

Integration of Health and Social Care

1.0 EXECUTIVE SUMMARY

The purpose of this report is to provide the Bute and Cowal Area Committee with a progress report on the action undertaken to establish the Argyll and Bute Health and Social Care partnership (HSCP).

Interim arrangements remain as described in the last update paper, with the planned date for the HSCP to assume management responsibility for health and social care remaining as 1st April 2016.

The revenue budgets of the specified council and NHS services will form part of an integrated budget for the new Health and Social Care Partnership to manage, with effect from April 1st 2016.

A draft Strategic Plan for Health and Social Care 2016/17 to 2019/20 was published with informal consultation taking place during July and August 2015, followed by a period of formal consultation between September and November 2015. In total there were 1097 responses to the consultation from both the public and members of staff.

The Strategic Planning Group directed changes to the draft Strategic Plan in response to the consultation responses. The amended Strategic Plan will require to be approved by the Integration Joint Board, Argyll & Bute Council and the NHS Highland Board by March 2016.

Locality Planning is central to the future of health and social care. Locality Planning Groups are being identified in each of the localities and will begin to meet in January 2016. The Strategic Plan consultation identified the need for Mull & Iona to be recognised as a separate locality, as a result we will now have a total of 8 localities.

The Area Committee is asked to note the content of the report.

Integration of Health and Social Care

2.0 INTRODUCTION

2.1 The integration of health and social care, required by the Public Bodies (Joint Working) (Scotland) Act 2014 is in a transitional stage. The Health and Social Care Partnership will be fully operational on April 1st 2016. This report provides a progress update to the Area Committee.

3.0 RECOMMENDATIONS

3.1 The Area Committee notes the content of the report.

4.0 DETAIL

4.1 The Argyll and Bute HSCP Integration Joint Board was legally constituted in August 2015. The role of the IJB until 1st April 2016 is:

- Production of the Argyll and Bute HSCP Strategic Plan
- Oversight of the integration transition arrangements regarding:
 - Health and Care Governance (Quality and Safety)
 - Health and Social Care Workforce and partnership arrangements
 - Financial Governance
 - Organisational Development
 - Patient and Carer engagement and involvement arrangements

The IJB therefore has no responsibility at this time for day to day operational services.

The Integration Joint Board is undertaking a period of development and planning, whilst service delivery remains under the interim management arrangements.

4.2 Health and Social care Interim Operating Arrangements until April 2016

Following the issuing of Scottish Government guidance on the disestablishment of CHPs as at 31st March 2015, interim arrangements have been put in place until the resources can be legally delegated to the Argyll and Bute HSCP Integrated Joint Board (IJB). This is dependent upon the production and approval of the Argyll and Bute HSCP strategic plan (see section 2.5)

NHS Highland, having considered the risks, and to meet the clinical and care governance and financial accountability requirements, will put in place an Argyll and Bute Health and Care Governance Committee which will be established as a new subcommittee of the Board.

The Argyll and Bute council has confirmed the transition arrangements will be through its existing Community Services Committee.

The end of these transition arrangements must be by the 31st March 2016 as dictated by statute or sooner once resources can be legally delegated to the Argyll and Bute HSCP Integrated Joint Board (IJB).

4.3 Management appointments

The following management appointments have been made to support the Chief Officer:

Head of Adult Services – East: Allen Stevenson
Head of Adult Services – West: Lorraine Paterson
Head of Strategic Planning & Performance: Stephen Whiston
Head of Children & Families: Louise Long

Tier 2 managers appointed are:

Locality Manager Adult Services MAKI: John Dreghorn
Locality Manager Adult Services Helensburgh and Lomond: Jim Littlejohn
Locality Manager Adult Services Cowal and Bute: Viv Hamilton
Locality Manager Adult Services OLI: Interim appointment – Anne Helstrip

Locality Manager Children's Services MAKI: Brian Reid
Locality Manager Children's Services Helensburgh and Lomond: Paul Kyle
Locality Manager Children's Services Cowan and Bute: Mark Lines
Locality Manager Children's Services OLI: Alex Taylor

Appointments have also been made to the Tier 3 joint management posts and the managers are now in post.

4.4 Strategic Plan 2016- 2019

The Strategic Plan describes how Argyll and Bute Health and Social Care Partnership will make changes and improvements in the way it delivers health and social care over the next three years. It explains what services we are responsible for, what our priorities are, why and how we decided them. It shows how we intend to make a difference by working closely with partners in and beyond Argyll and Bute.

It explains what is happening, including the legal requirement and the reasons why change is needed. As with all change some things will be kept and some things will be altered or stopped as we move forward. The Strategic Plan details the ambitions for Health and Social Care services making positive changes that improve quality of services, do away with waste, duplication and inefficient, top down systems. Co-production, collaboration which builds on existing commitment, experience and skills, best practices and services are also fundamental to this. The Strategic Plan will focus on what the public and users of services have said they value, and on the services that keep them safe and well.

However, the financial context is a difficult one, funding is tight and the HSCP will have to make tough choices on service investment and disinvestment. Argyll and Bute Council's overall savings targets will be around £9 million in both 2016/17 and 2017/18. NHS Highland's saving targets for Argyll and Bute are likely to be between 2-3% (£3.6- £5.4 million). Decisions on the level of funding allocated and savings the HSCP will have to make will be made by February 2016.

The HSCP aims to make these tough choices in consultation with localities, communities and stakeholders; they will be open and honest, as communities and stakeholder experiences and expertise will help to reshape public services

The Strategic Plan will therefore provide a "road map" for how health and social care services will be organised and provided in this area to meet our vision – "Helping the people in Argyll and Bute live longer, healthier, independent lives".

The key milestones in the Strategic Planning process are detailed below:

Production of Strategic Plan- Indicative timetable;

Item	Task	Time Scale
1	Establish Strategic Planning Group- Membership, ToR, Governance	Jan/Feb 15
2	Prepare proposals about matters the strategic plan should contain	End of Mar 15
3	Consult the Strategic planning group on proposals	End of April 15
4	Produce first draft of plan for SPG consideration	End of June 15
5	Consult the Strategic planning group first draft	End of July 15
6	Prepare second draft of Strategic Plan	End of August 15

Item	Task	Time Scale
	Consult the Strategic Planning Group and wider stakeholders on Strategic plan (3 months)	End of November 15
7	Prepare final strategic plan	End of December 15
8	A&B HSCP approved by IJB and SGHD go live date agreed, delegated responsibility passed to IJB	Feb 2016
9	A&B HSCP Go Live	April 2016

The outline strategic plan purpose was to provide clarity over the change required, to test the breadth and knowledge of our existing plans, current and future issues, the reason for change and future shape of services with communities and our staff. In addition it was intended to support the ground work process in outlining the expectation of the role and accountability localities will have to develop, enable them over the 3 years of the plan, so that they will as operational partnership entities “Locality Plan, Locality Own and Locality Deliver”.

The important element to note in this is that the consultation on the strategic plan is not targeted at getting feedback on existing service plans which have already been consulted on such as the Integrated Children’s Services Plan, Reshaping Care for Older people programme etc. these remain extant. It is primarily focused on the transformation in health and care services that is required as a result of integration and in response to the challenges and drivers re demography, multi-morbidity, depopulation, sustainability, efficiency and best value.

The strategic plan is about creating a sense of urgency to respond to these issues and challenges.

The critical factor in this is locality planning and the ability of the HSCP to “tool up” the localities to effectively undertake this work. As referenced earlier this process will incorporate a range of “locality planning” catalyst events to support the development of locality planning. As such the consultation was targeted at obtaining responses and views on locality planning processes and questions were designed to support this see: <https://www.surveymonkey.com/r/YSDM7PJ>

The NHS Highland Board and Argyll and Bute Council as detailed in statute have provided a formal response to the full Strategic Plan as part of the consultation process.

The formal consultation draft of the Strategic Plan was published in mid-September. Printed copies were available in the localities, together with memory sticks, pre-loaded with the consultation draft of the Strategic Plan. The draft was also available on line at www.healthytogetherargyllandbute.org.uk .

Consultation ran from September to the end of November 2015. All feedback was collated into a full report to inform the final draft of the Strategic Plan, which will be presented for approval by Argyll & Bute Council, NHS Highland Board and the IJB in February 2016.

4.5 Staff and Public Engagement

The Strategic Planning Group decided to precede the formal consultation on the full strategic plan with an information signposting leaflet (included in local papers, alongside virtual copies) and an Outline Strategic Plan – “A conversation with you”, detailing the major themes in our strategic plan from the 2nd July 2015.

The outline strategic plan purpose was to provide clarity over the change required, to test the breadth and knowledge of our existing plans, current and future issues, the reason for change and future shape of services with communities and our staff. In addition it was intended to support the ground work process in outlining of the expectation of the role and accountability localities will have to enable them over the 3 years of the plan to develop so that they will as operational partnership entities “Locality Plan, Locality Own and Locality Deliver”

The Outline Strategic Plan prompted 703 responses, the full report can be found at www.healthytogetherargyllandbute.org.uk These responses, alongside responses to the consultation on the full Strategic Plan, will inform the final draft to be adopted by the HSCP.

The consultation process on the full strategic plan was directed by the regulations which prescribe who has to be formally consulted. The regulations state that the second draft of the strategic plan and must be sent for comment to all interested stakeholders. This must include the local authority and the Health Board as well as representatives of any groups prescribed by the Scottish Ministers.

It is also directed that a communication and engagement plan to undertake the consultation must be in place, which is in line with Scottish Government policy; such consultation can take place in a variety of ways – written information, public meetings, staff meetings and events, focus groups, questionnaires and on-line and interactive discussion forums. The HSCP must therefore make best efforts to allow groups of people with an interest to participate in a consultation process in order to express an opinion on the draft strategic plan.

The strategic plan is about creating a sense of urgency to respond to these issues and challenges.

Consultation Process

The communication and engagement work stream produced a formal consultation plan and commissioned consultant support to co-ordinate the feedback and support the engagement events and report on the findings of the consultation exercise for the period September to November.

The NHS Highland Board and Argyll and Bute Council as detailed in statute have provided a formal response to the full Strategic Plan as part of the consultation process.

Draft Strategic Plan Formal Consultation:

A draft Strategic Plan 2016 – 2019 was produced and published (see www.healthytogetherargyllandbute.org.uk/) prior to a three month consultation period, September to November 2015.

Consultation took place across the 7 Localities:

- Oban, Lorn and the Isles
- Mid Argyll
- Kintyre
- Islay and Jura
- Helensburgh and Lomond
- Bute
- Cowal

Two larger events were held in Lochgilphead and Arrochar.

Responses were gathered through a variety of methods:

- In person at an event
- By post
- Email
- SurveyMonkey
- From relevant organisations and Community Councils, who were contacted directly, by letter, as required by the terms of the Integration Scheme.
- At separate staff consultation events, supported by Trades Unions/NHS staff side representatives and the Organisational Development Lead.

Glasgow Homeless Network (IE at GHN) was engaged to support the consultation, analyse responses and present the consultation report. A minimum of 394 responses were received and analysed (this figure is expressed as minimum because some attendees at events did not register).

For the qualitative questions (Q1, Q2 and Q3) analysis was applied for consistent, repeated themes and suggestions and presented for each locality and for Argyll & Bute as a whole.

For the quantitative ranking questions (Q4, Q5, Q6, Q7, Q8) the result were presented in infographic format, again for each locality and for Argyll & Bute as a whole.

Supplementary responses which did not follow the format of the questions were presented in a separate section, or as an appendix to the report.

Full details of the consultation process can be found in the Communications and Engagement Strategy and Action Plan 2015/16 at Appendix 1

4.6 Locality Planning Groups

Locality Managers are taking forward the establishment of the 8 Locality Planning

Groups which will advise the IJB of the needs and priorities in each locality.

The Locality Planning Groups have their first meetings in January 2016. Membership is a combination of statutory requirement and locally identified representatives – see appendix 2.

The Locality Planning Groups will work within the agreed strategic priorities, but take account of the local drivers, demographics and requirements to develop services that are truly 'Locality Planned, Locality Owned and Locality Delivered'.

4.7 Contribution to Objectives

This is a significant area of policy development for both the Council and NHS Highland as it is a legislative requirement which both partners will need to comply with fully.

5.0 CONCLUSION

5.1 The integration of health and social care is required by the Public Bodies (Joint Working) (Scotland) Act 2014 and prescribed by the associated regulations and guidance. It is a transformational change, requiring a significant cultural shift.

5.2 The work currently has project status and the project is on target to enable the full transition to the Health and Social Care Partnership in April 1st 2016.

5.3 This is a significant area of policy development for both the Council and NHS Highland as it is a legislative requirement which both partners will need to comply with fully.

6.0 IMPLICATIONS

6.1 Policy: There are a number of implications including clarification over pathways, roles and accountabilities in the new organisation which will require to be detailed and implemented through the course of the integration programme.

Notwithstanding this the integration model will be required to be safe, effective and evidence-based. There will be a need to build significant clinical engagement and consensus across the localities in the partnership catchment area, through the Clinical and Care Governance Committee.

6.2 Financial: The revenue and capital budgets of the specified council and NHS services will form part of an integrated budget for the new Health and Social Care Partnership to manage.

6.3 Legal: The new Partnership will be established by a statute agreement. In particular the governance and accountability arrangements will impact on the current arrangements and standing orders of both partners and is detailed in the Integration Scheme.

6.4 HR: The body corporate model of integration being adopted will mean the majority of staff contract arrangements will be unaffected however there will be substantial changes to the operational and strategic management arrangements for all staff.

Staff are integral to the success of the new Health and Social Care partnership and significant effort is being made to ensure staff are fully involved and engaged in the process

There are implications for a variety of staff roles and responsibilities, notably management and support services. Some of this is a continuum of the work already underway but others are also opportunities as identified by the Christie report regarding rationalisation, redesign and review of service as a consequence of integration of health and social care. There are also opportunities for staff co-location and professional and team development.

Organisational Change Policy and a jointly agreed staff protocol will underpin the approach to be taken, supported by workforce planning and development strategies.

6.5 Equalities: EQIA scoping exercise will be undertaken if required once the service model and its operational arrangements have been identified. Once again lessons learned from North Highland partnership process will be applied.

6.6 Risk: The process of integration introduces a large number of risks for the partners. The project is reviewing and updating its formal risk register taking account of:

- Governance
- Finance and Resources
- Performance Management and Quality
- Human Resources
- Integrated IT
- Engagement and Communications
- Organisational Development
- Equity
- Programme and timescale

6.7 Customer Service: This major service change will require the Partnership to put in place a comprehensive public involvement and engagement process in establishing the new arrangements for PFPI in the partnership.

The intention of the communication and engagement approach is to focus on Person Centred Care and outcomes demonstrating how services will improve by integration. This will be the core of both public and staff engagement and consultation.

A comprehensive communication and engagement plan has been developed and is being reviewed. It is a discrete project work stream with members drawn from staff, the public and management, supported by SGHD. Designated funding for communication and engagement has been identified. A full communication and engagement strategy will be in place by 1st April 2016.

Executive Director - Christina West, Chief Officer, Health and Social Care Partnership

Policy Lead - Councillor Mary Jean Devon

05/01/2016

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APPENDICES

Appendix 1. Communication and Engagement Strategy and Action Plan 2015/16

Contents	Page
1. Introduction	2
2. Aim	2
3. Objectives	3
4. Communication and engagement principles	3
5. Audiences	3
6. Key messages	4
7. Methods	4
8. Budget	5
9. Milestones	5
10. Risks	6
11. Review and evaluation	6
12. Action Plan	7
Appendix 1: national engagement standards	11

1. Introduction

Change is happening to health and social care services in Argyll and Bute and across Scotland.

Integration means that health and social care services are coming together to be available as a single service, from April 2016.

This will impact on employees of health and social care service providers who will be affected by the change and who will also have a key role in making integration a success.

Those who use the services now and may in future – which is essentially every one of us – have a contribution to make as to how integration will work in Argyll and Bute.

Achieving integrated services that work for those who need them providing “person centred care” will therefore requires the support of communication and engagement in reaching ‘everyone’.

This strategy outlines the approach to be taken in delivering this communication and engagement support from August 2015 onwards.

2. Aim

We all at some point use health and social care services. We all therefore potentially have a contribution to make to ensuring that integration delivers services that work for us all and our families.

People who deliver these services, people who use them, those with expertise or

experience relevant to health and social care, and others all have a role to play in making a success of what has been described as the 'biggest change in health services since?'

The overall aim of the strategy is to:

- Provide opportunities, for all those with a role to play in making integration a success, to be informed about and contribute to the development, planning and delivery of integrated health and social care services.

3. Objectives

The objectives of the communications strategy are:

- To inform our target audiences about integration
- To inspire interest in contributing to the change process
- To provide opportunities for contributions to be made
- To keep relevant stakeholders up to date with progress being made in Argyll and Bute
- To support the achievement of health and wellbeing outcomes for people in our area by raising awareness of integration outcomes and the role of the individual in achieving long, healthy and happy lives.
- To draw on best practice in methods of communication and engagement adopted.
- To continually develop innovative and successful ways of communicating with our target audiences
- To provide the public, stakeholders and staff with feedback on how their views have contributed to plans and decisions made
- To anticipate and plan to meet integration communication needs beyond April 2016

4. Communication and Engagement Principles

In order to put to the most effective use possible the resources available in time, people and funding, the following principles are agreed by the Communications and Engagement Work stream:

- A solutions focused approach will be taken to identifying and progressing communication and engagement requirements.
 - Partners on the workstream (statutory and voluntary sector) will work together to make best use of all communication activity undertaken:
 - Communication and engagement actions will be shared across the workstream
 - Partners will participate in distributing information and involving and engaging the public and staff through their own communication and engagement channels.
- Communication activities will support others, for example front line staff, to

participate in raising awareness of and interest in health and social care integration.

- Engagement activities will be undertaken in line with the national standards for community engagement (at Appendix 1) and statutory (CEL 4 2010 guidance) requirements: http://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

5. Audiences

Our two key target audiences are those who deliver and those who use/may use services:

- Employees of service providers, in the public, private and independent sectors
- Residents of Argyll and Bute (*)
 - Current service users
 - Older people
 - Young people
 - Families
 - Carers
 - Businesses
 - Those with support needs
 - Hard to Reach Groups

Note () 'Residents' are listed in identifiable groups with particular communication channels, for example Grey Matters or Health and Care Forum.*

In addition, we will target groups who have a role in developing integration, supporting communication of it and involvement in it.

- Employees of service providers
- Community representative groups e.g. community councils, Health and Care Forums, advocacy groups
- Elected members
- Trade Unions
- Special interest groups

6. Key messages- Argyll and Bute HSCP

Vision

People in Argyll and Bute will live longer, healthier independent lives

Mission for Plan Period

Argyll and Bute Health and Social Care Partnership will work with you to improve health, support social care, tackle health inequality, and improve community wellbeing. We will work in partnership with local communities to offer services that are:

- Easily understood.
- Accessible, timely and of a high quality

- Well-coordinated.
- Safe, compassionate and person-centred.
- Effective and efficient, providing best value.

Values

The following are the key values to which those employed or contracted by the Partnership, or who are stakeholders in it, will be expected to adhere:

- Person centred
- Integrity
- Engaged
- Caring
- Compassionate
- Respectful

7. Methods

A range of communication channels will be used, for example and not limited to:

- Social media channels
- Integration website
- Integration newsletter
- Employee channels internal to organisations represented on the workstream
- Email – to distribution groups of the organisations represented on the workstream, for example to community councils, community planning partners
- Screens in public and employee offices
- Local media via press releases, or advertising
- Printed information in libraries, NHS buildings etc
- Staff Bulletins
- Staff blog
- You Tube videos

Methods for enabling engagement will draw on best practice and experience from across the workstream of what works well locally, for example and not limited to:

- Conversation cafes
- Voice facilitation workers
- Person centred coaches
- Question and answer sessions
- Public drop in events
- Staff drop in events

8. Budget

A £43,000 budget is available in 2015/16 to support communication and engagement activities. Key actions identified for use of this budget are:

- Printing of materials
- Advertising
- Appointing consultants to provide additional capacity and co-ordination role to progress consultation of the Strategic Plan.
- Website – www.healthytogetherargyllandbute.org
- Admin support
- Venues for consultation events

9. Milestones/ opportunities

The action plan identifies key milestones for the project as well as recording events conducted and planned. Additional actions and opportunities will be identified by members of the programme work stream, feedback from our audience, direction from the IJB etc.

10. Risks

Resources

In effect ‘everyone’ is a relevant audience for communication and engagement on health and social care integration.

There is a risk that the scale of need for communication and engagement cannot be met within the available resource

This risk will be mitigated against by the communication principles set out in (4) and by breaking down ‘everyone’ into groups that have channels through which to reach them, as set out in (5).

Forward Planning

Forward planning can help create time to consider and deliver effective communication and engagement activities.

Demand on people/time resources can greatly limit opportunities for forward planning in the longer term.

This risk will be mitigated against by inclusion in the action plan of a ‘Next Steps’ section that will be added to and progressed as the integration process continues.

11. Review and evaluation

Progress on actions will be reviewed at workstream meetings.

Evaluation of engagement approaches and activities will be drawn from different sources

Evaluation of communication activities will be drawn from different sources such as website visits or social media reach.

Consideration will be given by the workstream for any requirement for specific evaluation exercises that may inform 'Next Steps' or any other part of the action plan.

12. Communication and Engagement Action Plan

This action plan starts from August 2015. It is not a definitive list of actions; it will be added to with contributions from the workstream and the localities as opportunities arise and following confirmation with agency of consultation actions.

[WS = workstream; JJ = Jane Jarvie; DR = David Ritchie; AMcG = Alison McGrory; BB = Becs Barker; SW = Stephen Whiston]

Date	Action	Responsibility	Employees	Service Users	General public Residents	Community reps	Other stakeholders	Status
11/08	Workstream meeting – agree updated strategy and action plan	JJ/WS						
11/08	Workstream meeting – agree management of ‘now’ and ‘next steps’ actions	JJ/WS						
11/08	Lead locality workstream contacts agreed	WS						
17/08	Managers and Team Leads Workshop Argyll & Bute West, Integrated Management Structure and Outline Strategic Plan	Locality	x					
17/08	Tender exercise panel progress	BB/JJ/DR/DM						
24/08	Special workstream meeting on consultation focus and actions	WS						
25/08	A&B Community Planning Partnership Day, presentation on Integration	Locality	x				x	
31/08	Draft action plan for consultation issued for comment by 3 Sept.	JJ/WS						
03/09	Meeting with tenderer							
03/09	Health and wellbeing event in Tiree	Locality						
07/09	Update on Integration to Oban Lorn & Isles Health Care Forum	SW			x	x		
07/09	Standard descriptions strategic plan etc for issue on website, for staff etc	JJ/WS			x			

Sept	Newsletter – for public and staff	DR/WS	x	x	x	x	x	
<i>Consultation 'shape' – September = get involved promotion; October/November = get involved events; December = report</i>								
Sept	Press release/social media/staff info on consultation	DR/JJ/WS			x			
08/09	Update on Integration to Strategic Housing Forum	SW					x	
08/09	A&B Senior Managers Meeting re Integrated Management Structure	Locality	x					
10/09	Feedback report on outline draft plan published	SW						
10/09	Workstream meeting – confirm 'now' and 'forward planning' groups and tasks	JJ/WS						
15/09	Press release issued on consultation	DR	x	x	x	x	x	
15/09	Staff Bulletin issued to all NHS and Council staff	DR	x					
17/09	Comms Workstream co-chairs meeting with external consultants	WS						
21/09	Latest edition of Integration newsletter published	DR	x	x	x	x	x	
24/09	Outcomes 1 and 2 – website and social media	JJ/AMcG			x			
25/09	Joint training day for Person Centred Coaches and Voice Facilitators	WS	x			x		
26/09	Bute and Cowal Improving Care Group	Locality		x	x	x		
26/09	Rothesay Pavilion Community Fair	Locality		x	x			
w/c 28/09	Mid Argyll Locality engagement events (dates tbc)	Locality	x	x	x	x	x	
29/09	Lunchtime Webex Seminar "Consulting with Communities – How to Run a Conversation cafe	WS	x			x		
30/09	Joint training day for Person Centred Coaches and Voice Facilitators	WS	x			x		
08/10	Strategic Plan locality consultation event - MACHICC	Locality	x	x	x	x	x	
09/10	Strategic Plan locality consultation event - Lorn & Islands Hospital	Locality	x	x	x	x	x	
12/10	Formal invitation to comment issued to Argyll & Bute Council, NHS Highland and other key stakeholders	SW					x	
15/10	Strategic Plan presentation – Dunoon Rotary Club	PT					x	
20/10	Strategic Plan locality consultation event - Campbeltown Hospital	Locality	x	x	x	x	x	
21/10	Strategic Plan locality consultation event – Islay/Jura	Locality	x	x	x	x	x	
21/10	Strategic Plan consultation event – Islay/Jura	Locality	x	x	x	x	x	

24/10	Outcome 3 and 4 – website and social media	JJ/AmcG			x				
28/10	Strategic Plan consultation event – Helensburgh, United reform Church	Locality	x	x	x	x	x		
4/11	Strategic Plan consultation event – Cowal, Cowal Community Hospital	Locality	x	x	x	x	x		
5/11	Strategic Plan consultation event – Bute, Victoria Hospital	Locality	x	x	x	x	x		
Oct	Social media/internal comms channels reminder to get involved	DR/JJ	x	x	x	x	x		
Nov	Press release/social media/internal channels reminders to get involved and how	WS	x	x	x	x	x		
24 Nov	Remaining outcomes – website and social media	WS			x				
April 2016 – Health and Social Care Partnership launched									
Next Steps									
01/04	Branding of Partnership required to be in place	WS							
01/04	Information to be available for service users on how integrated services work	WS							
01/04	Route for employees to raise questions as they arise to be promoted	WS							
01/04	Plans to be in place for communicating/engaging with employees on developing partnership culture and making the identified new	WS							

	service work successfully							
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National Standards for Communication

<p>THE INVOLVEMENT STANDARD</p> <p>We will identify and involve the people and organisations who have an interest in the focus of the engagement</p>	<p>THE SHARING INFORMATION STANDARD</p> <p>We will ensure that necessary information is communicated between the participants</p>
<p>THE SUPPORT STANDARD</p> <p>We will identify and overcome any barriers to involvement</p>	<p>THE WORKING WITH OTHERS STANDARD</p> <p>We will ensure that necessary information is communicated between the participants</p>
<p>THE PLANNING STANDARD</p> <p>We will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the actions to be taken</p>	<p>THE IMPROVEMENT STANDARD</p> <p>We will develop actively the skills, knowledge and confidence of all the participants</p>
<p>THE METHODS STANDARD</p> <p>We will agree and use methods of engagement that are fit for purpose</p>	<p>THE FEEDBACK STANDARD</p> <p>We will feedback the results of the engagement to the wider community and agencies affected</p>
<p>THE WORKING TOGETHER STANDARD</p> <p>We will agree and use clear procedures that enable the participants to work with one another effectively and efficiently</p>	<p>THE MONITORING AND EVALUATION STANDARD</p> <p>We will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement</p>

Appendix 2 – Membership of Locality Planning Groups

Membership of Locality Planning Groups.

Member	Identified by	Member name(s)
General Practitioner (may be one or more representing local GP practices)	Statutory requirement	
Primary care – other professionals(may be one or more representing local GP practices)	Statutory requirement	
Secondary care (including clinicians or representatives from unscheduled care)	Statutory requirement	
Representative of Locality Management	Statutory requirement	
Social work and Social Care representatives	Statutory requirement	
Local housing representative	Statutory requirement	
Third Sector	Statutory requirement	
Independent Sector	Statutory requirement	
Community Council representative (s)	Locality option	
Health & Care Forum representative(s)	Locality option	
Patient Participation Groups representative(s)	Locality option	
Carers representative(s)	Locality option	
Young people	Locality option	
Older people	Locality option	
People with disabilities	Locality option	
Head teacher (secondary education)	Locality option	
Head teacher (primary education)	Locality option	

- The locality options listed are a suggested option and may be varied according to the preferences of each locality.