

## ACTION LOG: STRATEGIC PLANNING GROUP ARGYLL AND BUTE

4<sup>th</sup> March 2021 by MS Teams

### 1. Membership and attendance:

Name	Position	Status
Jean Boardman (JB)	Non-Executive Director of Highland NHS Board & Member of the IJB- A&B	Present (Chair)
Alison McGrory (AMcG)	Health Improvement Principal	Present
Duncan Martin (DM)	Public Representative	Present
Kirsteen Murray (KM)	Chief Executive Argyll & Bute TSI	Present
Kristin Gillies (KG)	Senior Service Planning Manager	Present
Alison Ryan (AR)	Service Planning Manager	Present
Cllr. Kieron Green (CKG)	Chair, IJB	Present
Sarah Compton Bishop (SCB)	Vice Chair IJB	Present
Julie Hodges (JH)	Independent Care Providers Sector Leader A&B	Apologies
Charlotte Craig (CCR)	Business Improvement Manager, A&BHSCP	Apologies
Douglas Whyte (DW)	Area Housing Manager	Apologies
Emma Mason (EM)	Strategic Planning Department Secretary	Present
Stephen Whiston (SW)	Head of Strategic Planning and Performance	Present
Fiona Broderick (FB)	Staff side Representative	Present
George Morrison (GM)	Deputy Chief Officer, A&BHSCP	Present
Judy Orr (JO)	Head of Finance and Transformation	Present
David Forshaw (DF)	Finance A&B Council	Apologies
Sarah Griffin (SG)	Senior Information Analyst	Apologies
Nicola Schinaia (NS)	Associate Director of Public Health	Present
Elizabeth Higgins (EH)	Lead Nurse	Present
Charlie Gibson (CG)	Head of People and Change	Apologies
Margaret McGowan (MMcG)	Independent sector representative, Scottish Care	Present
Alastair MacGregor (AMacG)	Director of ACHA	Apologies
Jim Littlejohn (JLJ)	Service Manager- LD, Autism, PD & Transitions	Apologies
Michael Roberts (MR)	Public Representative	Apologies
Rebecca Helliwell (RH)	Associate Medical Director	Apologies
Fiona Sharples (FS)	Organisation Development Lead	Apologies

<b>Name</b>	<b>Position</b>	<b>Status</b>
Linda Currie (LC)	Lead Allied Health Professional	Apologies
Niall Kieran (NK)	Marie Curie - Divisional General Manager	Apologies
Joanna MacDonald (JMacD)	Chief Officer, Argyll and Bute HSCP	Present
Anne MacColl-Smith (AMS)	Procurement and Contract Manager	Apologies
Caroline Cherry (CCH)	Head of Adult Services	Apologies
Edmund McKay (EMcK)	Health Improvement Scotland	Apologies
Julie Lusk (JL)	Chief Social Work Officer and Head of Adult Services	Apologies
Gaener Rodger (GR)	Non-Executive Director	Apologies
Patricia Renfrew (PR)	Head of Service, Children, Families Health (Int)	Apologies
Brian Read (BR)	Acting Head of Service Children & Families & Justice Social work	Present
Donald Watt (DW)	Service Manager (Resources)	Apologies
Maggie Clark (MC)	Health Improvement Lead	Present

<b>No</b>	<b>ACTIONS</b>	<b>LEAD PERSON</b>	<b>DATE</b>
1.	<p><b>Welcome/Intro/Apologies</b></p> <p>JB Introduced the meeting and welcomed everyone to the meeting. Apologies noted as above.</p> <p><b>ACTION-</b> Group agreed to all SPG meetings to be recorded for note taking purposes.</p>	<p><b>J. Boardman</b></p> <p><b>E.Mason</b></p>	
2.	<p><b>Action Note of last meeting (attached)</b></p> <p>Action note from previous SPG on the 28<sup>th</sup> January 2021 noted and agreed.</p>	<b>J. Boardman</b>	

<b>3.1</b>	<p><b>Revised Route Map for JSP and JSCS</b></p> <p>KG presented to the group the revised route map and discussed, in detail, the stages and timeline. KG spoke about the priorities, strategic objectives and key market messages going forward to set the plan for 2022/2025.</p> <p>KG recommended that the Joint Strategic Plan and Commissioning Strategy are aligned and put together as a joint document, in 2022, to take the HSCP forward in its strategic planning agenda. Engagement and planning process with stakeholders will be vital. The group approved the Route Map and the recommendation.</p> <p>KG highlighted an extension of our current existing contacts, grants and the budget has been confirmed and approved by the IJB for 2021. This gives us vital time to do all of this ground work in terms of planning for the future, working with all providers and understanding what changes are required for our commissioning to improve going forward.</p> <p>JO- More engagement from NHS Highland Procurement team required.</p> <p>KG- Confirmed discussed at the new commissioning working group meeting to link up with the team in North Highland.</p> <p>DM- Co-production -Community organisations engaged with at the early stage not clear enough in route map.</p> <p>KG- Reassured group that part of the commissioning work is to facilitate the co-production going forward, dedicated to ensure engaging. The process is to agree key market messages, work with 3<sup>rd</sup> sectors and others to co-produce services linking in to LPG's which we hope to get reinstated. Liaising around our engagement plans.</p> <p>KM- TSI supporting third sector reps regular events taking place for people to come and communicate. Adult group popular as can hear information on what HSCP are doing. Engagement section on TSI website with all the outcomes of meetings for 3<sup>rd</sup> sector to access. Children's JSNA not aware of this coming back to SPG NS was previously going to find out about this</p> <p><b>ACTION-</b> NS -the Children and Families JSNA has been carried out. Need to go back and check these are still relevant as today. Update group at next meeting.</p> <p>DM- Confirmed not a third sector public user.</p> <p>JMacD- Thanked everybody involved and acknowledged a huge amount of work has been done to get to where we are.</p>	<p><b>K.Gillies</b></p>	
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**N.Schinaia** 3<sup>rd</sup> Jun 21



4.	<p><b>Update from SC Working Group</b></p> <p>AR informed the group there is now a Strategic commissioning working group. The remit of the working group will be to input into the drafting of the Joint Commissioning Strategy and individual Commissioning plans.</p> <p>One informal meeting has taken place to bring the people together to network and share. Gives an opportunity for the service improvement leads who are currently working on the different projects under the transformation agenda. Colleagues from public health, procurement, commissioning and finance are all included. The group can be expanded, if appropriate.</p> <p>AR asked the group for their thoughts around the working groups proposed structure with the development of the individual strategies for commission plans to be developed under these. Highlighted strategies important to have in place to ensure no gap, asked if the group was aware if these strategies taking place.</p> <p>KG aware that these strategies are being created however some are established and some not which can impact of the work.</p> <p>JO Clarified time scales around some of the strategies; Care homes and housing- paper going to the March 2021 IJB which will set out time scales. Care at home strategy expected to be developed over the next six months. The Learning Disability and Mental Health strategy drafts are in place and are progressing. Carer's area LC has a strategy and plan to be updated with the additional resources. Digital strategy due to be completed by 31<sup>st</sup> March 2022.</p> <p><b>Group approved the working groups proposed structure</b></p>	A.Ryan	
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<p>5.</p>	<p><b>Transformation Priorities</b></p> <p>JO presented to the group the Transformation Boards Priorities.</p> <p>Summarised the 5 areas of focus for next year and 3 areas of ongoing focus</p> <ul style="list-style-type: none"> <li>➤ Primary Care Improvement Plan</li> <li>➤ Children’s Services</li> <li>➤ Learning Disability</li> <li>➤ Care Homes and Housing</li> <li>➤ Community Hospitals</li>   <li>➤ Increased support for Carers</li> <li>➤ Community assets approach</li> <li>➤ Digital services</li> </ul> <p>The role of the SPG to make sure they are happy with the direction of travel for these 5 areas of focus and the governance. The Transformation Board is reporting to the Finance and Policy committee on a monthly basis to ensure progress maintained across these areas.</p> <p>JO- Opened up for discussion and asked the group for approval for those 5 areas of focus and the governance arrangements.</p> <p>SW- Highlighted all the transformation objectives link with our commissioning objectives and the current Joint Strategic Plan.</p> <p>DM- Will the New IT systems link in with all of Scotland for seamless record transfer etc.</p> <p>SW- Confirmed moving that way the digital approach complex. Developing the systems, interfaces and portal allowing to link in.</p> <p>KM- TOR benefit from more clarification about the difference between finance and governance. SPG responsibility to advise IJB in strategic issues.</p> <p>JO- Covering report aimed to clarify this at 3.12 and 3.13. SPG responsibility scope of work undertaken is aligned to the Strategic plan. Once signed off the 5 areas of focus for next year and approved then moves to the finance and policy committee to ensure that progress is made on the agreed transformation areas. If there was a requirement to change the scope that’s when it would come back to the SPG for approval.</p> <p><b>Group approved the 5 key areas 2021/2022, the Governance arrangements and updated TOR.</b></p>	<p><b>J.Orr</b></p>	
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<p>6.</p>	<p><b>NHS Highland Social Mitigation Strategy draft</b></p> <p>AMcG presented the NHS highland social mitigation draft strategy to the group. Public health are the agents for developing the document which has been in development since summer last year where there was siting of the recovery phase moving out of the pandemic. This will be a Highland wide resource, Director of Public Health taking to the NHS highland board on 30th March 2021. Proposing strategy adopted at that meeting.</p> <p>AMcG stated that it pulls together the themes and strategy. We have good building blocks in place- Child poverty plan, Suicide prevention plan, Living well strategy, Drugs and alcohol strategy. The social mitigation strategy is about identifying what the new impacts on population, health and health outcomes and what we as an organisation have to do with the building blocks and out with.</p> <p>Themes within the strategy</p> <ul style="list-style-type: none"> <li>• Income maximisation</li> <li>• Reducing child poverty</li> <li>• Fair Work Practice in employment and recruitment</li> <li>• Mental health improvement</li> <li>• The impact of drugs and alcohol use</li> <li>• Improving equality of opportunity and reducing inequalities</li> <li>• Equalities sensitive practice and targeting those most in need</li> <li>• Building capacity and working to build healthy and supportive communities</li> </ul> <p>Action plan within the draft don't want the board to sign off all the actions as lots of work that has to take place and follow through from the strategy in terms of how we as a group and the other groups take forward meaningful actions. Content of action plan robust but not going to be adopted like that by the board, we will see different versions being updated.</p> <p>JO- Overlaps with our child poverty strategy have these been cross referenced.</p> <p>AMcG- some cross referenced but not in terms of the detail, one of the reasons why we don't want the full plan to be indorsed by the board as know there is already work taking place.</p> <p>SW- Work done around the needs assessment for adults and the linking of that will pick up a lot of this. Capturing this in the needs assessment, commission process and planning going forward.</p> <p>KM- So many pieces of this work happening already in Argyll and Bute Community planning, development team, Building Back Better etc. Concerned overlap's of groups that are already working on these, would go forward with all the duplication and overlap without it being worked out. Massively duplicating NHS Highland board hasn't got the strategy responsibility for place shaping in Argyll and Bute.</p>	<p><b>A.McGrory</b></p>	
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	<p>AMcG- Acknowledged concerns. This is a NHS highland wide response as how we as an organisation deliver our services to respond to those changing needs as a result of the pandemic. Had lengthy conversations in terms of the overlap with building back better, areas community planning groups having a core responsibility and marry up.</p> <p><b>ACTION-</b> Mapping exercise produced previously by planning team in the strategies and how they are visually reported, connected and overlapped with each other. Would be helpful to revisit this and update with where we are now.</p> <p>Group noted the NHS Highland Social Mitigation Strategy. Group and are in agreement with the concerns raised, that it requires further work and needs to know how it fits in with governance process and the work with other partners.</p>	<p><b>A.Ryan</b></p>	
<p><b>7.</b></p>	<p><b>Building Back Better Strategy</b></p> <p>KM gave a summary of the Building Back Better Strategy</p> <p>Argyll and Bute Council has the responsibility from the Scottish Government to put together a recovery plan. One of the work streams is Building Back Better: Strengthening Communities, lead by Rona Gould, the Community Planning Manager. AMcG is the representative for the HSCP. There has been communication with communities, people who don't normally go to community councils, people with problems with their mental health, homelessness, victims of domestic abuse etc who are not picked up through the normal mechanisms.</p> <p>Started as consultation exercises which lead into the design of some workstreams.</p> <p>Poverty work stream lead by Fergus Walker which brings together all the workstreams which were currently on going in various places, violence against women, homelessness, drugs and alcohol, benefits, period poverty etc. To focus on the aspects of poverty with a joined up approach.</p> <p>Food work stream lead by Jane Jones council involves distribution chain and a variety of things covered within the workstream. Jane has been asked to do advisory work with Scottish Government as have acknowledged the remarkable work being achieved.</p> <p>Feedback communication going out to the communities.</p> <p>Conversation that this may sit better with community planning partnership as progressed to longer term work. Management committee next week to propose sitting with CPP.</p> <p>JO- Would support BBB being under the CPP</p>	<p><b>K.Murray</b></p>	



<p><b>8.</b></p>	<p><b>Living Well</b></p> <p>MC updated the group on the Living Well Strategy which was endorsed by the IJB in October 2019. 5 year implementation plan to take forward. Lot of the work taking place with staff, community groups, stake holders etc</p> <p>Grew into a prevention strategy which brings together the common themes into one place. Pandemic delayed the strategy. Re-prioritised the priorities in August that felt supported the people in the recovery in communities. Living Well underpins some of the things talked about at today's meeting. Looking at how we can embed the Living Well Strategy into the commissioning work to drive forward and join up with other strategies.</p>	<p><b>M.Clark</b></p>	
<p><b>7.</b></p>	<p><b>AOCB</b></p> <p>KM- This is KM last meeting. Well done everyone fantastic to see the work going into a positive direction and the joining up of systems.</p> <p>Group also thanked KM for all her contribution.</p> <p>KG asked group to note the schedule for CMFWG, CMFSG and SPG</p>	<p><b>All</b></p>	
<p><b>10.</b></p>	<p><b>Next full Strategic Planning Group: 3<sup>rd</sup> June @ 2pm MS Teams</b></p>		