and involvement • Long term health strategy with multiple partnerships • Looking at the management structure to ensure equity across health and social care, using all the experience and knowledge available from both sides. • Better primary health referral system • Shorter waiting lists for people who need consultant or physio referral.
Addressing challenges	• Employing more front line staff to carry out the “vision”!! IN ALL AREAS!! • Right care by the right person at the right time. Services are still not adequately joined up and are not responsive enough at times of crisis. Still not enough done to maintain people in their own home and avoid hospital admissions. • Ensuring that there are sufficient staff and financials to deliver the plan • Recruit more workers to support community groups and BALL groups • Respect and pay carers and nurses more. Put more money into Social Care. Widen the care provision. • Investigation of reasons for very high cost patients • Investment in "health, not healthcare" be a more urgent priority, as well as reduction in spending per person (achievable with successful implementation of the strategic themes) • The areas for activity are clearly set out and it is appreciated that these priorities will vary in terms of short/medium/long term focus. My comments are broad, with less knowledge than others but it feels right that more urgent priorities are transformational change that reduce spend per person, improving co-ordinated care, end of life care (if on average, the last year of life costs around £10k per patient). Priorities that allow the MIJB and its long term financial planning to make changes to better meet the needs of people, rather than spending to protect services from budget cuts. • Reducing health inequalities

Q6. Do you have any other comments?	
Person-led	• Give me an equal voice • For people to be supported in their making a choice and taking control over the decision affecting their own health and wellbeing which means giving time to that person so that they feel valued and can then perhaps • You need to consider is home what they want or is being pushed by social work? If someone who has no longer

Q6. Do you have any other comments?	
	confidence to be at home any longer wants to go from hospital to a care home, why not? Why should they be forced to try home again if that is not their choice?
Quality of care	• Unfortunately I am now at the point that I am investigating private health insurance. I am actually fearful of any of my family becoming ill as the health care that is currently being provided in Moray/NHS Grampian from my experience is of a very low quality. • I do not think your vision is good care. Why not be honest and admit that it is cheap care. People deserve better.
Addressing challenges	• The elderly and those with disabilities/ long term conditions being treated as second class citizens, in that they are classed as future hospital " bed blockers". The onus being placed on families, especially in palliative care, to provide care for the dying patient in their own home with no proper support or guidance!! Yes this is happening now and will only get worse as no proper solution for care and support has been suggested in any of these 2 papers. Part of the solution take your head out the sand and increase front line staff. Until then staff will continue to leave the community which will ultimately make this "vision" impossible!! • Chronic pain and fatigue conditions need to be given more resource in terms of supporting people to manage their conditions across all ages from childhood through to adulthood. • The lack of suitable public transport for access to employment and services can be an issue • Bureaucracy and administration needs to be reduced. We cannot afford to have people who should be on the front line spending hours a week in front of a computer. Personally I would get rid of the whole commissioning process and return to working together with agencies trusted to do a good job. There would then be consistency for patients, carers and for staff. • There are times, when frontline services are stretched so badly that we should have managers and admin people out on the ground supporting in wards and in the community. This would have the added benefit of reminding them what it is like to be at the coal face. I repeatedly suggested this in my time in social work and as a lecturer in social work because I believe it benefits everyone. • Getting young people involved in getting ideas for projects. Using local resources. Networking and information improved. Help develop projects that are already out there and up and running. More opportunities made available to adopt a healthier lifestyle • Moray Council has bikes that could be loaned out. People reintroduced to cycling • If people's mental health can be improved then more positive outcomes can be achieved with the correct resources

Q6. Do you have any other comments?	
	• More BALL groups • I find nothing to disagree with in this plan but as always it depends on how it is translated to action on the ground.
	• There is a lack of what you could call a half-way house - ready to go out of hospital medically , but not quite ready to be at home. This function was previously filled when Morriston and Pitgaveny wards were open. The opening of the Victoria Cottages, has been a total red herring and the usage I understand has been minimal. Compared to the cost of renovating these, the function of these houses has not been as it was promoted/intended and occupancy negligible. This is something you need to be considering to use in a different way to get people out of Dr Gray's who need a bit of support but are not medically unwell. Staff these cottages like a cottage type hospital so these people can be supported to be fit/well enough to go home. This should stop them putting people out of hospital who are not well enough to be at home and them having to go back in. I should know, as it's happened often enough to my Dad. What about contracting with Anderson's Care Home and having the use of Easton House for those who are ready to be discharged medically but there is no care for them at home. To stop them keeping a medical bed, why not use somewhere like Easton House at Anderson's which was at risk of closure not too long ago? It's functional and would fulfil a purpose while freeing up a medical bed at Dr Gray's. The cost of this would be far less than Dr Gray's beds. They could be supported and encouraged to do things that they would be doing at home, like taking their own tablets rather than be given them by someone, make their own cups of tea, etc as also being discharged from hospital after weeks of doing nothing for yourself is a big shock to the system due to having been totally disabled while in hospital. You are only going to be able to sustain the amount of older people in Moray, if you start thinking about using the other resources around, as the wait for care and the recruitment of carers takes too long.
Overarching	• Can I assume Moray is suggesting a 10-year plan as it has robustly considered that that is the time needed to implement? Will it really take 10 years to implement this strategy? The current model is clearly set out as unsustainable but we don't articulate clearly enough the consequences of this. Perhaps we should clearly state the this model is unsustainable and that puts at risk the quality of life. Challenges: Increased demand - It seems more accurate that demographic changes and growth are the challenge which result in increased demand. Increasing demand is nothing new. Individuals and

Q6. Do you have any other comments?	
	their families want the latest, most advanced treatments (why the bill for medicines has gone up in Scotland over the past 5-10 years). Growing pressure on limited resources - Perhaps it could be clearer to reiterate that the challenge is to invest in "health, not healthcare", targeting those with the greatest need. Inequalities - I wonder why we refer to inequalities in the development of the strategic plan but not as an explicit challenge? What is the gap in life expectancy between the most and least deprived in Moray? Perhaps it should be stated? I feel we should take a stronger stance here about inequalities. We say unfair and avoidable but we mustn't forget ultimately people are dying earlier than others so our services must be perceptive to our most disadvantaged and what's wrong in the MIJB innovating to stamp out inequalities? Measuring success - Personally, I think we should go further than this and promote a more "managing risk positively" approach. I feel that the strategic plan for Moray could emphasise a willingness to support the workforce to collaborate with partners to see real benefits, rather than simply delivering services - especially with the importance of personal choice.

Comments and Suggested Areas for Inclusion from: Paul Johnson – MADP Manager:

Friday, 20 September 2019

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These comments are based on:

- The Scottish Government review and revision of the "Draft Framework for Community Health and Social Care Integrated Services (June 2019)". This framework should offer a means of focusing and concerting efforts on the delivery of an integrated, co-produced approach to assessment, care and support to deliver on the strategic and policy context that Integration Authorities already operate within.

- Taking account of local developments.

Points for consideration:

- Overall the strategy comes across as being one which primarily relates to adult social care (especially older people); and the provision of "care" rather than the wider focus of the IJB.

It would be useful to have a framework which is underpinned by an ethos of CARE, however, recognising the difference between care and support; whereby those involved in Community Health and Social Care will:

- **C**ome together with people and those with caring responsibilities to understand their goals, preferences and needs and plan the support that is right for them, now and into the future;

- **A**dopt a Care Co-ordination approach to offer a consistent point of contact for the person, those who care about them, and for them, and other professionals involved in their care, co-ordinating care and support to meet changing needs;

- **R**espond positively and proactively to the needs of people, including those with caring responsibilities as they change, ensuring their wishes and preferences are respected; and

- **E**mpower and encourage people, including those with caring responsibilities to express choice and take control of decision-making about their needs and the options to meet these.

- The future scope of the IJB needs to be considered especially given the timescale of the strategy. For example in Moray, consideration is being given to include areas relating to children/young people. Therefore this strategy should apply to these services whether delegated or not, in order to join up working; and with respect to alcohol and drugs, recognising the importance of an integrated approach, which takes account of the Scottish Government Strategy[1].

- The document needs to be explicit in setting out and adopting "a rights based approach" as set out in the PANEL principles (http://www.scottishhumanrights.com/rights-in-practice/human-rights-based-approach/). There is a guiding principle that everyone has a right to health. People should be able to access services without fear of judgement and stigma.

- The document needs to reference the Public Health Priorities[2]. In essence services/interventions should be about improving wellbeing. The thinking there should be an emphasis on developing whole systems approaches, rather than just thinking that "services" are the answer.

- Greater references needs to be made on services being trauma informed

- Consideration needs to be given on ease of access and points of contact. There is still competition/protection of role which may act as a barrier to being collaborative.

- We need to ensure that we adopt a care coordinating approach, offering a consistent point of contact for the person and for those who care for them, and about them, recognising that "care" and support are not the same.

- The draft strategy does not give sufficient weight to earlier engagement and prevention; and how to reduce the demand on more intensive level 2 services.

- Greater consideration should be given to how community resources and groups, often run by small not for profit organisations, contribute to health and well-being and how

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1 2018 new alcohol and drugs strategy.pdf

2 Public health priorities 2018.pdf

these groups relate to, and work with the commissioned and public services. This should include the increasingly important role of participatory budgeting.

- There needs to be a greater emphasis on working with, reaching out to, and fully engaging people with live and living experience, and how peers and advocacy provide a First Point of Contact.

- Greater emphasis should be given to services are being planned, developed and delivered by people with lived experience.

- The strategy needs to reference and be explicit about the links, and therefore joint and integrated working with children's services and criminal justice. Adults are part of families and given the increasing focus on whole family approaches" the strategy must reflect this.

- Far greater consideration needs to be given to the explicit links to reducing harms and recovery; adopting the definitions as put forward by the Scottish Recovery Network.

- There should be a focus on an outcomes model of service commissioning, planning and delivery, which apply to the public, private and 3rd sector equally.

- There have been many discussions about adopting the CHIME principles. These are not referenced in the strategy, nor does the strategy seem to take account of the work undertaken in Making Recovery Real and the reforms that need to take place within the public and commissioned services to promote access to services especially mental health, and there being no "wrong door".