

**Title/Subject:** Joint Inspection Improvement Report and Progress Update

**Meeting:** Integration Joint Board

**Date:** 3 June 2016

**Submitted By:** Head of Social Work Adult Services and Community  
Services Directorate General Manager

**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 The purpose of this report is to inform the Integrated Joint Board of work which has been undertaken to implement recommendations for improvement from the report of Joint Inspection of Services for Older People in Falkirk. This report was published in July 2015 and the full report can be viewed on the Care Inspectorate's website. A web link is attached at the end of the present report.

## **2. RECOMMENDATION**

- 2.1 The IJB is asked to note the contents of this report.

## **3. BACKGROUND**

- 3.1 The Care Inspectorate and Healthcare Improvement Scotland are carrying out joint inspections of health and social work services for older people in every Partnership area in Scotland. It is planned that the scope of these joint inspections will be expanded to include health and social work services for other adults. However the Falkirk inspection took place before this broadening of the scope of the inspections.
- 3.2 A stated aim of the inspection process is to support delivery of very good outcomes for individuals and carers by scrutinising partnerships' preparedness for health and social care integration. The inspection methodology seeks to determine how effectively health and social work services work in partnership, also looking at the role of the independent sector and the third sector in delivering positive outcomes. It is therefore appropriate that the IJB be appraised of work undertaken to implement the recommendations of the Joint Inspection report.
- 3.3 The joint inspection team visited the partnership area between July and October 2014, publishing their report in July 2015. There has been considerable work undertaken to implement the recommendations in the intervening period. A continuous improvement approach necessarily entails the themes and actions being reviewed. The present report seeks to provide

an overview of where progress has been achieved and where further headway remains to be achieved.

## 4. KEY FINDINGS OF THE REPORT

### 4.1

Quality Indicator	Heading	Evaluation
1	Key Performance Outcomes	Good
2	Getting help at the right time	Good
3	Impact on staff	Adequate
4	Impact on the community	Good
5	Delivery of key processes	Adequate
6	Policy development and plans to support improvement in service	Adequate
7	Management and support of staff	Adequate
8	Partnership working	Adequate
9	Leadership and direction	Adequate

**Table 1 Evaluation – assignment of grades across scale range – Unsatisfactory, Weak, Adequate, Good, Very Good, Excellent.**

4.2 The inspection overall found good examples of effective joint working and was positive about the quality of work on adult protection. The inspection also found that across many areas of work there was a need for further progress to be achieved. The report highlighted the need to build upon examples of good practice to achieve accelerated scale and pace of change across the whole system of joint working.

4.3 Themes which came under particular scrutiny included:

- delayed discharge
- support for carers and carers' assessment
- the shift towards reablement and preventative, anticipatory approaches
- Improvement in key processes, including referral, assessment, reviewing and chronology processes, and capacity planning
- Ensuring strong engagement with staff as key partners
- A focus on delivery of outcomes through the Joint Strategic Commissioning Plan.

4.4 The above themes have been the subject of considerable activity in the period since publication of the report. That period has seen significant pressures in regards management capacity. Notwithstanding these pressures progress has been achieved and a detailed account of activity is attached as Appendix 2 of the present report. As the Partnership moves forward there is considerable further progress to be made across the themes.

4.5 The inspection methodology, while assigning a grade across 9 quality indicators as set out at Table 1, focuses additionally upon a tenth indicator, Capacity for Improvement. No evaluation grade is awarded against Capacity for Improvement. Under that indicator the Inspection team concluded that at that time although the Partnership had been at an early stage it was now moving towards health and social care integration and the pace of change was now accelerating.

## **5. NEXT STEPS INDICATED BY THE JOINT INSPECTION REPORT**

5.1 There is significant overlap between the Joint Inspection report recommendations and the priority actions on which the IJB has been focusing attention in the early stages of integration. By taking steps forward on the IJB priorities we will be able to embed further progress on the Inspection recommendations.

5.2 Where the Inspection report references the Joint Strategic Commissioning Plan which was drawn up within a Reshaping Care for Older People framework, it is now appropriate to reference instead the IJB Joint Strategic Plan. This is necessary in the interest of clarity and of avoidance of duplication. This shift will be formally notified and negotiated as necessary with the inspection agencies.

- 5.3 A theme identified in the inspection report was the importance of collecting performance data and information as a basis for reviewing activity. The report suggested a need for greater effectiveness in assessing how well activity delivers better outcomes for individuals and their carers. The work underway on logic modelling will provide a sound platform for evaluation on performance against outcomes.
- 5.4 A key theme of the inspection report was the need to deliver was the importance attaching to engagement and communication with staff and wider stakeholders. Current activity underway on Workforce Strategy and on Organisational Development Plan will set out a framework which builds upon the work already undertaken on staff engagement.

## **6. CONCLUSION**

- 6.1 In conclusion considerable work has been undertaken by the Partners to deliver improvement and new learning in light of the Joint Inspection process. The present review of the findings of the joint inspection report and the work undertaken to implement change demonstrates a positive strategic fit with the early stage priorities established by the IJB.

### **Resource Implications**

This report has no direct resource implications.

### **Impact on IJB Outcomes and Priorities**

Delivery of the joint inspection action plan supports the achievement of the IJB outcomes and priorities.

### **Legal & Risk Implications**

Delivery of the joint inspection action plan supports compliance with legal obligations and effective risk management.

### **Consultation**

The present report is for information and noting and does not require a separate consultation process.

### **Equalities Assessment**

The present report is for information and noting and does not require a separate equalities assessment.

General Manager  
Forth Valley CHP's

Head of Adult Services  
Falkirk Council

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Approved for Submission by: Joe McElholm, Head of Social Work Adult Services

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**Date:**        10/05/2016

**List of Background Papers:**

**Appendix 1**

**Appendix 2**

## **Appendix 1**

### **Falkirk Joint Older People's Inspection - Recommendations for improvement**

- 1 The Falkirk Partnership should put measures in place to meet the Scottish Government delayed discharge targets and to make sure older people in Falkirk are discharged home or to a homely setting when they are medically fit to do so.
- 2 The Falkirk Partnership should ensure all staff are aware of new initiatives and enable staff to communicate and share information more effectively.
- 3 The social work service should improve its arrangements for how the public and other agencies access the service through the Contact Centre to the community care team duty system. It should also review the capacity of the locality teams to make sure it can efficiently respond to all the initial enquiries.
- 4 The Falkirk Partnership should improve on the number of carers' assessments being undertaken and make sure that these, along with support plans, are recorded in the relevant case files.
- 5 The Falkirk Partnership should take action to make sure their assessment, care planning and review processes are improved to ensure a better shared approach and understanding of older person's needs and wishes.
- 6 The Falkirk Partnership should ensure that all relevant case records contain chronologies that are fit for purpose and documented as well as jointly developed risk assessments and risk management plans so that the older person's needs are clearly defined and protected.
- 7 The Joint Management Group, as the strategic planning group, should use the available data to review and report on progress against the outcomes in the Joint Strategic Commissioning Plan. This is important in order to make sure that 'whole system' change and improvement is evidenced, planned and delivered in a sustainable way.
- 8 The Falkirk Partnership should incorporate the Joint Strategic Commissioning Plan for older people in to the Joint Strategic Plan for health and social care integration. The plan should be compliant with the Scottish Government's strategic commissioning plan's guidance<sup>3</sup> and be accompanied by a robust delivery plan that is subject to routine scrutiny by the Joint Management Group.
- 9 The Falkirk Partnership should implement the communication and engagement plan set out in the Integration Scheme as a matter of priority to ensure the workforce fully understand the vision and pathways of change.

#### **Inspection report web link reference.**

<http://www.careinspectorate.com/images/documents/2365/joint%20inspection%20of%20services%20for%20older%20people%20in%20Falkirk%20July%202015.pdf>

## **Appendix 2**

### **Joint Inspection of Services for Older People in Falkirk**

#### **Position Statement and Improvement Plan**

Attached is a position statement and improvement plan which is the Partnership response to the Joint Inspection of Older People's Services in Falkirk.

The plan is structured to reflect the **nine** recommendations contained in the Final Report. The Inspection reflected progress at a point in time (Summer 2014) and this Report reflects the Partnerships view of the progress that has been made since the inspectors reviewed the Partnership. This is detailed in the **Current Position** section of the Plan.

While some recommendations have seen significant progress particularly in relation to preparation for integration, others require ongoing focussed action. In addition, careful review of the Inspector's Report identifies a range of issues where one response is required from the Partnership and these have been included in the Action Plan as specific additional actions under the relevant Recommendations.

## FALKIRK OLDER PEOPLE'S INSPECTION – Position Statement & Improvement Plan

<b>Quality Indicator:</b>	<b>Key Performance Outcomes</b>
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<b>Recommendations:</b>	<i><b>Recommendation 1:- The Falkirk Partnership should put measures in place to meet the Scottish Government delayed discharge targets and to make sure older people in Falkirk are discharged home or to a homely setting when they are medically fit to do so.</b></i>
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<b>Additional Areas for Action</b>	Review Care Home provision across Falkirk
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>• The challenges identified by the Inspectors in ensuring that older people in Falkirk care are discharged home when they are medically fit remain and the Partnership agrees that focussed partnership action is required to improve the position.</li> <li>• Since the Inspection, the national delayed discharge target changed to a 2 week target against which the Partnership has yet to deliver. The primary reason for delays remains lack of availability of care home places.</li> <li>• A range of additional initiatives are being implemented to change the pattern of service provision to have more of a focus on reablement, intermediate care and admission avoidance.</li> <li>• The then Falkirk Transitional Board has identified improvements in delayed discharge as its highest priority and has sponsored work to identify the additional measures required to improve the position. This is a standing agenda item for the</li> </ul>	<ul style="list-style-type: none"> <li>• Senior officers from health and social services meet weekly and monthly to review performance and agree actions.</li> <li>• A Delayed Discharge Action Plan has been agreed by the Partnership with regular reporting to the Integration Joint Board.</li> </ul>	Ongoing on a weekly and monthly basis	Joint Management Group. Delayed Discharge Sub Group.	<ul style="list-style-type: none"> <li>• Integration Joint Board</li> <li>• Delayed Discharge Progress Report.</li> </ul>



<p>Integration Joint Board.</p> <ul style="list-style-type: none"><li>● Some service redesign initiatives are being taken forward through the Integrated Care Fund aimed at preventing avoidable admissions and supporting more older people with complex needs at home. The “Closer to Home” project builds on learning from the Bo’ness pilot work.</li></ul>				
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<b>Quality Indicator:</b>	<b>Getting Help at the Right Time</b>
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<b>Recommendations:</b>	<b><i>Recommendation 2:-The Falkirk Partnership should ensure all staff are aware of new initiatives and enable staff to communicate and share information more effectively.</i></b>
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<b>Additional Areas for Action</b>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>Part of context for this recommendation was the significant change programme in Council Social Work restructuring that was being planned at the time of the Inspection together with planning for Health &amp; Social Care Integration, which was still at an early stage in its development and implementation. The Integrated Joint Board has now been established. A new Council Social Work structure has now been implemented to take account of the requirements of the Public Bodies Joint Working Act. There is clarity around the Council services and functions which are included in the Falkirk Health &amp; Social Care Partnership.</li> <li>A range of staff engagement and joint training initiatives have taken place including: <ul style="list-style-type: none"> <li>- seven joint staff engagement sessions in early 2015 to involve staff in planning for health and social care integration.</li> <li>- website and staff newsletters</li> <li>- locality events involving GP's, social care and community health staff</li> <li>- joint training initiatives</li> <li>- strategic plan engagement events</li> <li>- Joint Staff Forum established</li> </ul> </li> <li>The Consultation on the Joint Strategic Plan has</li> </ul>	<ul style="list-style-type: none"> <li>Further engagement events with staff are planned together with staff newsletter and ongoing maintenance of the integration web pages hosted on NHS FV website</li> <li>Joint Staff Forum provides an ongoing mechanism to keep staff side representatives involved and engaged as plans develop</li> <li>Communication Forward Planner will be presented to the IJB for approval</li> </ul>	Ongoing, linked to timescales for implementation of Falkirk Health & Social Care Partnership	Chief Officer working with Joint Management Group	Integration Joint Board

been concluded.				
<ul style="list-style-type: none"><li>• Participation and Engagement Strategy approved by the IJB</li></ul>				

<b>Quality Indicator:</b>	<b>Impact on Staff</b>
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<b>Recommendations:</b>	<b><i>Recommendation 3: The social work service should improve its arrangements for how the public and other agencies access the service through the Contact Centre to the community care team duty system. It should also review the capacity of the locality teams to make sure it can efficiently respond to all the initial enquiries.</i></b>
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<b>Additional Areas for Action</b>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>Work has been completed on standardisation of the Social Work duty arrangements. It is recognised that the Social Work contact centre response to calls returns good performance indicators. A working group is in place with the aim of improving key processes for communication between the Contact Centre as the point of public access and the duty / intake function. Quarterly meetings are held between Service Managers Social Work Adult Services) and GP Primary Care Locality Co-ordinators to discuss any areas of concern and identify areas for improved partnership working. Progress has been made with offering GPs secure e-mail access for communication with Social Work.</li> </ul>	<p>Continuing liaison meetings with GP Primary Care Locality Co-ordinators – purpose to improve working relationships between GP practices and Community Care Teams.</p> <p>Take forward improvement actions within the wider context of planning for integrated locality model / arrangements.</p>	<p>Some actions are completed [see Current Position]. Working group on Contact Centre arrangements for completion September 2016. Work on integrated locality model ongoing.</p>	<p>Falkirk Social Work Head of Adult Social Care</p>	<p>Joint Management Group</p>

<b>Quality Indicator:</b>	<b>Impact on the Community</b>
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<b>Recommendations:</b>	<b><i>Recommendation 4:- The Falkirk Partnership should improve on the numbers of carers' assessments being undertaken and make sure that these, along with support plans, are recorded in the relevant case files.</i></b>
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<b>Additional Areas for Action</b>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>• The Single Shared Assessment (SSA) process requires the Carers assessment screen to be completed. Workers are required to offer a carer assessment and record the outcome as to whether the carer has or has not taken up the offer.</li> <li>• The SSA also has a section to record carers views as part of the cared for person's assessment.</li> <li>• The update of carers' assessment is monitored through best value and scrutiny reporting.</li> <li>• Carers are being asked if they would like a Carers Assessment by District Nurses, if they would like this they are signposted to the Carers Centre to have this undertaken and support provided to meet their needs.</li> <li>• The Carers Centre continues to support carers to complete carers self-assessment</li> <li>• Integrated Care Fund has supported a project for carers to access Short Break Fund in response to identified needs from carers assessments.</li> </ul>	<ul style="list-style-type: none"> <li>• Audit of the numbers of carers asked about a carers assessment by District Nursing.</li> <li>• Identify and consider implications actions arising from Carers Bill</li> </ul>	<p>During 2016</p> <p>During 2016</p>	<p>NHS District Nursing Service</p> <p>Falkirk Council Social Work Service</p>	<p>Joint Management Group</p> <p>Joint Management Group</p>

<b>Quality Indicator:</b>	<b>Delivery of Key Processes</b>
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<b>Recommendations:</b>	<p><b><i>Recommendation 5:- The Falkirk Partnership should take action to make sure their assessment, care planning and review processes are improved to ensure a better shared approach and understanding of older person's needs and wishes.</i></b></p> <p><b><i>Recommendation 6:- The Falkirk Partnership should ensure that all relevant case records contain chronologies that are fit for purpose and documented as well as jointly developed risk assessments and risk management plans so that the older person's needs are clearly defined and protected.</i></b></p>
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<b>Additional Areas for Action</b>	<ul style="list-style-type: none"> <li>• Information sharing arrangements</li> <li>• Inclusion of outcomes in the planning of care</li> <li>• Review of post diagnostic support and capacity to deliver</li> <li>• Review eligibility criteria for Social Care Services (Falkirk Council)</li> </ul>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<p>The partnership agrees that work is required both on a single agency and on a joint basis to ensure that assessments are jointly undertaken where appropriate; are consistent (i.e. SMART) and are appropriately shared. Actions for both recommendations are being developed together. Work is underway to develop one Forth Valley wide Single Shared Assessment/Referral Document which will include detail of carers journey and how we can assist with that journey. This work also links to the sharing of information between agencies with the ultimate aim of sharing SSA documents, risk assessments, care plans and chronologies.</p> <ul style="list-style-type: none"> <li>• A programme of training in outcome focussed assessment has been progressed and continues.</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake work to develop action plan on partnership actions required to improve information sharing and joint training. Agree the process for developing and sharing Risk Assessments and Chronologies, building on evidence of good practice in this field i.e. Older People's Mental Health Service. This will include: <ul style="list-style-type: none"> <li>- agreeing a single process for single shared assessment</li> <li>- establishing a baseline for joint assessments and targets for increasing</li> </ul> </li> </ul>	Group established October 2015	Joint Partnership Working Group	Joint Management Group

<p>The offer of the SDS options is mandatory and required recording on SWIS. The SWIS system is to be upgraded to capture progress towards achieving the outcomes identified through the assessment process.</p> <p>Chronology recording on the Social Work system SWIS has been upgraded. Includes recording of key event, action taken and source. An updated procedure on case recording including chronologies has been developed. A 'Quick Guide to Chronologies' which was produced jointly has been disseminated from January 2016.</p> <p>Community Care Teams have a self-evaluation process of case file audit including risk assessment and risk management plans. This is progressed through the supervision process. Records of the number of case files audited and outcome of audit are kept.</p> <p>Performance Outcomes are reported to Falkirk Council Best Value and Scrutiny Committee.</p>	<p>numbers</p> <ul style="list-style-type: none"> <li>- agreeing and implementing a process for case sampling and audit</li> </ul>	<p>September 2016?</p>	<p>Falkirk Council Adult Social Work Service</p>	
<ul style="list-style-type: none"> <li>• District Nursing records are audited through the Assuring Better Care process. This involved reviewing Assessments, Care Plans and review process.</li> <li>• Training continues to ensure care plans are person centred and outcomes focussed.</li> <li>• We have embedded the 3 WTE Anticipatory Care Planning Nurses into our District Nursing Teams. Within first year 152 ACPs completed and 114 Your Plans completed. Overall, this approach has enabled us to signpost to other services including Community Pharmacy, ReACH and the Rapid Access Frailty Clinic. The latest development for these nurses is to ensure that any patient seen</li> </ul>	<ul style="list-style-type: none"> <li>• Complete review of eligibility criteria and associated implementation actions for Social Care Services</li> <li>• Review and redefine the pathway for post diagnostic support for people with dementia. Produce future specification and commission new arrangements.</li> <li>•</li> </ul>	<p>End September 2016</p>	<p>Joint Partnership Working Group</p>	<p>Joint Management Group</p>

<p>has been advised about Power of Attorney and those who have accessed our Enhanced Community Team (ECT) and require an ACP are referred and an ACP completed before the Enhanced Community Team discharge them.</p> <ul style="list-style-type: none"> <li>• <b>Enhanced Community Team</b> established on 15th Dec '15.</li> </ul> <p>The work of the Enhanced Community team falls mainly into three categories:</p> <ul style="list-style-type: none"> <li>(i) Assessment of unwell patient (where a diagnosis has already been undertaken (eg by GP or frailty clinic) but the patient has additional needs or is deteriorating and is at risk of hospital admission)</li> <li>(ii) Rapid assessment of an uninjured faller</li> <li>(iii) Discharge facilitation</li> </ul> <p>As of 10<sup>th</sup> April '16 the Enhanced Community Team had received 220 patient referrals since it was established on 15<sup>th</sup> December '15. 155 of these referrals were urgent and 128 were received from the patients registered GP. Most weeks there are 15 to 20 patients admitted to the Enhanced Community Team and a similar number of patients discharged. Patients are cared for by the Enhanced Community Team for around 7 days with an average of between 5 and 20 contacts before being discharged.</p> <ul style="list-style-type: none"> <li>• The <b>ALFY</b> service was launched across Forth Valley on the 1 December 2016. There have been a total of 418 calls received since Alfie was launched Forth Valley wide on 1st December '15. The Alfie team also has access to a list of patients aged 65 and over who have attended the</li> </ul>				
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Emergency Department or been discharged from hospital in the previous 7 to 14 days. The list is updated daily and patients prioritised for follow-up. The Alfy team will attempt to make contact with the patient by telephone to make them aware of the ALFY Advice line service. Information on ALFY and a Your Plan may also be sent to the patient.				
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<b>Quality Indicator:</b>	<b>Management &amp; Support of Staff</b>
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<b>Recommendations:</b>	<b><i>Recommendation 7:-The Joint Management Group, as the strategic planning group, should use the available data to review and report on progress against the outcomes in the Joint Strategic Commissioning Plan. This is important in order to make sure that ‘whole system’ change and improvement is evidenced, planned and delivered in a sustainable way.</i></b>
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<b>Additional Areas for Action</b>	<ul style="list-style-type: none"> <li>Review performance in respect of emergency admission to hospital against national downward trend</li> </ul>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>The Partnership has developed a new Joint Strategic Plan which both builds upon and replaces the Joint Strategic Commissioning Plan. Work is currently underway to implement a logic modelling framework which will underpin robust measurement of outcomes and linkage between joint planning and improved outcomes. A programme of completion of evaluation reports is currently underway in regards all activity funded by the Change Fund and more recently by the Integrated Care Fund. The current Planning, Commissioning and Monitoring Group established by the JMG is undertaking some elements of this work for example the Change Fund final evaluation and is ensuring that the Bo’ness Test of Change Project reports through the JMG.</li> <li>A Performance Management Work stream has been established to support implementation of health and social care implementation and ensure the partnership fulfils its statutory requirements.</li> <li>The Bo’ness Leadership Group has been reviewed to ensure clear links to the JMG.</li> </ul>	<ul style="list-style-type: none"> <li>Review role of JMG as part of implementation arrangements for health and social care partnership.</li> <li>Use opportunities through Strategic Needs Assessment and “Rear View Mirror” analysis to understand pattern of emergency admission.</li> <li>Consider role of SPG to review Strategic Plan and connections to the JMG</li> </ul>	<p>March 2016</p> <p>Complete</p> <p>Linked to Strategic Plan</p>	<p>Joint Management Group</p> <p>Joint Management Group</p>	<p>Routine reporting to Integration Joint Board as part of performance reporting.</p>

<b>Quality Indicator:</b>	<b>Partnership Working</b>
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<b>Recommendations:</b>	<b><i>Recommendations 8:- The Falkirk Partnership should incorporate the Joint Strategic Commissioning Plan for older people in to the Joint Strategic Plan for health and social care integration. The plan should be compliant with the Scottish Government's strategic commissioning plan's guidance and be accompanied by a robust delivery plan that is subject to routine scrutiny by the Joint Management Group.</i></b>
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<b>Additional Areas for Action</b>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>As note above, the Joint Strategic Plan has been developed taking cognisance of the Joint Strategic Commissioning Plan. This work has been led by the Chief Officer for the Falkirk Health &amp; Social Care Partnership. The development of a strategic plan has been overseen by the Strategic Planning Group reporting to the Integration Joint Board.</li> <li>Consultation work on the draft strategic plan for the Falkirk Health and Social Care Partnership has been completed.</li> <li>Further progress to date includes:- <ul style="list-style-type: none"> <li>- Various engagement events with key stakeholders</li> <li>- Engagement events with staff (7)</li> <li>- Partnership wide strategic needs assessment being undertaken</li> <li>- Cross reference to Health Board clinical services</li> </ul> </li> <li>Programme Board established</li> <li>Strategic Planning Group in place</li> </ul>	<ul style="list-style-type: none"> <li>Locality level Needs Assessments to be completed</li> <li>Develop detailed implementation plan</li> </ul>	In line with agreed timeline for establishment of health and care integration and continuing programme of implementation of the requirements of the Public Bodies [Joint Working] Scotland Act.	Chief Officer working with JMG and Programme Board	Integration Joint Board

<b>Quality Indicator:</b>	<b>Leadership &amp; Direction that Promotes Partnership</b>
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<b>Recommendations:</b>	<b><i>Recommendation 9:- The Falkirk Partnership should implement the communication and engagement plan set out in the Integration Scheme as a matter of priority to ensure the work force fully understand the vision and pathways of change.</i></b>
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<b>Additional Areas for Action</b>	<ul style="list-style-type: none"> <li>Review access to joint training opportunities</li> </ul>
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<b>Current Position</b>	<b>Further Action Required</b>	<b>Timescale</b>	<b>Lead Agency/Partnership Group</b>	<b>Governance/Reporting Arrangements</b>
<ul style="list-style-type: none"> <li>The Partnership consider that this recommendation has been substantially addressed. Initial engagement events with staff have taken place. These were well attended by council, health, third sector and independent sector and evaluated well. A report on the initial engagement work has been produced and further engagement events planned in line with the Strategic Plan consultation.</li> <li>The Participation and Engagement work stream to support the implementation of health and social care integration. This includes staff.</li> <li>Seven staff engagement events have taken place and evaluation report completed.</li> <li>Chief Officer is in place providing focused leadership on the development of the Strategic Plan.</li> <li>Integrated Workforce Plan has been approved, with work overseen by the Falkirk OD and workforce work stream</li> </ul>	<p>The Participation and Engagement work stream to support the implementation of health and social care integration. This includes staff.</p> <p>Communication Forward Planner will be presented to the IJB for approval.</p> <ul style="list-style-type: none"> <li></li> </ul>	Ongoing linked to agreed timeline for health and social care partnerships in April 2016.	Chief Officer working with JMG	Integration Joint Board

<ul style="list-style-type: none"><li>• A Health and Social Care webpage including frequently asked questions, has been established and is being updated on an ongoing basis.</li><li>• Staff newsletters have been produced</li></ul>				
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