

# AGENDA ITEM

23

**Title/Subject:** Strategic Plan 2019-2022  
**Meeting:** Integration Joint Board  
**Date:** 5 October 2018  
**Submitted By:** Programme Manager  
**Action:** For Decision

## 1. INTRODUCTION

- 1.1. The purpose of the report is to update the Integration Joint Board on the ongoing work to prepare the Strategic Plan 2019-22. The report also provides an indication of the timescales and resource requirements to achieve this. The report brings forward revised terms of reference for the Strategic Planning Group (SPG) for approval.

## 2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1. approve the proposed changes to the local vision, outcomes and high level priorities, prior to further discussion and development via the SPG
- 2.2. note further work will be progressed via the SPG and a joint workshop with the IJB and SPG will be organised for November 2018
- 2.3. approve the revised terms of reference for the SPG.

## 3. BACKGROUND

- 3.1. The Board has received reports on the development of the Strategic Plan 2019 - 22 and workshops have been held with the SPG that outlines the requirement to review the Strategic Plan and setting out proposals for doing this.
- 3.2. The Strategic Plan will set out how the IJB will plan and deliver services over the medium term, using the integrated budgets under it's control. The Plan should set out how the IJB will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:
- improve the quality and consistency of services for patients, carers, service users and their families
  - provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so

- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

#### **4. REVIEW OF THE FALKIRK STRATEGIC PLAN**

- 4.1. Two workshops have now taken place on 4 May and 3 August 2018 with the IJB and SPG members to discuss and seek views on the review of the current plan and to begin to develop the plan for 2019–22.
- 4.2. The workshops have been well-received and have provided an opportunity to agree a shared view that the vision and main strategic direction set out within the current Plan remains relevant, with some updates required to the local outcomes. During the second workshop on 3 August, the local outcomes were reviewed and initial changes were proposed. It was agreed that local outcomes should describe clearly what we will achieve through integration, be measurable, with some refinement in wording to ensure there was clarity. There was also discussion on the potential to merge outcomes where there is overlap for example self management and autonomy and decision-making; and the opportunity to identify new outcomes.
- 4.3. High level Partnership priorities were also identified. This information is contained within Appendix 1, for consideration.
- 4.4. With Board approval, it is proposed that the next phase of this work is that the SPG further develop the high level priorities and sub-priorities, aligned to these outcomes. It is proposed that this would be done during the SPG group in October. It is proposed that the planned Board development session on 2 November 2018 would be used for a joint IJB and SPG workshop to allow the SPG to present the outcome of discussions.
- 4.5. The Strategic Planning Co-ordination Group will continue to support these workshops and the development of the refreshed plan. The plan will need to be published by 1 April 2019.

#### **5. REVIEW OF THE STRATEGIC NEEDS ASSESSMENT**

- 5.1. The Strategic Needs Assessment (SNA) is produced to support the development of the Strategic Plan and is one component part of the joint commissioning process. This will underpin the content of the Strategic Plan and priorities for the Partnership.
- 5.2. The approach taken to refresh the Joint Needs Assessment was agreed at the IJB and SPG workshop in May and has been to:

- take a closer look at some areas/issues
  - fill gaps identified from the previous assessment
  - link to other local and relevant projects.
- 5.3. This approach recognises that the key messages from the 2016 SNA will remain relevant given the short period of time since it was prepared.
- 5.4. The draft SNA has therefore been updated to include information on areas including mental health, carers, prescribing, ADP (including Alcohol Related Brain Injury), housing and the Third sector.
- 5.5. The Board was advised at the August workshop of the emerging findings of the SNA. The Strategic Planning Co-ordination Group is finalising the draft SNA. It is proposed this will be presented to the SPG meeting in October and will be used as the basis of confirming priorities, which will then be discussed at the proposed November workshop with the IJB and SPG.

## **6. STRATEGIC PLANNING GROUP**

- 6.1. The SPG has reviewed their terms of reference and current membership and this is attached at Appendix 2 for approval.
- 6.2. There has been discussion on the importance of regular attendance at the meetings to progress the work of the group. The terms of reference have therefore been amended to reflect these issues, with a request to nominate a substitute where members are unable to attend.
- 6.3. Further work will take place with the Chief Officer and SPG to identify suitable chairs and a programme of meetings for 2019.

## **7. CONCLUSIONS**

The report sets out the process to date to review the Strategic Plan.

### **Resource Implications**

Planning and Performance capacity will be required from Falkirk Council and NHS Forth Valley to support the review process, engagement and consultation and refresh of the plan.

### **Impact on IJB outcomes and priorities**

The report relates to the review of the Strategic Plan and will ensure the partnership is continuing to work towards local outcomes and priorities.

### **Legal and Risk Implications**

The IJB will be compliant with the Public Bodies (Joint Working) (Scotland) Act 2014 if it undertakes the review and involves the Strategic Planning Group.

**Consultation**

Engagement and consultation will be undertaken through the review process, but is not required for this report.

**Equalities Assessment**

An EPIA will be undertaken through the review process, but is not required for this report.

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Approved for submission by: Patricia Cassidy, Chief Officer

**Author:** Suzanne Thomson, Programme Manager

**Date:** 26 September 2018

**List of Background Papers:**



## Falkirk Integrated Strategic Plan: vision, local outcomes and priorities

The following table sets out the current vision, local outcomes and priorities with the proposed changes from the IJB and SPG workshop discussions held on 4 May and 3 August 2018.

Current	Proposed change
To enable people in the Falkirk Council area to live full and positive lives within supportive communities	To enable people in the Falkirk Council area to live full and positive lives within supportive and inclusive communities
<p><b>Self Management</b></p> <p>Individuals, their carers and families are enabled to manage their own health, care and well being</p>	<p><b>Self Management</b> (merge with Autonomy and Decision Making)</p> <p>Individuals, their carers and families can plan and manage their own health, care and well being. Where supports are required, people have control and choice over what and how care is provided</p>
<p><b>Autonomy and Decision Making</b></p> <p>Where formal supports are required, people are enabled to exercise as much control and choice as possible over what is provided</p>	
<p><b>Safe</b></p> <p>Health and social care support systems help to keep people safe and live well for longer</p>	<p><b>Safe</b></p> <p>High quality health and social care services are delivered that promote keeping people safe and well for longer</p>
<p><b>Experience</b></p> <p>People have a fair and positive experience of health and social care</p>	<p><b>Experience</b></p> <p>People have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued</p>
<p><b>Community based Supports</b></p> <p>Informal supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.</p>	<p><b>Strong Sustainable Communities</b></p> <p>Individuals and communities are resilient and empowered with a range of supports in place, that are accessible and reduce health and social inequalities</p>

**Proposed Partnership Priorities: for consultation and development**

High level priority	Possible sub-priorities	Suggested alignment with new outcome	Existing actions from SP 2016-2019 for consideration
Technology Enable Care	Strategy Development Analogue to Digital Services: TEC in homes, MECs Remote consultation/training/key messages communication	Self Management	SM - We will support people to use technology solutions to support them to have more independence and control over their lifestyles and the management of their condition Safe - We will continue to invest in Technology Enabled Care as an effective and appropriate way to support care
Carers	Implementation of Carers Act: Strategic Commissioning		SM - We will continue to develop the ways in which we support carers A&D - We will develop a single point of contact for people and their carers to support access to a wide range of information on services across all sectors
Mental Health	MH Strategy Implementation Strategic Commissioning Community based support Suicide Prevention Dementia	Safe	No specific sub-action within current plan
Substance Misuse	ADP Structure and strategy Alcohol Related Brain Injury		No specific sub-action within current plan
Workforce	Workforce Planning & Development	Experience	SM - We will implement our OD and Workforce Plan to support our staff and partners through training and organisational development
Communication	Public expectations GP – last option		SM - Communication will be central to everything that we do. We will continue to engage with stakeholders to shape our services to meet needs SM - We will provide information that enables people to manage their condition is accessible and delivered consistently
Health & Social Inequalities	Locality structure and function Community & Community Asset Development & Link Work Health Education and literacy Early Intervention & Prevention – Adverse Childhood Experience (ACE) Housing, Poverty, Loneliness & Isolation	Strong Sustainable Communities	Com - We will build on existing strengths within local communities Com - We will ensure that information about community based support is accessible and presented in a consistent manner Com - We will adopt a consistent framework when commissioning services that will build sustainable capacity within all sectors Com - We will establish locality planning structures within the three local areas agreed which will align with the CPP
Locality Planning & Work	Primary Care Transformation Reablement Frailty		A&D - We will continue to design community based models of care A&D - We will ensure that information about community based support is accessible and presented in a consistent manner

Key **SM** – Self = Management; **S** = Safe; **A&D** = Autonomy & Decision Making; **Com** = Community Based Supports; **Exp** = Experience

## Falkirk Strategic Planning Group Terms of Reference

### Introduction

The Strategic Planning Group (SPG) is the main group within the strategic planning process that represents the interests of different local stakeholder groups for the Falkirk Health and Social Care Partnership.

There will be clear lines of communication and direction between the Integration Joint Board (IJB) and the SPG. This will enable the work of the group to be aligned to meeting their role and remit as noted below.

Falkirk Strategic Planning Group and the Terms of Reference have been set up in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

### 1. ROLE AND REMIT

The SPG will primarily:

- support and inform the development process for the Partnership's Strategic Plan, together with supporting the IJB with ongoing review of the Plan
- provide stakeholder views and advice to the IJB for any emerging plans, programmes of work and service redesign.

The SPG will:

- give due consideration to draft documents produced by the Strategic Plan Co-ordination Group, including the Strategic Plan, implementation plan and the Strategic Joint Needs Assessment
- review progress in the delivery of the Strategic Plan, in support of the IJBs key responsibilities to monitor implementation, including delivery against:
  - local vision, outcomes and priorities
  - national Health and Wellbeing Outcomes
  - national integration indicators
  - any other emerging requirements
- make recommendations to the IJB on the strategic planning process
- support work to enable the delivery of the Strategic Plan
- bring forward key issues of good practice and concern to ensure the plan clearly articulates stakeholder priorities and suggest ways to deal with these
- make recommendations to the IJB on the allocation of Partnership Funding (this will be through consideration of information brought forward by the Partnership Funding Group, which is a sub-group of the SPG).

### 2. MEMBERSHIP OF THE GROUP

The SPG core membership is attached at Appendix 1, and complies with the prescribed membership.

## Appendix 2

It can be helpful to have the experience and views of new members, taking into account the need for continuity. The group may therefore consider a review of members, and extend invitations to other stakeholders that it considers will add value to its work. This may be on a one-off basis, for the duration of a defined piece of work/agenda item, or on a recurring basis.

This will be arranged at the discretion of the Chair in agreement with the individual(s) to be invited.

### 3. OPERATION OF THE GROUP

#### 3.1 Chair

The SPG will be chaired by the Chief Officer with the Chief Finance Officer acting as Vice Chair.

The Chair will:

- ensure papers are issued 5 working days in advance of the meetings
- co-ordinate the efficient operation of SPG meetings to ensure appropriate consideration of agenda items in the time available
- manage discussions during meetings to ensure these are balanced, productive and on point
- be responsible for facilitating consensus within the group and articulating the conclusions reached for the purpose of the minutes.

#### 3.2 Role of Members and Substitutes

SPG members are expected to:

- attend at least 80% of meetings, and to consider the impact of non-attendance on other members and the work of the group. It is recognised there will be occasions where members are unable to attend. In these circumstances their substitute should attend.
- have read reports and papers in advance of meetings so that the time available can be used for productive discussions
- actively contribute to the SPG's discussions and articulate effectively the views, experiences and interests of their stakeholder group and represent the views of others
- support the Partnership to deliver the national health and wellbeing outcomes via its Strategic Plan
- act as a 'critical friend' to challenge any performance issues and improvement plans
- ensure linkages with other areas of work/groups they are involved in to ensure alignment with the HSCP Strategic Plan
- act and behave in a way that supports the partnership's public reputation
- represent the IJB in their work within the group
- act as a conduit for communication with respective stakeholder groups
- maintain confidentiality when matters or papers of a confidential nature are discussed at meetings.

The Partnership will provide reasonable support, including expenses, to enable SPG members to attend meetings and fulfil their duties. Members who need support to attend can be accompanied if this assists their participation.

### **3.3 Quorum**

The quorum for the SPG will be a representative from each of the following groups:

- IJB
- NHS Forth Valley
- Falkirk Council
- Stakeholder – either Third Sector, carer or service user.

This will enable the SPG's ability to make progress, which should not be undermined by any non attendance of members at meetings.

### **3.4 Apologies and Substitutes**

SPG members are expected to submit their apologies in advance of any meeting they are not able to attend.

Members should nominate their substitute at the first meeting they attend. This should be someone who represents their stakeholder group and can fulfil the role of members as set out above. Substitutes are expected to be representative of their stakeholder group and otherwise display the same behaviours expected of members.

### **3.5 Work Programme and Meetings**

The SPG will determine its programme of work in line with:

- the direction set from the IJB and
- legislative requirements and national guidance.

This will be done each year and a schedule of meetings will be agreed. This will synchronise with the IJB and be sufficient to deliver the priorities of the SPG programme of work. It is anticipated this will be in the region of bi-monthly meetings.

A meeting forward planner will be agreed each year to include presentations and agenda items.

The core agenda items will include:

- IJB minutes for information following their approval by the Board
- Chief Officer update
- Chief Finance Officer update
- Strategic Plan update

#### **4. Support**

Support will be provided to the SPG by the Chief Officer as part of the Support Services agreement.

#### **5. Minutes**

The minutes of the SPG will be submitted to the Integration Joint Board for information at its next meeting following their approval by the group.

#### **6. Terms of Reference**

The Terms of Reference will be reviewed each year, or at any time the IJB considers a review is necessary. This could be in the light of experience or emerging issues. The findings of the review will be recorded in the minute and submitted to the IJB as noted at 5.

The final determination on the suitability of the membership and Terms of Reference rests with the IJB.

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