



Title/Subject: Internal Audit FK05-17 Strategic Planning
Meeting: Integration Joint Board Audit Committee
Date: 5 December 2017
Submitted By: Chief Internal Auditor
Action: For Noting

1. INTRODUCTION

- 1.1 The aim of this paper is to brief the Audit Committee on the outcomes of the Internal Audit review of Strategic Planning.

2. RECOMMENDATION

- 2.1 It is recommended that the IJB Audit Committee:-

- Note the Internal Audit review of Strategic Planning (FK05-17)

3. BACKGROUND

- 3.1 The Scottish Government published Strategic Commissioning Plans Guidance in October 2015. The Strategic Plan is the output of the strategic commissioning process, the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Falkirk IJB approved the Strategic Plan in March 2016.

4. MAIN BODY OF THE REPORT

- 4.1 The internal audit opinion is **Category C – Adequate**, in that Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/effectiveness of risk management, control and governance.

Internal Audit reviewed the approved Strategic Plan against the Scottish Government 'Strategic Commissioning Plans Guidance (Public bodies (Joint Working) (Scotland) Act 2014' and testing confirmed that the Strategic Plan was in line with guidance.

The audit also reviewed the process for developing and agreeing the Strategic Plan and reviewed in detail the plans for implementation of a sample of three specific priorities from within the Local Outcomes.



The Internal Audit report report identified 12 recommendations for improvement and, staff resource permitting, appropriate actions and timescales have been agreed with Management.

5. CONCLUSIONS

5.1 The Audit Committee is asked to note the outcome of this Internal Audit report.

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Approved for Submission by:

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28 November 2017

NHS FORTH VALLEY
INTERNAL AUDIT SERVICE



STRATEGIC PLANNING
REPORT NO. FK05-17

Issued To: P Cassidy, Chief Officer
A Templeman, Chief Finance Officer
S Thomson, Programme Manager

Audit Committee
External Audit

Date Issued: 28 November 2017

INTRODUCTION AND SCOPE

1. The Scottish Government published Strategic Commissioning Plans Guidance in October 2015. The Strategic Plan is the output of the strategic commissioning process, the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. The development of the draft Strategic Plan was supported by the Strategic Planning Group and the Strategic Planning Co-ordinating Group. Falkirk IJB approved the Strategic Plan in March 2016.
2. As reported to the IJB meeting on 5 June 2016, the IJB approved recommendations to establish a Local Delivery Plan for the implementation of the Strategic Plan and a Leadership Group to develop a Recovery Plan in response to budget pressures.
3. This audit reviewed the process for developing and agreeing the Strategic Plan and we also reviewed in detail the plans for implementation of a sample of three specific priorities from within the Local Outcomes:
 - ❖ Outcome 2 - Information Sharing;
 - ❖ Outcome 3 - Risk Management;
 - ❖ Outcome 4 - Participation and Engagement.

OBJECTIVES

4. Our audit work was designed to evaluate whether appropriate systems were in place and operating effectively to mitigate risks to the achievement of the objectives identified below.
5. The National Steering Group for Strategic Commissioning has suggested that a good Strategic Commissioning Plan should be based around the established strategic commissioning cycle and should:
 - Identify the total resources available across health and social care for each care group and for carers and relate this information to the needs of local populations set out in the Joint Strategic Needs Assessment (JSNA);
 - Agree desired outcomes and link investment to them;
 - Assure sound clinical and care governance is embedded;
 - Use a coherent approach to selecting and prioritising investment and disinvestment decisions;
 - Reflect closely the needs and plans articulated at locality level.
6. Integration Authorities are required to review Strategic Plans at least every three years, and may carry out additional reviews from time to time.

RISKS

7. The following risks could prevent the achievement of the above objectives and were identified as within scope for this audit.
 - ❖ The Strategic Plan may not have been produced in line with guidance;

- ❖ The IJB may not have a process in place for revisiting and updating the Strategic Plan in the context of the financial and other risks that have emerged during the first year;
- ❖ The high level objectives of the Strategic Plan may not have been appropriately incorporated into a Local Delivery Plan for implementation, which sets out how the Strategic Plan will be delivered, including priorities, timescales and risks to achievement.

AUDIT OPINION AND FINDINGS

8. The audit opinion is **Category C – Adequate**, in that Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/effectiveness of risk management, control and governance. A description of all audit opinion categories is given in the final section of this report.

Production and approval of Strategic Plan

9. On 6 February 2015 the IJB Transitional Board considered a report on strategic planning requirements, including Scottish Government guidance issued on 19 December 2014. The Transitional Board approved a recommendation that members of the Falkirk Joint Management Group would consider proposals to establish a Strategic Planning Group (SPG) constituted in accordance with Section 32 of the Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014.
10. The process for development of the Strategic Plan was approved by the IJB Transitional Board on 1 May 2015. Timescales, key stages in the process and the key role of the SPG in overseeing the Strategic Plan development process were approved and it was agreed that Strategic Planning would be a standing agenda item for the Transitional Board.
11. At their September 2015 meeting, the Transitional Board agreed that development of the Strategic Plan, including all related documents such as the Participation and Engagement Strategy and Market Facilitation Strategy, would be co-ordinated and commissioned through the SPG and delegated to a smaller co-ordinating group, tasked with the production of these. A Strategic Planning Co-ordinating Group was established to ensure the production of the Strategic Plan. This group met on a fortnightly basis initially and on a weekly basis in the lead up to March 2016.
12. It was agreed that the SPG would report to the Transitional Board and then to the IJB, and at their October 2015 meeting the IJB was informed of the initial membership of the SPG, noting that it was envisaged that it would change over time. The SPG met for the first time on 28 September 2015 and feedback has been provided to subsequent meetings of the IJB as part of the Strategic Plan update.
13. The original role of the SPG focused on the development, implementation and review of the Strategic Plan and supporting plans. Since its inception the role and remit of the SPG has evolved considerably but the Terms of Reference, last updated at end June 2016, have not yet been formally agreed. A Development Session to refresh and refocus the group was held in late February 2017 and the structure of meetings and standing agenda items were also reviewed and agreed.

14. There have been some difficulties in achieving quoracy and ensuring key officers attend SPG meetings. Membership includes finance and operational managers and there is input from the third and independent sectors.
15. The Scottish Government Health & Social Care Delivery Plan, published in December 2016 indicates that during 2017 there will be new/refreshed national strategies, plans and/or guidance for: oral health; health literacy; alcohol; mental health; digital health and social care; and, physical activity and health and social care workforce planning. As these emerge, SPGs will need to ensure that the IJB's strategic and commissioning plans take account of and are aligned with these new documents.
16. The draft Falkirk Integrated Strategic Plan 2016-2019 (the Strategic Plan) was presented to the 18 November 2015 IJB meeting where it was agreed that it should be issued for consultation. On 24 March 2016 the IJB agreed the Strategic Plan, subject to the financial statement being finalised following the agreement of the NHS Forth Valley budget on 29 March 2016.
17. We reviewed the approved Strategic Plan against the Scottish Government 'Strategic Commissioning Plans Guidance (Public bodies (Joint Working) (Scotland) Act 2014', issued in October 2015. Testing confirmed that the Strategic Plan was in line with guidance and we were also pleased to note that:
 - ✧ The Strategic Plan has been published and is available to the public via the NHS Forth Valley website. The website also has links to key supporting publications;
 - ✧ A Summary Plan has been produced and provides a high level overview of the Strategic Plan, which is by necessity a detailed document. The Summary Plan focuses on Local Outcomes and on how the plan will be delivered;
 - ✧ The comprehensive Joint Strategic Needs Assessment (JSNA) linked the information presented to the nine National Health and Wellbeing Outcomes, highlighting connections and gaps. This was developed utilising additional analytical support from NHS National Services Scotland and the Information Services Division through the Local Intelligence Support Team;
 - ✧ The Strategic Plan references the Strategic Outcomes and Local Delivery Plan (SOLD) Plan 2016-2020, which replaces the Community Planning Partnership (CPP) Strategic Community Plan and Single Outcome Agreement. The SOLD focuses on delivery on the CPP priorities and outcomes over four years and comprises four strategic priorities and six local outcomes. Falkirk IJB has a lead role in the delivery of one priority and one outcome and contribution to others, with work being taken forward by the Chief Officer;
 - ✧ At their March 2016 meeting the IJB approved the Participation and Engagement report for publishing;
 - ✧ Development and review of the Strategic Plan features in the HSCP Programme Board workplan 2016-17.

Performance Framework

18. IJBs are required to agree a performance framework to monitor performance of delegated functions in line with the Strategic Plan.
19. The Falkirk Performance Framework was approved by the IJB in March 2016 and the first full Performance Report was presented to the IJB in November 2016, along with a Strategy Map developed through a logic modelling process. The Strategy Map details the Partnership's vision and expected Local Outcomes and maps these against the National Health & Wellbeing Outcomes and National Core Indicators. The next step in the process was the development of local partnership indicators against the Strategic Plan. These sit underneath the national indicators and are grouped to measure delivery of local outcomes in a meaningful way.
20. We reviewed the Falkirk IJB Performance Framework against the 'HSCP Performance Reports guidance (Public Bodies (Joint Working) (Scotland) Act 2014)' issued in March 2016, as well as reviewing the performance reports presented to each IJB meeting. We concluded that the framework and the performance reports presented to the IJB were largely aligned to the guidance with some areas currently under development. These are summarised at point 4 in the action plan to this report. In addition, the Performance Framework will need to include the three specific areas of focus set out in the national Health & Social Care Delivery Plan.
21. The performance report to the 31 March 2017 IJB commented on the requirement to link performance information and financial reports to give a rounded view of the overall performance and financial sustainability of the partnership and the requirement to demonstrate best value. It was agreed that the Performance Framework would be updated to: make more overt linkage between the performance and finance reports; include a description of the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of services and the proportion of the Partnership's total budget that was spent in relation to each locality.
22. The 2014 Act obliges all Partnerships to publish a Performance Report covering performance over the reporting year no later than four months after the end of that reporting year. Therefore, the expectation is that an annual report on Performance is due for presentation to the IJB no later than the end of July 2017. The Chief Officer presented the Annual Performance Report 2016/17 to the 4 August 2017 IJB meeting. The report outlined how the Partnership was working towards meeting the Strategic Plan and the nine National Health and Wellbeing Outcomes. It was noted that a summary document would be produced and published online along with the full report and it was agreed this would be beneficial for wider stakeholders and the general public.

Review of the Strategic Plan

23. Section 37 of the Strategic Commissioning guidance states that 'An Integration Authority is required to review its strategic commissioning plan at least every three years, and may carry out additional reviews from time to time.'
24. The Strategic Plan does not currently employ version control nor include a review date, although the Programme Board Workplan 2016-17 appended to the Chief Officers Report to Falkirk IJB on 5 August 2016 noted a target date of 1 April 2019 for the three year review of the Strategic Plan.
25. In December 2016 the Scottish Government published the Health & Social Care Delivery Plan which set out a programme of work to further enhance health and social care services towards the aim of *"a Scotland with high quality services that have a focus on prevention, early intervention and supported self-management."* The plan sets out expectations of significant step-change towards transformation of health and social care services by 2021.
26. The national Health & Social Care Delivery Plan identifies three specific areas of focus for which Partnerships will be accountable:
 - Reducing inappropriate use of hospital services:**
 - Unscheduled care and delayed discharge.
 - Palliative care.
 - Shifting resources to the community:**
 - By 2021, increase Partnerships spending on primary care services to 11% of the frontline NHS Scotland budget.
 - Supporting the capacity of community care:**
 - Continuing the programme of work to deliver change in adult social care sector with COSLA and other partners through work to reform the National Care Home Contract, social care workforce issues and new models of care and support in home care.
27. In January 2017 the Scottish Government wrote to Partnership Chief Officers to inform them that during 2017/18 Partnership performance in relation to the following areas would be tracked, and invited each Partnership to set out local objectives against indicators for each of the six areas by the end of February 2017: unplanned admissions; occupied bed days for unscheduled care; A&E performance; delayed discharges; end of life care; and, the balance of spend across institutional and community services.
28. Falkirk IJB provided the Ministerial Strategic Group (MSG) for Health and Community Care with a draft report on 'Measuring Performance Under Integration' on 1 March 2017.

29. At that time the Performance framework included measures related to the six indicators for Integration agreed by the Ministerial Strategic Group, but substantial further work was required to develop these into 'smart' objectives with quarterly targets. Whilst it was anticipated that these would be agreed at the 30 March 2017 IJB meeting, more input was required than originally anticipated to analyse the available data in order to develop robust, realistic measures and targets for submission to the MSG. The Chief Officer's report to the 30 March 2017 IJB meeting stated that *'These targeted improvements will be incorporated into the IJB Financial Plan, IJB Performance Framework, the HSCP Local Delivery Plan and the NHS Forth Valley Local Delivery Plan. The plan will be submitted for agreement at the next Board meeting'*.
30. The Performance Report to the 16 June 2017 IJB report focused on partnership indicators linked to the outcomes of the Strategic Plan. Further work has been undertaken to refine these indicators which are detailed within the Strategy Map. The Performance report stated that the year end position against the National Outcomes and National Core Integration Indicators will be presented in the Partnership Annual Report with work underway in this regard.
31. Management have informed us that the intention is to work over 2018 to develop a new Strategic Plan for 2019-22. This takes into account capacity to prepare a new plan and compliance with the process as set out in legislation. This process is, by its nature, time consuming. It has not been the intention to review the Plan this year, rather to check actions already agreed are aligned to new emerging priorities. Initial work shows there is ongoing work in place to meet these new priorities.
32. The updated Strategic Plan 2019-2022 should incorporate the three specific areas of focus identified in the national Health & Social Care Delivery Plan, the ongoing work around the nine national HSCI priorities, the six national indicators introduced in January 2017 and the relevant SOLD strategic priorities and local outcomes. The update should also consider risks identified during the first year of the IJB.
33. The IJB should formally approve the updated Strategic Plan 2019-2022 and, through the SPG, the IJB should be provided with assurances that the Strategic Plan has been reviewed and updated appropriately.

Delivery of the Strategic Plan

34. When the IJB approved the Strategic Plan on 24 March 2016, members were informed a Local Delivery Plan would be developed with clarity on the required actions, timescales, resources and leads and engagement with key stakeholders. A participative process with key stakeholders was to be put in place to develop a local delivery plan for each outcome and locality area including agreed outputs, milestones and impact measures.
35. It was initially suggested that this work would be concluded by the end of May 2016. The paper proposed that the Board would receive an update on the process, and where available, the draft delivery plans would be considered at the 3 June 2016 meeting. However, it quickly became apparent that, as is the case with other IJBs, the process to develop a Local Delivery Plan would be lengthy and complex.
36. The Strategic Plan updates to subsequent IJB meetings have reported progress on ongoing work to develop the Local Delivery Plan. This work has included:
- using 'logic modelling' methodology to identify required activity focussed on achieving local outcomes;
 - facilitated partnerships sessions to inform the development of an operational plan and logic models;
 - draft logic model created for the three priority outcomes (Self-Management; Safe and Community Based Supports);
 - online questionnaire issued to managers to provide more comprehensive and detailed information on the demand, capacity and performance of services.
37. Management have informed us that the challenge in reviewing the Strategic Plan is in understanding capacity and demand and ensuring the appropriate resources are available in the right place, as well as ensuring reliable performance management data is available and that data quality is in place. Work is also ongoing to ensure visibility of the Strategic Plan.
38. Work to conclude the draft Local Delivery Plan had been delayed to ensure adequate consideration was given to:
- the 9 national health and social care integration priorities and their alignment with the Strategic Plan outcomes and priorities;
 - the outcome of the IJB budget to ensure the appropriate alignment of budget with service priorities;
 - Review of performance measures, including the 6 national indicators.
39. As highlighted in the Chief Officers report to the 30 March 2017 IJB, the Local Delivery Plan was scheduled to be presented to the June 2017 IJB meeting. However, to allow incorporation of work on whole system mapping and medium term planning, the Local Delivery Plan will now be presented to a later IJB. Interim updates will be provided to the IJB through the Chief Officer's report.

40. Internal Audit recognises that the process to develop a plan to deliver the Strategic Plan is by necessity a complex one, particularly the challenge in ensuring that the January 2017 revised priorities are adequately covered in the Strategic Plan and the logic models. The Local Delivery Plan should reflect the content of the revised Strategic Plan and the recommendations at paragraph 32 in this report.
41. The Integration Scheme required that, in the Shadow Year and prior to the establishment of the IJB, the Parties should identify the corporate services currently utilised to carry out the Integration Functions and agree: how any or all of those will be provided to the IJB to support it to discharge its duties under the Act; how the costs of those corporate services will be funded. The provision of such support should be reviewed annually by the Parties and IJB to ensure that the necessary support is being provided.
42. The development of a Local Delivery Plan has been undertaken within a limited resource and we recommend that, as set out in the Integration Scheme, an annual review of the support function is carried out to ensure there is adequate resource available to implement and monitor the Delivery Plan once approved by the IJB.

Strategic Outcomes and Local Delivery Plan (SOLD)

43. The SOLD Plan 2016-2020 replaces the Community Planning Partnership (CPP) strategic community plan and Single Outcome Agreement. It is the focus of delivery on the CPP priorities and outcomes over four years and it comprises 4 strategic priorities and 6 local outcomes. Falkirk IJB has a lead role in the delivery of one priority and one outcome and contribution to others with work being taken forward by the Chief Officer.
44. On 3 February 2017 Falkirk IJB noted the submission of the SOLD Delivery Plans, developed for the one priority and outcome led by the IJB, to the Community Planning Partnership Strategic Board and noted the IJB role as a delivery group with responsibility to provide progress and performance reports to the CPP Strategic Board. The Performance report to the same meeting highlighted that challenges remain with data collection and ensuring measurement is meaningful and the tendency of reporting what information is available with effort required to consider what is actually needed to elicit service change at a local level. While the report began to look at indicators at a partnership level, it acknowledged the work required to move forward to consider information at a locality level over time. There is also a requirement to ensure there is no duplication between the Strategic Plan and the SOLD.

Review of implementation of specific priorities from within the Local Outcomes

The Falkirk Health & Social Care Partnership (HSCP) has identified five outcomes for the Falkirk Strategic Plan and Integration Scheme, and a range of actions to help successfully achieve each outcome. The outcomes are set out below, with all associated actions recorded in the [Strategic Plan \(page 15\)](#):

- **Self-Management:** individuals, carers and families are enabled to manage their own health, care, and wellbeing;

- **Autonomy and Decision Making:** where formal support is needed, people should be able to exercise as much control and choice as possible over what is provided;
- **Safe:** health and social care support systems are in place to help keep people safe and live well for longer;
- **Service User Experience:** people have a fair and positive experience of health and social care; and
- **Community Based Support:** informal supports are in place, which enable people, where possible, to live well for longer at home or in homely settings within their community.

45. We carried out a high level review of the status of a sample of three ongoing actions to ensure work is progressing to successfully deliver the agreed Local outcomes.

Local Outcome 2: Autonomy And Decision Making – where formal support is needed, people are able to exercise as much control and choice as possible over what is provided.

Action Details: Information Sharing Protocols will be put in place.

46. Decision making on care needs and support, and the subsequent co-ordination and integration of care, is dependent on service users and professionals being able to access, share, and co-produce information (e.g. single assessments and care plans). To ensure that all information is shared in a safe, secure, legal, and appropriate manner, robust Information Sharing Protocols (ISPs) must be established.
47. Responsibility for the strategic co-ordination and monitoring of information governance arrangements was delegated by the Governance Workstream to the Information Governance Working Group (IGWG) and Data Sharing Partnership Group (DSPG). The IGWG focuses on developing policies and procedures for ensuring compliance with statutory responsibilities relating to Freedom of Information, records management, and Data Protection (eg, ensuring ISP templates which comply with national standards are available to practitioners and are fit for purpose). The DSPG considers and resolves technological barriers to information sharing between HSCI partners.
48. Operational managers within the partner organisations are responsible for the day to day administration of the information sharing process, including the writing, authorisation, and implementation of ISPs. Assistance and specialist input, including the review of ISPs from a technical and legal perspective, is provided by the Forth Valley Joint Data Protection Officers Group (JDPO), which sits apart from the IGWG and has wider membership (eg, includes representatives from Scottish Fire and Rescue Service and Central Scotland Valuation Joint Board).
49. Remits for the aforementioned groups, all of which contain representation from NHS Forth Valley, Falkirk Council, Stirling Council, and Clackmannanshire Council, are set out in group meeting minutes. There is however a lack of clarity around where each group should report and we recommend that the IJB clearly defines overarching information governance accountability structures for integrated services.

50. Extensive national guidance and templates are in place to govern information sharing, including the Scottish Accord on the Sharing of Personal Information (SASPI) and the Scottish Information Sharing Toolkit. SASPI guidance sets out high level principles for sharing personal information (eg, service user consent requirements) and templates for writing ISPs (including details on who, what, why, where, when, and how information is shared). The Toolkit, which is a relatively new innovation developed by the Scottish Government in April 2016 as an evolution of the SASPI, provides a framework to support the legal, safe, and confident sharing of personal information.
51. Policies and procedures have been developed by the Falkirk HSCP to address elements of the aforementioned guidance, including adoption of the Forth Valley SASPI¹ in March 2016. These policies reinforce the Partnership's commitment to the safe and lawful sharing of personal information. We did, however, note the following issues which we recommend are addressed:
- The Forth Valley SASPI was developed by partners in February 2013. However, there have been significant changes to the organisational structure of several partner agencies in the intervening period, with no updates to the Accord to reflect these changes (eg, single police force and fire and rescue service created for Scotland). Consequently, there has been a reduced level of engagement on information sharing by several partners, including Police Scotland, with national as opposed to local ISPs favoured by these agencies;
 - There is no clear criteria setting out the circumstances in which an ISP must be established. This may lead to inconsistent practice across and within the Partnership and, consequently, a failure to ensure the legal, secure, and confidential sharing of personal information; and
 - When developing an ISP, Forth Valley SASPI partner agencies do not yet use the Information Sharing Agreement template contained within the Scottish Information Sharing Toolkit. From April 2017, the Scottish Government has made the use of standard Toolkit documentation mandatory for any sharing arrangement involving NHS Scotland data.
52. In April 2016, the JDPO Group commenced work on the identification and recording of all ISPs between the Forth Valley SASPI partner agencies (including Falkirk IJB). The purpose of this exercise, which was led by each partner's JDPO representative, was to create a register setting out details of all ISPs, including: title; date approved; current issue date; review date; and lead contact Officer.
53. The ISP Register is now updated at bimonthly JDPO meetings, with register maintenance a standing agenda item. All new ISPs are presented to the group by practitioners for review and approval (and subsequently added to the register), whilst the register is considered at each meeting to identify ISPs approaching their review date (and the ISP lead Officer subsequently reminded of this requirement by their organisation's representative on the JDPO Group).

¹ Note: The Falkirk Integration Joint Board adopted the SASPI which was already in place for Forth Valley Partners, including: NHS Forth Valley; Falkirk Council; Stirling Council; Clackmannanshire Council; Central Scotland Police; and Central Scotland Fire and Rescue. The original SASPI was established in February 2013.

54. Our review of the ISP Register, and a sample of the ISPs on the Register, did however identify the following issues:

- The ISP Register is not fully completed (eg, approval dates, review dates, and contact Officer names, are occasionally omitted). In the absence of this information, it is not possible to confirm that all ISPs have been approved and / or reviewed for validity at appropriate intervals;
- In several cases, ISPs have been developed based on non-SASPI templates, or variations of SASPI templates. To help ensure consistency and compliance with statutory and legislative requirements, Practitioners should, where possible, use agreed template formats to develop ISPs, and change over existing ISPs to any newly agreed template format at their next review date (maximum period of two years);
- Certified Declaration of Approval forms have not been submitted to the JDPO group by all partners for several ISPs on the register (eg, Initial Referral Discussion ISP). Consequently, it is not possible to confirm that these ISPs have been formally adopted by the respective partner agencies and that information is being shared between these agencies with the knowledge and approval of senior Officers;
- ISPs are not always subject to regular review (eg, Multi-Agency Assessment and Screening Hub ISP). To ensure that ISPs remain valid, appropriate, and fully compliant with statutory and legislative requirements, ISPs should be reviewed at least once every two years by the lead Practitioner at each organisation party to the ISP; and
- NHS Forth Valley holds the ISP Register and all ISPs on a central database within their IT network. To facilitate transparency and easy access to ISPs by all partner agency staff, arrangements should be put in place for the safe and secure publication of these documents on a Forth Valley SASPI (or equivalent) website.

55. No independent process or framework is in place to ensure that all responsibilities contained within the ISPs are being undertaken efficiently, effectively, and to the required standard.

Local Outcome 3: Safe - health and social care support systems are in place, to help keep people safe and live well for longer.

Action Details: We will ensure risk is acknowledged and managed effectively and risk based support is in place.

56. All clients should be provided with safe and effective care, and staff provided with a safe environment in which to work. To facilitate this, Falkirk HSCP should have well developed, robust, and transparent risk management arrangements at a strategic, corporate, and operational level.

57. For this high level review, we have focussed solely on strategic risks (which cut across all Strategic Plan outcomes). However, the effectiveness of all risk management arrangements will be subject to a detailed review as part of the 2017/18 Internal Audit Plan.

58. A Risk Management Strategy (RMS) setting out the Partnership's approach to risk management was agreed by the IJB in March 2016. This encourages a 'risk aware' rather than 'risk averse' approach to decision making, with risks assessed and justified in the context of anticipated benefits for patients, clients, carers, and the IJB.
59. The RMS was rolled out to IJB Board Members and managers via a risk workshop and a risk training day (facilitated by Risk Officers at Falkirk Council, NHS Forth Valley, and an external claims risk management company - Gallagher Bassett). Further training was offered by Risk Officers to Board Members, managers, and partnership staff following consideration and approval of the revised Strategy by the IJB in March 2017. All training requirements, for example reinforcement of risk tolerance limits and risk escalation processes, will be identified and formalised by Risk Officers within a Risk Management Improvement Plan, with updates provided to the HSCP Leadership Team in October 2017.
60. The Annual Risk Management report, presented to the IJB on 30 March 2017, provided further details of how the Improvement Plan would help embed the Risk Management Strategy, and on the governance arrangements for monitoring of the Improvement Plan. However, the report did not provide assurance on the adequacy and effectiveness of the IJB's Risk Management arrangements, nor on those of the parent bodies, upon which the IJB is reliant.
61. A revised RMS was presented for approval to the IJB as an appendix to the Risk Management Annual Report.
62. The Chief Officer has overarching responsibility for implementing the RMS and developing an appropriate risk management framework. Along with the Chief Officer other stakeholders, such as the IJB, Audit Committee, HSCP Leadership Team, Workstream Groups, Corporate Management Teams of partner bodies, and employees, all have a role in embedding risk management. Accountabilities, roles, and responsibilities are set out in the Strategy, although we would highlight that the revised RMS does not fully set out a coherent vision of responsibility, governance and assurance for operational risks. This issue will be considered further as part of the planned 2017/18 Risk Management audit which will include full review of the RMS in detail, including consideration of whether the RMS is congruent of those of the partner organisations.
63. A Strategic Risk Register (SRR) has been developed by the Partnership setting out key risks to the achievement of the Strategic Plan Outcomes, and the actions required to mitigate these risks. The Chief Officer, HSCP Leadership Team, and Workstream Groups review the SRR on an ongoing basis, and issue update reports to the IJB at least once every 6 months.
64. Our review of the SRR, and the process for updating the register identified the following issues, which we recommend are addressed:
- Actions to mitigate identified risks are not always specific and measurable. For example, an action of 'ensure proportionality and use of data wisely' has been identified to mitigate the risk associated with not having a performance management framework (Risk 3). To ensure that risks are effectively managed, SMART actions and performance indicators should be developed for all risks, with performance against these actions /

indicators evaluated and reported to the HSCP Leadership Team on a quarterly (or more frequent) basis; and

- Updates on current and emerging risks, including the implementation of mitigating actions and subsequent changes to risk ratings, are obtained from Workstream Lead Officers through the completion and collation of Microsoft Word templates and / or emails. To facilitate a more efficient capture of risk and performance information, an enhanced audit trail of changes, all risks, mitigating actions, and performance indicators should be developed. Thereafter, the HSCP Leadership Team should seek quarterly (or more frequent) progress updates from Lead Officers.

65. Monitoring the effectiveness of current risk management arrangements, including actions to control those risks recorded within the SRR, is key to the achievement of the Strategic Plan Outcomes. To this end, the RMS includes a commitment to the development and review of key risk performance indicators and a Risk Management Improvement Plan. We found, however, that both of these actions remain outstanding, and we recommend that this is addressed.

Local Outcome 4: Service User Experience – people have a fair and positive experience of health and social care.

Action Details: We will implement our Participation and Engagement Strategy.

66. Extensive legislation and guidance is in place to help people achieve greater influence in the decisions and circumstances that affect their lives, including the Public Bodies (Joint Working) (Scotland) Act 2014, Community Empowerment (Scotland) Act 2015, and National Standards for Community Engagement (2016). The legislation places a duty on the Falkirk HSCP to involve and consult service users and the community in the planning and delivery of services, and sets out principles for ensuring effective community engagement.

67. A Participation and Engagement Strategy has been developed by the Participation and Engagement Workstream Group to address elements of the legislation. The Strategy, which was approved by the IJB in March 2016, sets out the Partnerships commitment to effective and meaningful engagement with communities, staff and partners, and provides general information on how, why, and when these individuals and groups should get involved. We did note, however, that there is no reference to the approach which will be taken to monitor and evaluate delivery of the Strategy.

68. Responsibility for communicating the Strategy throughout the Partnership and Falkirk area rests primarily with the Participation and Engagement Workstream Group. This includes publishing the Strategy on key websites (eg, Falkirk HSCI Partnership website and CVS Falkirk website) and using existing links to, and relationships with, local groups to advise them of the Strategy (eg, Community Councils and Public Partnership Forum).

69. A key component to the successful achievement of any strategy is the development of a robust implementation plan covering, for example: communication arrangements (identification of audience and means of reaching audience); key actions and timescales (eg, development of structures to support strategy); resources (staff and budget to implement strategy); and evaluation framework (performance measures and reporting arrangements).
70. No formal implementation plan has been developed to support delivery of the Participation and Engagement Strategy, and we recommend that this is addressed. Once finalised, the plan should be used as the basis of future reporting to the IJB.
71. Despite the absence of a formal implementation plan, action has commenced, and in some cases concluded, to ensure that service users and the community are involved in the planning and delivery of services. For example:
- Membership of the IJB and Strategic Planning Group includes representatives of the voluntary sector, service users, and health and social care staff. These bodies are responsible for the planning, resourcing, and operational oversight of health and social care services;
 - A locality-based planning structure is currently being developed and piloted for the West Locality (Denny / Bonnybridge / Larbert / Stenhousemuir area). Once fully operational, this body will provide a mechanism for local leadership, with representatives of service-users, carers, the voluntary sector, housing providers, GPs, independent sector providers, and health and social care professionals providing an insight into local issues and informing service redesign and spend in their area (linked to the Strategic Plan);
 - Development of a new Change Programme process. The Change Programme Board refer key transformation projects (eg, Patient Journey – Whole Systems Map) to the Participation and Engagement Workstream Group with a view to obtaining guidance and support on how to effectively engage with affected parties on the proposed changes;
 - Regular meetings are held with community groups to ensure that health and social care services take on board the views and interests of patients, carers, and customers (eg, Public Partnership Forum, Community Care and Health Forum, and Safer Communities Group); and
 - In December 2016 and January 2017, an online survey was undertaken via Falkirk Council's website to obtain the public's views and comments on Falkirk HSCI Partnership's budget proposals for 2017/18.
72. While assurance can be provided that stand alone pieces of work such as attendance at meetings, surveys, and one-off consultations are being undertaken, governance structures are still developing and evolving. As part of the evolution process, we suggest that the Participation and Engagement Workstream Group give consideration to the points summarised at Annex 1.

ACTION

73. An action plan has been agreed with management to address the identified weaknesses. Additional areas for development and best practice points which can be progressed operationally have been included in a separate memorandum to management for appropriate action.
74. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

75. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

A Gaskin BSc. ACA
Chief Internal Auditor, Falkirk IJB

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
1.	Management have informed us that the intention is to work over 2018 to develop a new Strategic Plan for 2019-22. It has not been the intention to review the Plan this year, rather to check actions already agreed are aligned to new emerging priorities. Initial work shows there is ongoing work in place to meet these new priorities.	Version control and a review date should be applied to the new Strategic Plan for 2019-2022. The Strategic Plan 2019-2022 should be formally approved by the IJB which should be provided with appropriate assurances from the SPG that the Strategic Plan has been updated appropriately.	2	Agreed. These recommendations will be considered during the update of the Strategic Plan for 2019-22.	Chief Officer March 2019
<p>The updated Strategic Plan should be aligned to relevant SOLD strategic priorities and local outcomes. This updated version of the Strategic Plan should reflect the greater understanding of risks, pressures, emerging issues, and the feasibility of key objectives and any other relevant information identified during the first year of operation of the IJB, including key performance data.</p>					

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
2.	The Integration Scheme required that Parties should identify the corporate services utilised to carry out the Integration Functions.	As set out in the Integration Scheme, the annual review of the support function should be carried out to ensure there is adequate capacity and capability available to the IJB to plan, commission and monitor services effectively and in line with the key objectives of the IJB.	2	Agreed. The lack of capacity is acknowledged and is evident in this action plan, particularly in respect of information governance and risk. A costed proposal for additional support for planning, project management, performance, communications, community capacity building and engagement will be prepared for agreement with the Chair and Vice Chair of the IJB and the Chief Executives.	Chief Officer/Chief Finance Officer April 2018
3.	The Local Delivery Plan to deliver the Strategic Plan was scheduled to be presented to the IJB in June 2017.	<p>The Local Delivery Plan should:</p> <ul style="list-style-type: none"> include timebound key actions for national priorities and local outcomes; be supported by a financial strategy and appropriate workforce resource be monitored by the SPG. 	2	Agreed. Work is underway to finalise the Local Delivery Plan for approval by the IJB.	Chief Officer April 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
4.	The performance reports presented to the IJB were largely aligned to the guidance with some areas currently under development.	The update of the Performance Framework should include the three specific areas of focus set out in the national Health & Social Care Delivery Plan.	3	The Performance Framework is under ongoing development to refine the local indicator set and respond to national requests for performance information. The Framework will be adapted over the course of 2018 to align with the new Strategic Plan 2019-22.	Chief Officer March 2019
5.	The SPG Terms of Reference were last updated at end June 2016 but have not yet been formally agreed.	<p>The refresh of the role and remit of the SPG should consider the following:</p> <ul style="list-style-type: none"> • Agreement of nominated deputies where members cannot attend and use of an Attendance Record; • Use of an 'Action points update' schedule; • Monitoring of an annual work plan / forward planner and production of an annual report, aligned to the annual Performance report, for presentation to 	2	The SPG Terms of Reference will be updated and will consider the issues raised in this report.	April 2018

Ref.	Finding	Audit Recommendation	Priority	Management Response / Action	Action by/Date
		<p>the IJB. The work plan should be aligned to the Terms of Reference;</p> <ul style="list-style-type: none">• Use of Standing Agenda items and a timed agenda, as well as consideration of time used for Matters arising and AOCB;• A focus on monitoring of the Strategic Plan Delivery Plan.			

Review of Local Outcome Priorities

Local Outcome 2:

6. Overarching governance structures for integrated services have not been clearly defined.	To ensure transparency over information monitoring, management and reporting arrangements, overarching information governance accountability structures should be clearly defined.	2	Since the audit work was carried out, there have been some major changes to the information governance accountability structures.	TBC
Operational recommendations have been provided to management in a separate memo and are summarised as follows:	The HSCI Information Governance Working Group has merged with the Forth Valley Joint Data Protection Officers Working Group. This forms a new Forth Valley Information Governance Group (IGG).			
<ul style="list-style-type: none"> the Scottish Information Sharing Toolkit (including standardised Information Sharing Agreement template) should be adopted; 	The remit of the Group provides that:		Members will report progress and issues of concern through their respective organisational and management structures.	
<ul style="list-style-type: none"> clear criteria setting out the circumstances in which an Information Sharing 	To the extent that the Group deals with issues relating to health and social care integration, it shall report to the NHS Forth Valley &			

Protocol is required should be established;

- the ISP Register should be reviewed for completeness;
- an agreed template for ISPs should be used;
- A certified Declaration of Approval form should be obtained from all relevant partners for all ISPs on the ISP Register, along with regular review;
- ISPs should be regularly reviewed.

Local Authorities Data Sharing Partnership.

The Community Planning Partnership Executive Group (at a meeting on 31 August 2017) considered a report on Information Sharing from the Council's Information Governance Manager. It was noted that:

... the SASPI agreement is now defunct given the formation of national police and fire and rescue authorities. Members heard that the Forth Valley Joint Data Protection Officers Group and the Health and Social Care Information Governance work-stream group merged and meet periodically to approve any new Information Sharing Protocols and to share best practice.

The Executive:

Agreed that the Community Planning Partnership work together in line with the ICO's Data Sharing Code of Practice to guide the future

Action Plan

development of information sharing arrangements. *Sitting under this, there will need to be separate information sharing protocols dealing with specific sharing arrangements;* and

Agreed that, where practicable, use will be made of the recently published Scottish Government toolkit on information sharing. This provides templates for information sharing agreements. It was agreed that any new information sharing agreements developed within the Falkirk Community Planning Partnership should where practicable, be based on the templates set out in the toolkit (or simplified versions of those).

In response to the recommendations:

- the Scottish Information Sharing Toolkit (including standardised Information Sharing Agreement template) should be adopted; **Completed**

Action Plan

- clear criteria setting out the circumstances in which an Information Sharing Protocol is required should be established; **Completed – guidance in ICO Data Sharing Code of Practice to be followed**
- the ISP Register should be reviewed for completeness; **Review underway by IGG**
- an agreed template for ISPs should be used; **Completed**
- A certified Declaration of Approval form should be obtained from all relevant partners for all ISPs on the ISP Register, along with regular review; **Review underway by IGG**
- ISPs should be regularly reviewed. **Review underway by IGG**

It should be noted that there is currently limited staff resource

to follow through on the outstanding improvement actions.

7. A certified Declaration of Approval form is not obtained from all relevant partners for all ISPs on the ISP Register and ISPs are not subject to regular review.
The Information Sharing Protocol (ISP) Register and associated ISPs are not easily available to the public.
ISPs should be reviewed at least once every two years by the lead Practitioner at each organisation party to the ISP. The ISP Register and associated ISPs should be published on a Forth Valley SASPI (or equivalent) website.
2. To ensure that personal information is being shared between partners with the knowledge and approval of senior Officers, the JDPO group should ensure that a certified Declaration of Approval form is obtained from all relevant partners for all ISPs on the ISP Register.
Options for publication of ISPs to be considered by IGG.
ISPs should be reviewed regularly but there is currently limited staff resource to follow through on this.
- Head of Information Governance at NHS Forth Valley will discuss the use of Covalent as an option for tracking progress on ISPs with FV Data Sharing Partnership.
TBC

8. A robust framework for evaluating and reporting on compliance with ISP stipulations is not in place.	To minimise the risk of loss of personal information, adverse publicity, and prosecution, the Information Governance Working Group and Joint Data Protection Officers Group (or subsequent replacement) should develop a more robust framework for evaluating and reporting on compliance with Information Sharing Protocol stipulations.	3	No action plan in place.	NFA <i>It should be noted that there is currently limited staff resource to follow through on the audit recommendations.</i>
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Local Outcome 3:

9. SMART actions and performance indicators to mitigate and monitor each risk are not in place.

To ensure that risks are effectively managed, Risk Owners should develop SMART actions and performance indicators to mitigate and monitor each risk. Thereafter, performance against these actions / indicators should be evaluated and reported to the HSCP Leadership Team on a quarterly (or more frequent) basis.

The Strategic Risk Management Update to the IJB in October 2017 provided the following update:

"Further work will be undertaken to cross-reference strategic risks to relevant mitigation plans and performance reporting arrangements. This will ensure that it reflects the IJBs evolving risk profile. The aim is that the Strategic Risk Register is integrated with performance reporting arrangements, where appropriate."

The Strategic Risk Register has been refreshed to reflect the IJB's current risk profile and further work will be undertaken during 2017/18 to ensure that the risks identified reflect each partner's corporate risks and changing responsibilities.

The revised Risk Register was considered and agreed by the Leadership Team in September 2017.

Leadership Team
Ongoing

<p>10. The Annual Risk Management Report presented to the IJB on 30 March 2017 made a commitment to the development of a Risk Management Improvement Plan and work on this remains ongoing</p>	<p>The development of the Implementation plan should incorporate the findings of this report and further recommendations arising from the planned Internal Audit review of risk management. In particular, we would highlight that the RMS requires further revision, particularly to provide clarity over responsibility for operational controls and associated assurances and escalation procedures.</p>	<p>2</p>	<p>The Strategic Risk Management Update to the IJB in October 2017 provided the following update: In addition to the Strategic Risk Register, each partner monitors corporate and operational risks – including risks to safety, projects, and budgets. Partners will escalate risks within the IJB's responsibility to the Leadership Team and IJB as appropriate.</p>	<p>Leadership Team - 2017/18</p>
			<p>The Risk Management Strategy will be reviewed to ensure that it is effectively integrated with performance and governance arrangements.</p>	
			<p>A Risk Management Improvement Plan will be developed during 2017/18 and this will take account of good practice in other Integration Joint Board's.</p>	

Local Outcome 4:

11. The Participation and Engagement Strategy does not include processes for monitoring and evaluating delivery.	To provide transparency over performance monitoring arrangements and assurance on the effectiveness of the Strategy, the Participation and Engagement Strategy should be updated to include details of the action which will be taken to monitor and evaluate its delivery.	2 The Participation & Engagement Group will review and update the Strategy, including a process to monitor and evaluate delivery.	Integrated Care Fund Co-ordinator April 2018
12. There is no implementation plan for delivering the Participation and Engagement Strategy.	To facilitate the transparent and effective delivery of the Strategy, the Participation and Engagement Workstream Group should develop an implementation plan for delivering the Participation and Engagement Strategy. Points for consideration as part of the development process are appended to this report.	2 The Participation & Engagement Group will develop an implementation plan, which will: - Provide guidance to Partners regarding effective Participation & Engagement. - Maximise opportunities to gather, communicate & exchange best practice across the Partnership. - Establish an information gathering process regarding activity, including that which the P&E group have not been asked to support.	Integrated Care Fund Co-ordinator April 2018

**PARTICIPATION AND ENGAGEMENT STRATEGY –
POINTS FOR CONSIDERATION AS PART OF THE DEVELOPMENT PROCESS**

Content

Clarification on the following:

- the methods adopted to keep abreast of changes to legislation and best practice; and
- mechanisms for monitoring and evaluating delivery of the Strategy / individual participation and engagement exercises.

Communication and Training

Consideration of the following:

- arrangements for informing staff and communities of the Strategy, including members of the public who have had no history of involvement in engagement exercises; and
- development opportunities available for staff to ensure that they have the requisite skills to undertake participation and engagement exercises.

Implementation

Development of the following:

- a formal implementation plan to support delivery of the Strategy; and
- a standardised checklist for completion by each responsible Officer setting out key requirements when planning, authorising, and undertaking a participation and engagement exercise (eg, implementation of Visioning Outcomes in Community Engagement (VOICE) software).

Consideration of the following:

- arrangements for ensuring that effective participation and engagement practices are adopted when no support is requested from the Participation and Engagement Workstream Group;
- arrangements for preventing duplication of engagement activity should the Participation and Engagement Workstream Group not have responsibility for authorising participation and engagement exercises;
- arrangements for capturing the details of all participation and engagement exercises undertaken throughout the Partnership; and
- arrangements for advising staff of the support available from the Participation and Engagement Workstream Group and the process for requesting this support.

Clarification on the resources available throughout the Falkirk HSCI Partnership to assist with the delivery of participation and engagement activity (staff and budget).

Performance Monitoring Framework

Development and clarification of mechanisms for monitoring, evaluating, and reporting on the delivery of the Strategy and the success (or otherwise) of all individual exercises (eg, implementation of VOICE and / or Citizen Space software and development of a process for collating and reporting on the information gathered using this software).

DEFINITION OF ASSURANCE CATEGORIES AND RECOMMENDATION PRIORITIES

Categories of Assurance:

A	Good	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives.
B	Broadly Satisfactory	There is an adequate and effective system of risk management, control and governance to address risks to the achievement of objectives, although minor weaknesses are present.
C	Adequate	Business objectives are likely to be achieved. However, improvements are required to enhance the adequacy/ effectiveness of risk management, control and governance.
D	Inadequate	There is increased risk that objectives may not be achieved. Improvements are required to enhance the adequacy and/or effectiveness of risk management, control and governance.
E	Unsatisfactory	There is considerable risk that the system will fail to meet its objectives. Significant improvements are required to improve the adequacy and effectiveness of risk management, control and governance and to place reliance on the system for corporate governance assurance.
F	Unacceptable	The system has failed or there is a real and substantial risk that the system will fail to meet its objectives. Immediate action is required to improve the adequacy and effectiveness of risk management, control and governance.

The priorities relating to Internal Audit recommendations are defined as follows:

Priority 1 recommendations relate to critical issues, which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.

Priority 2 recommendations relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.

Priority 1 and 2 recommendations are highlighted to the Audit Committee and included in the main body of the report within the Audit Opinion and Findings

Priority 3 recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.

Priority 4 recommendations are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.

