



DEVELOPMENT OF THE DRAFT STRATEGIC PLAN FOR HEALTH AND SOCIAL CARE

Aim

- 1.1 The purpose of this paper is to update the Integrated Joint Board on the development of the Strategic Plan for Health and Social Care Integration, specifically a second version to use for formal consultation.

Background

- 2.1 A series of engagement events were held during May and early June around an initial version of the draft Strategic Plan for Health and Social Care Integration titled 'a conversation with you'. The feedback from these events informed the development of a second draft which was to be used for formal consultation from 1 July to 22 September. There were a number of events across the Borders attracting a significant number of staff and service users. There were also a number of discussions with professional groups, carers and Area Forums.
- 2.2 The second draft was considered by the IJB on 22 June 2015 and the Board of NHS Borders on 25 June 2015. At these meetings it was highlighted that the draft Strategic Plan was a work in progress. Both discussions concluded with the suggestion that a summary of the key themes and intention be outlined in the next phase;
- 2.3 Discussion highlighted several aspects requiring particular attention including: drafting quality; version control; format and content; the need for an executive summary; the readability of the document (style, language and grammar); description of the Integration Joint Board; avoidance or explanation of acronyms; work in progress - inclusion of projects being taken forward, to make the document more tangible to the public; and inclusion of what is the aim.; lack of focus; differentiating the document as a strategy for commissioning change and tackling inequalities, rather than a plan; what outcomes were expected and how these would be measured – the need to include related measurements and outputs; what action would be taken should the outcomes not be achieved; vulnerable adults and domestic abuse services; description of the budget and inclusion in the Strategic Plan; and potential difficulty in relying on advanced nurse/AHP practitioners while reflecting staff skills, knowledge and experience. It was also suggested that the engagement process be widened to include MEPS.
- 2.4 It was agreed that the document would be redrafted in light of comments received during discussion at both these meetings. It was noted that an easy read version of the document was being produced.

Summary

- 3.1 Work is ongoing to produce a revised, more readable draft with correct grammar, more clearly derived from the initial consultation document on the strategic plan, 'a conversation with you.' The aim is to produce a public facing document focusing on outcomes and deliverables, explained by graphic illustration in the form of a "storyboard". The earlier part of the document will now include material on our vision and values. A subsequent section will focus on outcomes, composed of a Borders-wide profile and a locality map outlining demographics and service use for each locality. There will be local objectives linked to national outcomes with measurable indicators. This will include an improved version of the case study, examples of initiatives that have already been put in place including an indication of the expected benefits, overviews of locality planning and resources. The document will end with a description of the work programme going forward.
- 3.2 Acknowledging the significant work there had been, it was agreed that the draft presented to the IJB should be made available for those seeking further detail.
- 3.3 While it is the role of the Integrated Joint Board to endorse the plan, it is important that this piece of work is jointly owned and that is why the second draft of the plan went to the NHS Board and Full Council to note as well as future versions. Given the major changes necessary, the time required to complete this revision means that the final draft for formal consultation will be now be presented to the **NHS Board on 1 October and Full Council on 8 October, before going to the Integrated Joint Board on 12 October for sign off**. There will then be a period of consultation before the final version, incorporating the feedback from public and staff, is presented to the IJB for approval on 1 February 2016. It will then go to the Health Board on 18 February and Full Council on 25 February to note.

The table below details the revised timetable:

Original Timetable	Revised Timetable
Second draft published beginning of July.	Second draft published mid-October.
Consultation from 1 July to 22 September.	Consultation from mid-October until end of December.
Staff and Public Engagement Events late August/early September.	Staff and Public Engagement Events full month of November/early December.
Strategic Plan to go to NHS Board 1 October and Full Council 8 October to note, before going to IJB 12 October 2015 for final approval.	Strategic Plan to go to IJB for final approval 1 February 2016, before going to NHS Board on 18 February and Full Council on 25 February to note.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report.

Policy/Strategy Implications	While it is the role of the Integrated Joint Board to endorse the plan, it is important that this piece of work is jointly owned by the NHS Board and Full Council.
Consultation	Head of Planning and Performance, NHS

	Borders Chief Officer, Borders Health and Social Care partnership Chief Executive, NHS Borders
Risk Assessment	If Scottish Borders Council and NHS Borders do not conduct an initial consultation exercise there is a potential risk that the requirements of the integration legislation and associated guidance will not be fulfilled i.e. the people who use and provide services and others will not have an opportunity to be involved in the development of the Plan from its earliest stages.
Compliance with Board Policy requirements on Equality and Diversity	An Equalities Impact Assessment is being conducted alongside the development of the Plan.
Resource/Staffing Implications	There are no resource/staffing implications as a result of the recommendation contained within this report.

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer, Health & Social Care		

Author(s)

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