THIRD SECTOR DUMFRIES AND GALLOWAY

REPORT OF MEETINGS

Community Transformation Programme Board

19 April 2022

THIRD SECTOR DUMFRIES AND GALLOWAY SUMMARY

KEY POINTS

PLEASE NOTE: THIS IS A PERSONAL RECORD BY THE CHIEF EXECUTIVE OF TSDG, NORMA AUSTIN HART. IT IS BASED ON MY OWN OBSERVATIONS. IT IS NOT A FORMAL MINUTE OF THE MEETING.

1. The terms of reference were presented, members of the group were asked to feedback comments: draft objectives are:

   a. *Provide and develop a community asset based, collaborative approach that builds on the work of the Community Planning Partnership Board.*

   b. *Ensure the implementation of identified projects, such as Home Teams, Care and Support at Home, Bed Reconfiguration, Assistive Inclusive Technologies and improving Cancer journey.*

   c. *Provide the vision and strategic leadership for Directorate Tactical and Operational Management Teams spanning the Partnership. Undertaking to identify and promote innovation and new ways of working.*

   d. *Provide governance and scrutiny across all aspects of the transformation of community health and social care.*

   e. *Ensure the Community Transformation planning for Dumfries & Galloway is robust, effectively monitored with timetables managed and obstacles which may affect delivery removed*

   f. *Ensure consistency and connection between the Partnership's priority areas for change.*

   g. *Ensure sufficient and appropriate linkages / interdependencies are realised between the Community Transformation Programme Board and other Transformation Programmes.*

   h. *Ensure that there is an integrated, comprehensive and effective communications plan in place to ensure all stakeholders (patients, staff, public and partner organisations) are informed and involved throughout the process.*

   i. *Remit decisions outwith the scope of the Programme Board to the Health & Social Care Governance and Performance Group*

   j. *Monitor the Programme Risk Register*

k. *Ensure that all Programme Evaluation and Lessons Learned Reports are prepared.*

l. *Ensure that older people are placed at the centre of the recovery and to focus on a preventative, joined-up approach to healthy ageing in older people.*

m. *Ensure work of Scottish Government Programmes is aligned including best practice learning with appropriate sub-groups.*

2. There was a summary of the challenges facing the health and social care system in D&G. The issues include aging demographics, difficulties in relation to Covid, staffing recruitment issues and delayed discharge rates (D&G has the highest increase during Covid in Scotland). We should also be cognisant of equalities measurements which may need to be covered by case studies.

3. Did we deliver what we said we were going to deliver, and did it make a difference?

4. These are the two most important questions to measure our performance.

5. The group looked at different models for gathering and reporting quantitative and qualitative information about performance management. The way we currently deliver health and social care is not a sustainable model.

6. There was agreement that the task is more than just gathering information but also how we interpret it and how we use it. A small working group was agreed at this meeting to look at this issue and it will meet in the next two weeks.

7. There was a presentation about Home Teams, Care at Home and Community Bed model which are the three strands of communities transformation.

8. The eight home teams are now fully integrated into communities via a single access point (SAP).

9. Early intervention and self-management, discharge to assess, palliative and end of life care, enablement and rehabilitation are main areas of HTs activity.

10. Pathways and transitional plans are now in place for Home Teams.

11. Care and Support at Home project will start in May 2022.

12. 80% of our care at home service is provided by the independent sector and 20% by CASH.

13. Assistive and Inclusive technologies (AIT) is at the forefront of new models of care and is part of Care at Home project for now. It enables people to live safely and self- manage independently at home for longer.

14. Community Bed model and delayed discharge- people are not waiting for beds, it is about waiting for care packages at home.

15. Project team is set up and undertaking data gathering and analysis. May to August is development of model with communities and stakeholders, refining model then full consultation January to March 2023.

16. I asked a question about the relationship of the home teams with the local third sector and how it can offer solutions, not just the volunteer work within the hospital. This is also to be picked up by the short life working group.

17. There needs to be a shift towards a measurement of outcomes rather than commissioning and measuring processes.

18. There was an update on the project Improving the Cancer Journey. This model may be used for other long-term conditions if it is successful. It covers the non-clinical aspects of the cancer experience. It will eventually cover the Scottish Borders.

19. Updates were given for the Community Planning Partnership Board, Scottish Care and the work of TSDG.