Third Sector Health and Social Care Forum

Strategic Commissioning Plan Consultation Session

Note of meeting

05/05/21 10:30 – 12:30pm
Held via Zoom

In attendance: Marylene McPhail (Oshay's FASD), Andy Jack (DGMHA), Joe Gough (Wigtownshire Stuff), Alex Thorburn (DGMHA), Craig McEwen (Inspired Communities Trust Ltd), Emma Scott (Support in Mind Scotland), Paula Cochrane (Capability Scotland), Kalpana Ratnam-Roarty (UCI), Billie Lockhart (NHS DG), Claire Stroyan (Alzheimer Scotland), Kerry Riddell (LGBT Youth Scotland), David Barr (Aberlour), Phil Stewart (DAGCAS), Georgia Walker (Quarriers), Ruth Grieve (Quarriers), David Bradbury (Let's Get Sporty), Alan Perry (Quarriers), Gerry McGown (Support in Mind Scotland), Craig Woods (DG ME & Fibromyalgia Network), Senga Armstrong (DG ME & Fibromyalgia Network), Debbie Cochrane (Stewartry Care), Andrew McCandlish (Quarriers), Trisha McWilliam (Care Trust)

Apologies: Nadia Nagar-Smith (Support in Mind), Carolyn Kennedy (Better Lives Partnership), Ian Seymour (Care Training Consortium), Carine McWilliam (Stewartry Care).

1. CONSULTATION ON THE DEVELOPMENT OF THE STRATGIC COMMISSIONING PLAN – STAGE 2

- *Presentation by Liz Forsyth (Strategic Planning Programme Manager) and Viv Gration(Deputy Head of Strategic Planning) click HERE for presentation*
- *Breakout room 1 – Looking back, leaping forward and the model of care*
- *Breakout room 2 – Reflecting on the Strategic Commissioning Intentions 1-4*
- *Breakout room 3 – Reflecting on the Strategic Commissioning Intentions 5-8*

Notes taken in each breakout room can be found in Appendix 1.

2. WHAT NEXT?

- Development of final consultation document (HERE) along with easy read version of the plan (HERE) and accompanying animation (HERE),
- Official consultation period starts on the 12th May 2021 and ends on the 15th August.
- People will have lots of opportunities to contribute to the consultation; A series of online consultation sessions are planned (to book email: dg.spcp@nhs.scot)

01/06/219 -11am
15/06/212 -4pm
24/06/212 -3pm
05/07/211 -2pm
15/07/21 1 -3pm
21/07/21 3 -4pm
04/08/211 -3pm
09/08/213 -4pm

- Comments can be submitted by either:

- Completing the survey online at Smart Survey https://www.smartsurvey.co.uk/s/IJBSCP/ or using
- Emailing your answers to the questions to dg.spcp@nhs.scot
- Printing the survey and posting the completed version to: Strategic Planning and Commissioning, Second Floor South, Mountainhall Treatment Centre, Bankend Road, Dumfries DG1 4AP Please note that the deadline for submission is 15August 2021.

- Bespoke events can also be arranged to gather the views of a particular group – invitations should be directed to dg.spcp@nhs.scot
- Monthly updates will be presented to the IJB along with an update to the Strategic Planning Group in July.
- Equalities Impact Assessment to be completed.
- All consultation responses will be analysed and the final plan developed for approval by the IJB.

3. AOCB

HSC Forum Chair
Third Sector Dumfries and Galloway are currently reviewing their thematic forums and how they are delivered, facilitated and chaired. It is anticipated that we will move to a position where the Health and Social Care forum is Chaired by a member of the forum. More information will follow in due course.

SAM Ideas Programme
The forum was reminded that the Sustainability and Modernisation (SAM) Programme is open to suggestions from third sector partners. Ideas from the third sector should be submitted via SAM@tsdg.org.uk mailbox using the following template (click HERE).

Strategic Planning Group Membership
Membership of the Strategic Planning group is currently being reviewed. Forum members will be kept updated of what this means in relation to third sector membership.
The IJB is looking to recruit a Service User Representative; anyone interested please contact alison.warwick@nhs.scot

4. DATE OF NEXT MEETING

Tuesday 7th September 2021
2pm – 4pm
Zoom

APPENDIX 1 Shaping the development of the Strategic Commissioning Plan 2022-2025
Third Sector Health and Social Care Forum – consultation session
Feedback from breakout rooms

LOOKING BACK, LEAPING FORWARD

- People felt the Looking Back, Leaping Forward section was good. They liked the lived experiences to show outcomes rather than quantitative data.
- A quote about Self Directed Support might be beneficial*
  *this was subsequently sourced from Capability Scotland and added to the document
- "Haven't seen the old plan truly in action. Looks good but not my experience on the ground."
- If instigated on the ground, then a good plan. A lot of conditions are not truly understood, and the NHS cannot buy in specialists. GP champions possibly? With a true interest and develop knowledge and critical mass from patients.
- The links fit well, and the process is clear but good to see one with less text to make it inclusive.
- Appears to be a real positive spin of experiences and does not reflect true feelings.
- By generalising you lose the individual.
- Young people don't always have friends and support networks.
- No mention of preventative support; a lot of support that is being offered locally seems to be missing.
- Lack of family care provision in both plans and that this should be critical in the plan moving forward as the Feeley report is likely to be implemented through the Scottish Parliament.
- Good to see next steps but will they be achieved? What monitoring and evaluation will there be? Will third sector be involved in planned next steps – further engagement? Need information on how this will include the third sector.
- If the intention is to include as many people as possible – how will this be put into action?
- Will patients be informed of these intentions after implementation to give them knowledge of what they can expect?
- Good to have aspirations to aim towards but will need to adapt.
- Better support for communities and to have channels within care model.
- Leaping forward- people are tired of being consulted with and should now be directly involved in the decision-making conversations.

MODEL OF CARE

- Not clear how useful the outer circle of the model is – seems unnecessary and could be perceived as issues rather than part of the model of health and social care and support.
- Question as to why the circles get fainter (more diluted) towards the outside.

*This was intentional in that the most concentrated areas of care and support are, and should be, at the centre. HSCP are aiming to reduce people's risk of crisis by getting them support earlier. The model recognises the huge role that people themselves and their family, friends and Carers do to provide care and support.

- Should be clear that people may only choose to access or require support from certain aspects of the model e.g. their GP and Carer
- Difficult having health and social care model together. For health, you would expect GPs to be in the inner circles as third sector organisation (TSO) would be referred to rather than having initial contact with person, opposite would be true in social care.
- Positive step having Human Rights Based and Wellbeing included.
- Model of care makes sense as a diagram but not sure where it works in practice or not.
- Ideal picture but not everyone has family and friends.
- Not helpful when the only option for someone in our region is care outside of the region – e.g. cancer care.
- Positive to see human rights approach; make sure it's not just a tick box exercise.
- The outer circle - education, housing etc - these are broad areas and while they are determinants of health, it should be clear that this list is not just limited to these 4 determinants. They are quite department orientated and it would be good to see other determinants like social engagement included.
- 1st circle: family, friends, carers - where does community fit in? e.g. close community including neighbours and local community organisations. Informal and low-level support e.g. preventative social care support.
- 2nd circle - community based social supports - looking at the model without any context suggests that this second circle refers to statutory support organisations
- Third sector orgs and community-based groups (funded and non-funded) would fit in 'community-based support'
- Consider wider determinants of health – holistic approach i.e. links between finance, wellbeing, mental health
- Use an assets-based approach and integrate human rights.
- Help people to better understand the wider determinants of health – how do they fit together?
- Help people and organisations to better understand a human-rights based approach?
- How do we make a shift in practice and enable people to be supported and use a HR approach?
- Outcomes-based supports – learn from the third sector; shift from traditional models of care; help people to recognise their own supports and shape the care around the person
- Shift the paradigm – enable not 'do to'
- Where does advocacy sit in the model of care? – help people to understand
- Have a pathway cutting across all circles – not all people have the same circle next to them – some people don't have family and friends – demonstrate that people will move through the layers of the model in different ways.

STRATEGIC COMMISSIONING INTENTIONS

General comments

- Where people are mentioned in the SCIs they seem stronger than those that don't.
- Many of the SCI themes pop up in strategies all the time, living independently etc. When it filters down to local level it is just not working.
- Have these SCI been mapped against council priorities?
- Recognise the consistency in the way the outcomes are written

SCI1- People are supported to live independently and well in their home

- Lots of people only receive 15mins of care at a time and this does not enable a person to stay at home independently.
- Outcomes based - at end of the day it is all finance based. That's where the problem lies.
- Eligibility criteria - only supporting critical now e.g. those who are in critical need or close to a crisis (used to support substantial, moderate, critical).
- It is the intention of most third sector organisations to support people to live independently and well in own home.
- Needs to be awareness that not everyone is supported by a charity with the necessary funds. If the support is not there from TSO, then it must fall upon someone – state provided, state commissioned, or the TSO properly funded.
- Has anyone done or intending to do an audit of gaps in the service? Identify those areas and then address them. In advance rather than reactive.
- One of the main goals in the third sector is to make something attainable to everyone, hopefully in D&G. This must be supported by real world action.
- Relevant to use what's local, saves money using the 3rd sector.
- Third sector are on the front line, need to create better partnerships within statutory and 3rd sector.
- Need partnerships to develop transitions independently.
- Mapping of sector needed to create opportunities for transitioning from and to services.

SCI2- Health and social care inequalities are significantly reduced, including addressing barriers to accessing health and social care

- There needs to be a change of mind set to address what Feeley report is saying; we are not yet there in D&G.
- Preventative measures often make it harder for people to receive services.
- One example of a barrier in health and social care: people receiving child support can become an adult and no longer be eligible for support.
- Barriers at so many levels. Social workers only have a basic understanding of SDS services. Social workers often don't know about the 4 options available, and control is not given back to individuals and families in need.

- Inequalities 'reduced' – should the aspiration not be to eradicate them?*
  *It was felt that this would be unrealistic and beyond aspirational as health inequalities change over time.
- Third sector must be involved due to region's geography. TSOs have people in areas that NHS and council do not have due to the latter's leaning to central population locations. Intention is good but TSOs must play a big part if to succeed.
- Digital outreach can help. Keep remote care, sped up during COVID, in place and improve. This requires digital inclusion so people can have the choice. But digital care should not be sole option.
- Must inform people of what their expectations can be – if they do not know about it, they will not ask for it, and will not get it.
- TSOs to be monitored and evaluated on a level playing field alongside NHS and H&SC.
- Must remove barriers for TSOs and patients to engage fully with H&SC – simple example, receptionists.
- Areas of deprivation – can be generational and difficult to get them out of that.
- Mapping what's out there and improve how we promote these services.
- Easy to read policies, which reduce barriers.
- Barriers are funding, resources and overloaded with demand.
- Inequalities present a challenge
- Overcome inequalities in provision of care by helping people identify what they can access
- Move away from a paternalistic approach – offer options

SCI3- Safe, sustainable and effective care and support that improve people's outcomes and lived experience

- should read 'chosen' outcomes*

  *SCI amended to include chosen

- There is currently a lack of communication between services that are available, especially between third sector, the H&SC Partnership and other NHS partners. Third sector often miss out on receiving key information.
- For example, the Citrix system is only accessible by NHS and not open to third sector organisations. This system needs streamlining. All partners have the same goal at the end of the day; to support the people they're supporting.
- H&SC systems do not speak to each other - clients will often experience practitioners from different services asking them the same questions over and over again.
- Perception that practitioners / staff out with third sector are often ignoring SDS, legislation etc. It is not being used as effectively as it could be.
- SDS is no longer for the people. A person can't choose their own plans - social care are choosing plans for the person.

- Perfect for third sector but critical to have “safe and secure” funding for sector also to be able to deliver this. There is a positive outlook on a service if the TSO is safe in the knowledge of funding.
- If third sector is being relied upon to deliver support, it should be able to expect support of funding. Not just year to year funding. Services being withdrawn leaves users in the lurch which can be very damaging.
- Services should be regionwide and not just in selected pockets; eliminate the “postcode lottery” experienced by many. Disparity and inequality – why are some getting it and not others. Localities quite often do their own thing so no consistency. Service available in one area but not in other.
- Length of support offered to user – third sector should be given independence and authority to use expertise to decide on what is required for individuals. Six sessions for one, two for another.
- Funding must be sustainable, or service is impacted. Sustainable funding would show how TSOs could truly support and make a difference. TSOs expected to deliver high quality care but without equivalent funding. TSOs train staff who then leave taking their experience with them because NHS or council have the same job but pay a more, leaving the TSO to start from scratch.
- A strength of third sector is to be able to respond in a person-centred way and adapt quickly and out of hours but there is no recognition of that.
- Recognise the diversity of the third sector – can contribute to different parts of health and social care

SCI4- Crisis management is avoided

- How do you do it? How do you avoid crisis management? Preventative services. Enabling people in communities to use the support on the ground.
- *Crisis* wording is awful, means so many things all negative and scary.
- The need for well-trained staff on the ground. Many people start a H&SC role and then leave once they are trained. Well supported staff would support crisis management to be avoided.
- ‘Lend a hand’ Lockerbie is an example of excellent support staff that was set up due to pandemic. It was hoped that this group would continue. We need to utilise the skills and experience of small groups like these in local communities, which would in turn save money.
- Covid has helped to establish these teams in small local communities and support has increased. Getting people to support others e.g. support groups would help to avoid crisis management.
- Someone close to a crisis will be scared to contact a professional service but may be more willing to get access and support from a small local community group.
- ‘Level playing field’ still doesn’t exist. Statutory services in H&SCP still hold the strings.
- How to have healthy conversations - we are a million miles away from what is down on paper.

- Volunteers need to be re-valued. Their skills and experience outweigh staff in some cases, but they are never able to sit round the table with these professionals to have joint discussions.
- This is where lived experience comes in. Lived experience people need to be sitting round these tables.
- Interested to see how it will be evidenced that crisis is or has been avoided
- There are lots of opportunities for a wide range of organisations to input into this. The intentions are heavily weighted towards input from the Third Sector, would like to see resource transfer to support this.
- Again, difficulty of getting past barriers put up by H&SC. If SCI 3 is addressed, then SCI 4 can be managed.
- Carers do not often identify themselves as carers. Identify them and then put in the support.
- You need a true picture of the landscape across the region and then map what is required and do it consistently across localities – not having to repeat in four different ways or four different ways.
- Opportunities within sector to support H&SC – toddler group will deliver so many outcomes.
- Planning/communication/awareness – how do you make something happen
- Ideal opportunity to streamline services and change how we work together – avoid cumbersome and bureaucratic processes.
- Invest in early intervention and prevention upstream
- Be brave and bold in areas of disinvestment to allow further investment upstream
- Create a culture and environment for closer working – make connections rather than create barriers – overcome the red tape.
- Feel confident and able to signpost to new and alternative services.

SCI5- Health and social care and support is delivered within the financial budget available to the IJB

- The cheapest option will often be for people to use their own resources
- Using third sector organisations and services could present a more cost effective option – prevention and intervention.
- There are 53 recommendations in the Feeley report- review of IJB is one of the recommendations.
- More support for informal community activities would be beneficial. Services set up through Covid have been very helpful and can avoid crisis care being needed. E.g neighbours and small local community level support.
- Community low level support is included in the first circle of the model of care - friends, family, carers and also community-based organisations.
- The most effective use of resources is to support people early.
- If the person is at the centre then that is where we need to invest.

- How much of the IJB budget will go to the third sector? Is there going to be a resource shift with a true investment in the inner circle of model? This also must be backed up with action and transparency.
- Third sector can help with financial model as it is the cheaper option. Who do they (HSCP) truly want to invest in? Must have an open and honest conversation with TSOs moving from year-on-year funding to longer sustainable funding.
- TSOs could also work better together and more collaboratively to open more opportunities to funding. But again, this needs those conversations.
- Third Sector seen as a cheap delivery partner.
- How does this support all types of organisations and help them become sustainable.
- Recognise a better service at greater value for money.
- Commissioning contracts – increase to 2/3 years allowing a service to evolve.
- How do we commission to deliver on a SCI? Year-by-year – look to commission for longer periods.
- Find a way to identify need – listen to people, plan, delivery – how can we shape a tender to deliver outcomes in a different way?
- Collaboration and innovation to allow an outcome to be delivered – third sector can bring experience and learning – allow tests of change – does an intervention make a difference?
- Share evidence and outcomes to celebrate the third sector to overcome traditional models of care which are often more expensive.
- Focus on what is adding value to people's lives
- Invest in culture change, particularly around early intervention and prevention
- Pandemic has brought to the fore how innovative and forward thinking the 3rd and independent sectors can be – flexible approach has allowed things to happen when statutory services struggled.
- Examine commissioning process – look outwith current services and beyond commissioned services.
- Celebrate and recognise wider third sector – not just commissioned services (DG Locator from TSDG)

SCI6- National, regional and local priorities continue to be delivered alongside managing identified risks and challenges

- How does this sit with the other SCIs? – is it actually an overarching intention and just assumed that this will happen?
- Risks and challenges - several conversations being had with multiple services, which results in a person not receiving support at the time they should.
- Perceived lack of communication between all services. Services need streamlining and more communication. Services are supporting one person at a time, so they should be able to come together to have discussions about how to best support that one person. Also, that service could be supporting a whole family by supporting just one person in the family.

- Should be more people focussed. It is assumed this will happen but it doesn't always. Feel this SCI is more of an action than an outcome
- Regional – there are currently different areas, factors, targets, which is difficult. Priorities – one used by everybody.
- Currently not empowering people to achieve targets. Aim is to invest in third sector, but localities make it difficult. East and west. Different services in different areas despite being one region so difficult to make it joined up.
- Nationally - Adult and social care review. Third sector locally inputted into this but no realisation of that locally. Need to be involved in the discussions locally. The need for local strategic talks because third sector are involved in national conversations through their organisations.
- Identify gaps in care – if your need is not supported by the third sector where do you go.
- Use Model of Care and personalise it for each person.

SCI7- People and communities are enabled and supported to self-manage and be more resilient

- Communities need to be supported financially and supported with resources.
- From experience, people feel more comfortable speaking to someone locally rather that a statutory service, therefore it is so important to support local communities
- Need to support and commit resources to self-management and commission third and independent sector organisations.
- Brilliant statement but how do you achieve this when there is very little finance? There needs to be investment into third sector.
- Finances for community groups were pulled/cut years ago and continue to be cut and as a result they have less funding to put on services and many are disbanding. This leaves people having to pay for other groups/services or groups having to fundraise to survive.
- Statement sounds great, practice on ground different, should be giving an expectation of what support they can expect.
- Design programmes for before and after care programme – 12 step programmes as example, need to follow up with pathways to other services with higher/lower need – mapping of services would help.
- Personalised model of care with shopping list of services available.
- Give people access to information to allow them to make their own choices.

SCI8- People who deliver health and social care*, including Carers and volunteers, are valued and fully supported to maintain their wellbeing and developed to achieve their potential

- Change of language around use of 'workforce'- agree with change of term.
- The group agreed with SCI 8 but all agreed it has to come to fruition.
- *Potential to add 'health and social care *and support*'
- Missing the word 'support'*. The word support has since been added to this SCI.

- Like that people (paid and unpaid) are recognised in this SCI not just staff.
- It should be acknowledged that sometimes Carers need a break.
- How? What are they truly going to do to maintain wellbeing? TSOs are exhausted. How do you evidence this?
- There is no pass down to the people delivering on the ground. Key workers on the ground missed out on £500 bonus. Staff not in the frontline got it, so hard to motivate those that missed out working on the ground.
- Like the use of the word *people* but this needs to be a level playing field – not just health and social care, NHS and then third sector. Again, how are you going to deliver "valued and fully supported"?
- Training – council and NHS. Offer more place on training to third sector.
- Should be "developed to achieve their outcome" rather than potential. Suggest they are not working to their potential and many TSOs are going above and beyond.
- Renewed funding with a longer-term plan.
- Communicate, communicate, communicate – know what support is out there.
- Growing own staff into sector
- Provide sector mentors.
- Undervalued in terms of pay within the third sector.
- Volunteer opportunities as part of training would give people insight into challenges.
- Agree with decision to avoid the term 'workforce – positive move to reflect wider support structures.