

## **14. MEASUREABLE TASKS TO DELIVER PLAN OBJECTIVES**

14.1 The Strategic Objectives for the Plan period detailed in Section 5 will be delivered through the completion of the following measurable tasks:

<b>STRATEGIC OBJECTIVE (A): We will work to reduce inequalities</b>
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### **The Role of the Health and Social Care Partnership**

Efforts to tackle health inequalities will permeate everything the HSCP does – from population public health to community based care and more specialist services.

The HSCP will ensure that its services are distributed fairly and in proportion to need across its geographical communities and population groups as far as is practicable taking account of our geography and infrastructure. The HSCP will improve the experience of individuals by exercising non-discriminatory practice on the grounds of protected characteristics. There will also be a need, when implementing national policy and delivering local services, to constantly apply an inequalities lens to mitigate the risk of widening inequalities through policies which may inadvertently be taken up more successfully by the most advantaged individuals and groups.

The Partnership will seek to mitigate the impact of more fundamental and environmental inequalities by supporting individuals to make positive lifestyle decisions and assist them to address social and economic problems at an individual level, such as accessing good work, better housing that meets their needs, or to maximise their income. This will require ongoing workforce development and partnership links with services outwith the Health and Social Care Partnership.

The following actions have been grouped in line with the health inequalities summary model on page 24 and are focused around both preventing and mitigating against health inequalities.

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<p><b>Economy and Work</b></p> <ul style="list-style-type: none"> <li>• Develop integrated employability pathways/employability programmes/bridging services directly linked to health and social care services.</li> <li>• Work through the statutory partners to ensure community benefits clauses are included, where appropriate, in commissioned contracts and procured services; that recruitment is promoted in those furthest from the labour market; and that employability programmes and volunteering is actively supported.</li> </ul>	<p>Senior Management Team</p> <p>Senior Management Team</p>	<p>31.03.18 subject to annual review</p> <p>31.03.18 subject to annual review</p>	<p>d, e &amp; j</p> <p>d &amp; e</p>
<p><b>Physical Environment</b></p> <ul style="list-style-type: none"> <li>• Work in partnership with the <a href="#">Licensing Board</a> and <a href="#">Forum</a> to consider and develop local policies on alcohol.</li> </ul>	<p>Senior Management Team</p>	<p>31.03.18 subject to annual review</p>	<p>a, d, e &amp; i</p>
<p><b>Education and Learning</b></p> <ul style="list-style-type: none"> <li>• Promote inequalities sensitive practice (recognising and responding to life circumstances) through training staff and promoting the use of inequalities self-assessment.</li> </ul>	<p>Senior Management Team</p>	<p>31.03.18 subject to annual review</p>	<p>h</p>
<p><b>Services</b></p> <ul style="list-style-type: none"> <li>• Ensure equalities impact assessments are undertaken as new and social care, strategies, policies and services are developed and advocate for equalities impact assessment of key <a href="#">Community Planning Partnership</a> policy and service developments e.g. transport, housing.</li> </ul>	<p>Senior Management Team</p>	<p>31.03.18 subject to annual review</p>	<p>e</p>

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<ul style="list-style-type: none"> <li>• Within the resources available, ensure that universal services are delivered in proportion to need and combine these with targeted and intensive support services for those experiencing the greatest need or at highest risk. Examples include:</li> <li>• Treatment and recovery support for those experiencing addictions e.g. alcohol, drugs and tobacco.</li> <li>• Anticipatory care programmes.</li> <li>• Housing aids and adaptations</li> </ul>	Senior Management Team	31.03.18 subject to annual review	a, d, e, i & k

**STRATEGIC OBJECTIVE (B): We will plan and provide health and social care services in ways that keep people safe and protect them from harm**

**Child Protection**

The Partnership will ensure that its work is in line with [Scotland's National Action Plan for Human Rights](#) and the [United Nations Convention on the Rights of the Child](#).

The Integration Joint Board will continue to improve inter-agency processes to identify, assess and plan for children at risk and support the work of the Child Protection Committee.

The Child Protection Committee is the key local body for developing and implementing child protection strategy across and between agencies. The integrated Children's Service will continue to work with partners to ensure that appropriate arrangements are in place to protect children who are identified as being at risk.

**Adult Support and Protection**

Adult Protection responsibilities are specified within the Adult Support and Protection (Scotland) Act 2007. Specific responsibilities under the Act apply to adults (16 years and over) who are known, or believed, to be at risk of harm and meet the three-point criteria of the Act:

- They are unable to safeguard their own well-being, property, rights or other interests.
- Are at risk of harm.
- Are vulnerable to being harmed because they are affected by disability, mental disorder, illness or physical or mental infirmity.

The multi-agency Adult Protection Committee undertake a strategic and monitoring function in relation to the implementation of the Act and its associated responsibilities and is convened by an Independent Chair. A range of public bodies and their office holders have a duty to report Adult Protection concerns and to co-operate with adult protection enquiries made by the Council.

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
Implement the refreshed <a href="#">Corporate Parenting Strategy for Argyll and Bute Argyll and Bute</a> and CPP Plan	Head of Children Services	31.03.16	j, k & l
Provide a clear definition of corporate parenting, and define the bodies to which it will apply.	Head of Children Services	31.03.16	j, k & l
Implement a <a href="#">Whole Systems Approach</a> to young people's service delivery within the context of Youth Justice.	Head of Children Services	To 31.03.18 subject to annual review	l, m, n & o
Continue to improve arrangements and processes to identify, assess and plan for <a href="#">Criminal Justice Service</a> user risk/need.	Head of Children Services	To 31.03.18 subject to annual review	n & o

**STRATEGIC OBJECTIVE (C): We will ensure that children have the best possible start in life**

### Getting It Right for Every Child

Getting it Right for Every Child (GIRFEC) is a wide ranging change programme for Children's Services that was developed in pathfinder areas across Scotland from 2006 and implemented more broadly since 2011. The Children and Young People Scotland Act 2014 puts some elements of GIRFEC into statute, while other elements remain as policy. GIRFEC grew out of a concern that service provision needed to be better integrated, more efficient and better focused on the child. It seeks to create a change in culture, systems and practice in Children's Services and in Adult Services that have particular impact on children (such as in relation to services dealing with domestic abuse and substance abuse). A plan for national implementation was published in 2006. The Multi-Agency Argyll and Bute GIRFEC Implementation Plan has been in place since 2011.

The National Plan included a change programme to:

- Place a duty on agencies to be alert to the needs of children and to act to improve a child's situation.
- Place a duty on agencies to co-operate with each other in meeting the needs of children and to establish local coordination and monitoring mechanisms.

- Require agencies involved to agree an action plan and keep it under review where a child's needs are complex or serious and where multi-agency input or compulsory measures are likely to be needed.

### **Early Years Collaborative**

The Early Years Framework published in 2009 signified an important milestone by encouraging partnership working to deliver a shared commitment designed to give children the best start in life and to improving the life chances of children, young people and families at risk.

The Partnership will participate fully in the Early Years Collaborative.

The aims of the Early Years Collaborative are:

1. To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).
2. To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.
3. To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

<b>Action</b>	<b>Responsible Officer</b>	<b>Target Date(s)</b>	<b>National Outcomes Delivered</b>
Implement the <a href="#">Children and Young People Act 2014</a> . Ensure that all children and young people from birth to 18 years old have access to a Named Person.	Head of Children & Families Services	31.03.16	j, k & l
Implement Getting it Right for Every Child in Argyll and Bute - the <a href="#">South Argyll and Bute Integrated Children's Services Plan 2013/18</a> .	Head of Children & Families Services	To 31.03.18 subject to annual review	j, k, & l
Continue to deliver <a href="#">Looking After Every Child: People's Health Strategy for Argyll and Bute</a> , including Breastfeeding and Infant Mental Health.	Head of Children & Families Services	To 31.03.18 subject to annual	j, k & l

		review	
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**STRATEGIC OBJECTIVE (D): We will plan for and deliver services in person-centred ways that enable and support people to look after and improve their own health and wellbeing.**

In recent years national and local policy for a range of care groups and for people experiencing ill health has been focussed on early intervention and promoting independence.

The adopted vision nationally for older people through Reshaping Care is: 'Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting'.

Core to the delivery of these has been a strategic Reshaping Care Plan that sets out a range of inter-linked interventions. A catalyst for the change process to create a range of interventions has been the Change Fund and this has facilitated innovation and experimentation designed to deliver better outcomes for older people. A core priority of this work has been establishing a pathway approach to improve prevention and reablement and reduce delayed discharge and to address the high numbers of older people who are admitted to acute hospitals in Argyll and Bute and NHS GG&C.

The core Reshaping Care strategy is illustrated in the diagram below:



In addition to the older people's programme there are linked strategies and action plans supporting carers, people affected by dementia and others, for instance reflecting the housing needs of older people. Other plans have been developed at an Argyll and Bute level. These include work on Falls Prevention, Technology Enabled Care, Anticipatory Care Planning and single shared assessment. In addition, the Partnership will seek to implement actions linked to the Strategic Framework for Action on Palliative and End of Life Care (2016 - 2021) associated with End of Life and Palliative Care issues.

In 2015/16 the Integrated Care Fund will be available to support people living with two or more long-term conditions – multi-morbidity – and the planning work for this will be

explicitly linked to the Reshaping Care for Older People Programme. We will be commencing work on bringing this together with the funding, and Delayed Discharge unscheduled care planning in 2015/16 to ensure we have a co-ordinated and integrated pathway approach. See Appendix 11.

In relation to adults suffering poor mental health, Argyll and Bute's Mental Health strategy and accompanying action plan in was published in 2012. The high level outcomes that are to be achieved are:

- People experiencing mental ill-health experience optimum health and wellbeing.
- People experiencing mental ill health have their rights respected and do not experience discrimination, stigma or harm.
- People experiencing mental ill health are empowered to make their own life choices.
- Our communities are inclusive and supportive and nurture mental wellbeing.
- The needs of families and carers are fully met.

A similar Strategy and Plan for people with Learning Disability was also produced in 2012 with corresponding outcomes.

A major development in social care that will remain a priority within this Strategic Plan is related to the implementation of Self Directed Support (SDS). As SDS becomes embedded within social care delivery this will present opportunities and challenges for the HSCP and service providers as the traditional approach to service delivery changes to one based on personal choice.

Other work is currently in development, for example, work in relation to Sensory Impairment and to Autism will need to be developed Argyll and Bute wide but enacted at locality level through their planning and prioritisation processes over the 3 years of this plan.



Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<p>The Integration Joint Board will take steps with its Partners to alter hospital flows in a way that will seek to mitigate demographic pressures and make it possible for more people to remain within their communities with the supports they require to maintain their wellbeing.</p> <p>Key Priorities will include</p> <ul style="list-style-type: none"> <li>• Investigating and mapping unscheduled care pathways into NHSGG&amp;C and local acute services</li> <li>• Establishing fast, responsive reablement services</li> <li>• Pharmacy reconciliation between acute and primary care</li> <li>• Utilising the full capability and capacity of the local NHS, Independent and 3<sup>rd</sup> sector to provide safe and appropriate care locally</li> </ul>	<p>Senior Management Team</p>	<p>31.03.18 subject to annual review</p>	<p>a, b, c, d, e, f, g, h &amp; i</p>
<p>Support the implementation of <a href="#">Self Directed Support</a> in line with the <a href="#">National Work Plan</a>.</p>	<p>Heads of Adult Services East and West</p>	<p>To 2020 subject to annual progress updates</p>	<p>b, c &amp; g</p>
<p>Implement the <b>Carers Strategy (2012-2017)</b>. Key priorities are:</p> <p>Actively support carers in our community and establish a Carers Forum to represent the views and interests of all carers in Argyll and Bute.</p> <p>Appoint 2 carers representatives to be non-voting members of the Integration Joint Board.</p>	<p>Heads of Adult Services East and West</p>	<p>30.06.15  30.06.15</p>	<p>f  f</p>

<p>Implement the <b>Adult Mental Health Strategy (2013- 16)</b>.</p> <p>Key priorities for 2016/17 are:</p> <p>Integrate and adopt a person centred care approach that supports recovery, self-management and personalisation.</p>	<p>Heads of Adult Services East and West</p>	<p>31.03.17</p>	<p>a, b, c, d &amp; g</p>
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Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<ul style="list-style-type: none"> <li>• Develop wider opportunities within communities for people experiencing mental ill-health.</li> <li>• Support 18-week “Referral to Treatment” target regarding access to talking therapies.</li> <li>• Improve transitions arrangements between children and adult services.</li> <li>• Develop a new Strategy with outcome focussed action plan based on available resources.</li> <li>• Finalise the plan and funding arrangements for the new acute mental health accommodation.</li> </ul>	<p>Senior Management Team</p>	<p>31.03.16</p>	<p>b, d &amp; g</p>

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<p>Implement the <i>Learning Disability Strategy (2013-16)</i>.</p> <p>Key priorities for 2015-18 include:</p> <ul style="list-style-type: none"> <li>• Implementation of <i>Self Directed Support</i> in Learning Disability Community</li> <li>• Develop opportunities for people with Learning Disability in the community – and improve access to activities and services.</li> <li>• Support stronger service user and carer engagement/co-production in the design of services and activities (including both mainstream and Learning Disability specific).</li> <li>• Support transition between children and adult services through development of multi-agency transition planning and protocols.</li> </ul>	<p>Heads of Adult Services East and West</p>	<p>31.03.16</p>	<p>b, d, e &amp; g</p> <p>b, d &amp; g</p> <p>c, d, e, f, g &amp; i</p> <p>b, c, d, g &amp; i</p>



Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<p><b>Strategy and Implementation Plan</b>                      Strategy in the development of robust diagnostic processes and post diagnostic support services for children and adults. This will support and influence child, family and individual person centred needs and aspirations within the individual's community.</p>	Heads of Adult Services East and West	31.03.16	a, b, c, d, e, f, g, i, j, k and l

**STRATEGIC OBJECTIVE (E): We will prioritise community based services, with a focus on prevention and anticipatory care to reduce preventable hospital admission or long term stay in a care setting.**

Section 3 within this Strategic Plan sets out the direction of travel to be embraced by the new Partnership, which is linked to the Christie Commission recommendations on the Reform of Public Services. One of the key 'Christie Pillars' is to make a decisive shift towards Early Intervention and Preventative approaches. This Objective will also play an important part in tackling Strategic Objective A on Reducing Health Inequality and in Strategic Objective C in relation to Outcomes for Children.

Anticipatory Care approaches are implicit within the terms of the work programme linked to Strategic Objective D.

The Partnership will work with Third Sector Interface to enhance the capacity of community and voluntary sector services.

The Integration Joint Board will contribute to the strategic Community Planning approach of supporting prevention and early intervention.

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
Pilot Social Prescribing approaches within at least one General Practitioner practice.	Heads of Adult Services East and West	31.03.16	a, b, d, e & i
Develop wider "Co-production" approaches within Argyll & Bute.	Head Adult Services East and West	31.03.16	b, d & i

Work with the EQUIP Project Group to manage admissions to Accident and Emergency.	Senior Management Team	To 31.03.18 subject to annual review	b, d, e & i
Update the Locality Strategic Needs Assessment every year and the area wide assessment fully every three years to ensure that the strategic commissioning plan accurately reflects local priorities and provides a sound basis for the allocation of resources.	Consultant Public Health	31.03.18 subject to annual review	i
<b>Action</b>	<b>Responsible Officer</b>	<b>Target Date(s)</b>	<b>National Outcomes Delivered (p32/33)</b>
<p>Work with wider partners to implement the <a href="#">mental health and wellbeing strategy (2014-2026)</a>. The three priorities for population mental health are:</p> <ul style="list-style-type: none"> <li>• Helping people develop their individual mental health.</li> <li>• Increasing opportunities for individuals to engage positively with one another within their own communities and building trust in families and communities.</li> <li>• Creating mentally healthy environments for working and learning.</li> </ul>	Consultant Public Health	31.03.18 subject to annual review	a, b, c, d, e, g & j
<p>Work with wider partners to implement the <a href="#">Healthy Weight Strategy Action plan (2014-24)</a>. In order to achieve this the action plan will focus on seven key themes:</p> <ul style="list-style-type: none"> <li>• Awareness, knowledge, skills and empowerment.</li> <li>• Maternal and infant nutrition.</li> <li>• Availability and affordability of healthier food and drinks.</li> <li>• Active travel and active workplaces.</li> <li>• Built/natural environment and infrastructure for active travel.</li> <li>• Physical activity.</li> <li>• Weight management.</li> </ul>	Consultant Public Health	31.03.18 subject to annual review	a, d, e, g, i & l

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<p>Implement the <a href="#">tobacco control strategy (2012-2021)</a> and develop a new action plan for 2015-2018. Priorities are likely to be (subject to consultation):</p> <ul style="list-style-type: none"> <li>• Working with <b>nursery</b> teachers in relation to the dangers of passive smoking.</li> <li>• Working with <b>schools</b> supporting pupils with smoking cessation as well as providing prevention messages.</li> <li>• Working with <b>Looked After and Accommodated Children</b> units to support young people with cessation.</li> <li>• Working in partnership with community <b>midwifery</b> staff to support pregnant women.</li> <li>• Delivering training or information sessions to <b>workplaces</b> on smoking and smoking related issues.</li> <li>• Working with hospital staff and with <b>inpatients</b>.</li> </ul>	Consultant Public Health	31.03.18 subject to annual review	a, d, e, i & l
<p>Work with our partners to implement the <a href="#">"oral health strategy and action plan"</a>.</p>	Consultant Public Health/ Lead Dental Officer	31.03.18 subject to annual review	a, d, e, i, k & l

**STRATEGIC OBJECTIVE (F): We will deliver services that are integrated from the perspective of the person receiving them and represent best value with a strong focus on the wellbeing of unpaid carers**

During the period of this first Strategic Plan (2015-18) the HSCP will focus on integrating its workforce and specifically the employed staff to operate as a single health and care team delivering person centred care as a single health and social care services. This will be evidenced by the appointment of single integrated management posts and team leads.

In developing this way of working the HSCP will, where appropriate, seek to extend integration beyond those working within the public sector to include personnel and services from the Third and Independent Sectors. This approach will ensure that

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Partners, their staff and volunteers are all working in a collaborative and co-productive focus towards the attainment of National Outcomes and in pursuit of Integration Principles. Intimately aligned with this is a focus on unpaid carers, their support needs, training, education, information and respite and as a key partner we will to plan and work collaboratively with unpaid carers and their representatives.

The development and organisation of single integrated teams will be a priority for the Chief Officer and the Senior Management Team. Stakeholders will be consulted on developed proposals which will be shaped in a manner that will be complementary to the agreed approach to Locality Planning outlined in Section 6.

Integrating health and social care services will require significant cultural and organisational change on the part of those leading and working within the various sectors, within the operating environment we will be facing. The HSCP is clear that there is a sense of urgency expressed by all stakeholders and our workforce to see this happen quickly. However, facilitating and achieving this scale of change in the provision of services will be *challenging, intrusive and intensive* as it seeks to equip people to undertake their roles in new and different ways and put in place different delivery models for service. The HSCP will develop a full Organisational Development Programme and a Workforce Plan in 2016-17 which will build on work already completed in this transition period.

As important to achieving effective integration by winning the hearts and minds of those involved in a new partnership-based approach to service delivery, will be access to all of the information required to support this new integrated way of working. A new Information Sharing Protocol has been developed and adopted by the Partnership and by the Statutory Partners. However, far from being a conclusion to this issue, the protocol represents the first step in what is likely to prove to be a long and complex process. Information systems, such as that for interfacing health and social work, will require to be modernised through replacement. This and others will require to be integrated technically, and legal issues around the safeguarding and the protection of information will require to be considered and addressed, within the 3 years of this plan.

<b>Action</b>	<b>Responsible Officer</b>	<b>Target Date(s)</b>	<b>National Outcomes Delivered (p32/33)</b>
Working with key stakeholders, the management team will develop proposals which enable the more effective delivery of outcomes for the people of through integrated working.	Senior Management Team	31.03.18 subject to annual review	c, e, f, g, h, i & j



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Review and streamline our existing health and social care pathways and ensure overall system coherence.	Heads of Adult Service (E&W)	31.03.18 subject to annual review	i
Ensure that patients and carers are fully involved in their care and future needs are more effectively anticipated.	Senior Management Team	31.03.18 subject to annual review	c, d, e, f, g, i, & l
Working with stakeholders, the management team will develop proposals for the delivery of key services in conjunction with universal primary care services, adopting, where possible, clearer pathways utilising single access points.	Chief Officer/ Heads of Adult Service (E&W)	31.03.18 subject to annual review	a, b, c, d, e, h, i & l
Put in place initial arrangements for the effective sharing of information within the Partnership.	Chief Officer	31.03.16	h & i
Develop work plan and investment strategy to integrate information systems to support single team service provision.	Senior Management Team	31.03.18 subject to annual review	h & i
As part of locality planning, performance management and operational service delivery establish involvement and engagement arrangements for public, users and carers	Head of Strategic planning and Performance	31.03.16	c, f, g & h

**STRATEGIC OBJECTIVE (G): We will establish “Locality Planning, Owning, Delivery” operational and management arrangements to respond to local needs**

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
Utilise the Strategic planning consultation process to commence the establishment of Locality Planning Groups in each of the eight Localities.	Senior Management Team	01.04.16	b, d, e, h & i

Develop initial data profiles for each of the eight localities.	Senior Management Team	01.04.16	i
Work with Locality Planning Groups to enhance and augment the data profiles and information base for each locality.	Senior Management Team	31.03.16 & annually to 31.03.18	i
Provide staff and financial resources to facilitate the creation and development of the 8 localities of the strategic planning process (Community Capacity Building).	Senior Management Team	31.03.16 & annually to 31.03.18	h & i
Prepare locality plans for inclusion within the Partnership Strategic Plan.	Senior Management Team	31.12.16	i
Review the success and operation of the approach to Locality Planning and ensure that it is delivering the outcomes envisaged.	Senior Management Team	31.03.18	i
Refresh locality action plans on an annual basis, utilising information to inform production of the annual report	Senior Management Team	01.04.17/18/19	i

The HSCP's approach to Locality Planning is outlined in Section 6 of this Plan and initial Locality Profiles, designed to aid early discussion in Locality Planning Groups, are linked to Appendix 5.

The table below sets out the actions that the Integration Joint Board will take to develop its Locality Planning agenda and to ensure that Locality Planning becomes a cornerstone of how it will plan, commission and monitor services and activity in a way that contributes towards the attainment of national and local outcomes and the implementation of Integration principles.

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
Work to ensure that local commissioning arrangements support changing service requirements brought about by <a href="#">Self Directed Support</a> are incorporated in locality plans	Heads of Adults Services	To 2020 subject to annual review	i

**STRATEGIC OBJECTIVE (H): We will strengthen and develop our partnership with specialist services, with NHS GG&C and with Community Planning.**

Section 7 within the Strategic Plan sets out the range of partnership working arrangements that will need to be established and supported to enable the National Health and Social Care Outcomes to be achieved. Partnership working will be at the heart of the new Health and Social Care Partnership and will be vital to supporting seamless health and care service delivery as well as broader health improvement activity.

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered
<p><b>Partnership with NHS Greater Glasgow and Clyde Senior</b></p> <ul style="list-style-type: none"> <li>• The Integration Joint Board will:</li> <li>• Further strengthen its partnerships with NHSGG&amp;C to ensure delivery of specialist acute services for the people of Argyll and Bute.</li> <li>• Develop an effective working Partnership to ensure that its Strategic Plan and Locality plans for Acute Services deployment and realign resources in a way designed to maximise delivery against the National outcomes and support the shift in the balance of care in a planned way</li> </ul>	Senior Management Team	To 31.03.18 subject to annual review	i
<p><b>Partnership with Bordering Health and Partnerships</b></p> <ul style="list-style-type: none"> <li>• The Partnership will work co-operatively with its neighbouring partnerships (Inverclyde, West Dumbarton etc.) to ensure appropriate levels of consistency in the provision of Argyll and Bute strategies and services and to share and pool resources, as necessary.</li> </ul>	Senior Management Team	31.03.17	i

<p><b>Partnership with and within Community Planning Partnership</b></p> <ul style="list-style-type: none"> <li>The Partnership will play a full role within Argyll &amp; Bute <b>Community Planning Partnership</b> in order to achieve the outcomes set out in the <b>Single Outcome Agreement</b>.</li> </ul>	<p>Chief Officer</p>	<p>31.03.16 and on-going annually to 31.03.18</p>	<p>a, b, d, e, f, g, i, j, k, l, m, n &amp; o</p>
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**STRATEGIC OBJECTIVE (I): We will sustain, refocus and develop our partnership workforce on prevention and anticipatory care.** The Scottish Government's Integration Legislation through the agreed National Outcomes and the Integration Principles has as primary drivers (1) that Partnerships should ensure that people are able to live at home or in a homely setting in good health rather than in a hospital or other institution; (2) that people are supported in a way that is co-produced with local communities through community based assets and that resources are deployed in a way that supports this approach; (3) a focus on prevention; and (4) that the balance of care and the consumption of all resources moves over time from acute hospitals to community provision.

To achieve these fundamental shifts in approach, the HSCP is committed to the development of the staff who work within the functions delegated to it and to adopt new and partnership-based ways of working with patients, carers and those in other sectors. This will see a fundamental change in culture both in terms of the provision and delivery of services.

Similarly, the Partnership is committed to helping local people become involved and engaged in a way that enables them to articulate the health and social care priorities of their communities and assists them to play an active role in the planning, commissioning and delivery of local services sustaining and developing the wider economic viability of their communities.

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
<p>Establish a forum to engage with employees on the development and improvement of the Partnership.</p>	<p>Chief Officer</p>	<p>01.04.16</p>	<p>h &amp; i</p>

*Working together with you*

<p>Develop, consult and implement a Workforce Strategy and action plan for the Partnership, which will reflect potentially changing service requirements arising from the introduction of :</p> <ul style="list-style-type: none"> <li>• Self- Directed Support.,</li> <li>• Prioritisation and refocusing of services to anticipatory care and prevention</li> <li>• Community resilience</li> </ul>	<p>Senior Management Team</p>	<p>31.03.17</p>	<p>h &amp; i</p>
<p>Develop, consult and publish a full Organisational Development Plan for the Partnership which will seek to:</p> <ul style="list-style-type: none"> <li>• Facilitate a change in culture within the organisation.</li> <li>• Ensure that all staff are supported to change their approach to meet the requirements of Self Directed Support and new roles.</li> <li>• Build on initial strategy and plan outlined in Appendix 9.</li> </ul>	<p>Senior Management Team</p>	<p>31.03.16</p>	<p>h &amp; i</p>

**STRATEGIC OBJECTIVE (J): We will put in place a strategic and operational management system that is focused on continuous improvement, within a clear governance and accountability framework.**

The duty of Best Value in Public Services as outlined by the “Public Finance and Accountability (Scotland) Act”<sup>17</sup> will apply to the Partnership.

The duty is as follows:

- To make arrangements to secure continuous improvement in quality and performance whilst maintaining an appropriate balance between quality, safety and cost, and in making those arrangements and securing financial balance.
- To have regard to economy, efficiency, effectiveness and equal opportunities requirements, and to contribute to the achievement of sustainable development.

There are nine characteristics of Best Value that public service organisations are expected to demonstrate:

- Commitment and Leadership.
- Sound Governance at a Strategic and Operational Level.
- Accountability.
- Sound Management of Resources.
- Responsiveness and Consultation.
- Use of Review and Options Appraisal.
- A Contribution to Sustainable Development.
- Equal Opportunities Arrangements.
- Joint Working.

Compliance with the duty of Best Value is an auditable requirement and subject to external scrutiny. Service reviews will be undertaken to ensure the nine characteristics are fully embedded and will follow national guidance.<sup>18</sup>

<sup>17</sup> Best Value in Public Services – Public Finance and Accountability (Scotland) Act  
<http://www.legislation.gov.uk/asp/2000/1/section/11>

<sup>18</sup> Best Value in Public Services - Guidance for Accountable Officers Scottish Government 2011  
<http://www.scotland.gov.uk/Resource/Doc/347561/0115733.pdf>

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered
Develop, publish and consult on an Asset Management Plan for the HSCP informed by the Council and NHS Boards plans and arrangements	Senior Management Team	30.09.17	i
Use performance information to drive continuous improvement.	Senior Management Team	31.03.17	i
Implement the HQA quality based management system throughout the HSCP to drive continuous improvement and to improve the quality of services.	Senior Management Team	To 31.03.18 subject to annual review	h & i
Develop a long-term financial strategy for the Partnership.	Senior Management Team	31.03.18	i
Plan for capital and revenue recurring expenditure and income on a rolling three-year basis using projections from the parent bodies.	Senior Management Team	01.04.16 & Annually Thereafter	i
Identify strategic and operational risks to the Partnership and develop a plan for effectively mitigating these.	Senior Management Team	01.04.16 Review Annually	h & i
Produce a business continuity/disaster recovery plan for the Partnership.	Senior Management Team	01.04.16 Review Annually	g & i
Develop a protocol/approach for ensuring effective partnership working with other Council and NHS Services.	Senior Management Team	30.09.16	i
Provide an effective and efficient corporate support service for operational services.	Head of Finance/ Head of Strategic Planning and Performance	31.03.17	i

Action	Responsible Officer	Target Date(s)	National Outcomes Delivered (p32/33)
Review service provision during the period to 2020 to reflect changes required as a result of the introduction of <b>Self Directed Support</b> by undertaking appropriate scenario planning, measuring the outcome of the introduction and review the funding model for the provision of social care services.	Heads of Adult Services East and West	31.03.17 & Annually Thereafter	i

**STRATEGIC OBJECTIVE (K): We will underpin our arrangements by putting in place a clear, communication and engagement arrangements involving our staff, users, the public and stakeholders**

Effective involvement and engagement and communication with users, carers and the public and other stakeholder groups will be a key success factor for the HSCP, particularly when seeking to act in accordance with the Integration Principles. The Integration Joint Board will develop and approve a robust Communications and Engagement Strategy and an Initial Plan which will be taken forward and developed further.

Robust communication and engagement methods are required to ensure the effectiveness of locality planning arrangements. The Communications and Engagement Strategy will ensure this is achieved and complies with CEL 4 (2010) informing, engaging and consulting people in developing health and community care services.

A review of public information currently available and how this is communicated, including the use of electronic media, is being planned.

Internally, regular communication with all staff and unions will be essential in terms of securing new approaches to service delivery, including integrated working and the change in organisational and professional culture referred to earlier in this Plan.

An effective working relationship will be encouraged with existing representative groups, such as the Locality Health Care Forums, who will have a central role to play within the eight Locality Planning Groups being established.

Building capacity within local communities to encourage a relationship based on co-production and prevention will be dependent on successful communication,



involvement and engagement. The Communications and Involvement Strategy and Plan will be designed, in part, to support this important work.

As well as advising and being consulted on the content and development of the Partnership's Strategic Plan, the Strategic Planning Group will play a broader consultative and advisory role in policy development. Its membership, which is inclusive of all stakeholder groups, including professionals and independent health contactors, will represent the views of constituent groups within this setting and provide a conduit for the broad communication of information.

<b>Action</b>	<b>Responsible Officer</b>	<b>Target Date(s)</b>	<b>National Outcomes Delivered (p32/33)</b>
Development of Partnership Public Involvement and Engagement Strategy and Implementation plan.	Senior Management Team	30.09.16	c, d, e, f, g, h, i & l
Review of public information and methods of communication. Development of approach to meet Partnership requirements.	Head of Strategic Planning and Performance	30.12.16	i
Review, publish and consult on a revised Involvement and Communications Plan for the Partnership based on the initial Plan produced during the transitional period.	Senior Management Team	30.09.16	h & i