Clackmannanshire and Stirling

Strategic Plan

Consultation & Engagement Report

2016 - 2019

Health and Social Care Partnership

Foreword

Clackmannanshire Council, Stirling Council and NHS Forth Valley have put in place new partnership arrangements to deliver adult health and social care services. This is to improve the health and wellbeing of our residents. We want to ensure that people have healthier, fuller lives and live as independently as possible in their own communities. We will also make best use of all of the resources available to address the agreed priorities for the partnership.

This report provides an overview of the engagement and consultation work which has taken place in partnership over 2014, 2015 and early 2016. This has enable the Strategic Planning Group to develop a three-year plan which sets out how we will deliver services to meet current need but also the needs of the population in the future.

I would like to take this opportunity to thank everyone for their part in this. Particular thanks to everyone who has engaged in the development process to date or provided comment on the draft Strategic Plan as this has enabled us to coproduce our first Strategic Plan for 2016 - 2019.

Shiona Strachan

Chief Officer, Clackmannanshire & Stirling Health and Social Care Partnership

Chair, Clackmannanshire & Stirling Strategic Planning Group

Executive Summary

Participation and engagement is at the heart of health and social care integration and we will not achieve the ambitious aims of integration without working in partnership.

This report provides a summary of the engagement and consultation work which has taken place over 2014, 2015 and early 2016; in terms of the vision & outcomes, Integration Scheme and draft Strategic Plan.

The reports demonstrates broad engagement with a wide variety of stakeholders: approximately 700 people attended over 30 face to face sessions, whilst 56 individuals provided comment on the draft Strategic Plan and 27 sessions provided written group feedback.

We have also identified some lessons learned through this process which we hope will inform further engagement work for the Partnership.

The engagement and consultation work has enabled a number of specific changes to be made to the draft Strategic Plan, such as:

- Clearer descriptions of what the data tells us about current position;
- Adding a "How we will know what we are doing is working" section which will show how we will measure the impact of integration;
- Adding a next steps section which sets out the plan for the coming year.

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1.0 Purpose

The purpose of this document is to report on how the Clackmannanshire & Stirling Health and Social Care Partnership engaged with stakeholders on the Integration Scheme, vision and outcomes, draft Strategic Plan and the outcome of these engagements.

2.0 Background

The Scottish Government defines health and social care integration as “one of Scotland's major programmes of reform. At its heart, health and social care integration is about ensuring that those who use services get the right care and support whatever their needs, at any point in their care journey” (Scottish Government, 2015).

The Public Bodies (Joint Working)(Scotland) Act 2014 sets out what must and may be integrated and how much of this must happen.

With respect to engagement with stakeholders the Integration Authority have a number of responsibilities, in short these are:

- Engagement must be conducted with, at least, the list of prescribed stakeholders, these are:
    - Users of health & social care
    - Carers of users of health & social care
    - Commercial & Non-commercial providers of health & social care
    - Non-commercial providers of social housing
    - Health & social care professionals
    - Staff of the Health Board and local authority who are not health professionals or social care professionals
    - Third sector bodies carrying out activities related to health or social care
- Engage with stakeholders to produce a Strategic Plan
- Develop and implement a participation and engagement strategy
- Ensure stakeholders are enabled to participate

- Services must be planned using the integration planning and delivery principles and in order to do so stakeholders must be engaged in discussions about how services are planned and delivered.

3.0 Definitions

It is important to distinguish what we mean when we talk about communicating, consulting and engaging. In line with the draft Participation and Engagement Strategy currently in development the following definitions are being used.

Communication – Sending out key messages
Consultation – Seeking feedback on a developed proposal
Engagement – Building something together

4.0 Methods

A variety of methods have been employed by the Health and Social Care Partnership over 2014, 2015 and 2016 to ensure the participation of all stakeholders.

To date this has focussed on two stages: engagement around the integration scheme and vision & outcomes and consultation on the draft strategic plan.

- Engagement around the Integration Scheme and Vision and outcomes – These were mostly Face to face conversations were held across 2014 and 2015 in a range of fora, for example:
    - Integration Scheme Meetings – January 15
    - Public Engagement Event – March 15
    - Staff Engagement Events – May / June 15
    - Public Engagement Events – Sept / Oct 15
    - Clackmannanshire Alliance on 4 December 2015
- Consultation on the draft Strategic Plan - Stakeholders could provide their views on the draft Strategic Plan through four main routes

- Completing the online feedback form which was available on the Integration web page here http://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/
- Downloading the form and submitting in writing to the Freepost address below:

  FREEPOST RRLS-JAXC-AZZE

  Clackmannanshire & Stirling Health and Social Care Partnership

  NHS Forth Valley

  Carseview House

  Castle Business Park

  Stirling

  FK9 4SW
- Emailing comments to cs.integration@nhs.net
- Telephoning 01786 434049

- To make resources as accessible as possible the Partnership:
  - Made printed materials available through a variety of locations and forums and on request (for the draft Strategic Plan this included an easy read version);
  - Made documents available through the integration web pages;
  - Communicated with stakeholders through a range of media, including social media
  - Worked with colleagues in Learning Disabilities Services to develop an easy read version of the draft Strategic Plan.

5.0 Engagement around Integration Scheme & Vision and Outcomes

In 2014 and early 2015 a series of conversations were held which focussed on:

- building a vision and outcomes together
- answering staff questions about integration
- hearing comments on the Integration Scheme

In order to hold these sessions a review was conducted of existing Strategic Plans. There are a number of existing Strategic Plans which have been developed and implemented by partners over the last 5 years. Whilst not an exhaustive list these include:

- Local
    - Clackmannanshire Council Single Outcome Agreement (2013 - 2023)
    - Stirling Council Single Outcome Agreement (2013 - 2023)
    - NHS Forth Valley Local Delivery Plan 2014
    - NHS Forth Valley Winter Plan 2014-2015
    - NHS Forth Valley Workforce Plan 2013-2014
    - NHS Forth Valley Integrated Healthcare Strategy 2011 – 2014 / Clinical Services Review
    - Strategic Commissioning Plan for Older People 2013 - 2023
    - FV Falls Fracture Prevention & Bone Health Strategy 2008-2013
    - Priority Based Budgeting
    - Making Clackmannanshire Better
    - Forth Valley Integrated Carers Strategy 2012 - 15
    - Drug and Alcohol Strategy (2015)
- National
    - National Mental Health Strategy
    - National Keys to Life Strategy (Learning Disabilities)
    - National Dementia Strategy

There are a number of similar themes which emerge from the existing Strategic Plans, these can be summarised as:

- Communities are inclusive and feel safer
- Deliver faster access to clinical services
- Frail elderly are supported and cared for in a way that suits them
- People with complex co morbidities are enable and supported
- Area of inequality are identified and minimised
- Learning Disabilities – escape harm, shift culture, alter attitudes and cultures
- Dementia – diagnosis, post diagnosis support, improve hospital care, safe and supportive home environments, and promote best practice in advanced care planning.
- Mental Health – improve access to psychological therapies and more effectively link the work on alcohol and depression and other common mental health problems to improve identification and treatment

These themes were then utilised to form the basis of a workshop format which would engage stakeholders around the existing themes. Appendix I illustrate the outline template used by facilitators.

5.1 Feedback Received

The engagement work was carried out across 2014 and 2015, the detail of these events is summarised in appendix II, however to summarise:

- 23 sessions (including public events) were hosted or attended covering almost 400 people
- 8 staff engagement sessions were hosted covering almost 300 people – a separate report summarising the output from the staff engagement sessions is available on the integration web pages.

As a result of these conversations a number of themes emerged as important to all stakeholders, these were:

1. **Early intervention and prevention. The right care is delivered for me at the right time.**

   "Sam can access the right service at the right time"

"Sam and those who care about her know who to call and talk to if they needed help."

2. Staff are skilled and supported to deliver person-centred and integrated care

"Sam's care is wrapped around his needs, not the other way round."

3. Service Users exercise Choice & Control.

"Sam takes on responsibilities for his care and has fewer unnecessary intrusions in his life"

*Sam is **supported to self-manage**, He has better co-ordinated care, with fewer people involved, consistent faces that he knows, and the frequency of their involvement matched to his needs.*

"Sam has the information to make decisions about what he needs."

*Sam is in control, having **choice and ownership** of his care (e.g. through self-directed support), including **where and when care is provided**.*

4. Service users are supported to self manage and plan care proactively.

"Sam is supported to plan for the future."

Sam has an ***integrated, single, shared care plan***, which is ***regularly reviewed***, and which is also ***anticipatory*** in nature.

"Sam lives a life – not always dealing with a crisis."

Those providing care and support ***proactively identify any change*** in Sam's condition, avoiding the need for a subsequent crisis response.

5. Carers are supported to be partners in delivering care.

"Sam's carer is recognised as a key partner in his care."

Carers are themselves ***well-supported***, their own needs having been assessed and met in a timely manner.

6. There is a focus on Rehabilitation Recovery and Reablement across all services. There are fewer avoidable admissions and discharge planning is effective and efficient.

"Sam does not require unplanned, emergency, hospital care"

If Sam is admitted to hospital; he experiences a ***smooth, safe and timely discharge***

7. Services work together with communities to improve access to services and build capacity – working with third sector, community groups across and within localities. This reduces health inequalities within and across our communities.

"Sam is able to stay at home and participate in community activities"

"Sam has access to additional, targeted information and advice to support him to manage his health care needs"

5.2 Conclusion

The above themes along with suggestions made during engagement sessions were then utilised to build the draft Strategic Plan.

6.0 Consultation on Draft Strategic Plan

6.1 Introduction

Following the extensive engagement program described in section 5 and during the six week period of 18 November until 24 December 2015, the draft Strategic Plan was distributed to stakeholders widely; appendix III has the detail of this distribution. A total of 15 engagement events and meetings were attended where presentations were given and feedback sought.

6.2 Feedback Received

During the six week consultation period of 18 November until 24 December 2015 we received:

- 56 completed questionnaires from individuals
- 11 feedback summaries from specific sessions held on the Strategic Plan
- 17 written feedback summaries from specific organisations
- 37 equalities information questionnaires completed

A detailed breakdown of the information from the sessions and responses made is provided in Appendix 5 and a summary of comments made on the strategic themes and main issues raised is provided below.

6.2.1 – Individual Responses

Tables A and B detail the individual responses received.

Table A – Individual Responses

Number of responses	56			
In relation to Health and Social Care, does this Strategic Plan address the most important issues for you?	**Yes**	37	**No**	13
If no, please give your reasons:	12 people provided further comment			
Have we missed anything else you would like to tell us? If so what?	35 people provided further comment			
Do you have any other comments you wish to make? (required)	43 people provided further comment			
Please use this page for comments not covered within the questionnaire overleaf	11 people provided further comment			

Contact Information	6 people provided their name and contact information – 4 indicated they would be happy to be contacted about the comments they provided.					
Which area do you live in?	**Clackmannanshire**	4	**Stirling**	8	**Blank**	37

Table B – Individual Responses Themes

Theme	Number of comments made[1]
General Comment on Plan	20
Resources (time, capacity, finance)	10
Strategic Commissioning & Delivery	13
Transitions	2
Communication	0
Case for Change / Strategic Needs Assessment	2
Safety	0
Strategic Plan Theme 1. Early Interventions & Prevention	7
Strategic Plan Theme 2. Service users are supported to self manage and plan care proactively	8
Strategic Plan Theme 3. Service users exercise choice and control	4
Strategic Plan Theme 4. Staff are skilled and supported to deliver person centred and integrated care	5
Strategic Plan Theme 5. Carers are recognised and valued as equal partners in the delivery of care	2
Strategic Plan Theme 6. Focus on rehabilitation, recovery and reablement	3
Strategic Plan Theme 7. Services work together with communities to improve access to services and build capacity	7

6.2.2 Session Feedback

Tables C and D detail the session feedback received.

Table C – Session Feedback

Number of sessions	11

Table D – Session Feedback Themes

Theme	Number of comments made[2]
General Comment on Plan	27
Resources (time, capacity, finance)	42
Strategic Commissioning & Delivery	37

[1] Please note this does not relate to the number of individuals commenting but rather the number of comments made, an individual could have made several comments in their response.

[2] Please note this does not relate to the number of individuals commenting but rather the number of comments made, an individual could have made several comments in their response.

Transitions	42
Communication	
Case for Change / Strategic Needs Assessment	
Safety	43
Strategic Plan Theme 1. Early Interventions & Prevention	41
Strategic Plan Theme 2. Service users are supported to self manage and plan care proactively	40
Strategic Plan Theme 3. Service users exercise choice and control	39
Strategic Plan Theme 4. Staff are skilled and supported to deliver person centred and integrated care	41
Strategic Plan Theme 5. Carers are recognised and valued as equal partners in the delivery of care	41
Strategic Plan Theme 6. Focus on rehabilitation, recovery and reablement	44
Strategic Plan Theme 7. Services work together with communities to improve access to services and build capacity	36

6.2.3 Organisation Feedback

Tables E and F detail the organisation responses received.

Table E – Organisation Feedback

Number of organisations	17

Table F – Organisation Feedback Themes

Theme	Number of comments made[3]
General Comment on Plan	13
Resources (time, capacity, finance)	5
Strategic Commissioning & Delivery	9
Transitions	5
Communication	2
Case for Change / Strategic Needs Assessment	5
Safety	2
Strategic Plan Theme 1. Early Interventions & Prevention	5
Strategic Plan Theme 2. Service users are supported to self manage and plan care proactively	7
Strategic Plan Theme 3. Service users exercise choice and control	3
Strategic Plan Theme 4. Staff are skilled and supported to deliver person centred and integrated care	6
Strategic Plan Theme 5. Carers are recognised and valued as equal partners in the delivery of care	5
Strategic Plan Theme 6. Focus on rehabilitation, recovery and reablement	4
Strategic Plan Theme 7. Services work together with communities to improve access to services and build capacity	9

[3] **Please note this does not relate to the number of individuals commenting but rather the number of comments made, an individual could have made several comments in their response.**

6.2.4 Equalities Information

36 people completed an equalities questionnaire and the summary of this information is below in table G.

Table G – Equality Data

Equality Dimension	
Area	26 Respondents lived in Clackmannanshire, 9 in Stirling and 1 in Falkirk.
Individual / Group	30 were responding as individuals, 3 as a group, 1 as an individual and group and 2 were left blank
Stakeholder Group	The majority of respondents were users of services as well as providers of unpaid care
Gender	27 Respondents were female, 6 male and 3 declined to answer.
Ethnic Group	Scottish 17 Polish 14 English 2 British 1 Scottish & English 1
Religion	Church of Scotland 10 Roman Catholic 8 Budhist 1 Church of England 1 Episcoopalean 1 Other Christian 3 None 5
Sexual Orientation	Heterosexual / straight 30 Prefer not to answer / blank 6
Age	The average age of respondents who completed the equalities information was 49, with the oldest being 76 and youngest 19.

6.3 Themes and Issues Raised During the Consultation

The majority of respondents (almost three quarters) and participants in the sessions held to discuss the plan were supportive of the approach outlined. However a significant number of comments were made in terms of suggested additions, improvements or issues that should be addressed in developing the integration agenda. Those who indicated they were not fully supportive almost a quarter) also made a number of comments on what could be included and the issues that they thought should be addressed. The comments are summarised in the following sections:

- General comments on the Plan

- Comments Provided on Strategic Themes
- Other Issues Identified

6.3.1 General Comments on Plan

While the integration plan was supported by the majority of respondents a number of comments were provided both in support, but also highlighted concerns.

Support for integration plan:

- Yes, it is a good idea to have this partnership.
- The easy read version is the most refreshing report I have read in a long time. Plain language, not too long, readable.
- The following was appreciated and identified as working well:
  - Adopting a 'big picture' / high level approach for the Plan
  - Provision of an 'easy-read' version.
  - Wording of the key themes and ambitions (described as 'powerful' by one group member).
  - Clear description of the 'sources' that informed the development of the Plan and the evident alignment of staff and public / service user views (having looked at staff engagement outputs earlier) .
  - Use of case studies and the 'Sam' outputs from staff engagement sessions.
  - Clear, simple and well-used graphics, with emphasis on the service user.
- We should demonstrate good practice by identifying where things work and supporting positive work.
- A good overall ethos for services

Concerns about the Integration Plan:

- This "plan" is all "motherhood and apple pie." We need to know exactly how services will improve and savings will be made.
- What needs to be done in a practical sense to actually achieve the aspirational outcomes set out in the strategic plan?
- The plan does not set out the level of detail that I expected.

- A number of comments were made about the Integration Joint Board including its size, ability to set the strategic direction and hold Executive Officers to account, creation of more administration, and cost associated with creating another public body.
- There appears to be no clear statement in relation to what this means for services / teams and the ways in which services will be delivered. Although the specifics of this may not be clear at this time, for example, perhaps it might be helpful to include a statement to explain that e.g. this will be based on and driven by 'need' and so, the outcome may look different for each team / service .
- Some group members felt that the Plan read as predominantly 'Health'-oriented (e.g.: emphasising a 'medical model' of health on the whole; use of terms such as 'managing health conditions', case studies used etc.).
- The document is colourful and engaging but somewhat weighty.
- Difficult to see the connection as to how this will work and be better
- Whenever I see changes I want to be reassured it is for the better and not just a temporary stop gap.

6.3.2 Comments Provided on Strategic Themes

The comments received on the strategic themes were broadly supportive with a number of comments received. The strategic themes are:

- Strategic theme 1: Early Interventions & Prevention
- Strategic theme 2: Staff are skilled and supported to deliver person-centred and integrated care
- Strategic theme 3: Service Users exercise Choice & Control.
- Strategic theme 4: Service users are supported to self manage and plan care proactively.
- Strategic theme 5: Carers are supported to be partners in delivering care.
- Strategic theme 6: There is a focus on Rehabilitation Recovery and Reablement across all services. There are fewer avoidable admissions and discharge planning is effective and efficient.
- Strategic theme 7: Services work together with communities to improve access to services and build capacity – working with Third Sector, community groups across and within localities. This reduces health inequalities within and across our communities.

A summary of comments is provided under each strategic theme below:

Strategic Plan Theme 1 - Early Interventions & Prevention

The main focus of comments in relation to this theme focussed on the importance of:

- Early intervention and the different options for different groups in addressing preventative health promotion
- The importance of mental health, self esteem and loneliness as well as physical issues
- The importance of food and nutrition and easing access to help and support

Strategic Plan Theme 2 - Service Users are Supported to Self Manage and Plan Care Proactively

A number of comments were made in relation to this theme with a focus on:

- The link to Self Direct Support and how this is currently managed (see theme 3)
- The need for a focus on self management
- Access to a minimum level of help, support monitoring and evaluation
- Access to a coordinator "named person" to manage the complex interface with a range of services
- Development of peer support relationships and initiatives
- The role of education, training and access to information
- A number of comments highlighting good practice or initiatives that could be rolled out
- The role of professionals and the need to adapt to the issues impacting on individuals i.e. "moved beyond the system or conveyor belt approach"

Strategic Plan Theme 3 - Service Users Exercise Choice and Control

A number of comments were made under this theme with a focus on:

- How Self Directed Support is being implemented and changes required
- Access to advocacy and support to help
- Difficulty in accessing serves in rural areas
- Organisation of services can be "confusing and stressful"

Strategic Plan Theme 4 - Staff are Skilled and Supported to Deliver Person Centred and Integrated Care

The comments on this theme covered the following main areas:

- Flexibility of workforce
- Trained and skilled workforce
- Sharing information
- A separate report has been developed following an Organisational Development session held in November which also highlighted a number of implications for the future and highlighted a number of *aspirations for the future for staff and services*. A summary is provided below.
- There is a multidisciplinary agency team approach to meeting service users needs
- Communication between all staff is easier and better with consistent up to date sharing of information (including single shared assessment)
- Team members are clear regarding their own and colleagues roles "which ensures that the right person is doing the right job at the right time"
- Staff describe an aspiration for well managed resources and capacity which will further allow access to special support time with and focussed on the service user
- Staff are more engaged and involved, experiencing lower levels of stress and sickness absence
- Systems are simple and clear, user friendly and easy to navigate. There is improved efficiency and avoids duplication
- Efficient, easy to use, integrated IT systems are in place, which all services can access and update enabling ease of information sharing and more efficient use of staff time

Strategic Plan Theme 5 - Carers are Recognised and Valued as Equal Partners in the Delivery of Care

Comments on this theme covered the following main issues:

- Need to address the needs of all carers irrespective of age and ensure their health needs are met
- Providing support to carers that recognises their individual requirements and needs of the person they are caring for

- Specific needs of carers in difficult circumstances, parenting , gender, end of life care and beyond etc
- The issue of “Kinship Carers” and the role of grandparents etc
- Need to recognise the role of unpaid carers as being equals at all levels to the integration process from planning to delivering supportive care.

Strategic Plan Theme 6 - Focus on Rehabilitation, Recovery and Reablement

Majority of focus of comments was on role of Third Sector, gaps in relation to housing and aids and adaptations, “red tape and bureaucracy” and gaps in rural areas.

Strategic Plan Theme 7 - Services Work Together With Communities to Improve Access to Services and Build Capacity

- Rurality and access to services and support and need to develop a rural plan / strategy
- Transport and access to acute and other services
- Disability not barrier to services
- Cross boundary working between services especially when accessing services in other NHS Board areas or getting repatriated from service
- Equality of access to services
- Supporting communities in relation to developing service provision.

6.3.3 Other issues indentified

Role of Third Sector in relation to working as equal partners, delivery of services for example mental health, housing, acting as a single point of contact and collocation.

Resources which covered following:

- The lack of information in plan, difficulty in accessing affordability having a negative impact
- Capacity issues around availability of staff and ability to meet rising demand.
- Time in relation to short term funding of projects

Strategic Community and Operational Actions covering the following areas:

- Discussion on how services are commissioned and impact on families for example travelling to services out with the Forth Valley area
- Delivery of services and how this will be achieved including clients views, effectiveness and impact
- Issues around what will happen to services not mentioned in the plan for example Maggie's Centre, technology Enabled Care, use of premises such as GP Practices
- Discussion about services in relation to aids and adaptations, housing
- Impact on staff terms and conditions including statutory, voluntary and independent sector providers
- The role of effective use of volunteers

Transitions between Services which focussed on:

- Transferring of services for children and young people to adult and recognising impact of childhood trauma on adults and the need for adult care services
- Between services for adults for example discharge from hospital to community housed services that are more effective and reduce distress
- Identifying examples of good practice and rally them out across the system
- Raising awareness of what is available and improving collaboration between professional and developing skills through building on learning

Communication was highlighted as being important, including:

- With the client being supported at all stages and being honest at what can be achieved
- Sharing information identified as being important
- Better communication strategy between services including housing, social work and health

Case for Change mainly related to specific issues around formatting, exclusions and presentation
Technology Enabled Care was highlighted as an omission from the strategic plan with examples given around information systems, role in future service provision and overcoming barriers to deliver care

Monitoring Improvements / Outcomes was a theme where a number of comments were made primarily in relation to:

- Clarification around links between national and local outcomes identified in the plan – the value of local outcomes vs national
- A number of comments on "how will we know" if it has worked
- Should be a focus on improving outcomes for the individual
- Are the outcomes as described too idealistic given the financial situation and increasing levels of activity

6.4 Impact of Consultation

There are a number of issues raised within the comments made on the Draft Integration Plan that are more applicable to some of the mechanisms that are being developed in relation to the delivering the integration agenda for example Locality Planning, Stakeholder Engagement Plan or the Organisation Development Plan. The detailed comments will be given to groups taking these processes forward.

Table H below summarises what action has been taken so far as a result of comments made.

Table H – Action taken so far

You Said the following were important....	Action Taken
It was important to acknowledge the role of unpaid carers in supporting individuals to live well in communities	We have amended some of the SAM journeys to reflect this
It was important to consider safety when supporting individuals to live well in communities	We have added safety to Janet and Mr Brown case studies
Say more about what this would mean for the people of Clackmannanshire and Stirling as well as staff working in the Partnership.	Added some more information about Commissioning Services.
Be clearer about what the charts and tables of data in the case for change are saying	Amended these to be clearer and added statements around what the charts or tables are telling us.
To refer to other conditions in the case for change such as cancer, mental health, neurological conditions, drug and alcohol use.	Added a statement that describes the Strategic Need Assessment which has been developed and will be published on the Integration web page, which holds more detail than can be provided in the Strategic Plan.
Include the number of households where an older adult or couple has moved in with their family.	Unfortunately we are unable to do this as the Scottish CENSUS (data this table is created from) does not collate this information in their fixed responses.

Describe how people will be involved in the new Partnership	Added a paragraph describing the work being taking forward around Participation and Engagement.
How will we know that what we are doing is working	Added a paragraph to provide information on performance framework development.
What will happen next	We have added a next steps section which outlines some of the further work required.

7.0 Summary & Conclusions

7.1 Summary

Through the extensive engagement and consultation work carried out in the Partnership over the last 18 months we have been able to build a Strategic Plan together which speaks to what is important to all stakeholders going forward.

7.2 Lessons Learned

In any consultation exercise it is important to reflect on what went well and could be done again, what could have been better and any new ideas to be considered for the next consultation exercise. The Strategic Plan working Group has considered this and believes that there are a few items to consider:

Table I: Lessons Learned

What went well?	• Engagement with the consultation has been encouraging and future engagement work would seek to capitalise on this work. • Partnership working with third sector organisations, third sector interfaces and local communities to support the engagement and consultation processes. • Distribution of the plan through existing networks
What could have been better?	• Time constraints meant the consultation period was shorter than the Partnership would have preferred and in the next cycle of Strategic Plan development for 2020 – 2023 the Partnership will begin engagement for development work earlier. • The consultation questionnaire posed very open questions, whilst this was by design as wanted to ensure as open a dialogue as possible this made coding and categorising responses challenging.
Ideas to consider for next consultation?	• Use of a smart phone app to support distribution of information • Making Strategic Plan available in html mode online to support accessibility

7.3 Participation and Engagement

Building on the extensive engagement we have taken forward during 2014/2015 we are in the process of developing a Participation and Engagement Strategy which will set out key principles for participation and engagement with all stakeholders. A key element of this will be the development of Locality Planning which sets out how we will ensure the engagement of local communities in the delivery of future plans and services.

8.0 References

Scottish Government (2015), Integration of Heath and Social Care [Online]. Available at http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration (6 January 2016)

Scotland. Scottish Parliament. Scottish Parliament (2014) *Public Bodies (Joint Working)(Scotland) Act*. Place of publication, The Stationary Office (2014 asp9).

9.0 Appendices

Appendix 1 – Strategic Themes – Workshop Template

Priority	Meaning	What might that look like?
Preventative and proactive supports in the community	• Community capacity building • Capability and resilience of communities • Keeping people "well"	• Improving public health through increased use of use of a variety of approaches, such as: smoking cessation clinics; walking groups; • Maximise the potential of the Key Information Summary (KIS) and improve the focus on Anticipatory Care Planning (ACP) • Improved signposting and navigation – Bo'Ness Project, NHS Inform, Living It Up • Improved working with the Third Sector • Expansion of social prescribing models including direct access to low intensity psychological therapies and health literacy. • Increase access to low level psychological support • Influencing public transport plans, not only to support access but as a key component in an asset based approach to health and wellbeing.
Care is provided as close to home as possible	• Providing care in the right place for individuals	• Reducing delayed discharges so that people are receiving the right care in the right place • Reduce reliance on institutional care as final destination (e.g. number of Care Home places purchased) • Reducing presenting demand at A&E • Stirling Care Village transitional Care Hub Model as a key enabler
Support for unpaid carers		• Involving carers in care planning and decisions about the people they care for
Redesign of high cost services	• Shifting the balance of care	• Providing more care at home and in the community • Reverse increase in numbers of Emergency Admissions to hospital • Increase number of patients "Discharged to assess" (reduce occupied bed days in FVRH for people ready to move on to next stage of care) • Stirling Care Village transitional Care Hub Model as a key enabler
Help people to help themselves	• Enablement • Self Management • Providing care at the right time for individuals	• Involving unpaid carers in care giving • Technology enabled care supporting people and their families • Increase availability of 24/7 services • Improving Care Processes between Health and Social Care. This would include single

	• Short term, recovery based services	• Stirling Care Village transitional Care Hub Model as a key enabler
Tackling & reducing inequalities	• Links to redesign • Targeting provision of commissioned services where there is the greatest need	• Targeting commissioned services by building in targeting in communities which experience inequality, e.g. Those living in areas of inequality are provided with free access whilst others would pay a contribution
Effective support at times of transition	• Dignity and respect • Seamless / integrated care • Efficient processes for moving from one level/type of service to another • Providing the right service at the right time	• Improving infrastructure to support better communication and a more streamlined care process between Health and Social Work. • Stirling Care Village transitional Care Hub Model as a key enabler
Protecting the most vulnerable people	• Adults with Incapacity • Adult Support and Protection • Mental Health Act	• Expansion of Anticipatory Care Models, intermediate care and rehabilitation at home and wider availability of community services 24/7. Linked with these is a priority to build capacity for some key services including District Nursing, AHPs, and Community Mental Health Services. • Continued focus on tackling health inequalities and maintaining support to people who require significant support to address substance or lifelong serious mental health problems

Appendix 2 – Summary of Engagement Conversations

Integration Scheme & Integration Sessions

Opportunity	Date	Lead	Status	Number of People	Health professionals	Users of health care	Carers of users of health care	Commercial providers of health care	Non-commercial providers of health care	Social care professionals	Users of social care	Carers of users of social care	Commercial providers of social care	Non-commercial providers of social care	Staff of the Health Board and local authority who are not health professionals or social care professionals	Non-commercial providers of social housing	Third sector bodies carrying out activities related to health or social care
Joint Management Team	28/11/14	Lesley Fulford	Complete	10	X					X							X
Clacks CHP Sub Committee	02/12/14	Lesley Fulford	Complete	15	X	X	X			X	X	X					X
Reshaping Care Strategy Group	08/12/14	Lesley Fulford	Complete	15	X		X			X		X					X
Stirling CHP Sub Committee	13/01/15	Lesley Fulford	Complete	5	X	X	X			X	X	X					X
Area Clinical Forum	15/01/15	Lesley Fulford	Complete	25	X					X							
Mental Health Services Users & Carers	21/01/15	Helena Scott	Complete	25		X	X										
Carers Community House Coffee morning	12/01/15	Ian McCourt	Complete	10			X										
Stirling Carers Centre Carers Voice Meeting	29/01/15	May Kirkwood	Complete	20			X					X					
Area Medical Committee	03/02/15	Scott Williams	Complete	10	X												
Older Peoples Reference Group	04/02/15	Lesley Fulford	Complete	16			X					X					
Third sector session	11/02/15	Alasdair Tollemach	Complete	20													X
LD AHP Team Leads	16/02/15	Sheila Wason	Complete	5	X												
Charge Nurse / CPN Forum	26/02/15	Ross Cheape	Complete	10	X												
Staff Session	06/02/15	Chris Sutton / Lesley Fulford / Divya Prakash	Complete	10	X					X							

Staff Session	09/02/15	Chris Sutton / Lesley Fulford / Divya Prakash	Complete	10	X					X							
Staff Session	11/02/15	Chris Sutton / Lesley Fulford / Divya Prakash	Complete	10	X					X							
Public Meetings Rural Stirling Stirling City Clackmannanshire	07/03/15	Chris Sutton / Lesley Fulford	Complete	30		X	X				X	X					

Public Events

Opportunity	**Date**	**Lead**	**Status**	Number of People	Health professionals	Users of health care	Carers of users of health care	Commercial providers of health care	Non-commercial providers of health care	Social care professionals	Users of social care	Carers of users of social care	Commercial providers of social care	Non-commercial providers of social care	Staff of the Health Board and local authority who are not health professionals or social care professionals	Non-commercial providers of social housing	Third sector bodies carrying out activities related to health or social care
Stirling City	30/09/15	Shiona Strachan	Complete	35	X	X	X			X	X	X					
Kilearn Village	01/10/15	Shiona Strachan	Complete	15	X	X	X			X	X	X					
Alloa	07/10/15	Shiona Strachan	Complete	25	X	X	X			X	X	X					

Staff Events

Opportunity	Date	Status	Number of People	Health professionals	Users of health care	Carers of users of health care	Commercial providers of health care	Non-commercial providers of health care	Social care professionals	Users of social care	Carers of users of social care	Commercial providers of social care	Non-commercial providers of social care	Staff of the Health Board and local authority who are not health professionals or social care professionals	Non-commercial providers of social housing	Third sector bodies carrying out activities related to health or social care
Town Hall, Alloa	26/05/15	Complete	9	X					x					x		
Killearn Village Hall	29/05/15	Complete	13	X					x			x	x	x	x	x
Lesser Albert Hall, Stirling	02/06/15	Complete	34	X					x			x	x	x	x	x
Town Hall, Alloa	03/06/15	Complete	23	X					x			x	x	x	x	x
Sauchie Hall, Alloa	08/06/15	Complete	49	X					x			x	x	x	x	x
Old Viewforth, Stirling	09/06/15	Complete	34	X					x			x	x	x	x	x
Stirling Community Hospital	22/06/15	Complete	27	X					x			x	x	x	x	x
Town Hall, Alloa	29/06/15	Complete	35	X					x			x	x	x	x	x

Appendix 3 – Summary of draft Strategic Plan distribution

Forum	Detail
Opticians	
Dentists	
Pharmacy	
Leisure Centres	The Peak Leisure Bowl Alloa
Rent Offices	• Aberfoyle Local Office Main Street, Aberfoyle, FK8 3UQ • Balfron Local Office 32 Buchanan Street, Balfron, G63 0TR • Bannockburn Library and Council Office Tel: (01786) 237870 (01786) 237870 • Callander Local Office South Church Street, Callander, FK17 8BN • Cornton Local Surgery Tel: 01786 451136 01786 451136 Cornton Community Centre Johnston Avenue, FK9 5BW • Cowie Local Office Old Schoolhouse Main Street, Cowie, FK7 7BL • Customer First Local Office Tel: 0845 277 7000 0845 277 7000 5 Port Street,

	Stirling, FK8 2EJ • Dunblane Local Office Burgh Chambers, The Cross • Fallin Local Office, 6-8 The Square, Fallin Tel: (01786) 814018 (01786) 814018 • Killin Local Office 8 Lyon Villas, Lyon Road, Killin, FK21 8TF • Raploch Local Surgery Tel: 01786 272306 01786 272306 Raploch Community Campus Drip Road, FK8 1RD **Alloa - 8 Bank Street** **Alva Community Access Point, 153 West Stirling Street, Alva** **Clackmannan Community Access Point, Main Street, Clackmannan** **Dollar Community Access Point, Dollar Civic Centre, Dollar** **Menstrie Community Access Point, Dumyat Centre, Dollar** **Sauchie Community Access Point, Main Street, Sauchie** **Ben Cleuch Centre, Park Street, Tillicoultry** **Tullibody Rent Office, Tron Court, Tullibody**
Health Buildings	FVRH Clackmannanshire Community Health Centre Stirling Community Hospital
Supermarkets	
Community Centres	
Local Resilience Partnerships	
GP's	
Libraries	
Council Buildings	Old Viewforth Kilncraigs Ludgate Riverbank

	Municipal Buildings Teith Allan Water Endrick
Sensory Centre	
Public Partnership Forum's	
Patient Public Panels	
CHP Sub Committees?	
Older Peoples Reference Group	
Older Peoples Forum	
Community Councils	
Carers Centres	Stirling Carers Centre Clackmannanshire
Hospice	
Scottish Health Council	
Third Sector Interface and Sector through engagement officers	Clackmannanshire Stirling
Professional Advisory Committees	Allied Health Professionals Area Clinical Forum Area Medical Forum General Practice (GP) Sub Committee Area Nursing and Midwifery Advisory Committee (ANMAC) Area Optical Committee
SMT & CMT	
CPPs	Stirling Alliance
Locality Coordinators	
Housing Associations	Via Housing Departments
CSREC	
MSPs	
Board Members	
Councillors - Stirling	
Councillors - Clacks	
Community Councils	

Adult Care Providers	
Stirling University	
Forth Valley College	
Managed Clinical Networks	
Public Consultation List	
Managers	For dissemination through networks and to relevant groups.
Integration Joint Board Members	
Strategic Planning Group Members	
Fair For All Committee	
Reshaping Care Strategy Group	
Keep Well	
Living It Up	
Clackmannanshire Healthier Lives	
Scottish Ambulance Service	
Fire Service	
Police Scotland	
Independent Care Homes	
Disability Access Groups	
Tenants and residents Association	

Appendix 4 – Strategic Plan Specific Consultation Sessions

Opportunity	**Date**	**Lead**	**Status**	*Number of People*	Health professionals	Users of health care	Carers of users of health care	Commercial providers of health care	Non-commercial providers of health care	Social care professionals	Users of social care	Carers of users of social care	Commercial providers of social care	Non-commercial providers of social care	Staff of the Health Board and local authority who are not health professionals or social care professionals	Non-commercial providers of social housing	Third sector bodies carrying out activities related to health or social care
Clacks PPF Coordinating Group	03/11/15	Robert Stevenson / Chris Sutton	Complete	4		x	x				x	x					
Reshaping Care Strategy Group	26/11/15	Lesley Fulford	Complete	10	x				x	x				x	x		x
Stirling PPF Coordinating Group	11/11/15	Robert Stevenson / Chris Sutton	Complete	4		x	x				x	x					
AHP Professional Advisory Committee	11/11/15	Lesley Fulford	Complete	10	x												
Stirling Carers Voice	12/11/15	Shiona Strachan / Lesley Fulford	Complete	18			X					X					
GP Sub Committee	17/11/15	Shiona Strachan	Complete	18	x												
Stirling PPF	18/11/15	Robert Stevenson / Chris Sutton / Lesley Fulford	Complete	35		x	x				x	x					
Joint Management Team	19/11/15	Shiona Strachan	Complete	15	x					x					x		x

Opportunity	**Date**	**Lead**	**Status**	*Number of People*	Health professionals	Users of health care	Carers of users of health care	Commercial providers of health care	Non-commercial providers of health care	Social care professionals	Users of social care	Carers of users of social care	Commercial providers of social care	Non-commercial providers of social care	Staff of the Health Board and local authority who are not health professionals or social care professionals	Non-commercial providers of social housing	Third sector bodies carrying out activities related to health or social care
Clackmannanshire Carers Forum	25/11/15	Lesley Fulford	Complete	15		x	x				x	x					
Clackmannanshire Alliance	4/12/15	Shiona Strachan	Complete		x	x	x		x	x	x	x		x	x	x	x
Stirling Community Planning Partnership	7/12/15	Shiona Strachan	Complete		x	x	x		x	x	x	x		x	x	x	x
NHS Forth Valley Health Board		Shiona Strachan	Complete		x										x		
Stirling Elected Members Briefing Session	15/12/15	Shiona Strachan	Complete												x		
NHS Forth Valley Corporate Management Team	17/12/15	Shiona Strachan	Complete		x										x		
Clackmannanshire Council		Shiona Strachan	Complete		x										x		
SVE Session			Complete						x					x			
cTSI Session			Complete						x					x			