Falkirk Health and Social Care Partnership

A meeting of the **Integration Joint Board** will be held in the **Committee Suite, Municipal Building,** on **Friday 3 February 2017 at 9.30 am.**

26 January 2017

BUSINESS

1.	**Apologies**		
2.	**Declarations of Interest**		
3.	**Minutes**		
i)	Minute of Meeting of the Integration Joint Board held on 2 December 2016	**(Pages 3 to 10)**	For Decision
ii)	Minute of Meeting of Joint Staff Forum	**(Pages 11 to 14)**	For Noting
4.	**Membership of the Integration Joint Board**		For Decision
	Report by the Chief Officer	**(Pages 15 to 17)**	
5.	**Chief Officer Report**		For Decision
	Report by the Chief Officer	**(Pages 18 to 61)**	
6.	**Integration Joint Board Financial Report**		For Decision
	Report by the Chief Finance Officer	**(Pages 62 to 77)**	
7.	**Partnership Funding**		For Decision
	Report by the Chief Officer	**(Pages 78 to 86)**	
8.	**Performance Report**		For Noting
	Report by the Head of Performance and Governance, NHS Forth Valley	**(Pages 87 to 109)**	
9.	**Homecare and Community Care Contract**		For Decision
	Report by the Head of Procurement and Housing Property, Falkirk Council.	**(Pages 110 to 117)**	
10.	**Social Work Complaints Procedure**		For Decision
	Report by the Chief Officer	**(Pages 118 to 121)**	

11. Moving from Analogue to Digital Technology For Decision

Report by the Head of Adult Social Work Services

(Pages 122 to 129)

12. Self Directed Support Implementation – Progress Update For Decision

Report by the Head of Social Work Adult Services, Falkirk Council

(Pages 130 to 135)

13. Strategic Outcomes & Local Delivery Plan, 2016 – 2020 For Noting

Report by the Chief Officer **(Pages 136 to 150)**

(Contact for further information – Jack Frawley, Committee Services Officer,

Telephone Number: 01324 506116)

AGENDA ITEM

3

Draft

FALKIRK INTEGRATION JOINT BOARD

Minute of Meeting of the Falkirk Integration Joint Board held in the Municipal Buildings, Falkirk on Friday 2 December 2016 at 9.30am.

Voting Members:	Allyson Black (Chairperson) Dennis Goldie Linda Gow James King (Vice-Chairperson) Alex Linkston Julia Swan
Non-voting Members:	Patricia Cassidy, Chief Officer Claire Crossan, Carer Representative Leslie Cruickshank, GP Medical Representative Karen Herbert, Third Sector Interface Tracey Gillies, Medical Representative Jane Grant, Chief Executive, NHS Forth Valley Sara Lacey, Chief Social Work Officer (substitute) Ewan Murray, Chief Finance Officer Martin Murray, Service User Representative Mary Pitcaithly, Chief Executive, Falkirk Council Angela Wallace, Nursing Representative
Officers:	Elspeth Campbell, Head of Communications, NHS Forth Valley Fiona Campbell, Head of Policy, Technology and Improvement, Falkirk Council Jack Frawley, Committee Services Officer, Falkirk Council Lesley Macarthur, Integrated Care Fund Co-ordinator, Falkirk Council Joe McElholm, Head of Social Work Adult Services, Falkirk Council Colin Moodie, Depute Chief Governance Officer, Falkirk Council Kathy O'Neill, Community Services Directorate – General Manager, NHS Forth Valley Elaine Vanhegan, Head of Performance & Governance, NHS Forth Valley

IJB62. Apologies

Apologies were received on behalf of Tom Hart, Kathy McCarroll and Angela Price.

IJB63. Declarations of Interest

There were no declarations of interest.

Martin Murray entered the meeting during consideration of the previous item.

IJB64. Minutes

Decision

(1) The minute of meeting of the Integration Joint Board held on 7 October 2016 was approved, and

(2) The minute of the special meeting of the Integration Joint Board held on 18 November 2016 was approved.

IJB65. Chief Officer Report

The Integration Joint Board considered a report by the Chief Officer which provided an update on the most recent developments within the Falkirk Health & Social Care Partnership. In terms of a whole system approach information was provided on the local delivery plan, capacity modelling, frailty model, and discharge to assess. The report also provided information on delayed discharge levels, Falkirk's integrated workforce plan and Audit Scotland publications. Patricia Cassidy provided an overview of the report.

Members discussed recruitment to the post of Chief Finance Officer (CFO) highlighting that this was a business critical post and had been the subject of discussion for too long. It was raised that the post could be advertised on a full time basis and then, for the right person, could be offered on a part time basis. Mary Pitcaithly stated that the advert could be clear that the post was open to full and part time applicants. She highlighted that this approach was not unusual and that the best candidate whether full or part time could then be appointed.

The Board asked why there had been a delay in recruitment to the post. Mary Pitcaithly advised that discussion had been ongoing regarding recruitment and that the funding of the post needed to be clear as the Stirling & Clackmannanshire partnership had indicated their preference for a full time CFO. This presented additional costs to the Health Board who would incur shared costs for each partnership. There were also concerns about recruiting a suitably skilled and experienced individual as there was scope for the post to provide additional support on work with the change agenda. Members commented on the risks that were associated with the uncertainty regarding this post.

Some members expressed concern about the implication on resources of a full time post, noting that resources should be targeted to frontline services. Members asked what approach was being taken in other partnerships where the Health Board covered more than one area. Patricia Cassidy advised that there was a mixture of approaches. In Lanarkshire there was a

shared CFO post while within the Greater Glasgow and Clyde Health Board the East Renfrewshire partnership had its own full time CFO. She advised that finance continues to feature as a high risk for the IJB. Under the current part time arrangement the CFO was mainly writing or IJB reporting and did not have capacity for the wider strategic planning and development of alternative service models. She stated that the Falkirk partnership had the slimmest management structure nationally and that this created risk for the IJB. A report on support services would be presented to a future meeting of the Board.

The board asked if the implementation of discharge to assess would assist with delayed discharges which were related to guardianship issues. Patricia Cassidy stated that there have been discussions on how best to deal with guardianship issues. There had been a suggestion that having a mental health officer in the emergency department would help to start discussions about guardianship from an early stage. She was also looking at what approach other partnerships were taking. Tracey Gillies stated that it was important to establish discharge to assess and get more straightforward cases moving through before delving into the more complicated situations.

Members stated that there was a need for increased pace on the introduction of measures to address delayed discharge issues. Further, members sought information on a business case relating to the CFO post. If there was a clear business case for full time then all members would support that. The need for evidencing significant spend was highlighted. Patricia Cassidy stated that she was unaware of an outstanding request for a business case but that she would be happy to provide one. This would not be available until the February Board and would further delay recruitment to the post.

The Board agreed to a short adjournment at 10.15am and reconvened at 10.30am with all members present as per the sederunt.

Members noted that the post would be funded 50/50 by the constituent organisations and that the job description would be subject to further discussion between the Chief Executives and Chief Officer.

Decision

The Integration Joint Board:-

(1) noted the continued progress being made within available resources;

(2) remitted the Chief Officer, in conjunction with relevant officers, to bring forward a report to the February Board on the transfer of operational management for "in-scope" health services and the appropriate delegation of authority;

(3) remitted the Leadership Team to review the Audit Scotland report and bring back a further report to the IJB in February 2017;

(4) agreed that recruitment to the post of Chief Finance Officer would progress with a flexible advertisement allowing candidates to seek either full or part time hours, and

(5) agreed that the job description for the Chief Finance Officer would be finalised by the Chief Officer in conjunction with the Chief Executives of Falkirk Council and NHS Forth Valley.

IJB66. Integration Joint Board Financial Report and Budget Recovery Plan Update

The Integration Joint Board considered a report by the Chief Finance Officer which provided an overview of the financial position of the partnership.

Members sought assurance that work was still being directed at trying to reduce the projected overspend. Patricia Cassidy stated that there were a number of initiatives underway and that she was working closely with colleagues in Social Work Adult Services. Ewan Murray advised that there had been growth in demand for care at home services and that negotiation was ongoing with residential home, nursing home and care at home providers. Joe McElholm stated that there were programmes underway to manage the overspend and deliver savings including more reviews of existing care packages to reduce operational costs.

Decision

The Integration Joint Board noted:-

(1) the financial position of a reported overspend of £1.007m for the 7 month period ended 31 October 2016;

(2) the reduction in the current projected overspend for the year to 31 March 2017 from £1.114m, as reported to the October IJB, to £0.872m;

(3) the anticipated use of Integration Funding to cover the projected Adult Social Care Services overspend;

(4) the current position on savings programmes and other updates detailed in section 5 of the report, and

(5) the current position on Value Added Tax and IJBs per section 7 of the report.

IJB67. Partnership Funding

The Integration Joint Board considered a report by the Chief Officer which provided the following information in relation to Partnership Funding; Integrated Care and Delayed Discharge Funds:-

- Detail regarding the development of a framework to enable the IJB to appropriately commission and thereafter scrutinise services to Third Sector organisations, compliant with 'Following the Public Pound' guidance;

- Conclusions and recommendations arising from initial evaluations of specific initiatives: Closer to Home, Rapid Access Frailty Clinic and

Discharge Hub, within the context of the whole system approach, detailed within Appendix 2 to the report;

- A six monthly performance review of all Partnership Funded initiatives in line with mandatory 'Following the Public Pound' requirements, along with recommendations for continuation of funding for initiatives funded until 31 March 2017, detailed within Appendix 4 to the report, and

- Funding recommendations for new proposals reviewed in accordance with the agreed Partnership Funding Governance process, detailed within Appendix 4 to the report.

Ewan Murray provided an overview of the report.

The board highlighted that further debate at a senior level was required on the use of Health Care Assistants to support care at home packages and on how to develop the best pathway model relating to the Rapid Access Frailty Clinic. Members also considered the costs relating to Advice Line For You and commented that they welcomed that a revised business case would be submitted. There was further discussion on how to get these standalone projects joined up and working in a more integrated fashion so that it was clearer to service users, families and staff when to use which service.

Members asked if there were any new projects under consideration. Lesley Macarthur advised that there were six potential new partners which would hopefully be presented to the February meeting of the Board. The initial interest had been high but concerns about sustainability had discouraged some partners.

Decision

The Integration Joint Board:-

(1) agreed that the framework for commissioning Third Sector organisations in compliance to 'Following the Public Pound' is presented to the IJB in February 2017;

(2) noted the six monthly performance report for all Partnership Funded initiatives;

(3) approved continuation of funding for initiatives with a current end date of 31 march 2017, as detailed in appendix 3 to the report;

(4) remitted further work to be undertaken with all initiatives to ensure that performance information gathered is adequate and articulates impact, and

(5) approved allocations of Partnership Funding for new initiatives as presented in appendix 4 to the report.

IJB68. Eligibility Criteria and Resource Allocation Framework

The Integration Joint Board considered a report by the Head of Social Work Adult Services which sought approval to consult with stakeholders on a draft revised Eligibility Criteria Framework. The report also sought approval for the development of a revised Resource Allocation System. The draft eligibility framework policy was appended to the report.

The board asked about the consultation process and if the third sector would be involved. Joe McElholm advised that consultation would be carried out with the independent sector, third sector, service users and potential service users.

In relation to self directed support (SDS) members commented on the impact on personalisation of service and the need for the Service to manage the budget well. They asked if there would be regular updates on the impact of the policy provided to the Board. Joe McElholm stated that it was up to the Board to determine its reporting cycle but that regular reports on SDS would incorporate information on the impact. Patricia Cassidy advised that this work was a key part of the partnership's delivery plan.

The board discussed the hesitancy of some service users to engage with SDS due to the responsibility of becoming an employer. The Board also discussed that there had been cases where an individual's indicative budget and their actual level of support had been significant different. Discussion also included a consideration of the role of traditional supports such as day centres and their value to some service users. Joe McElholm stated that the Service aimed for accuracy when providing indicative budgets and were clear to service users that the figures provided were indicative only. There was well established support for people considering using SDS including that provided by the Independent Living Association. Compared to other areas he acknowledged that Falkirk had low levels of direct payments and highlighted that this was a significant cultural change for service users and staff.

Decision

The Integration Joint Board:-

(1) agreed to consult on the draft revised Eligibility Criteria Framework;

(2) approved the development of a revised Resource Allocation System to complement a revised eligibility framework for implementation from April 2017, and

(3) requested a report to consider progress on the above actions to a future meeting of the Board.

IJB69. NHS Forth Valley Winter Plan 2016/17

The Integration Joint Board considered a report by the Director of Public Health and Planning which outlined the content of the Winter Plan 2016/17, key milestones and progress against the key actions. The NHS Forth Valley Winter Plan 2016/17 was appended to the report. Tracey Gillies provided an overview of the report.

Decision

The Integration Joint Board noted the report.

IJB70. Care and Clinical Governance Group

The Integration Joint Board considered a report by the Medical Director providing an update on the first meeting of the Care & Clinical Governance meeting. The report set out a summary of the key discussion points from the meeting. Tracey Gillies provided an overview of the report. She advised the board that if they wished to have any particular topics discussed at the group these should be intimated to Joe McElholm or herself.

Members discussed the topic of drug related deaths and the rise in deaths relating to specific medications. Tracey Gillies highlighted the situation regarding one particular drug which was being increasingly prescribed while rising as a street drug of currency. Prescribing patterns and levels of street use were monitored.

Decision

The Integration Joint Board noted:-

(1) the discussion of the Care & Clinical Governance Group, and

(2) that for subsequent meetings the minute of the meeting will be included as an appendix to the report.

IJB71. Development of Visual Identity

The Integration Joint Board considered a report by the Communications & Participation Manager, Falkirk Council which provided the outcome of the development process for a consistent visual identity for the Falkirk Partnership. The process included development of a clear brief and consultation with stakeholders. Examples of the recommended style for the partnership's visual identity were appended to the report. Elspeth Campbell provided an overview of the report.

Decision

The Integration Joint Board agreed that the preferred visual identity should be adopted.

Draft minute of the Joint Staff Forum held on Friday 15 July 2016 in the Council Chambers, Clackmannanshire Council, Kilncraigs, Alloa.

Present:
Shiona Strachan, Chief Officer, (SS) (Chair)
Patricia Cassidy, Chief Officer (PC)
Pam Robertson, Unison, (PR)
Lindsey Orr, RCN, NHS Forth Valley (LR)
Kevin Robertson, Unite, Falkirk Council (KR)
Tom Hart, Unison, NHS Forth Valley (TH)
Robert Clark, Unison, NHS Forth Valley (RC)
Chris Alliston, HR Clackmannanshire Council (CA)
Abigail Robertson, Unison, Stirling Council (AR)
Helen Kelly, HR NHS Forth Valley (HK)
Sandra Burt, Unison, Falkirk Council (SB)
Stuart McGregor, HR, Stirling Council (SMcG)
Marlyn Gardner, CSD, NHS Forth Valley (MG)
Sharon Ricketts, HR, Falkirk Council (SR)
Chris Sutton, Social Services, Clackmannanshire Council
Divya Prakash, OD, NHS Forth Valley (DP)

1. **Welcome and Introductions**

SS welcomed Divya Prakash, Organisational Development Advisor to the meeting.

2. **Apologies for absence**

Apologies for absence were intimated from, Karen Algie, Kristine Johnston, Morag McLaren, Kathy O'Neill, Val De Souza and Lorraine Thomson

3. **Note of previous meeting – 15 May 2016**
The Joint Staff Forum approved the note of the meeting held on 25 May 2016 as a correct record.

Action Log The actions detailed on the action log were as follows:-

1. **Workstreams**
Papers for both IJBs to be sent to PR - Completed

Communication Presentation – due to annual leave of key presenters the communication and engagement presentation by Elsbeth Campbell and Chris Sutton to be carried forward to the next meeting

2. **Workstream Task Grid** – action completed

3. **Ethical Charter** – moved to forward planned items Action HK

4. **Staff Engagement and Experience Presentation**

SS confirmed this item was agreed as an important issue for the JSF

DP delivered a presentation on Staff Engagement and Staff Experience and led a robust discussion on these issues such as:-

- the traits of an engaged integrated workforce
- actions to engage our workforces,
- hard to reach sections of our workforces

The JSF reflected on the complex environment across the four employers and the need to avoid information overload.

As a result it was agreed both managers and TU/Staff Side Representatives would identify examples of good practice and tools used to measure staff experience through their networks in advance of the next meeting. These examples to be shared with the JSF with a view to working to agree a preferred staff engagement tool. **Action PR/HK**

5. Integration Joint Boards Update

The JSF noted the forthcoming meeting of the Falkirk IJB on 5 August 2016 and the Clackmannanshire and Stirling IJB on 21 September 2016. Papers would be circulated to PR as previously agreed.

Falkirk Partnership, work continues on the development of a local delivery plan, focussed on the following key areas:

- **A logic modelling approach** focussed on what needs to be done to deliver on the local Strategic Plan outcomes of **self management**; developing **community based supports**; ensuring people feel **safe**; ensuring **autonomy** and **decision making**; and delivery a positive **service user experience**. These logic models focus on the high level activities needed to achieve the long term outcomes. Opportunities are being taken to integrate activity and work which are aimed at achieving similar outcomes including the Forth Valley Health Board Annual Plan.

- **A whole system approach to addressing Delayed Discharge**. A recent workshop identified a range of actions:-
  - review of data on patient flow
  - Use of Frailty model and Comprehensive Geriatric Assessment (link to current work by Geriatricians and Physicians)
  - Discharge to Assess Model/standardising assessment
  - Partnership with providers to commission services to improve flexibility/sustainability
  - Develop comprehensive Reablement model and intermediate care provision

  This would represent one of the key programmes for the Strategic Delivery Plan

- **West Locality Integrated Team Pilot**. The Falkirk IJB approved a recommendation in June 2016 to pilot a locality based approach within the Denny/Bonnybridge/Larbert/Stenhousemuir area. A small group has since met to begin the process of scoping out the services to be included and the support required to take forward the process. A project initiation document has been produced.

Clackmannanshire/Stirling Partnership, work continues on the development of a local delivery plan with a focus on the following areas:-

- **Staff Engagement Sessions**
  A series of 9 staff engagement sessions were conducted over June 2016 at a variety of locations across Clackmannanshire and Stirling. The sessions were attended by approximately 200 staff from across the three partner bodies.

  The sessions provided an opportunity to discuss how the Partnership should implement the "**we will**" statements from the Strategic Plan 2016 - 2019" and identify priorities for action as well as some quick wins. The outputs from these sessions are currently being collated and will help inform the detail of the Locality Plans.

- **Locality Planning**
  The Integration Joint Board approved a locality plan development process at its meeting in June 2016 together with a timeline for implementation to June 2017. Locality Plans will be informed by the outputs from the recent engagement events, locality profiles developed for the three localities and workforce analysis. Further engagement sessions with a locality focus will take place later this year.

- **Models of Neighbourhood Development**
  Work is continuing to develop a model of locality working for rural Stirling, building on work already taking place around Strathendrick and based around the principles of the Buurtzorg model.

Programme Board Workstreams

SS confirmed the review of the workstreams and the related work programme continues. As previously confirmed the number of workstreams will be amended to reflect work completed on the establishment of the IJBs. The JSF will be advised of continuing workstreams and their remit.

6 Health and Social Care Integration Event (Unison)

PR updated on an event she and colleagues, including RC had recently attended.

PR would circulate relevant papers for information.

She reported it was a useful event to network and share learning. PR highlighted that had been a discussion at the event on Adult and Children's services being integrated. This was not the current position locally, although other IJBs had progressed in this way. The JSF noted this. **Action PR**

PR also advised of a discussion on strategic procurement and principles applying and the anticipated involvement of TU/Staff Side Representatives

SS and PS reminded JSF members of their role on IJBs and that whilst the IJB decides general direction and instruct partners, it is for the partners to progress implementation. Procurement would be in line with the IJB Strategic Plan.

SS proposed a future agenda item on Procurement which was agreed.
Action HK

7. Report on Joint Staff/TU Meeting

PR highlighted ongoing issues relating to facilities time. Although the previous meeting of the JSF noted the concerns raised had been resolved, KR stated, in his view, his personal position as a member of the JSF may not be sustainable. PC was clear that significant effort had been made to reach a mutually acceptable solution and PC would meet KR again**.** **Action PC/KR**

In response to a question from KR, HK reaffirmed that facilities times was an issue for each employer to address**.**

8. Updated on National HSC HR Group

HK advised she was a member of the national HSC Working Group.

This group was led by Scottish Government colleagues with TU, LA, Health and Chief Officer membership.

HK advised of current work by the group:-

- Honorary contracts
- Staff experience
- The recent establishment of a small sub group to consider relevant employment law issues and to draft broad guidance and advice

The JSF noted this update and the varied membership of the national group.

9. Communication/Reflections

The group confirmed the focus on staff engagement and experience would assist build effective communications.

10 Any Other Competent Business

There was no other competent business to note.

11. Date of next meeting

The JSF will meet again as scheduled at 2.30 pm on Tuesday 27 September 2016, venue to be confirmed.

Please note: there will be a pre meeting for Management Side and a pre meeting for Trade Union/Staff Side Representatives at 2.00 pm, venues to be confirmed.

AGENDA ITEM

4

Falkirk
Health and Social Care
Partnership

Title/Subject: **Membership of the Integration Joint Board**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Chief Officer**

Action: **For Decision**

1. INTRODUCTION

1.1 The purpose of the report is to inform Integration Joint Board members about a change of representation and to invite the Board to confirm these appointments.

2. RECOMMENDATION

The Integration Joint Board is asked to:

2.1 confirm the appointment to the Integration Joint Board as noted at section 4.

3. BACKGROUND

3.1 At the meeting on 9 January 2015 the Transitional Board agreed that membership will align with that prescribed within the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the IJB Regulations) except that the Chief Executives of the Council and Health Board will be non-voting members and that one staff representative from each constituent organisation be appointed to the IJB.

3.2 The IJB Regulations state that the non-voting members must include the following representation by role:

- The Chief Officer of the IJB
- The Chief Social Work Officer
- The proper officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973 i.e. the finance officer of the IJB
- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Scotland (Scotland) Act 1978
- A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract

NHS Forth Valley

Falkirk Council

- A registered medical practitioner employed by the Health Board and not providing primary medical services.

3.3 The current Medical Director, Miss Tracey Gillies has been appointed to a new post with effect from 1 February 2017. Dr Andrew Murray has been appointed as the new Medical Director from 14 February 2017.

4. MEMBERSHIP OF THE INTEGRATION JOINT BOARD

4.1 The Board is invited to confirm the temporary appointment of Morven Mack as the substitute carer representative for the duration of the carer representative's appointment.

4.2 The Board is asked to note that Dr Andrew Murray will be the Registered Medical Practitioner Member of the Board following the resignation of Miss Tracey Gillies.

5. CONCLUSION

In conclusion the Integration Joint Board are asked to confirm the appointments to ensure the IJB is compliant with the required membership as set out in the Public Bodies (Joint Working) (Integration Joint Boards Establishment) (Scotland) Order 2015.

Impact on IJB Outcomes and Priorities
There is not an impact on IJB outcomes and priorities.

Legal and Risk Implications
There are no legal and risk implications arising from this appointment.

Consultation
No consultation is necessary.

Equalities Assessment
An equalities assessment is not required.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Suzanne Thomson, Programme Manager
Date: 13 December 2016

List of Background Papers:
IJB report 9 January 2015: Establishment of Integration Joint Board

AGENDA ITEM

5

Falkirk
Health and Social Care
Partnership

Title/Subject: **Chief Officer Report**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Chief Officer**

Action: **For Decision**

1. INTRODUCTION

1.1 The purpose of this report is to update members of the Integration Joint Board (IJB) on current developments within the Falkirk Health and Social Care Partnership.

2. RECOMMENDATION

The members of the IJB are asked to:

2.1 note the continued progress being made within available resources

2.2 note the process of the Pilot of the Discharge to Assess model and

2.3 remit the Chief Officer, in discussion with the Chief Executives and Chief Finance Officer to take appropriate action in relation to the Discharge to Assess Pilot set out in Section 4

2.4 note the Chief Officer will ensure that the Project Team continues to address emerging issues and to report back to the Board

2.5 remit the Delayed Discharge Steering Group to provide regular updates on key elements of the DD Improvement Plan with a full progress report on a 6 monthly basis

2.6 remit the Chief Officer to provide an update to the Special IJB meeting on any action required in relation to ward 5, Falkirk Community Hospital

2.7 note the response to the Scottish Government consultation on the draft National Health and Social Care Standards.

3. BACKGROUND

3.1 The Board has previously agreed key areas of work should be undertaken and the report provides an update on a range of activity.

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3.2 Progress continues to be made in all the areas as detailed in this report.

4. STRATEGIC WHOLE SYSTEM APPROACH

4.1 **Local Delivery Plan**
The draft Local Delivery Plan will be presented to the IJB to consider at its next meeting.

4.2 **Capacity Modelling**
The partnership is continuing to work with i-Hub and TRIST to take forward work on whole systems mapping. This work has commenced and a number of meetings have taken place with a range of employees across all partners, including the Third and independent sectors. Since December 2016 approximately 55 people have participated in these individual or group discussions. Considerations is being given on how to incorporate the lived experience of service users and carers in this work. It remains the intention to conclude the first phase by 31 March 2017. The Board will be kept updated on this through the Chief Officer report.

4.3 **CLiP leadership development training**
Support has been provided by NHS Education for Scotland (NES) for three levels of collaborate leadership training:

- Strategic Leadership Team as detailed in Section 3.1
- Leadership development for the West Locality Pilot
- Reablement leads – 2 workshop sessions are being planned for February and March with key reablement leads and sessions will be facilitated by the Partnership's OD Advisor and NES.

4.4 **Frailty Model**
A Test of Change ran in FVRH in the week of 7 November 2016 and trialled:

- a potential screening process of patients over the age of 65 years for frailty syndromes
- a frailty assessment tool for those patients over 75 years presenting with frailty syndromes
- twice daily Comprehensive Geriatric Assessment (CGA)Team huddles

The CGA huddles took place twice a day and included: Consultant Geriatrician, Advance Nurse Practitioner, representatives from Adult Social Work Services, AHP, Pharmacy, Scottish Ambulance Service, Closer to Home team and Psychiatric Liaison Nurse. During the week 12 patients were assessed as suitable for Discharge to Assess.

Discussions are ongoing regarding the implementation of the Frailty Pathway to enable this to be a sustainable approach to assessment and planning appropriate care for patients.

4.5 **Discharge to Assess**

The Discharge to Assess pilot began on 13 December 2016. The pilot is based on the evidence from NHS Fife and is designed to dovetail with the Frailty pathway in the Emergency Department and Acute Assessment Unit. The pilot aims to prevent admissions and to reduce length of hospital stay and delays in discharge through supported early discharge of people over 65 years for assessment and care at home.

There has been a good level of engagement and commitment between hospital and community based health and social care staff to ensure the success of the pilot, including regular attendance at the Project Team meetings and review sessions.

The Project Team meets weekly and will continue to meet to monitor progress and take action to address emerging risks and issues. There are some issues with the daily huddles that are being addressed through the Project Team. The elements of the Frailty Model have not continued as anticipated beyond the test of change week noted at 4.4. The daily huddles are the engine room for multi-disciplinary assessment and decisions and therefore have an impact on the ability to fully test the model. The Project team has also recently identified an issue with tracking patients who have been admitted for 24 /48 hours to support their timely discharge. This has resulted in constructive involvement from the Acute Directorate to identify clerical support to support the team to collect information required for the daily huddles and to follow up/track patients who are admitted. It is anticipated this support will be made available in the near future.

The pilot is also under weekly review with practitioners and the care provider to ensure any emerging care related issues are appropriately addressed.

There is also continued dialogue between the Chief Officer and:

- General Manager – Medical Directorate
- Discharge to Assess Project Team
- General Manager - Community Services Directorate
- Falkirk Delayed Discharge Steering group
- Falkirk Council procurement team.

<u>Discharge to Assess Performance</u>
As of 18 January 2017, in summary:

- 64 people have been assessed and received care from the care provider
- 25 people have been discharged from the service
- 15 of whom are receiving on going care
- people have been readmitted
- 1 person is being supported by the Reach team but needs no care package
- 1 person died following readmission
- people need no care package.

The following table 1 provides information on the average length of service of those discharged from the care provider.

Table 1

Number of people with completed a care package	25
Total Number of Days Service	126
Average Number of Days Service	5

The IJB has committed considerable financial investment to tackle the underlying causes of delayed discharge. While the pilot is demonstrating positive impact, more support is required to properly test the model and realise the full potential.

The pilot is due to run until mid-March 2017. If it is found to be successfully preventing admissions and reducing delays in discharge to achieve the Scottish Government target, it will be helpful to extend the pilot to help sustain improvement and to support the closure of the Winter Plan beds. It is proposed that in this circumstance the IJB remit the Chief Officer, in discussion with the Chief Executives and Chief Finance Officer to take appropriate action to extend the pilot period to sustain improvement while services are developed to adopt this model.

Decisions would utilise funds at the disposal of the IJB, including Partnership Funding, and any actions taken would be reported at the next IJB Meeting.

5. PRIMARY CARE AND GP UPDATE

5.1 NHS Forth Valley and NHS Fife have been working closely with the Scottish Government's Health Workforce Directorate and NHS Education for Scotland (NES) over the last year to design, test and support the development of a new career model for GPs (GP Fellowship). On the 9 January 2017 NHS Forth Valley introduced three GP Fellows to work across the interface between primary and secondary care.

5.2 This is a project that also aims to test a new model to contribute to supporting people to remain well at home. The project will commence in the Bo'ness, Grangemouth, Braes (BGB) locality for frail elderly patients and those with complex multi-morbidities. Their key focus will be to avoid unnecessary admissions to hospital.

5.3 The drivers are to:

- improve personal resilience and reduce the time people spend in hospital rather than at home
- aim to Increase sustainable seven day services in hospital and the community
- alleviate access pressure in general practice which in some cases leads to presentations at ED

- deliver improved care in the community; supporting a more coordinated health and social care response to patient's need particularly during times of crisis
- increase the number of doctors able to assess and manage patients with more complex multiple conditions
- address the national shortage of GPs in Scotland and provide an opportunity to develop a more varied approach to the working pattern which may appeal to some GPs and could be more attractive at certain stages of a career.

5.4 The GP Fellows will be integrated within the existing Closer to Home model and provide the medical input to the Enhanced Community Team. The GP Fellows will provide cover 8am – 6pm, Monday to Friday and will:

- be integrated with and provide the medical input to the Enhanced Community Team under the broader Closer to Home model of care, including rapid access to diagnostics.
- manage at least 1 step-up hospital bed in Bo'ness Community Hospital.
- work a minimum 2 sessions a week (FTE) hosted by a GP Practice to remain on the Performers List.
- have 1 session a week (FTE) SPA.

5.5 GP Fellows are anticipated to add value particularly in their ability to work with colleagues to identify and provide medical input to:

- people who are at risk or who are on the verge of admission
- people whose needs are escalating / health & wellbeing or means of support are deteriorating e.g. carer is becoming ill or less able to provide support.

5.6 Initially the model will focus on supporting frail elderly patients and those with complex multi-morbidities resident in the Bo'ness, Grangemouth and Braes Locality. Information collected will be used to improve the model and guide a phased expansion to other localities in Forth Valley from January to May 2017. The Scottish Government has commissioned an external evaluation of aspects of the project.

6. IJB FINANCIAL UPDATE

6.1 The Leadership group has been meeting regularly to monitor the Recovery Plan and is now beginning work to develop the budget strategy for 17/18. An update on the budget position is detailed in the IJB report at agenda item 6.

7. CHIEF FINANCE OFFICER POST

7.1 A verbal update will be provided at the meeting.

8. HSCP LEADERSHIP TEAM AND SERVICE ARRANGEMENTS

8.1 There continues to be discussion to secure the appropriate level of representation at the Leadership team meeting. A 'Collaborative Leadership in Practice' (Clip) workshop is being arranged with support from the iHub from NHS Education for Scotland (NES), to bring the strategic leads for in-scope services together. This provides an excellent opportunity for strategic leads to shape the Leadership Group in its early stages of development. It would be beneficial to secure representation at the earliest opportunity to enable this external support to start.

8.2 Discussions are ongoing in relation to the requirements to confirm the ongoing resource commitments and set out in the Support Services agreement. An update will come to the next Board meeting.

9. DELAYED DISCHARGE

9.1 As of the December census date, in relation to delays which count towards the national, published delayed discharge target (standard delays), there were:

- 37 people delayed in their discharge
- 26 people who were delayed for more than 2 weeks
- 5 people identified as a complex discharge (code 9)
- 7 people proceeding through the guardianship process
- 3 people identified as a Code 100 delay.

9.2 Table 2 below shows the total number of delays. This position remains an ongoing challenge and is being closely monitored.

Table 2 (excluding Code 9 & Code 100)

	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16
Total delays at census point	35	27	23	29	27	23	32	45	51	46	39	35	37
Total number of delays over 2 weeks	24	20	14	18	18	12	18	30	33	29	25	22	26

9.3 Table 3 shows the total picture of delays in Falkirk Partnership across all categories expressed as occupied bed days. These figures are for full months to the end of November and show increasing pressure on bed days compared with February 2016.

Table 3 - total occupied bed days in 2016

	Nov '15	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Equiv Beds (Nov)
Standard delays	1001	1085	926	797	990	975	875	854	1247	1468	1432	1393	1247	40
Complex Delays / Guardianship (Code 9)	231	248	236	217	265	277	186	158	256	275	376	454	374	12

9.4 **Delayed Discharge Performance: Meeting with Shona Robison, Cabinet Secretary for Health and Sport**

In December, the Health Board Chief Executive and the Chief Officers of the Health and Social Care Partnerships in Forth Valley met with the Shona Robison, Cabinet Secretary for Health and Sport. The purpose of the meeting was to discuss performance against the national delayed discharge target and the actions the Health Board and both IJB Partnerships intend to implement to improve the position.

This was a constructive meeting the outcome of which was agreement that by the end March, Forth Valley will have delivered a fifty percent reduction in the numbers of people delayed in their discharge. This includes all standard and code 9 discharges but not code 100 delays, against the November census baseline.

The trajectory below shows what the Falkirk Partnership requires to deliver to achieve the agreed reduction and the progress as at December census point. This shows that the Partnership is on trajectory however it should be noted that improvements to date have been in package of care delays. Care home delays continue to be a challenge with overall numbers of people waiting for a care home remaining high (currently 30).

Falkirk 2016/17 – Trajectory

	December	January	February	March	April
Target	56	47	42	34	30
Actual	49				

9.5 **Delayed Discharge Improvement Plan**

The Partnership Delayed Discharge Steering Group has developed an Improvement Plan which covers in a single plan all of the strategic and operational actions that partners require to take to improve and maintain the delayed discharge position. A copy of the Plan is attached at Appendix 1 for information and to provide assurance to the Board of the commitment to delayed discharge as a key priority. Updates on elements of the Plan will be provided on an ongoing basis as appropriate with a proposal that a full update is provided to the IJB on a six monthly basis.

9.6 **Winter Beds**

Ward 5, Falkirk Community Hospital remains open to provide planned additional bed capacity over the winter period and funded through the Health Board's Winter Plan. The ward will close at the end of March 2017. Given the continuing challenges the Chief Officer will report back to the Special meeting proposed in the IJB Financial Report to provide an update on any action required in relation to ward 5, Falkirk Community Hospital.

10. TRANSFER OF OPERATIONAL RESPONSIBILITY FOR NHS COMMUNITY SERVICES TO CHIEF OFFICER

10.1 Arrangements are progressing to transfer operational responsibility for Community Mental Health and Community Learning Disability Services to the Chief Officer from 1 February 2017. These services have a longstanding track record of joint working to improve services and outcomes for people with a serious mental health problem or people who have complex needs relating to their Learning Disability.

10.2 Learning Disability Health and Social Care Community Services have worked within an integrated team arrangement for a number of years with a joint team manager, hosted by Falkirk Council. The team is co-located in Council accommodation in Camelon.

10.3 Community Mental Health staff across health and social care in Falkirk have been co-located in Woodlands Resource Centre since it opened in 2015. Significant progress has been made since then to improve joint processes including joint assessment to improve the pathway for patients.

10.4 Transferring operational responsibility for the day to day management of these services to the Chief Officer is an important next step in the development of integrated provision at the frontline.

10.5 Scoping the workforce and budgets to be transferred is complete. Initial discussions have taken place with staff side and arrangements are being made to meet with managers and staff groups ahead of the transfer. There is no change to the terms and conditions of services for frontline staff or to their immediate line management reporting arrangements.

10.6 The Health Board will make the necessary adjustments to enable the Chief Officer to have full delegated responsibility for these services.

10.7 At the time of writing the report a few outstanding issues are being discussed: access to clinical advice and support; amendment to the NHS scheme of delegation; management allocation; and full detailed budget breakdown.

10.8 Scoping work for a second phase of operational transfer of Community Health Services has commenced.

11. SCOTTISH GOVERNMENT CORRESPONDENCE

11.1 **Draft Budget 2017/18**

Correspondence received from the Scottish Government dated 15 December 2016 is attached at Appendix 2. The letter set out how financial arrangements for the Scottish Government's draft budget relate to Integration Authorities. The letter also set out plans to ensure the Ministerial Strategic Group for Health and Community Care have oversight on progress with implementation of integration.

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.

3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.

4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.

5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

7. Ensure provision of the living wage to adult care workers and plan for sustainability of social care provision.

8. Continue implementation of Self Directed Support.

9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

11.2 **Measuring Performance under Integration**

A Scottish Government letter is attached as Appendix 3 and was received on 19 January indicating that the Ministerial Strategic Group for Health and Community Care (MSG) invites each Integration authority to set out local objectives for each of 6 indicators for 2016/18 listed below by the end of February and thereafter submit a quarterly overview on progress to the MSG.

1. Unplanned admissions
2. Occupied bed days for unscheduled care
3. A & E performance
4. Delayed discharges
5. End of life care
6. The balance of spend across institutional and community services.

The Leadership Group, with support from the Performance Workstream group, will coordinate the work required in relation to both letters. This will include a review of the Strategic Plan and current relevant delivery plans and performance indicators to produce the required plan for consideration by the MSG.

11.3 **Primary Care Transformation: New GMS Contract Framework**
The Deputy Director and Head of Primary Care wrote to Chief Officers and Chief Executives on 3 November 2016. The letter and Memorandum set out how the Scottish Government and Scottish General Practitioners Committee (SGPC) will work together over the next few years to transform the GMS Contract. This will be in the context of wider transformation of primary care services.

At the heart of this is a transformation in how the role of Scotland's GPs are defined moving away from GPs as providers of defined services to GPs fulfilling a critical leadership role within wider multi-disciplinary teams, with specific responsibilities for dealing with complex care, undifferentiated presentation and local clinical leadership. The correspondence notes GPs will have to retain responsibilities for services considered as essential.

The letter and Memorandum draw out two of the main consequences:

- this change in role requires the Scottish Government to review how GPs are paid in future. Following the abolition of QOF the Scottish Government has agreed with SGPC that it will review the current pay structure with all options within scope. This review will take place in 2017 with recommendations in place for changes to begin in 2018, with an extended transition period likely to be needed to ensure stability

- in relation to how the Scottish Government ensure this redefined role for Scotland's GPs fits appropriately into local services, there will have to be a substantial emphasis on collaborative working between the Scottish Government, SGPC, Integration Authorities and NHS Boards in the months and years ahead.

11.4 Progress reports on the required areas of work will be through the Chief Officer's report.

12. PUBLICATIONS

12.1 The Scottish Government published its Health and Social Care Delivery Plan on 19 December 2016. The plan sets out the high-level actions and delivery framework for the key programmes of activity to realise the vision for health and social care in Scotland. The Scottish Government will work closely with partners on the detailed planning to implement those actions across Scotland.

13. CONSULTATIONS

13.1 **National Health and Social Care Standards**
The purpose of the new National Health and Social Care Standards (the Standards) is to set out what we can expect when we use health and social services in Scotland. This includes a diverse range of services from childminding and daycare for children in their early years, housing support and care at home for adults, to hospitals, clinics and care homes. From Spring 2018, the new Standards will provide a framework for registration and inspection of individually registered care and health services, but they will also be relevant to all care and health services including those not inspected by the Care Inspectorate or Healthcare Improvement Scotland.

13.2 The original 2002 Standards mainly looked at technical requirements, such as written policies and health and safety procedures. The new Standards need to reflect recent changes in policy and practice and also be fit for the future. How we inspect health and social care services has also changed. The Care Inspectorate and Healthcare Improvement Scotland continue to regulate each individually registered health and social care service, they also now work with other regulators and scrutiny bodies to carry out strategic inspections. These inspections look at how the wider health, social work and social care system is working for children or adults in a local authority and health board area. The new Standards need to be fit for purpose for assessing how well people's care needs are met on both a strategic and an individual service level.

13.3 The Scottish Government propose the following new Standards apply across health, care and social work services:

1. I experience high quality care and support that is right for me
2. I am at the heart of decisions about my care and support
3. I am confident in the people who support and care for me
4. I am confident in the organisation providing my care and support
5. And if the organisation also provides the premises I use
6. And if my liberty is restricted by law
7. And if I am a child or young person needing social work care and support.

The first four headings set out Standards for everyone. These are complemented by three additional headings with Standards that only apply in specific circumstances.

13.4 There are additional standards for people experiencing restricted liberty and for children and young people who need social work support.
Standards 6 and 7 reflect these particular care and support needs, and are different from, and additional to, those covered by the other Standards that are applicable to everyone.

13.5 The deadline was 22 January 2017 for comments on the draft standards. The response submitted is attached at Appendix 4 for information.

14. CONCLUSIONS

14.1 A strategic approach is required to address the range of issues that result in the current pressures faced and in realising the potential opportunities to work collaboratively to improve outcomes for service users and carers in Falkirk.

14.2 It is proposed that this is addressed through a 3 year plan as part of a wider Change programme underpinning the delivery of the Strategic Plan.

Resource Implications
The Chief Finance Officer will continue to report through the IJB Financial Budget and Recovery Plan.

There remains commitment from all partners to ensure the Partnership meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and the ongoing commitment will be confirmed in a future report to the Board on the Support Service agreement.

Impact on IJB Outcomes and Priorities
The delivery plan, change programme and infrastructure are being designed to deliver the outcomes described in the Integration Scheme and Strategic Plan.

Legal & Risk Implications
Risk issues will be considered as required.

Consultation
As the programme is developed staff, communities and stakeholders will be consulted in the development of the plans.

Equalities Assessment
There will be appropriate consideration of the equalities implications and equalities impact assessments will be completed as the programme develops.

Patricia Cassidy

Approved for submission by: Patricia Cassidy, Chief Officer

Author – Suzanne Thomson, Programme Manager
Date: 25 January 2017

List of Background Papers:
Appendix 1 – Delayed Discharge Improvement Plan
Appendix 2 – Scottish Government Letter of 15 December 2016
Appendix 3 – Scottish Government Letter of 19 January 2017
Appendix 4 – National Care Standards Consultation Response

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
Avoiding Unplanned Admission						
1	Anticipatory care and crisis prevention	1.1 Design and implement new universal Single Shared Assessment framework with focus on anticipatory care planning	General Manager, Community Services, NHS	1.1 March 2017	Forth Valley wide Single Shared Assessment developed and being tested	✓
		1.2 Develop information sharing systems to allow assessments, including ACPs, to be shared across services to inform care delivery		1.2 March 2017	ICT leads developing options within existing systems to share information	✓
		1.3 Deliver training for staff in anticipatory care planning		1.3 March 2017	Review of ACP's being taken forward through multiagency ACP Steering Group	✓
		1.4 Review Anticipatory Care Plans and ensure that these are targeted towards the most appropriate care groups, including patients with respiratory conditions (from Winter Plan)		1.4 Feb 2017	As above	✓
2	Unscheduled Care Pathways	2.1 In conjunction with Falkirk partnership review and implement unscheduled care pathways for Falls Prevention	General Manager, Community Services/ Service Manager – Care at Home AHP Manager Acute & Rehab & Service Manager for comm. hospitals	2.1 March 2017	Progress ongoing. Being taken forward on a Forth Valley wide basis. Discussion taking place with SAS on uninjured falls pathway.	
		2.2 Review how pathway can be adapted for wider application to other conditions other than falls – e.g. infections, acute exacerbation of chronic conditions etc				

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
3	Risk identification, management and care co- ordination	Implement system to identify those at highest risk of admission	General Manager, Community Services	4.1 March 2017	Part of ACP Review Project	✅
4	Frailty Care Pathway	4.1 Develop a whole system Frailty Pathway and Comprehensive Geriatric Assessment process	General Manager - Medical Directorate	4.1 December 2016	Test of proposed change taking place in Falkirk during November 2016. Learning will be rolled out across both Partnership areas during 2017.	✅
		4.2 Review the existing frailty service jointly with Clackmannanshire and Stirling Partnership		4.2 March 2017		
5	Provision of reablement (AHP) services	5.1 Review ICF funded reablement services that will develop a strategic approach to intermediate care pathway, including frailty and reablement.	5.1 Programme Manager Service Manager –	June 2017	Work has commenced to review reablement services funded through ICF. To date three workshops have been held with relevant officers. Two further workshops are scheduled for February and march in conjunction with NES.	✅
6	Intermediate Care availability	6.1 Streamline access to the range of intermediate care services as an alternative to emergency admission and to enable discharge. This includes the Discharge to Assess model.	General Manager – Medical Directorate	6.1 December 2016	Test of Change for the Discharge to Assess model completed in FVRH ED w/c 6 November. Results being analysed to inform the roll-out of the pilot. Joint workshop held on 15 November and work underway to finalise arrangements for provider starting week	✅

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
34					beginning 5 December Additional OT capacity being used to facilitate discharge to assess model as part of the Frailty Pathway framework Work with an independent care provider is well advanced to support the Discharge to Assess model	
		6.2 Facilitated session with Geriatricians and Physicians to be arranged for Jan/Feb to further embed D2A and Frailty.	General Manager – Medical Directorate	6.2 February 2017		
		6.3 Ensure the correct resources are targeted at different parts of the patient's journey where they can add the most value (links to the work already being done through the Closer to Home Pathway)	General Manager – Medical Directorate/ General Manager – Community Services	6.3 January 2017	GP Fellows will commence work with the Enhanced Community Team and expand patients that can be supported.	✅
		6.4 Extend the capacity for a reablement approach through the deployment of assessment and care at home services.	Head of Adult Social Work Services	6.4 March 2017	Three workshops with key reablement staff across the partnership have been facilitated.	✅
7	Provision of Social Work Services	7.1 Review eligibility criteria for Social Work Services and implement revised framework	7.1 Head of Adult Social Work Services	7.1 April 2017	7.1 Review of eligibility criteria will be considered by the Falkirk IJB on December 2016. Subject to approval, the proposal is to implement a new	✅

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
35					framework for 1 April 2017. This will ensure the better targeting of resources.	
		7.2 Proactively review care packages including home care packages to identify whether there is ability to release capacity; this will be in line with eligibility criteria and a reablement focus	7.2 Service Manager – Community Care Teams	7.2 Ongoing	Adult SW Services review team established to review identified cases within a reablement focus. Care at Home staff actively reviewing care packages.	
		7.3 Actively managing the commissioning process for care at home and care home services through the Procurement Team	7.3 Head of Adult Social Work Services	7.3 Ongoing	Procurement team and Central Matching Team are actively managing this, including regular dialogue with providers to source POCs, grouping them in geographical groups where possible. Timeframe for POC retention due for hospital admissions extended to 2 weeks to reduce need to resource POC after hospital stay.	
		7.4 Develop a new Care at Home contract tendering framework which will facilitate a responsive service based on a reablement ethos	8.4 Head of Adult Social Work Services/ Procurement Team	7.4 October 2017	Market Facilitation Plan developed. Tendering process to commence in March 2017 with the aim to have a new contract in place for October 2017.	

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
8	Provision of appropriate Care Home Services	Review of bed based care, including long-term, intermediate and respite provision	Head of Adult Social Work Services	March 2017	Intermediate care beds at Summerford increased from 10 to 20 Capacity modeling work being undertaken by the Partnership, supported by TRIST, which will incorporate bed based care Liaison ongoing with Procurement Team and a new local care home (capacity 33 care of the elderly beds) scheduled to open in December 2016	✓
9	Access to community response services	9.1 Review partnership out of hours health and social care services, to progress work on preventing unnecessary admissions.	General Manager, Community Services, NHS / Head of Adult Social Work Services	3.1 March 2017	The service has extended the age range for people to access the scheduled night service. An additional 2 staff have been recruited to extend service available through the Social Care 24 hour team to support more people to return home and prevent admission to care homes.	✓
		9.2 Identify gaps in community response provision		3.2 March 2017	Developing a reablement approach	✓

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
		9.3 Extend provision of telecare and telehealth services and response availability		3.3 March 2017		✓
		9.4 Work with SAS, Independent and Third sectors to develop new models of community responder services and increase the capacity of the Independent and Third sector to respond effectively		3.4 Ongoing	Both HSCP's are involved in the development of the Transforming Out-of-Hours services proposal and test of change	✓
Delayed Discharge From Hospital						
10	Care co- ordination in hospital	As part of the ICF monitoring process, complete a review of Discharge Hub arrangements and make any necessary changes to improve the efficient operation of the Hub. This will be a joint review with Clackmannanshire and Stirling Partnership	General Manager – Community Services	March 2017	The Discharge Hub is regularly monitored through the ICF arrangements. A joint review is underway and will report to the IJB in March 2017.	✓
11	Application of Choice to interim placement	Review application of process to confirm it is being applied robustly in relation to both discharges to the community and care homes.	General Manager, Community Services, NHS / Head of Adult Social Work Services	March 2017	Audit to be undertaken	
12	Use of Care Experience Feedback Questionnaire	12.1 Develop a Care Experience Feedback questionnaire for all individuals and carers who have experienced hospital admission and discharge	General Manager, Community Services	March 2017		✓
		12.2 Utilise results to inform ongoing improvements		Ongoing		

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
13	Data	13.1 Agree data set and reporting framework and governance	General Manager, Community Services, NHS / Head of Adult Social Work Services	March 2017	Work has been completed to agree a data set that is reported regularly to the IJB	✓
		13.2 Develop a Delayed Discharge Patient Tracking system to assist in identifying key points in the pathway through hospital to address blockages			Further work is ongoing to develop a reporting framework for Delayed Discharges across the system. Work to collate process flow maps and volume charts is ongoing.	
Winter Plan 2016/17 [additional short term focused activity]						
14	Management of staffing capacity	Proactive planning and management of annual leave and staffing rotas across all services to ensure limited interruption to service during the festive period and to meet the predicated demand	General Manager – Medical Directorate/ General Manager – Community Services/ Head of Adult Social Work Services	October 2016	Complete – management of leave and cover arrangements in place. Festive Plan produced, Rotas in place completed	✓
15	Minimising Delayed Discharge	15.1 Increase the fortnightly Delayed Discharge tactical group meetings to weekly over the winter period and escalate to a daily discharge huddle when required.	Service Managers – NHS and Falkirk Council	Ongoing	In place, subject to weekly review, dependent on hospital capacity	✓
		15.2 Maximise the discharges in lead into the festive period with emphasis on: ▪ 22/23 Dec ▪ 29/30 Dec ▪ 4/5/6 Jan 2017	Service Managers – NHS and Falkirk Council	Complete		

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
		15.3 Ensure patients over 14 days LOS (Length of Stay) have an action plan agreed with an appropriate member of senior staff.	General Manager – Medical Directorate		All patients with LOS have action plan in place agreed with key stakeholders/Discharge Hub. Evidence of reduction in last year	
		15.4 Review process and include timescales for each stage of the process for Adults with Incapacity and Guardianship to minimise delays.	General Manager – Community Services/ Head of Adult Social Work Services	December 2016	Weekly review of guardianships undertaken. Wider review of process still to be undertaken.	
		15.5 Develop practice guidance in relation to AWI for all services, including providers, supplemented by public awareness raising Increase public awareness of AWI issues generally and specifically to increase the number of people with POA	General Manager – Community Services	Ongoing	Work being co-ordinated through CVS Falkirk Public awareness campaign started in May 2016, supported by community organisations such as Making it Happen and Solicitors for Older People.	
16	Discharge Planning	16.1 Re-launch the Admission and Discharge Policy with clear pathways, and roles and responsibilities across health and social care services, supported by training for managers and staff.	General Manager – Medical Directorate/ General Manager – Community Services/ Head of Adult Social Work Services	16.1 December 2016	Consultation on revised policy complete Education sessions have been rolled out across acute and community hospital services Final amendments to policy now being made	
		16.2 Improve written information by reviewing the discharge pack for use in each hospital.	General Manager – Medical Directorate	January 2017	Ongoing, will be complete by February	
		16.3 Refresh the discharge target for each ward, matching this to predicted demand and improve timely use and accuracy of Predicted Date of	Executive Nurse Director/ Associate Nurse Director	Ongoing		

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
		Discharge, including the percentage of discharges that are criteria led.				
		16.4 Implement and monitor criteria led discharge to empower front-line staff in risk based decision making aligned to Institute of Healthcare Optimisation (IHO) ward based programme	General Manager – Medical Directorate Executive Nurse Director			
17	Discharges at Weekends and Bank Holidays	17.1 Optimise allocation of AHP staffing to support rehabilitation at weekends in both acute and community to increase the number of weekend discharges	General Manager – Medical Directorate		Complete	✅
		17.2 Enhance weekend and evening cover by extending the Discharge Lounge opening hours, increasing OT cover through the REACH service and providing Community Nursing and additional carers via Closer to Home	General Manager – Medical Directorate	Now	Complete	✅
		17.3 Utilise weekend pharmacy services help to facilitate weekend discharges, including the out of hours on-call pharmacy service.	General Manager – Medical Directorate	Ongoing	Complete	
		17.4 Continue to admit patients at the end of life, with clear management plans, direct to Bo'ness Community Hospital and explore extending direct access for patients at the end of life to the other community hospitals.	General Manager – Medical Directorate	Ongoing	Complete	✅
18	Hospital Flow	Implement a test of change over 7 days to identify, assess and discharge frailty patients at the Emergency Department.	General Manager – Medical Directorate	Now	Complete	✅

Falkirk Health and Social Care Partnership Delayed Discharge Action Plan

No	Drivers	Actions	Lead	Timescale	Progress	RAG
19	Care at Home	Investigate the potential role of the nurse bank in bringing additional staffing capacity to the care at home service	Service Manager – Care at Home/ Service Manager, NHS	November 16	Additional capacity has been identified and necessary HR checks are being progressed	
		Contact additional non contract , out of area home care providers to explore the option of them bringing additional home care capacity	Procurement & Commissioning Team	Ongoing	Discussions are ongoing with providers and additional care package hours have been commissioned as a result of this	

	On target		Risk of delay		Significant Issues

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Appendix 2

Ms Shiona Strachan – Chief Officer –
Clackmannanshire and Stirling Integration Authority

Ms Patricia Cassidy – Chief Officer – Falkirk
Integration Authority

15 December 2016

Draft Budget 2017/18

Dear Colleagues

We are writing to you regarding the Scottish Government's draft budget for 2017/18, as set out by the Cabinet Secretary for Finance and the Constitution in Parliament today. Letters have also been sent today to Local Authorities and the NHS regarding the budget. This letter lays out how these financial arrangements relate to Integration Authorities. Please take account of all three letters to ensure a full understanding of the financial position and its implications for your responsibilities for the coming year.

This letter also sets out our plans to ensure the Ministerial Strategic Group for Health and Community Care, which is chaired by the Cabinet Secretary for Health and Sport, is well-briefed to fulfil its remit to provide joint political oversight between COSLA and the Scottish Government on progress with implementation of integration.

Priorities

Integration Authorities are responsible for planning and provision of social care, primary and community healthcare, and unscheduled hospital care, for, at least, adults. Integration priorities are to:

1. Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges, focussing investment in care alternatives that can help people to continue living independently in their own homes and communities for as long as possible.

2. Increase provision of good quality, appropriate palliative and end of life care, particularly in people's own homes and communities and also, where appropriate, in hospices, so that people who would benefit from such care access it.

3. Enhance primary care provision, with particular focus on developing and expanding multi-disciplinary teams; sustainability of provision; development of GP clusters; and responsiveness to a new GP contract.

4. Reflect delivery of the new Mental Health Strategy, with particular focus on developing new models of care and support for mental health in primary care settings; improving the physical health of people with mental health problems, and improving mental health outcomes for people with physical health conditions; reducing unwarranted variation in access and assuring timely access; and developing services that focus on the mental health and wellbeing of children, young people and families, including improved access to perinatal mental health services.

5. Where children's services are integrated, continue to invest in prevention and early intervention, particularly in the early years, with the expectation that work will continue to deliver 500 more health visitors by 2018.

6. Support delivery of agreed service levels for Alcohol and Drugs Partnerships' work, in support of which £53.8m is transferring to NHS Board baselines for delegation to Integration Authorities.

7. Ensure provision of the living wage to adult care workers workers and plan for sustainability of social care provision.

8. Continue implementation of Self Directed Support.

9. Prepare for commencement of the Carers (Scotland) Act 2016 on 1 April 2018.

Ministerial Strategic Group for Health and Community Care

As you know, the Ministerial Strategic Group for Health and Community Care provides the forum for joint political oversight of progress with integration by Scottish Ministers and COSLA. The Group has recently considered its requirements in terms of understanding progress on integration. We will take forward work involving Scottish Government officials, COSLA, Chief Officers, and colleagues at NHS NSS leading on the Source and LIST data projects, to establish a suite of appropriate metrics for the Group's routine consideration. This will include agreeing data definitions and an appropriate methodology via which Integraton Authorities can share their objectives for progress in 17/18 and beyond; we will also ensure the work is tied in with Sir Harry Burns' review of health and social care targets and indicators.

You will see from Christine McLaughlin's letter to Health Boards on the budget that we also intend to give some consideration to the efficacy of current arrangements for delegating appropriate hospital budgets, including set aside budgets, to Integration Authorities. We will report on that to the Ministerial Strategic Group in due course as well.

I trust this letter is helpful to you, and look forward to continuing to work with you as we embed integration across health and social care in Scotland.

Yours faithfully

Geoff Huggins

Paula McLeay

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Scottish Government

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COSLA

To: Chief Officers – Integration Authorities

19 January 2017

Dear Colleagues

MEASURING PERFORMANCE UNDER INTEGRATION

The Ministerial Strategic Group for Health and Community Care (MSG) discussed how to measure progress under integration at its meetings on 16 November and 21 December.

At the meeting on 21 December MSG agreed that for 2017/18 we will track across Integration Authorities:

(1) unplanned admissions;
(2) occupied bed days for unscheduled care;
(3) A&E performance;
(4) delayed discharges;
(5) end of life care; and
(6) the balance of spend across institutional and community services.

You are each invited to set out your local objectives for each of the indicators for 2017/18 by the end of February. MSG has agreed that it will receive a quarterly overview on progress across the whole system and you are asked to produce your objectives on that basis. We are meeting with the Executive Group of Chief Officers on Friday and will discuss what national support you would want us to offer for this process. Our objective will be to adapt and use existing data collection methodologies where possible and to establish a clear process for the work.

When we met on 16 December we had indicated that as a minimum we would provide data for each partnership covering each of the indicators. The data would show the position for all partnerships to enable individual Integration Authorities to understand the shape and

nature of their service relative to others. We are still working on the structure and format of that data. For now, we attach high level data covering a number of the areas (**Annex A**). Again we would intend to use the conversation on Friday to discuss the structure and format of the data with the intention of writing shortly after to all Chief Officers with the necessary material.

MSG noted that the approach for future years may change as a consequence of the Review into Targets and Indicators being undertaken by Sir Harry Burns and also as data sources for particular areas of service delivery improvement. It also noted that most key service delivery areas under integration have a direct impact on these higher level system indicators. In particular, it is important that we are able to understand both the contribution of social care and primary care services to these higher level system indicators, but also how they support important outcomes in respect of independent living and the protection and maintenance of health.

Local partnerships are already using a wide range of data to support their commissioning and delivery activity and will continue to operate under the duties in the 2014 Act in respect of public reporting. This process is not intended to duplicate or substitute for that process.

The Local Delivery Plan (LDP) Guidance for 2017/18 has been issued to NHS Chief Executives and sets the expectation that Boards and regional planning partnerships ensure that their objectives and plans are consistent with Integration Authority plans. Similarly, given the interaction with the hospital system you will need to ensure that your objectives and plans are consistent with NHS Board and regional plans for 2017/18.

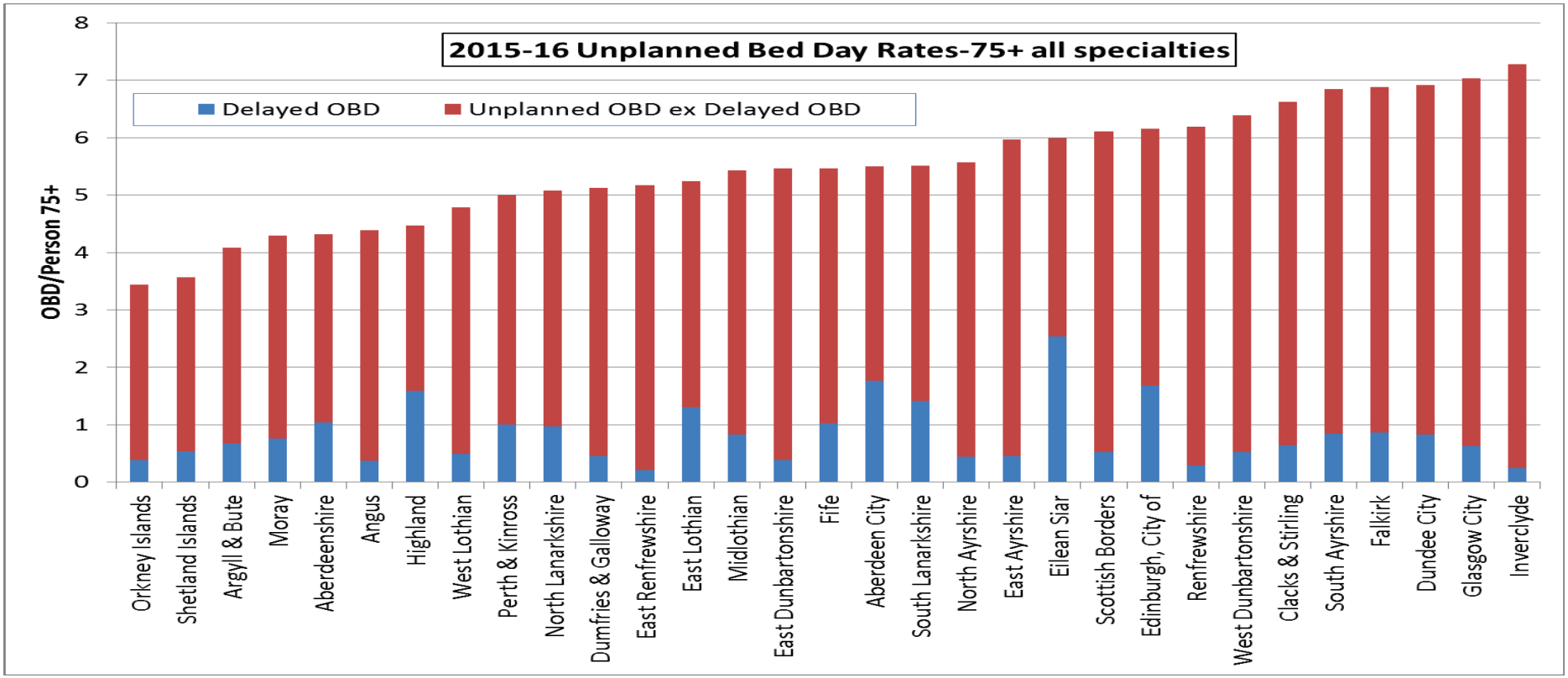
Yours sincerely

GEOFF HUGGINS
Scottish Government

PAULA McLEAY
COSLA

Annex A: example of data on key indicators

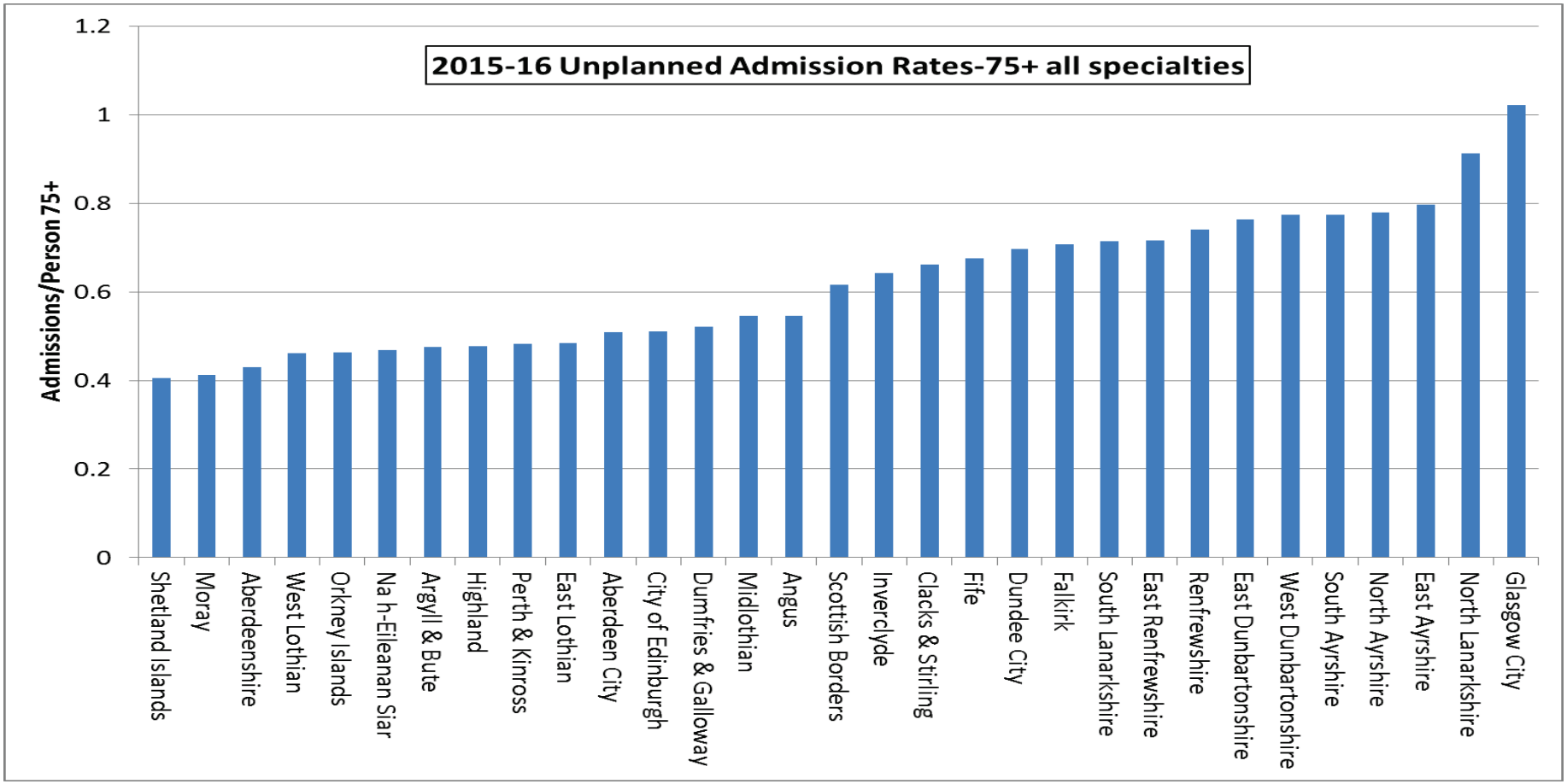
Unplanned Bed Days



Notes: This chart shows the unplanned bed days per capita for people aged 75+ for each partnership (in 2015/16). It is for unplanned bed days in all specialties and differentiates between the bed days used by delayed patients and other non-delayed bed days. A total of 2.5m bed days were used by people age 75+ of which 400k were by delayed patients, an average of 16% of the total bed days for this age group and varying across partnerships from 3.4% to 42%. There is a two-fold variation in the overall bed day rates across partnerships and a 12 fold variation in delayed bed

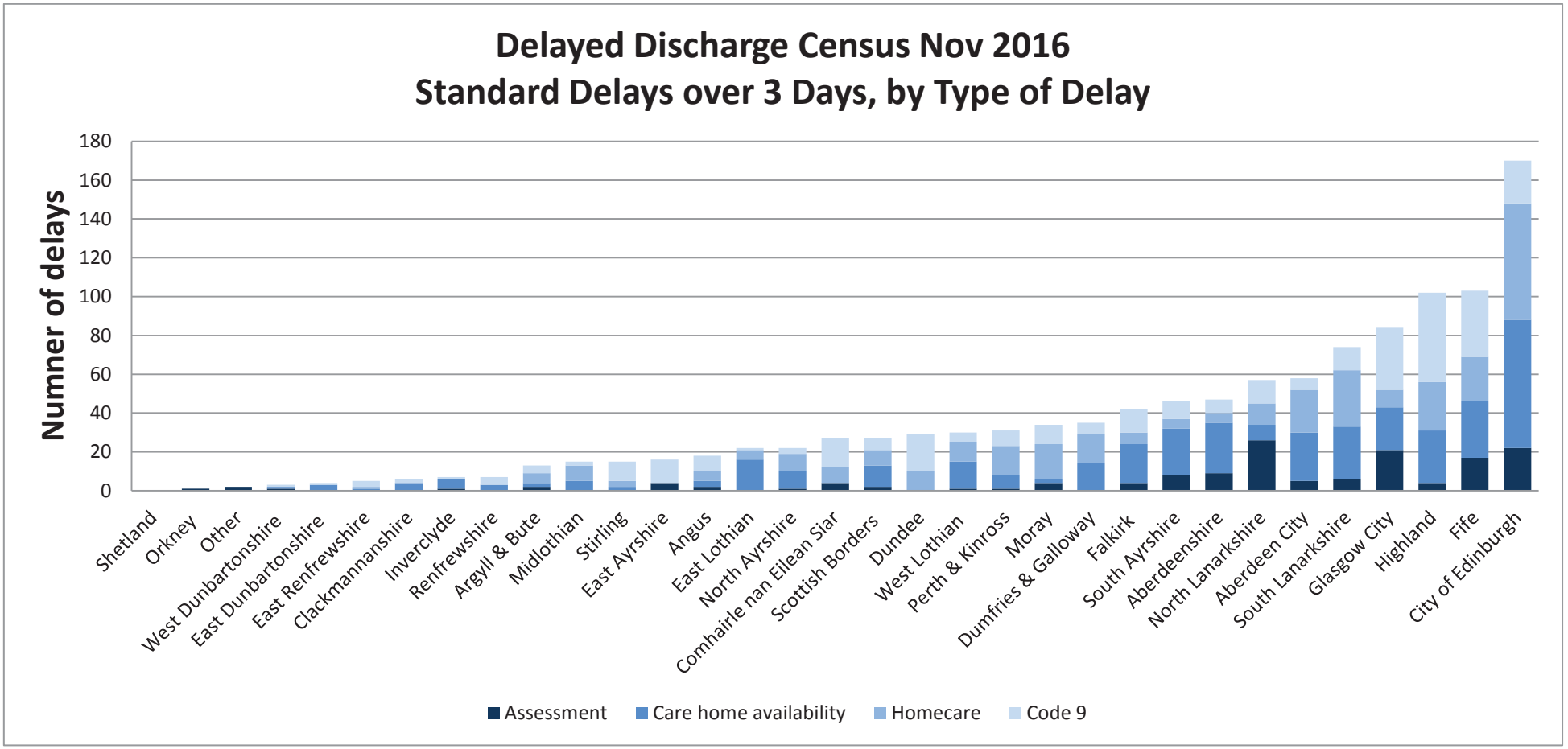
day rates. There is no association between delayed bed day rates and overall bed day rates. We can develop this analysis to include other age groups and to differentiate between specialties and type of delay.

Unplanned admissions



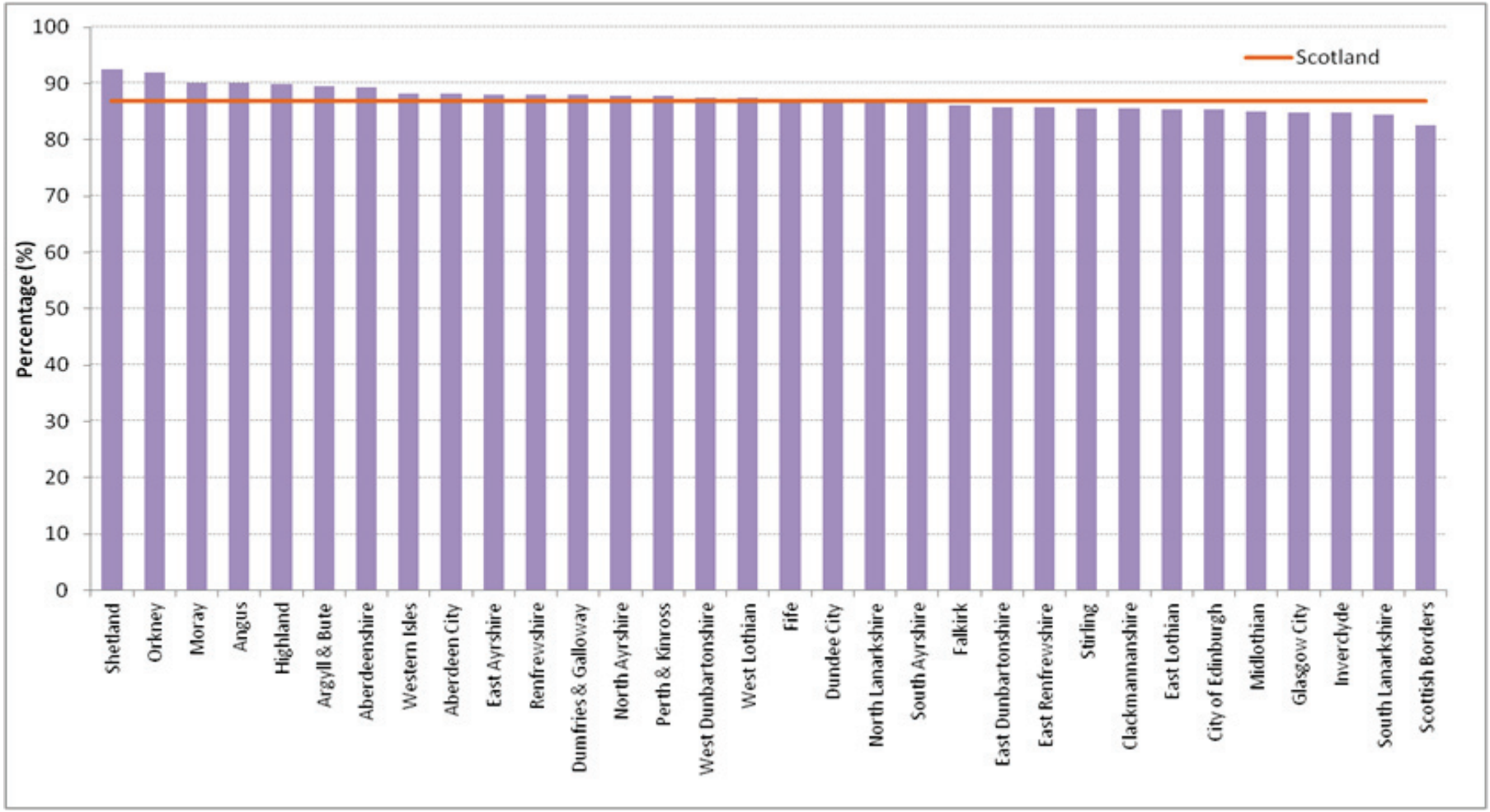
Notes: This chart shows the unplanned admissions per person aged 75+ in all specialties in 2015/16. We can see that the two fold variation seen in the bed days chart is evident here, although there is some slight re-ordering which is to be expected as bed day rates are a function of admission rates and length of stay. We can develop this analysis to consider different age groups and specialties.

Delayed Discharge Census: Standard Delays > 3 days by type of delay



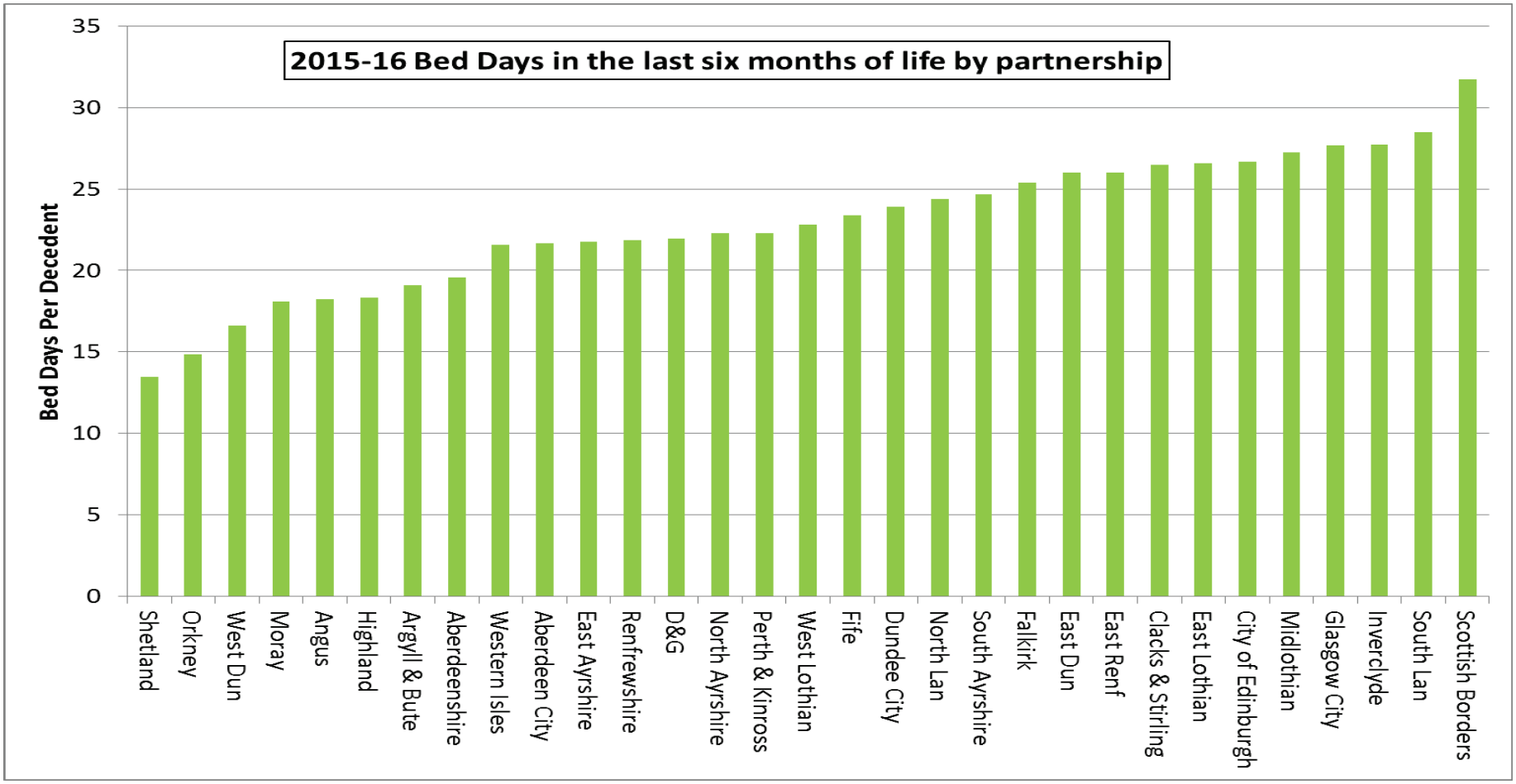
Notes: this chart shows the number of delays by type of across all partnerships. These figures exclude family reasons. There is considerable variation across partnerships. There are also differences in the main reason for delays. For example while care home and home care are key reasons for some partnerships, Code 9 categories appear to be the main reason for others

End of Life (a)



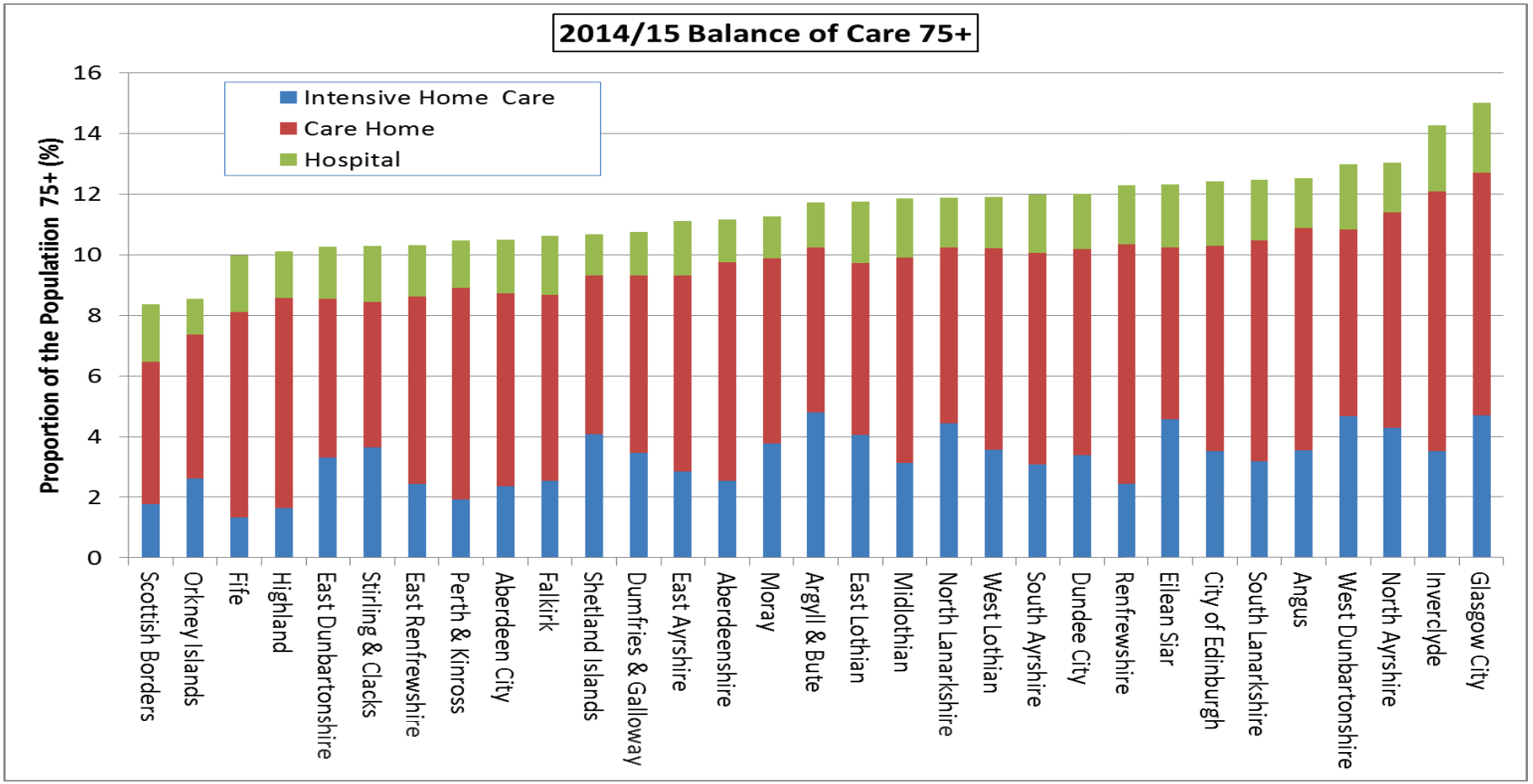
Notes: This chart shows the proportion of the last six months of life spent at home or in a community setting for people who died in 2015/16. There is a difference of 10% across partnerships. We can develop this analysis by considering different age groups and by differentiating between settings.

End of Life (b)



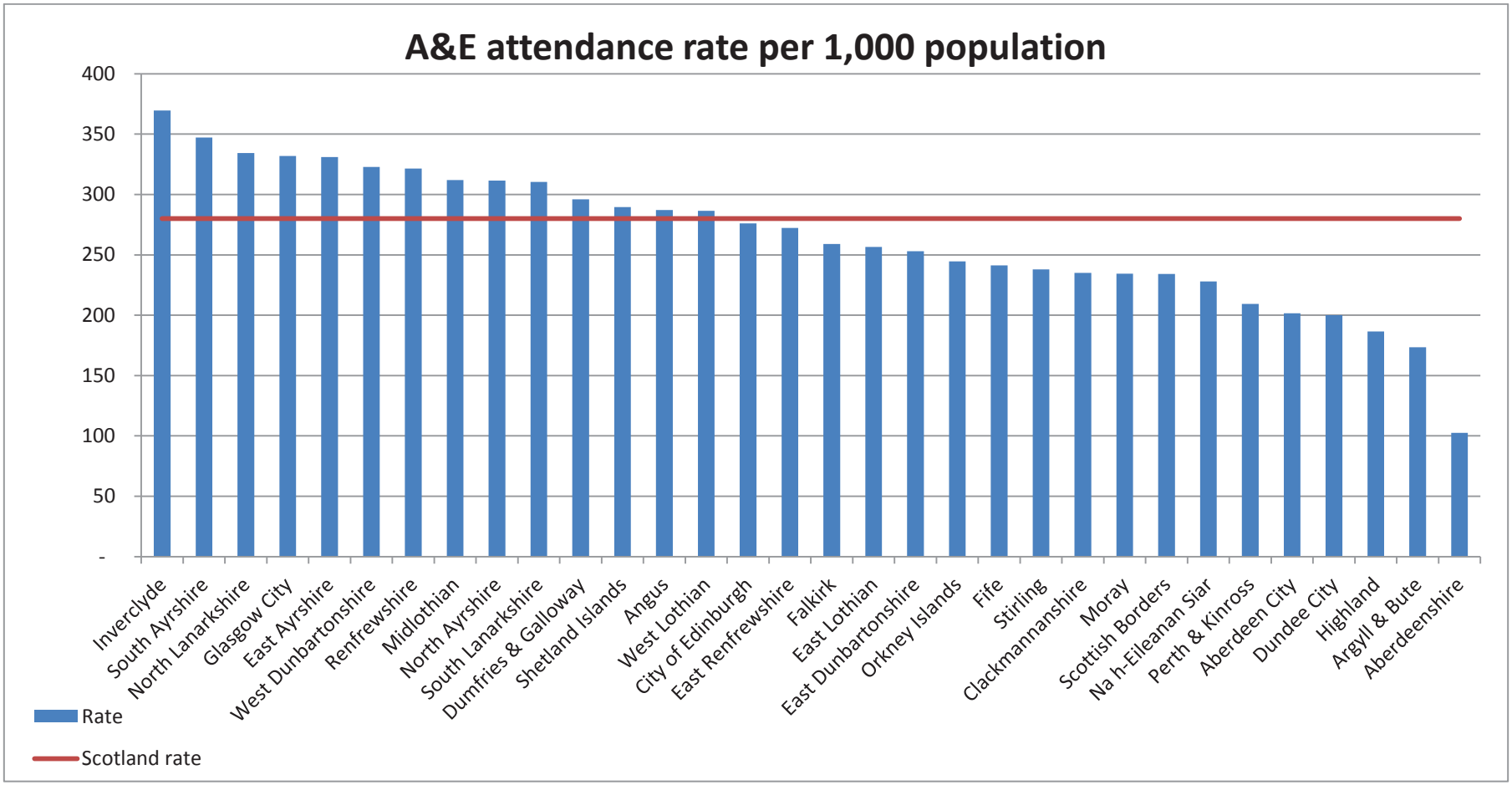
Notes: This chart shows the average unplanned bed days in the last six months of life for people who died in 2015/16. There is a two- fold variation across partnerships. If all Scottish partnerships could attain the same bed days per decedent as Shetland, half a million bed days could be saved-equivalent to the 10% commitment in the Delivery Plan.

Balance of Care



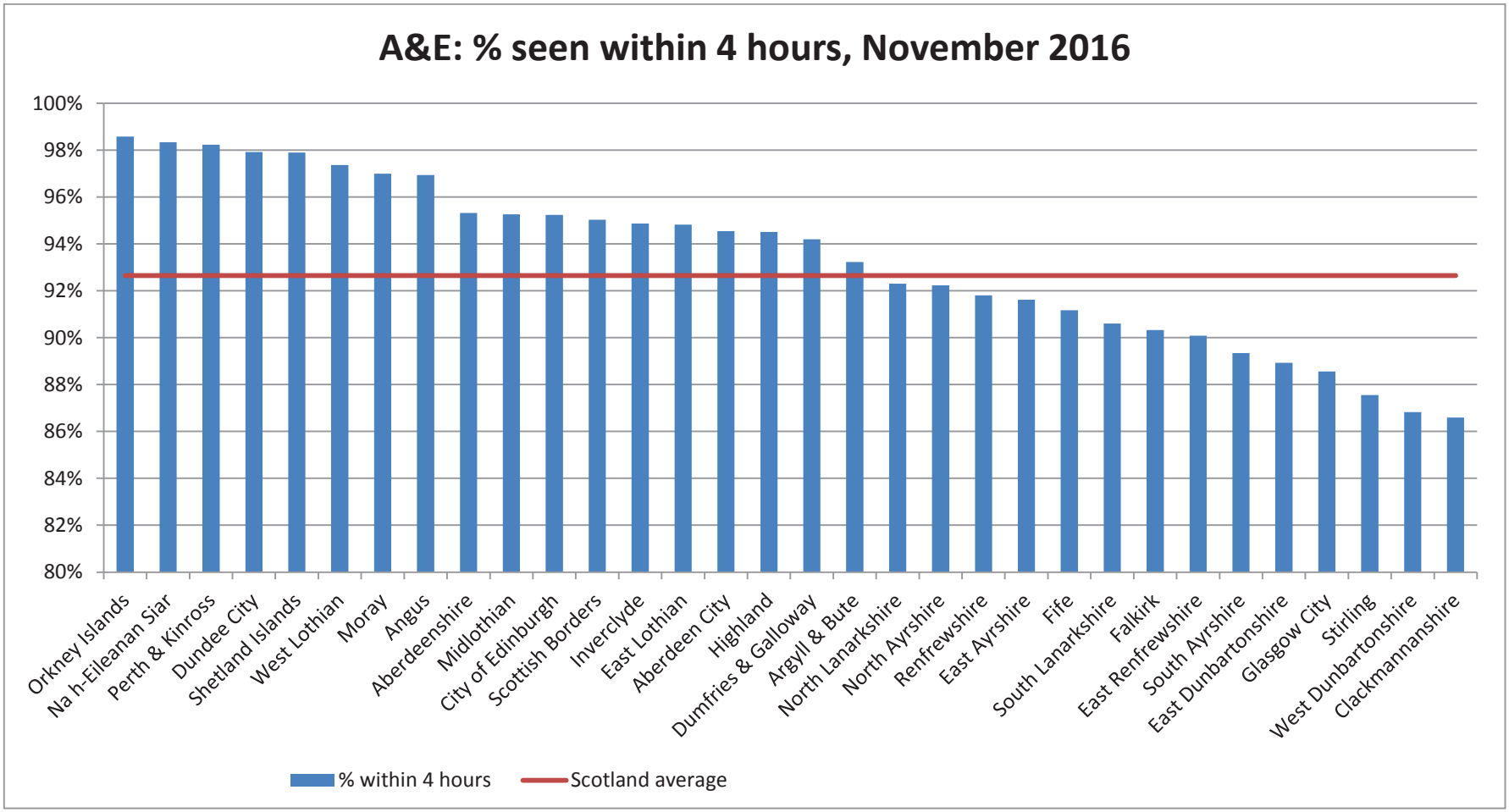
Notes: This chart looks at balance of care for people aged 75+ and shows the proportion of partnership populations aged 75+ who were either in hospital, in a care home or in receipt of 10+ hours home care in 2014/15. There is an almost two-fold variation (8% c/w 15%). Across Scotland, 8.5% of people aged 75+ were either a care home or hospital varying from 5.9% to 10.7% across partnerships. We can develop this analysis to include other age groups and to reflect the balance of care as a spectrum of settings; we can also look at spend across the spectrum.

A&E (a) : **A&E attendance rate per 1,000 population by Partnership 2015/16**



Notes: this shows the attendance rate at A&E per 1000 population by Partnership. There is considerable variation between Partnerships –370 per 1000 population in Inverclyde while 102 attendees per 1000 population in Aberdeenshire (Scotland – 280 per 1000). The difference is likely to reflect a range of issues including demographic factors, proximity of population to A&E facility as well as other healthcare provision .

A&E % seen within 4 hours



Notes: This chart shows performance on the 4 hour wait target by partnership. There is a difference of 11% between the highest performing area and the lowest performing area. The Scotland average is 93%. We can also provide A&E data on conversion rate- eg the proportion of A&E attendances which result in admission to hospital

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(a): Respondent Information Form (RIF)

Please Note this form **must** be returned with your response.

Consultation on the National Health and Social Care Standards

Are you responding as an individual or an organisation?

☐ Individual (See Part (i) below) ☒ Organisation (See Part (ii) below)

Did you attend an engagement event / workshop before competing this response?

No ☒ Yes ☐ Date …… Name of Event:……..……..….

Full name or organisation"s name

Falkirk Health and Social Care Partnership

Address

Denny Town House, 23 Glasgow Road, Denny

Postcode

FK6 5DL

Email

suzanne.thomson@falkirk.gov.uk

Phone number

01324 504133

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☒ Publish response with your name of organisation

☐ Publish response only (anonymous) – Individuals only

☐ Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Government to contact you again in relation to this consultation exercise?

Yes ☒ No ☐ Date Completed: …20 January 2017……

(b): CONSULTATION QUESTIONNAIRE

Q1: To what extent do you think the Standards will be relevant and can be applied across all health, care and social work settings?

Strongly Agree	
Agree	x
Neither agree nor disagree	
Disagree	

Comments

The Standards provide a helpful framework, however in order for these to become standard for all services, including those who are not registered with CI or HIS, local level commissioning will have to consider how to include these as compliance standards. It may be challenging to regulate standards within organisations operating out with a funding relationship – there will be no formal accountability.

Q2: To what extent do these Standards reflect the experience of people experiencing care and support?

Strongly Agree	
Agree	x
Neither agree nor disagree	
Disagree	

Comments

Services will be taking a person-centred approach with people, taking into account their personal outcomes. The standards appear well aligned with this approach.

Q3: (Standard 1: I experience high quality care and support that is right for me.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	x
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

It is suggested that there should be mention to care being "safe, effective and evidence based. "

Linked to the above, it would be helpful for clarity to be given on how this will be measured, especially so that people know that the care they receive is of a high quality. This will also assist to consistently benchmark services across other geographical areas.

It is also suggested an addition to read care and support is "right for me and my personal circumstances"

1.13 notes that 'needs are assessed by a qualified professional at an early stage'. Local support agencies may not have 'qualified professionals', but instead be established to provide informal support for specific emotional or physical issues based on self-referral. The introduction of standards locally should not preclude this type of support being delivered – a pragmatic approach is required to implementation.

Q4: (Standard 2: I am at the heart of decisions about my care and support.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	X
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

There are no proposed suggestions to add to this standard.

Q5: (Standard 3: I am confident in the people who support and care for me.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	X
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

There are no proposed suggestions to add to this standard.

Q6: (Standard 4: I am confident in the organisation providing my care and support.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	X
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

There are no proposed suggestions to add to this standard.

Q7: (Standard 5: And if the organisation also provides the premises I use.)
To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	X
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

It is not clear what this standard means read on its own and benefits from the Annex to fully clarify the expectations.

Q8: (Standard 6: And where my liberty is restricted by law.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	x
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

There are no proposed suggestions to add to this standard.

Q9: (Standard 7: And if I am a child or young person needing social work care and support.) To what extent do you think this Standard describes what people should expect to experience from health, care and social work services?

Strongly Agree	
Agree	x
Neither agree nor disagree	
Disagree	

Is there anything that is missing or should be added to this Standard?

There are no proposed suggestions to add to this standard.

Q10: To what extent do you agree these new Standards will help support improvement in care services?

Strongly Agree	
Agree	x
Neither agree nor disagree	
Disagree	

Comments

Given the intended role of the Care Inspectorate and Healthcare Improvement Scotland's to respond to these new standards, it would be helpful to understand how inspection/evaluation methodology will be developed. In addition, if this will be done in discussion with partnerships to ensure there is sufficient time to develop the necessary arrangements to demonstrate compliance with the new standards.

Q11: Is there anything else that you think needs to be included in the Standards?

Yes	
No	x

Comments

The Standards provide a helpful framework, however could be potentially be stifling to smaller organisations if implemented in totality. It may be helpful for local commissioners to use points within each standard as a 'menu' in order to ensure that services are working to appropriate points rather than all points. This may be particularly true for smaller organisations/community based supports.

Q12: Is there anything you think we need to be aware of in the implementation of the Standards that is not already covered?

Comments

With the Carers Act implementation on the horizon it will be important to keep in mind that taking account of the unpaid care and support around the person is critical to getting support right for both the person and their family/carers. Under the new regulations and the current SDS regulations carers will be identified as 'supported persons' if they are eligible for support so presumably the standards will also apply to them.

Q13. What should the new Standards be called?

☐ National Care Standards

X National Health and Social Care Standards

☐ National Healthcare and Social Care Standards

☐ National Care and Health Standards

☐ National Care and Support Standards

☐ Other - please provide details.....

Q14. Any other comments, suggestions:

Comments

None

(c): Additional Information
We recognise that people may have more than one experience of / involvement with health and care services. For example; you may work in a hospital or care home and also be a registered carer for a friend or relative receiving care services. For the purposes of this consultation please indicate the main capacity in which you are responding.

(i) As an individual **service user** (including on behalf of family) ☐

As an individual who **works or volunteers** in health/social care ☐

Please tick to select the services that you have used / have experience of:

Acute health care (emergency care, hospitals etc)	
Primary health care (GP and other community health services)	
Independent health care	
Adult social care	
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	
Community justice	
Other: (please state)	

(ii) As a **representative of an organisation** / service provider

Please tick to select the type of services that your organisation provides:

Acute health care (emergency care, hospitals etc)	x
Primary health care (GP and other community health services)	x
Independent health care	
Adult social care	x
Early learning and childcare	
Social work (including fostering, adoption, care homes for children and young people)	x
Community justice	
Other: (please state)	

Other Formats
Once finalised these new Standards will be made available in various formats. It would be helpful to know which format(s) may be required. Please indicate from the list below which formats you are most likely to use.

Easy Read ☐ Large Print ☒ Audio ☐ Braille ☐

Other languages (please indicate which) …British Sign Language ……..……..

Please indicate how you are most likely to access these Standards:

online / electronic ☐ paper copy ☐ Both x

AGENDA ITEM

6

This paper relates to Agenda Item 6

Falkirk Health and Social Care Partnership

Title/Subject: **Integration Joint Board Financial Report**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Chief Finance Officer**

Action: **Decision**

1. INTRODUCTION

1.1 The purpose of this report is to provide the IJB with an overview of the financial position of the Health and Social Care Partnership. This report has been prepared based on information supplied by the finance teams within Falkirk Council and NHS Forth Valley and on the basis of financial reporting arrangements and format agreed through the Finance Workstream.

1.2 The IJB will normally receive a financial report at each meeting.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

2.1. note the financial position of a reported overspend of £0.942m for the period ended 30 November 2016

2.2. note the reduction in the current projected overspend for the year to 31 March 2017 from £0.872m, as reported to the December IJB meeting, to £0.730m

2.3. note the anticipated use of Integration funding to cover the projected Adult Social Care Services overspend. This has been in place since the report presented to the 5 August meeting of the IJB and the IJB has previously approved this being met from the Integration Fund.

2.4. note the current position on savings programmes and other updates detailed in Section 5 of this report

2.5. note the update in relation to the implementation of the Living Wage as detailed in Section 7 of this report

2.6. note that an update on the 2017/18 Budget will be presented to the IJB in the form of a presentation

2.7. note the feedback received on 2017/18 budget proposals

2.8. note the post due diligence update on Community Hospitals as detailed in Section 9 of this report

2.9. note the update in relation to VAT and IJBs as detailed in Section 10 of this report

2.10. the IJB are asked to approve the holding of a special meeting in March 2017 for the primary purpose of considering the 17/18 budget.

3. BACKGROUND

3.1 The IJB agreed the initial budget for the Partnership for 2016/17 at its meeting of 24 March 2016.

3.2 The IJB approved the Recovery plan to address the projected overspend in Adult Social Work Budgets at the meeting of 3 June 2016 and a financial report and initial budget recovery plan update at its meeting on 5 August 2016.

4. FINANCIAL REPORT FOR PERIOD TO 30 NOVEMBER 2016

Summary of Financial Position

4.1 The summary financial position relating to IJB budgets for the period ended 30 November 2016 is a net overspend of £0.942m consisting of

- A £0.486m year to date overspend on budgets delegated to Falkirk Council
- A £0.456m year to date overspend on budgets delegated to NHS Forth Valley consisting of, £0.305m underspend on the Operational Management budget and a £0.762m overspend on the budget relating to Universal Health Services.

4.2 Based on financial performance to date, known issues which will affect the financial position over the remainder of the year and anticipated impact of measures to deliver savings and efficiency programmes an overspend of £0.730m is projected for the full financial year. Further information is detailed in Section 4 of this report.

A summary of the movement in projected outturn from the previous financial report is detailed in Table 1 below.

Table 1: Summary of Movement in Projected Outturn

SUMMARY FINANCIAL POSITION	Projected Outturn @ 31 October 2016 £m (Over)/Underspend	Projected Outturn @ 30 November 2016 £m (Over)/Underspend	Movement £m (Over)/Underspend
Budgets Delegated to Falkirk Council	(0.872)	(0.730)	0.142
Budgets Delegated to NHS Forth Valley	0.000	0.000	0.000
TOTAL	**(0.872)**	**(0.730)**	**0.142**

The reduction in the projected overspend from the level reported in the report to the December IJB totals £0.142m and consists of:

- Reduction in Adult Social Care Projected Overspend £0.142m

The projection is now less than the £0.896m approved from the Integration Fund by the IJB at its meeting of 5 August 2016 and the impact of this on the balance of the Integration Fund remaining is illustrated in section 6.2 of this report.

Changes to Partnership Budget

4.3 The initial budget agreed by the IJB in March 2016 totalled £200.078m. Changes to these initial budgets/payments detailed in the report to the IJB meeting on 5 August 2016 brought the budget to a total of £205.979m consisting of a payment from Falkirk Council of £61.926m, Set Aside budget and payment from NHS Forth Valley of £136.040m and Partnership Funding totalling £8.013m.

Table 2

Change in Payment from Falkirk Council

	£m
Payment at 31 October 2016	62.253
Change in Payment	0.000
Payment at 30 November 2016	**62.253**

Table 3

Change in Payment and Set-Aside from NHS Forth Valley

	£m
Set Aside and Payment @ 31 October 2016	138.073
Partnership Funding to Match Expenditure	0.198
Winter Plan Funding	0.259
Correction of Previous Adjustment re Complex Care	0.187
Other Budget Adjustments	0.053
Revised Set Aside and Payment @ 30 November 2016	**138.770**

Current Position

4.4 There are a number of budget pressures some of which are a continuation of overspends in previous years and some which related to emergent financial pressures in year and delivery of savings and efficiency programmes.

Significant Areas of Financial Pressure in relation to Delegated Budgets

4.5. The most significant areas of financial pressure are:

4.5.1. within the budgets delegated to Falkirk Council:

- Demand for Care at Home Packages. The number of externally purchased hours supplied in the period has increased by circa 5.7% on a year on year basis which illustrates a slowing in the rate of increase from 6.5%. The current projected overspend in this budget is £1.376m and the budget covers both external purchasing and services organised by community care teams.

- Demand for and costs of Residential and Nursing Home Care which are currently projected to overspend by £0.596m. This projection continues to reduce from previous reports due to the projected impact of ongoing work in negotiating and harmonising rates for external providers.

- Costs of Care Packages in Transition from Children's to Adult Services. £0.320m is included within the projections. There remains a risk that an additional case in transition may further increase this cost however the potential impact in the current year is not anticipated to have a material impact in the current financial year.

- Costs of providing care packages for patients being discharged from the Lochview Learning Disability inpatient facility of £0.191k in the current financial year and £0.344k for a full year.

- Net savings unlikely to be achieved in year totalling £0.270m

- These areas of financial pressure are partially offset by underspends in relation to some in-scope functions.

4.5.2. within the budgets delegated to NHS Forth Valley

- It should be noted the Set Aside budget will be reported annually as part of the annual financial statement in line with the financial reporting protocol agreed through the finance workstream. Where significant financial pressures are emerging in relation to the Set-Aside budget these will be reported via the narrative within future financial reports.

  In relation to the reporting period financial pressures in relation to the Set Aside budget are notable in relation to Accident & Emergency Services, Geriatric Medicine, Learning Disability Inpatients and Mental Health Inpatient Services. These financial pressures are reflective of demand and cost pressures across the system.

- The Operational element of the budget is reporting an underspend position of £0.305m for the period. There are a range of over and underspends within this area including underspends in Community Addictions, Learning Disability and Mental Health Services and the

significant financial risks relating to the costs of joint funded complex care packages and delivery of recurrent cash releasing savings.

- The Universal and Family Health Services element of the budget is reporting an overspend of £0.762m for the period due to phasing of savings plan delivery and anticipated volume increase on prescribing. Prescribing costs are included in the Community Pharmaceutical Services budget line which is reporting an overspend for the period of £0.966m and is partially offset by year to date reported underspends in Primary Medical Services and GP Out of Hours Services. Due to a two month time lag actual prescribing data the current position is based on actual data for September and estimates for October and November.

- Overall NHS Forth Valley are projecting that a balanced financial position for the year is achievable. This is, however, dependent on continued efforts to reduce costs, realise cash releasing efficiency savings and manage significant areas of financial risk around complex care packages, prescribing and staffing costs. Current expenditure trends, however, suggest in relation to prescribing costs that there is a possibility of an overspend in relation in-scope budgets for the Falkirk Partnership.

However, in line with the extant direction NHS Forth Valley are required to manage services within the resources delegated therefore a breakeven projection has been assumed for the purposes of this report.

Detailed financial summaries of the in-scope Falkirk Council and NHS Forth Valley budgets are attached at Appendix 1 and 2 to this report.

5. SAVINGS PROGRAMME AND OTHER UPDATES

5.1 High Risk Savings

The financial report presented to the IJB on 5 August 2016 detailed the high or red risk areas in relation to savings delivery across IJB functions which totalled £0.853m. This is against a quantum of savings programmes for 2016/17 totalling £4.5m.

The savings delivery programmes considered to be high or red risk in 2016/17 are incorporated within the projected outturns. The implications of these savings are being considered within financial planning for 2017/18 where relevant.

6. INTEGRATION FUND

6.1 As previously reported the Integration Fund was allocated to partnerships within the 2016/17 budget settlement as a share of £250m nationally to support cost and demand pressures in Social Care including the impact of implementing the Living Wage from 1 October 2016.

6.2 The Falkirk Partnership's share of this funding totals £7.070m.

Taking into account previous commitments against this funding and the current projected overspend in Adult Social Care Services the current position in relation to this funding is detailed in Table 5 below. Per the IJB Business Case it is proposed to create a reserve with any remaining funding from this source in 17/18 as part of prudent financial planning and in line with the IJBs reserves policy.

Table 5

INTEGRATION FUND	£m
Partnership Allocation	**7.070**
Commitments	
Living Wage from 1 October 2016 & Other Cost Pressures	3.540
Assumption per IJB Initial Budget Setting	1.000
Allocation per 16/17 Budget Recovery Plan	1.000
Requirement to Meet Projected Overspend Per 5 Aug IJB	0.896
Adjustment to Current Projected Adult Social Care Overspend	-0.166
Discharge to Assess Funding per 7 October IJB	0.100
Balance Remaining	**0.700**

7. LIVING WAGE UPDATE

7.1 At the meeting of the IJB on 5 August 2016, delegated authority was provided to the Head of Procurement & Housing Property (Falkirk Council) to engage with providers in order to implement the payment of the Living Wage in externally commissioned adult social care services.

Extensive engagement with providers has been undertaken and arrangements have now been concluded with all providers to pay their employees the Living Wage, effective from October 2016. These arrangements have been concluded within the parameters agreed by the IJB and the additional funding provided to the Falkirk Partnership. Work is now on-going with providers to monitor the implementation of the revised payment arrangements and their effectiveness.

The 2017/18 Local Government Finance settlement announced in December 2016 has base-lined the 2016/17 funding of £250m and increased this by a further £107m for 2017/18. This sum will once again be allocated to Integration Joint Boards via NHS Boards. Individual IJB level allocations were received on 18 January 2017. The additional £107m is to meet the full year costs of delivering the living wage, sleepovers and sustainability and removal of social care charges for those in receipt of war pensions along with pre-implementation work in respect of the new carer's legislation pressures.

Falkirk Partnerships allocations are as follows:

Share of £100m provided in NHS Board baseline allocation £2.84m

Share of additional £7m for War Pensioners and Pre-Implementation planning for Carers Act	£0.20m
TOTAL	**£3.04m**

Initial review suggests that the funding provided will be sufficient to cover the full year costs of the living wage for Falkirk Health and Social Care Partnership, but further analysis is being conducted. Further detail on this will be presented to the IJB within the budget update.

8. 2017/18 BUDGET UPDATE

8.1 2017/18 Budget

To allow for further analysis of the implications of the Scottish Draft Budget 2017/18 and considerations of Falkirk Council in relation to the IJB business case the budget update to the IJB will take the format of a presentation.

8.2 Feedback on IJB Budget Proposals

The IJBs budget proposals have been available to view and comment on via Falkirk Councils website since 15 December 2016. There has been 513 page views in this time with 7 responses being provided via the website through 'Survey Monkey' and one response provided directly to Falkirk Council via email. A summary of the responses is attached as Appendix 3.

9. POST DUE DILIGENCE ISSUES UPDATE

9.1 **Community Hospitals**

As previously highlighted to the post due diligence issue in relation to Community Hospital budgets reported to and discussed at the Finance Workstream meeting on 2 December 2016.

The issue was discussed fully and it was agreed with Finance Leads and Chief Officers that the as the current budget treatment meant that both budget and associated costs were placed within the Partnership where the beds are physically located this was both cost neutral to the IJB's budget and financial position. This was agreed to be consistent with both the ethos of the partnerships and efficient use of available bed capacity across Forth Valley and therefore all officers involved in the discussions are now comfortable that the treatment is appropriate.

As all community hospital sites have a degree of use across the Forth Valley population the use of bed capacity and associated costs will be monitored as part of ongoing performance arrangements of the partnership.

10. VALUE ADDED TAX (VAT) and IJBs

A further position letter has been issued by HMRC in relation to VAT Treatment on services provided by the partners. A copy of the HMRC letter is appended to this report as Appendix 4.

In summary the main points from the letter are:

- Where staff are supplied by the Health Board (HB) or Local Authority (LA) to deliver the delegated functions and there are no recharges made there is no consideration and as such no supply for VAT purposes.
- The secondment of the Chief Officer is outside the scope of VAT as the provision of a Chief Officer by a HB and/or LA is done under a special legal regime. This is the extant position on this issue and further clarity in relation to IJB Chief Finance Officers is being sought.
- In relation to support services, where such costs are part of government's funding to the partnership bodies (HB & LA) and are not payment by the accountable body (IJB) for services they would be outside the scope of VAT.

11. CONCLUSIONS

11.1 This financial report illustrates an ongoing moderate improvement in the underlying financial position within a challenging financial climate.

11.2 Efforts require to continue across all in-scope services to manage cost pressures, deliver savings programmes and deliver services within resources available. Significant effort and management attention is required to ensure the moderately improving financial position detailed in this report continues in the coming months and supports planning and delivery of financially sustainable service provision going forward.

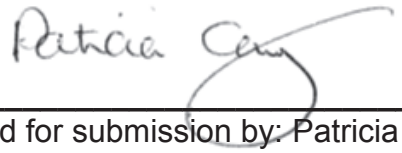
Resource Implications
As detailed within the body of the report.

Impact on IJB Outcomes and Priorities
The financial resources detailed in this report reflect the resources available to support the delivery of the strategic plan.

Legal & Risk Implications
Financial Risks are detailed within the body of the report'

Consultation
The IJB Chief Officer, Chief Finance Officer of Falkirk Council and Director of Finance of NHS Forth Valley have been consulted on the content of this report.

Equalities Assessment
There are no equalities issues directly arising.



Approved for submission by: Patricia Cassidy, Chief Officer

Author – Ewan C. Murray, Chief Finance Officer
Date: 20 January 2016

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.

24 March 2016 Integration Joint Board Budget
2 June 2016 Budget Recovery Plan
Previous IJB Financial Reports
18 November 2016 IJB 2017/18 Business Case

APPENDIX I - BUDGETS DELEGATED TO FALKIRK COUNCIL

POSITION @ 30 November 2016

	ANNUAL BUDGET			YTD ACTUALS			FORECAST FOR FINANCIAL YEAR	
	£m	£m	£m	£m	£m	£m	£m	£m
	INITIAL ANNUAL BUDGET	BUDGET ADJUSTMENTS	REVISED ANNUAL BUDGET	YEAR TO DATE BUDGET	YEAR TO DATE EXPENDITURE	YEAR TO DATE VARIANCE	FORECAST EXPENDITURE	FORECAST VARIANCE
Older People	3.025	(0.146)	2.879	1.919	1.962	0.043	2.815	0.064
Mental Health	0.598	(0.010)	0.588	0.392	0.463	0.071	0.481	0.107
Learning Disability	0.298	(0.014)	0.284	0.189	0.193	0.004	0.278	0.006
Physical Disability	0.639	(0.031)	0.608	0.405	0.414	0.009	0.595	0.013
Adult Support and Protection	0.209	(0.021)	0.188	0.125	0.186	0.061	0.097	0.091
Carers	0.208	0.000	0.208	0.139	0.146	0.007	0.197	0.011
Care at Home	21.264	8.384	29.648	19.765	18.848	(0.917)	31.024	(1.376)
Residential Care	18.871	2.859	21.730	14.487	14.089	(0.397)	22.326	(0.596)
Respite Care	1.268	0.010	1.278	0.852	1.061	0.209	0.964	0.314
Day Care/ Services: PD,LD,OP,MH	3.710	0.149	3.859	2.573	2.909	0.336	3.355	0.504
MECS/Telecare/Telehealth	0.439	0.043	0.482	0.321	0.334	0.013	0.463	0.019
Housing with Care/Sheltered Accommodation	6.836	(5.755)	1.081	0.721	0.701	(0.020)	1.111	(0.030)
Shopping Service	0.012	0.001	0.013	0.009	(0.016)	(0.025)	0.050	(0.037)
Equipment and Adaptations	0.415	0.000	0.415	0.277	0.347	0.071	0.309	0.106
Advocacy	0.096	0.000	0.096	0.064	0.064	0.000	0.096	0.000
Sensory Team	0.440	0.008	0.448	0.299	0.366	0.067	0.347	0.101
Mental Health Team	0.264	0.017	0.281	0.187	0.183	(0.004)	0.287	(0.006)
Learning Disability Team	0.552	0.016	0.568	0.379	0.309	(0.069)	0.672	(0.104)
JLES	0.152	0.165	0.317	0.211	0.213	0.001	0.315	0.002
Day Care/Centre: MH	0.160	0.003	0.163	0.109	0.159	0.051	0.087	0.076
Sensory Resource Centre	0.090	0.001	0.091	0.061	0.073	0.012	0.073	0.018

Voluntary Organisations	0.393	(0.031)	0.362	0.241	0.233	(0.008)	0.374	(0.012)
Garden Aid	0.000	0.489	0.489	0.326	0.326	0.000	0.489	0.000
Housing Aids and Adaptations	1.200	0.000	1.200	0.800	0.800	0.000	1.200	0.000
Improvement Grants	0.327	0.000	0.327	0.218	0.218	0.000	0.327	0.000
IJB Board	0.000	(5.350)	(5.350)	(3.567)	(3.567)	0.000	-5.350	0.000
TOTAL LOCAL AUTHORITY BUDGETS	**61.466**	**0.787**	**62.253**	**41.502**	**44.582**	**(0.486)**	**62.983**	**(0.730)**

Notes:

1. Breakdown of Falkirk Council's contribution to IJB as

General Fund payment to IJB	£58.939	£0.573	£59.512
HRA Payment to IJB	£1.200	£0.214	£1.414
Demographic Pressure (Integration Funding)	£1.000	£0.000	£1.000
Capital	£0.327	£0.000	£0.327
	£61.466	£0.787	£62.253

2. Year To Date expenditure and Year To Date variance is calculated on pro rata basis.

APPENDIX 2

BUDGETS DELEGATED TO NHS FORTH VALLEY

		Annual Budget 30th November 2016	Budget to date	Actual	Variance (over) / under spend
		£m	£m	£m	£m
	Operational				
8	District Nursing Services	4.111	2.740	2.866	(0.125)
9	Community Addiction Services	2.949	2.000	1.880	0.120
10	Community Based AHP Services	6.224	4.122	4.194	(0.072)
11	Public Dental Service	1.046	0.698	0.717	(0.019)
17	Services provided outwith a hospital in relation to geriatric medicine	1.364	0.898	0.817	0.081
18	Palliative Care (delivered in Community)	0.055	0.037	0.050	(0.013)
19	Community Learning Disability Services	0.811	0.540	0.432	0.108
20	Community Mental Health Services	4.921	3.242	3.104	0.138
21	Continence Services	0.193	0.129	0.113	0.016
23	Services Provided by health professionals that aim to promote public health	1.404	0.914	0.873	0.041
24	Community Hospitals	6.419	4.247	4.255	(0.008)
Rtrs	Resource Transfer	11.253	7.502	7.502	(0.000)
JPA	Joint Partnership Agreements	2.312	1.529	1.490	0.039
	Partnership Funds (ICF/ Delayed Discharge / Bridging)	1.627	1.567	1.567	(0.000)
	Subtotal - Operational Management	**44.689**	**30.165**	**29.860**	**0.305**
	Universal				
12	Primary Medical Services (GMS Contract)	21.780	13.691	13.508	0.183
13	Primary Dental Services (GDS Contract)	8.555	5.389	5.399	(0.010)
14	Community Ophthalmic Services	2.957	1.981	1.981	(0.000)
15	Community Pharmaceutical Services	34.484	23.237	24.203	(0.966)
16	GP Out of Hours Services	1.370	0.849	0.817	0.032
	Subtotal - Operational Management	**69.146**	**45.147**	**45.908**	**(0.762)**
	TOTAL FALKIRK IJB	**113.835**	**75.312**	**75.769**	**(0.456)**
	PROJECTION FOR FINANCIAL YEAR				**0.000**

NOTES:

1 The annual budget illustrated above plus set aside budget of £24.935m equals the total set aside and payment from NHS Forth Valley.

2 The set aside budget will be reported annually as part of annual reporting requirements.

3 The forecast takes account of the extant direction requiring NHS Forth Valley to deliver integration functions within resources delegated.

APPENDIX 3

Summary of Responses to Budget Proposals

A) Responses received through 'Survey Monkey' via website.

Total Responses 7

Comments Relevant to IJB Budget Proposals 2

One comment referred to Oakbank closure asking for clarity on what proposal means in practice and one relating to pay rates for carers and the charging policy not wholly covering costs.

B) Responses received through direct email.

Total Responses 1

The email response was detailed and generally supportive of the proposals/ Specific commentary related to:

- Early Intervention and Prevention – specially how citizens can take more personal responsibility for own health and wellbeing.
- Review of high cost care packages and charging policy
- Care at Home and the concept of Kinship Carers *"Could the concept of NHS paid kinship carers apply in contexts where posts cannot be filled and the person needing care cannot afford to pay for it ? For example a member of nuclear or extended family lives close enough and is able and/or willing to take on at least some of the care responsibility and be paid for it . This will not always be possible and would only work where both parties are happy about the arrangement."*
- Efficiencies through real-time monitoring *"Seems reasonable"*
- Garden Aid *"so financial as well as social assessment will be required and is reasonable" "Family members could support and facilitate the older / disabled person's access to garden services if not able or willing to provide the service themselves."*
- Day Services for Older People *"Many older people much prefer the option of remaining in their own homes and the reality is that this is much more cost effective than residential care. With the right supports and services this can work" "Seems reasonable and assume most reasonable people will see the logic and fairness in this"*
- In House and External Residential Care *" Hierarchy of services and interventions ranging from paid for or subsidised: family support/care; community care; part-time care at home; full time care at home; tele-care at home; overnight care at home; part–time residential care; full-time residential care relative to level of need and social/financial assessment. Attendance allowance, self-directed support and personal independence payments where appropriate."*
- Increase Income Through Charging Policy "*Reasonable and fair to do this. The reality is that if we are able bodied and have mental capacity and the financial means then we use our income to pay for our own care anyway. Reasonable for that to continue where it is possible"*

HM Revenue & Customs

Wealthy Midsized Business Compliance
Public Bodies
S0733
NEWCASTLE
NE98 1ZZ

Mr S Mathieson
Ernst and Young LLP
10 George Street
EDINBURGH
EH2 2DZ

Phone 03000587064

Email helen.wilkinson@hmrc.gsi.gov.uk

Web www.gov.uk

Date 28 November 2016
Our ref

Dear Stewart

Integration Joint Board (IJB) VAT Treatment on services provided by the partners

With reference to your letters of 15 and 29 June 2016 and our meeting on 21 June 2016, please find enclosed our decision in relation to the VAT treatment of the exchanges of staff between the Health board (HB) and Local Authority (LA), when under the direction of the Integrated Joint Board (IJB.

Firstly, please be aware that this opinion is given based on the information available to us at this particular moment in time. If any of the IJB/LA/HB's involved should deviate or have differing situations to those highlighted here, please contact HMRC so we can discuss further.

On 21st we established that the following scenarios were occurring across the functioning IJB's interviewed;

i) The supply of these services is seen as part of the party's statutory obligation/contribution to the IJB, so the LA/HB have not recharged for any costs incurred. They see this as now being part of the culture/everyday element of people's job roles rather than an 'extra'.
ii) The IJB have apportioned the funding to cover the costs of the provision of a delegated service proportionately, e.g. 40% to one party and 60% to the second party, so ensuring that each party's costs are covered.
iii) Where one party receives 100% of the funding from the IJB for the delegated service, but requires resources from the second party to complete the service, the second party has recharged the first party, i.e. the party receiving 100% of the funding, for the supply of those services.

To address each in turn;

i) Where staff are supplied by the HB or LA to deliver the delegated functions and there are no recharges made, there is no consideration and as such no supply for VAT purposes.

ii) As the funding has been apportioned there should be no need to raise a recharge and therefore the same principle applies as above.

iii) Where a recharge for the supply of staff is raised, this does attract VAT and should be charged as appropriate.

Other scenarios discussed

i) It was advised that one partnership had recruited a number of people, specifically and wholly, to deal with the administration/day-to-day functioning of the IJB. These people were recruited internally from the LA/HB and externally, ultimately those recruited chose to take employment contracts with the LA. The Partnership advised that the LA were currently recharging the HB for 50% of the cost of these people.

It wasn't clear whether the LA received funding from the IJB to cover the cost of these individuals. If they do not receive any funding from the IJB then recharging the HB for this cost should attract VAT, and they are correct in applying VAT to the recharge. If the LA do receive funding or alternative, retain funds to cover this cost from the IJB, then I do not understand why they need to recharge the HB for 50% of the cost.

ii) We were also advised that one partnership was raising a 50% recharge plus VAT in relation to the Chief Officer position/cost.

I have already confirmed that the secondment of the Chief Officer is outside the scope of VAT as the provision of a Chief Officer by and HB and/or LA to the IJB is done under a special legal regime. Therefore the LA/HB should not be charging VAT to the other party on this supply as it outside the scope of VAT.

Support services

My apologies for any confusion caused, I don't recall referring to the support services as falling outside the scope of VAT due to an SLR but do stand by my initial advice for their treatment based on the outcome of *West Central Halifax Partnership Ltd (MAN/98/262),* i.e. the Tribunal's conclusion was that any money used to pay for the WCHPL administration costs were part of government's funding to the partnership bodies, including WCHPL. They were not payment by the accountable body for services and would therefore be outside the scope of VAT. Please ensure that this is accounted for correctly and that there is no cross over into the supply of staff, which could attract the VAT treatments, as explained above.

I hope this clarifies the appropriate treatments the IJB parties need to apply going forward.

As advised above, should you be aware of any alternative practises/methods of accounting are occurring, please let me know so we can discuss further.

Yours sincerely

Helen Wilkinson
Customer Relationship Manager

AGENDA ITEM

7

Falkirk
Health and Social Care
Partnership

Title/Subject: **Partnership Funding**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Chief Officer**

Action: **For Decision**

1. INTRODUCTION

1.1 The purpose of this report is to provide the Integration Joint Board with the following information in relation to Partnership Funding; Integrated Care and Delayed Discharge Funds:

- An update regarding the development of a framework to enable the IJB to appropriately commission and thereafter scrutinise services to Third Sector organisations, compliant with 'Following the Public Pound' guidance.

- Funding recommendations for new proposals reviewed in accordance with the agreed Partnership Funding Governance process, detailed within Appendix 1.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

2.1 Note the progress of the Leadership Group in relation to a framework for commissioning Third Sector organisations in compliance to 'Following the Public Pound' and agree that the framework is presented to the Audit Committee for due scrutiny prior to submission to the IJB.

2.2 Approve allocations of Partnership Funding, as presented in Appendix 1 and in 4.4 of this report.

3. BACKGROUND

3.1 The Scottish Government allocated Integrated Care (ICF) and Delayed Discharge (DD) funds to add value to existing core services. The local investment of these ring-fenced funds are intended to support the delivery of improved outcomes from health and social care integration and to prevent delays in discharge and prevent avoidable admissions to hospital and attendances at ED. Funds are allocated through a single governance process,

NHS Forth Valley

Falkirk Council

which is intended to provide transparency of allocation and allow effective performance monitoring.

3.2 There are currently 42 active initiatives funded via ICF or DD funds, spanning the four key priority investment areas: Avoiding Unplanned Admission, Health & Wellbeing in Communities, Support for Carers and Infrastructure.

The majority of investment remains within Avoiding Unplanned Admission (64%), however with review and evaluation of existing initiatives, it is intended that investment continue to be reconfigured to align with evidenced need and Partnership priorities.

There has been an increase in investment in Health & Wellbeing within Communities from 10% to 15%. The number of initiatives has increased from eight to fifteen, however projects tend to be smaller in scale and therefore the overall impact on proportionate investment is less.

Table 1 below provides an overview of the financial position as at January 2017.

	2016/17			2017/18		
	Resource available	Current Projected Expenditure	Available to commit	Resource available	Current Projected Expenditure	Available to commit
	£'000	£'000	£'000	£'000	£'000	£'000
Integrated Care Fund	3,863	2,909	954	3,798	2,055	1,743
Delayed Discharges	894	894	-	864	494	370
Resource for reallocation (from qtr2 projections)	-	193	193			
TOTALS	4,757	3,610	1,147	4,662	2,549	2,113

Table 1: Financial position at January 2017

3.3 Figures provided in Table 1 include movement of funds due to disinvestment in initiatives, for example the Closer to Home Enhanced Social Work Capacity. Underspends and delays in expenditure reported via the monitoring process have also been included and assumptions previously made regarding expenditure during 2017/2018 have been revised, altering the available balance to commit.

4. FOLLOWING THE PUBLIC POUND FRAMEWORK

4.1 The Leadership Group continue to progress the development of Partnership arrangements for commissioning services to Third Sector organisations in line with Audit Scotland and the Accounts Commission, 'Following the Public Pound' guidance.

4.2 There is a complicated mix of funding for Third Sector organisations in place across the Partnership. Some organisations receive funds from multiple sources from Health and Council services including short term, ringfenced budgets such as ICF and Carers Strategy funds. The implementation of the commissioning framework requires to allow budgets to be allocated and performance to be monitored with consideration of the following:

- Clear alignment of investment with the HSCP Strategic Plan and priorities
- Potential de-commissioning of some services which no longer meet with HSCP priorities
- Maintenance of services supported through short-term funding, in line with service specific commissioning strategies and priorities e.g. CPP SOLD Plan and the Mental Health & Wellbeing Priority
- Alignment of in-scope service provision, currently funded by service areas that are out of scope and vice versa; and
- The introduction of new legislation, which changes current statutory responsibility.

4.3 In December, the IJB agreed that this framework be reported directly to the IJB in February. It is recommended that the framework be presented to the Audit Committee in the first instance to allow scrutiny and consideration of fitness for purpose, in relation to Partnership governance arrangements. It is therefore proposed that the finalised framework be presented to the IJB.

4.4 In October 2016, the IJB approved short term funding to the Immediate Help Service, delivered via Falkirk's Mental Health Association (FDAMH). This funding was awarded for an interim period until such time as a commissioning framework could be developed to allow the IJB to effectively review and commission services to Third Sector organisations. Funding is due to end on 31 March 2017. Given the on-going development of the framework and the priorities of the CPP and IJB relating to mental health and well-being, it would be prudent to extend the funding period to 30 September 2017. The resource implication is £16,200.The service continues to provide monitoring information and is evidencing positive outcomes for people who use the service.

5. PARTNERSHIP FUNDING INVESTMENT

5.1 During the past two months, the Partnership Funding Group has considered nine funding proposals, two of which are continuations of existing initiatives. Recommendations made by the PFG have been endorsed by the Strategic Planning Group, and are included within Appendix 1 of this report. Investment recommendations relate to all eight of the nine proposals and amount to a total of £347,344.

5.2 The extension of FDAMH's Immediate Help Service as proposed in 4.4, brings the total proposed investment of ICF funding to £387,275.

6. CONCLUSIONS

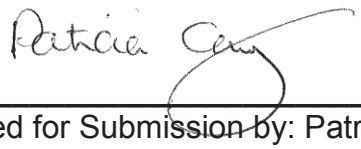
Resource Implications
There are no additional resource implications over and above those reported within the body of the report.

Impact on IJB Outcomes and Priorities
Partnership investment aligns and contributes directly towards Strategic Plan outcomes and priorities.

Legal & Risk Implications
No legal issues have been identified. Risk implications relate to individual initiative performance and compliance with Scottish Government requirements regarding use of partnership funds. The governance and monitoring process previously approved addresses any potential risk.

Consultation
Individual initiatives are required to consult and engage with stakeholders in the development and implementation of all services. During the preparation of future commissioning proposals, consultation is an expectation and condition of partnership funding.

Equalities Assessment
Allocations of partnership funding directly contribute towards and align with the Strategic Plan and a full Equalities and Poverty Impact Assessment has been completed for the Plan. Further EPIA will be undertaken for areas of disinvestment.



Approved for Submission by: Patricia Cassidy, Chief Officer

Author – Lesley MacArthur, Integrated Care Fund Co-ordinator
Date: 13 January 2017

List of Background Papers:

Integrated Care Plan December 2014
IJB Papers regarding Partnership Funding:
- 7 October 2016
- 5 December 2016

Partnership Funding Group minute and scoring matrix
- 6 December 2016
- 9 January 2017

Strategic Planning Group: Partnership Funding Group Project Summary and Recommendations

Funding Proposals: Recommendations – All funded services and posts are required to integrate within the Change Programme and be an integral part of the cohesive whole system approach

Project Name & Lead Agency	Amount and Term Requested	Project Summary	Strategic Alignment	Recommended Funding	Justification/Condition
Food Buddies Outside the Box	£27,667 1 April 17- 31 March 18	**Overview:** Food Buddies is a service that promotes peer support among older people on all aspects of food – planning food, shopping, cooking, eating and eating out. The project began in August 2016. The project was planned to reduce isolation and encourage people aged 50+ to look after themselves as part of improving and maintaining their health and wellbeing. During the initial phase of the project, Outside the Box identified specific groups of people with additional support needs . This group will typically have one or more of these characteristics: • aged over 75 • living alone or with a family carer • be a carer struggling to cope with the person they care for and/or their own food needs • living with dementia and/or other significant health problems • at risk of hospital admission or needing additional health and social care where not eating well or not managing other aspects related to food is part of the challenges they face. Additional funds have been requested to increase the hours of 2 staff to add value to existing funding secured to deliver information and activities to older people about food. The project will also recruit volunteers as peer mentors. The focus will be +75 age group initially within Denny and Stenhousemuir areas. At least 150 people from those areas will benefit from the project either by receiving information or participating in activities – this will be based on individual need. Once the project has been piloted within this area, it will then be rolled out to another localities, which will be identified based on consultation and area based need. Information leaflets/guides developed by the project will be widely disseminated across the Falkirk Council area.	**Self Management:** Support older people and their carers to understand and manage food in relation to their own health and wellbeing. **Safe:** People will have increased skills and confidence around cooking and eating safely. **Autonomy & Decision Making:** Older people with higher needs will continue to make choices around food. **Community Based Supports:** Community organisations and care services are confident in being able to support people around food. The project fits well with ICF principles, which has involved people in design, will continue to involved people in delivery and by adding value to basic provision to establish sustainable delivery.	£27,667 1 April 17- 31 March 18	Funding is recommended with the following conditions: • Future areas are identified based on health inequality data in addition to local consultation. • Links are made with Forth Valley Sensory Centre Lunch Club and ALFY.
ALFY NHS Forth Valley	£88,298 1 April 17 – 31 March 18	**Overview:** In December 2016, following an evaluation of Advice Line for You (ALFY) as a public advice line, the IJB approved the recommendation that funding should not be allocated to the service in it's existing format. It was however noted that there was potential for ALFY to be developed to be a Single Point of contact for professionals. To this end, a proposal was requested detailing a revised service. The revised proposal requests funds for a further year to enable service redesign in line with the wider "Closer to Home" project. This will ensure that ALFY remains as a single point of access for the public but will also be central to the development of a single point of access for professionals. As a single point of referral for community Health Services (initially), initial triaging by ALFY staff thus releases capacity those within community services. This is an area of high priority for GP services, highlighted through the whole system working locality discussions. This is also consistent with strategic plan priorities. Protocols and pathways will be developed to ensure all referrals are appropriate. It is anticipated that calls will increase to 45 per day. This increase in anticipated calls will reduced the unit cost from the current model at £120 per call to around £5.50 per call.	**Self Management:** People are able to manage their health conditions through access to advise, information and prompt referral when required. **Safe:** Professionals have access to community services on a 24/7 basis, ensuring that people can be directed to relevant services promptly. **Autonomy & Decision Making:** Communities have access to reassurance and advice, whilst professionals can take decisions about people's care based on prompt response from community services. **Community Based Supports:** Staff are aware of third sector/community based supports as a point of referral or signposting. **Service User Experience:** People have access to services timeously	£88,298 1 April 17 – 31 March 18	Funding is recommended with the following conditions: • The revised ALFY service ensures that Reablement is central to provision. • That a detailed implementation plan is provided regarding how the service will be incrementally introduced. • That the capacity released within community health teams is measured at regular intervals. • Performance measures are developed by 1 April, or when the new service model is introduced, if before that time.

			The service fits well with ICF principles in being able to develop and test new service models. The new model is based on feedback from stakeholders including professionals and service users.		
Social Inclusion project Falkirk Council	£73,006 1 April 17 – 31 March 18	**Overview:** The Social Inclusion Project (SIP) is led by Falkirk Council, but run in partnership with Signpost Forth Valley and the Richmond Fellowship and has been piloted during 2015/2016. The project provides short term, intensive support to vulnerable individuals aged 16+ years who reside within the Falkirk Council area and who satisfy a number of the following criteria: • Adults (persons over 16 years of age who are not under supervision in terms of social work (Scotland) Act 1968), although consideration will be given to young people under supervision in conjunction with the appropriate youth services; • Who are at significant risk of offending or who persistently commit crime and have significant frequencies of offending in Falkirk; • Who commit those crimes in order to finance their drug/alcohol/substance dependency; • Adults who may be subject to the Adult Support and Protection (Scotland) Act 2007; • Who are subject to reports to the Vulnerable Person Database and/or subject to significant police concerns; • Who are frequent attenders at NHS Forth Valley and neighbouring Emergency Department(s). SIP is not a self-referral service; the target population are identified via Police Scotland, Falkirk Council Social Work, Conflict Resolution Service, FIRST Team, Signpost, NHS A&E and the Hospital Addiction Team. The intensity of intervention and support offered by the SIP is based on individual complexity and assessed level of risk. The aim of the SIP is to bring multi-disciplinary agencies/services together to coordinate and commit to the intensive case management of individuals whose issues and behaviours have caused them difficulties with, and in many cases, exclusion from universal services. The multi-disciplinary approach of the project is essential to the delivery of effective and responsive recovery planning that ensures the appropriate support and interventions are both available and accessible for the individual. It is estimated that the project will work with 120 new referrals during 16/17 in addition to @60 individuals currently receiving support. From Jan 15 – Jan 16, 118 were referred to SIP, with 92 engaging in support. The predominant demographic is mid-30's with long history of substance misuse and known to the criminal justice system.	**Self Management:** People are positively engaged in services, promoting healthier lifestyle and wellbeing **Safe:** Communities feel safer as a result of reduced anti-social behaviour **Autonomy & Decision Making:** People have more control over their own health and wellbeing through making better lifestyle choices **Community Based Supports:** Services work collaboratively to provide sustainable, cost effective support **Service User Experience:** Intensive support is provided based on individual need Project fits with ICF principles in providing leverage and opportunity to further test and adopt new models of integrated working practice, to achieve better outcomes for service users and more effective collaborative service provision.	£73,006 1 April 17 – 31 March 18	Funding is recommended.
Braveheart Optimise Health Braveheart	£10,000 1 April 17 – 30 Sept 17	**Overview:** Braveheart have applied for a 6 months funding extension to test and evaluate the effectiveness of 5 pilot weight management programmes and to design new weight management maintenance programmes in partnership with NHS. In addition, additional funds will be used to specifically target priority groups in the community including ethnic minority groups. Due to the higher risk of developing type 2 diabetes, sessions will be delivered to 75 over 55's from the Muslim community in February, and a demand is expected from these groups for further support and weight management programmes. There has also been interest from the Syrian Women's Group in healthy eating sessions. Braveheart have also been asked by people currently participating in weight management courses to provide continuing weight maintenance sessions for the groups when they complete the initial programme. These will be developed and evaluated in consultation with the NHS Weight Management lead. Braveheart intend to keep the momentum of this work going and will apply for the new, early intervention "healthy weight" themed funding which the Big Lottery is launching in the spring of 2017.	**Self Management:** People are able to manage their weight, having a positive impact on health and wellbeing. **Autonomy & Decision Making:** People have more control over their own health and wellbeing through making better lifestyle choices **Community Based Supports:** Services are in place that enable people to make healthier lifestyle choices **Service User Experience:** Service is provided free of charge and is accessible to those most in need.	£10,000 1 April 17 – 30 Sept 17	Funding is recommended on condition that: • Based on evaluation findings, that another source of funding is sourced are sources beyond 30 September 17 • Groups are integrated and inclusive regardless of age, gender, faith etc.

HSCP Small Grant Scheme Falkirk Council	£20,000 1 April 17 – 31 March 18	**Overview:** Falkirk HSCP Community Grants Scheme will offer small grants of up to £2,000, to groups and organisations operating within communities across the Falkirk Council area. The Scheme will be open to all groups and organisations that contribute towards people's ability to live well within their community by helping improve health and wellbeing. £20,000 is requested, which will enable the allocation of between 15 and 20 small grants during 2017/2018 Falkirk HSCP Community Grant Scheme recognises the contribution of smaller Third Sector organisations and community organisations on the design and delivery of services that have an positive impact on health and wellbeing. "Community" can refer to either geographical communities or communities of interest. Small, local third sector organisations support the key aims and principles of Health and Social Care Integration in a number of ways. Firstly, the community third sector offers a powerful mechanism to support the reablement of people following an episode of ill health, to allow them to live for as long as possible back in their own homes and communities with accessible social interaction and activities. Secondly, these organisations offer a unique opportunity to engage with citizens to advocate and support preventative activity with people who have not yet entered the health and care system to help minimise or postpone the need for formal health or care services. Thirdly, recognising the key role that these organisations play in health and social care will create the opportunities and the impetus for these organisations, which are increasingly seen as the key to the success of Health and Social Care Integration, to participate in the design of future services. This project will also begin to introduce the Participatory Budgeting as a catalyst for community involvement. The scheme also recognises the work done by small local third sector groups in relation to providing social interaction and / or networks of support to local adults. Examples of such organisations could be lunch clubs, bowling clubs, or local transport groups etc. The key characteristic would be that the group's involvement has a positive impact on the health of local adults, although this may be an additional benefit rather than a stated aim of the group. The groups must be open to new people to join in with their activities.	**Self Management:** Communities are encouraged to 'get involved' and are able to develop initiatives based on local need **Autonomy & Decision Making:** Communities are able to influence what supports are available within their own area **Community Based Supports:** Communities have access to a flexible resource, linked to local outcomes Project fits with ICF principles specially in terms of involving communities in service delivery and developing foundations for locality planning/delivery.	£20,000 1 April 17 – 31 March 18	Funding is recommended.
Active Minds Year 2 Falkirk Community Trust	£39,930.50 1 March 17 – 31 March 18	**Overview:** This proposal is for year 2 funding for the Active Minds Project, which is a 24 week exercise referral programme for people with mental health issues. The Active Minds project has now been embedded within Active Forth, which is a referral programme for people with Long-term conditions. The initial year's funding has enabled the Trust to develop the skills and knowledge to programme for a range of mental health conditions, develop referral pathways and embed the programme within Active Forth.. During the second year, the Trust intend to increase the number of referrals received from a range of new referring partners, and to increase the range of activities provided. Feedback has been taken on board that not everyone wants to attend the gym, and there is capacity within FCT to deliver across a range of services. Partnerships will be developed through schools, Social Work (particularly through the Self Directed Support programme) and other interested partners to develop a social referral programme where people can access a range of activities to support their mental wellbeing. During the first year of the programme, mental health awareness and first aid training was delivered to staff across the Trust. This has generated an interest from across departments, who would like to develop more inclusive services.	**Self Management:** People are able to manage and improve their own health and wellbeing **Safe:** People have access to support to enable them to participate in a way that is safe and reduces risk of further illness/injury **Autonomy & Decision Making:** People are able to access services that best fit with their own outcomes **Community Based Supports:** A range of services are accessible across the Falkirk Council area Project fits with ICF principles, particularly in relation to stakeholder involvement in design and implementation.	£39,930.50 1 March 17 – 31 March 18	No further funding is recommended. The PFG and SFG note the increased capacity within FCT to be able to provide inclusive services for people with mental health issues, that has been facilitated via staff development. The group agreed that whilst access to exercise was very important for people with mental health issues, that they should be encouraged to access mainstream provision as opposed to having a specific programmes. It was noted that Active Minds is now an integrated part of Active Forth and that referral pathways have been established. It was agreed that FCT should now be able to continue this provision without additional resource via ICF.
Workforce Training & Development Falkirk HSCP	£75,000 1 April 17 – 31 March 18	**Overview:** The delivery of integrated, outcome focussed services across the Partnership relies on a workforce with consistently high standards of knowledge and skills, working to a shared vision. The workforce includes those employed within Heath and Social Work, the Independent and Third Sectors and also volunteers and unpaid carers. This proposal is to provide a training and development budget of £75,000 to be used ensure that opportunity can be offered in line with identified need, to enable the adoption of evidence based practice and improvement, in a responsive and timeous way. The funds will be used to facilitate training via in-house provision, buy in expertise when required and also to enable the release of staff or volunteers to participate.	**Self Management:** A consistent approach is taken to the provision of care and support across the Partnership, which enables people to manage their own health and wellbeing **Safe:** Services are delivered in a safe and effective manner, with consistent standards across the Partnership	£75,000 1 April 17 – 31 March 18	Funding is recommended in principle, with the following condition: • That a fully costed proposal highlighting how the fund will be used, be developed for consideration by the PFG in March '17.

		During the development of Falkirk HSCP Strategic Plan, Local Delivery Plan and the implementation of a range of strands of work intended to test innovative practice and service improvement, such as developments regarding the Frailty Model and Reablement a range of training needs have been identified across the Partnership. In considering service delivery across the Partnership and the development of a whole systems approach, it is clear that there are pockets of best practice within some services, which some other areas could learn and benefit from. The Partnership has an Organisational and Workforce Development Group. To date, the work of the group has focussed on strategic development, including the Integrated Workforce Plan which supports the Strategic Plan. At an operational level, training provision is currently inconsistent, in that there is not a co-ordinated approach to identification of training needs and training delivery across the Partnership. Partners are currently responsible for training within their own services/organisations, which is effective in isolation, however does not encourage the cross-fertilisation of good practice, consistency in skill development or integrated working. The resource being requested within this proposal will enable programmes of training to be delivered on a Partnership wide basis, to ensure consistency in message, approach and timescale.	**Service User Experience:** The workforce has a shared vision for Health and Social care and service is available at the right time, place and pace. Project fits with ICF principles via the development of integrated working practice across the Partnership.		
Peer Information Hub Falkirk Council	£22,667 1 February 17-31 March 18	**Overview:** This project will be directed by Housing Services, however will be delivered by Outside the Box and the Make it Happen Forum. ICF will be used to support staff for 1.5 days per week, volunteer expenses and printing and event costs. The project will produce and provide information about housing options for older adults living in all tenures, but with a particular focus on private sector tenants. The need for the project in terms of lack of current sources of information was highlighted via consultation undertaken during the development of the Local Housing Strategy. Housing services would like to address this need; however Housing Revenue funds are not able to support provision to those living in the private sector, where 73% older adults reside. The project will work with local organisations and groups to ensure that information and peer support is appropriately targeted. 450 will receive direct support and 1500 indirect (via wider dissemination of information). The work being developed by the Housing Service has been highlighted as best practice by the Scottish Government as it is noted that this project will make a local contribution to a national issue in terms of people not being able to remain at home at time of escalating support need, as their accommodation is either not suitable or not suitable for adaptation.	**Self Management:** Older adults will have access to information to enable them to manage and maintain their ability to live well within their home. **Safe:** Older adults and carers have information about living safely and reducing risks within their homes. **Autonomy & Decision Making:** Older people will have information and advise on which to base decisions **Community Based Supports:** People have access to information about support available within their local community **Service User Experience:** Peer mentors work with older people to inform future services The project fits well with ICF principles, which has involved people in design, will continue to involved people in delivery and by adding value to basic provision to establish sustainable delivery.	£22,667 1 February 17-31 March 18	Funding is recommended with the following condition: • Links are established with Citizens Advice Bureaux and Community Nurses.
Partnership Support • Performance Support • Senior Information Analyst	£14,320 31 March – 30 June 17	3 posts are currently funded to provide technical support to the HSCP, specifically in relation to the Co-ordination of Partnership Funding, Performance Support and Data Analysis. The current end date for each of these functions varies, with Performance Support currently ending 31 March, Data Analyst Support ending on 31 May and Partnership Funding Co-ordinator ending on 30 June. To enable a review of the functions against the evolving need of the Partnership, it is proposed that the end dates for these functions be brought in line, to 30 June 2017. Further to review, recommendations regarding any further support requirements will be brought forward for consideration by the PFG in early March 17, with recommendations being made to the IJB in April 2017.		£14,320 31 March – 30 June 17	Funding recommended.

AGENDA ITEM

8

This paper relates to Agenda Item 8

Falkirk Health and Social Care Partnership

Title/Subject: **Performance Report**

Meeting: **Integration Joint Board**

Date: **3rd February 2017**

Submitted By: **Head of Performance and Governance, NHS Forth Valley**

Action: **For Noting**

1. INTRODUCTION

1.1 As per the approved Performance Management Framework the Integration Joint Board has a responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan.

2. RECOMMENDATION

The Integration Joint Board is asked to:

2.1 Note the content of the performance report to the IJB

2.2 Note the exceptions highlighted and that appropriate action will be taken forward by the relevant NHS General Managers, in conjunction with the Chief Officer

2.3 Note that the performance information in this report will be considered by Falkirk Council's Scrutiny Committee (External).

3. BACKGROUND

3.1 The purpose of this report is to ensure the Integration Joint Board (IJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in Strategic Plans. The IJB in November 2016 received a full update on the partnership's position against the National Health and Wellbeing Outcomes, measured by the National Core Integration Indicators. As reported, the data sources can date over long periods of time and are therefore not as timeous as data collected more routinely. A year end position against the National Outcomes and National Core Integration Indicators will be presented in the Partnership Annual Report.

3.2 This report focuses on lower level partnership indicators linked to the outcomes of the Strategic Plan. Further work is required to refine these with a workshop session of the Performance Workstream taking place on the 27th January 2016 to consider this further. This will include consideration around targets and tolerances for further review by the IJB.

3.3 Challenges remain with data collection and ensuring measurement is meaningful. There can be a tendency of reporting what information is available with effort required

to consider what is actually needed to elicit service change at a local level. This report has attempted to begin to look at indicators at a partnership level with work required to move forward to consider information at a locality level over time.

4. APPROACH

4.1 As described in the previous IJB Performance Report, to ensure that there is a direct link back to the Strategic Plan, a Strategy Map was created (Appendix 1) which details the Partnership's Vision, expected Local Outcomes and then maps these against the National Health & Wellbeing Outcomes and National Core Indicators and local Partnership Indicators. As noted work is underway to further develop local partnership indicators against the Strategic Plan to sit underneath the National Indicators and grouped in such a way to make it meaningful to measure delivery of local outcomes across the spectrum of delegated functions including mental health, leaving disability, drug and alcohol services etc.

4.2 The content of the report mainly focuses on indicators around capacity across the system including delayed discharges with some measures of experience. It is acknowledged that delayed discharges are included in the Chief Officer report to the IJB and moving forward it is anticipated that the detail required will be included in the routine performance report in terms of the position and improvements required.

4.3 Correspondence was received by the Chief Executive, NHS Forth Valley, and the Chief Officer for the Falkirk Partnership in December 2016 regarding the Draft Budget 2017/18. Priorities for all Integration Authorities were made clear noting the responsibility for the planning and provision of social care, primary and community care and unscheduled hospital care for adults. Key areas were noted including aims to:

- Reduce occupied hospital beddays associated with avoidable admission and delayed discharges focussing on investment in care alternatives
- Increase the provision of good quality appropriate palliative and end of life care particularly in people's homes and communities or where appropriate in hospices
- Enhance primary care provision expanding multidisciplinary teams, sustainability, development of GP cluster etc.
- A focus on mental health improving outcomes and reducing variation
- Deliver agreed service levels for Alcohol and Drug Partnerships
- Provision for the living wage
- Continue implementation of Self Directed Support
- Prepare commencement of the Carer(Scotland) Act 2016

4.4 Further correspondence was received on 19th January 2017 from the Ministerial Strategic Group for Health and Community Care (MSG) intimating that partnerships are being invited to set out the local objectives for each of the indicators noted below by the end of February. This clearly sets out the expectation however timescales will be challenging and discussions are underway with the Scottish Government. Indicators:

- Unplanned admissions
- Occupied bed days for unscheduled care
- A&E performance
- Delayed Discharges
- End of Life care

- Balance of spend across institutional and community services.

4.5 Further work will be undertaken to ensure the performance reporting reflect activity across priorities effectively.

5. REPORT STRUCTURE

5.1 Section 1 of this report considers key exceptions for further focus. Section 2 provides a performance overview of key performance in respect some local partnership indicators noting a RAG status where appropriate. Section 3 - Summary of Key Performance provides detail, where relevant, of the partnership action around improvement. These are grouped under the five local outcome headings identified by the Falkirk partnership as described above.

5.2 The Covalent performance reporting system has been used to prepare the majority of this report. Within that system a variance range is required to be set for indicators. This defines the acceptable or tolerable spread between numbers in a data set for red and amber RAG statuses.

6. FINANCE AND PERFORMANCE

6.1 As previously highlighted, in order to ensure a sound basis for decision making and prioritisation, performance information should be read alongside financial reports to give a rounded view of the overall performance and financial sustainability of the partnership. Additionally, the triangulation of key performance indicators, measureable progress in delivering the priorities of the strategic plan and financial performance should be regarded as forming the cornerstone of demonstrating best value. Moving forward greater linkage will be made between the reports in preparation for the formulation of the Annual Report.

7. CONCLUSION

7.1 Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in Strategic Plans. This report represents the next step in terms of presenting a formal performance report to the Board.

Resource Implications

The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

8. Impact on IJB Outcomes And Priorities

Only by managing performance can the delivery of the IJB outcomes and priorities be truly assessed providing a sound basis from which to make decisions regarding investment and service change.

Legal & Risk Implications

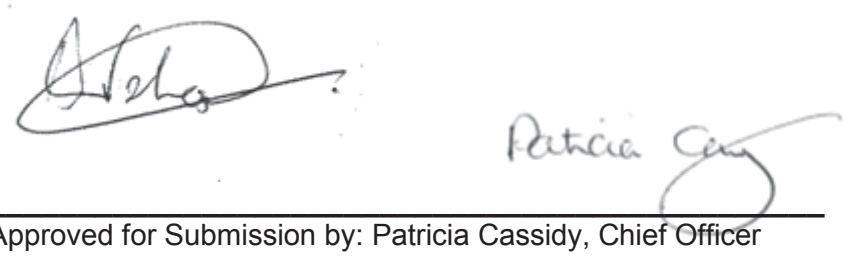
Performance management is a legal requirement as defined in the IJB's Integration Scheme.

Consultation

Approach defined in the approved Performance Management Framework and further developed through the Performance Management Workstream with all parties represented.

Equality and Human Rights Impact Assessment

Report not assessed. Content derived from national indicators.



Approved for Submission by: Patricia Cassidy, Chief Officer
Author – Elaine Vanhegan, Head of Performance and Governance
Date: 26 January 2017

List of Background Papers:
IJB Performance Management Framework

Section 1 - Summary Exceptions

Local Outcome	Indicators	Comment
Self Management - *Of health, care and wellbeing*	- Emergency Dept (ED) 4 hour wait - Emergency Dept attendances over 65yrs, 75yrs and 85yrs	- The comparator of Dec 15 & Dec 16 indicates there has been a deterioration in the ED 4 hr wait for patients in the Local Authority area with a rise in ED attendance for each of the categories presented. This is both a local and national trend. - Variation across all measures occurs month on month and is monitored closely.
Autonomy Decision Making - *Where formal support is needed people can exercise control over choices.*	- Emergency Admission per 100,000 population/bed days 75+yrs - Long term condition admission and Number of ACPs	- There is a reduction in overall emergency admissions across the partnership over the time period, despite an increase in attendance at ED. The beddays for 75+ have also reduced although the figure for those with specific Long Term conditions has risen – reflecting the national picture. - The number of patients with an ACP has increased with further work required on the full impact of having an ACP
Safety - *Health and Social care support systems keep people safe and live well for longer*	- Two areas of measurement have been considered; readmissions and Adult Support and Protection	- As described in the previous IJB report further work is underway reviewing readmission data and linking this to Anticipatory Care Plans but an improved position is noted within the report for the partnership over the time period. - Three Adult Support and Protection indicators are reported here as data only indicators, as there is no 'good' number of ASP events.
Service User Experience - *People have a fair and positive experience of health and social care*	- Delayed Discharges including 50% reduction target - Self Directed Support Spend on Adults 18+ - SW Adult Services Complaints - SW Adult Services Sickness Absence	- Comparator taken from Dec 15 to Dec 16 with a deterioration over the time period however from mid December 2016 to into January 2017 improvement is noted. - The partnership is ahead of target against the 50 % reduction by the April census - Performance on this indicator has increased in the last year with Falkirk ranked 21. - Performance dipped 3% below the standard in the first half of 2016-17. - Sickness absence is 2% higher than the 5.5% Council target.

Local Outcome	Indicators	Comment
Community Based support - *To live well for longer at home or in homely setting*	- Respite for people aged 65+ - Carers' assessments - Provision of new adaptations - Overdue pending OT Assessments	- There was a reduction in provision of respite weeks provided to older people 65+ over the reporting period. - The number of carers' assessments has dipped in the first half of 2016-17. - There has been a 9% dip in the provision of new adaptations in 2016-17. - The number of overdue pending OT assessments has remained the same as at September 2016.

Section 2 - Overview

Falkirk Health and Social Care - Partnership Indicator Performance (as at September/December 2016)

Local Outcomes	Partnership Indicator	RAG Falkirk	
1. Self Management - of Health, Care & Wellbeing	1. Emergency department 4 hour wait	Dec 2015	Dec 2016
		97.8%	**93.8% ▼**
	2. Emergency department attendances per 100,000 population for 65+	2015	2016
		2,273.6	**2,402.8 ▼**
	3. Emergency department attendances per 100,000 population for 75+	2015	2016
		2,982.1	**3,149.2 ▼**
	4. Emergency department attendances per 100,000 population for 85+	2015	2016
		4,062.5	**4,408.7 ▼**
2. Autonomy & Decision Making – Where formal support is needed people can exercise control over choice	5. Emergency admission rate per 100,000 population	2014/15	2015/16
		10,311	**9,956 ▲**
	6. Acute emergency bed days per 1000 population for 75+	2014/15	2015/16
		484,451	**474,984 ▲**
	7. Long term conditions – bed days per 100,000 population	Dec 2015	Dec 2016
		6,765	**7,716 ▼**
	8. Number of patients with an ACP	Dec 2015	Dec 2016
		5,759	**6,915 ▲**
	9. KIS as Percentage of the Board area list size	Dec 2015	Dec 2016
		3.8%	**4.5% ▲**
3. Safety – Health & Social Care support systems keep people safe and live well for longer	10. Readmission rate within 28 days per 1000 population 75+	Dec 2015	Dec 2016
		5.15	**4.35 ▲**
	11. Number of Adult Protection Referrals (data only)	2015/16	2016/17 H1
		579	**257**
	12. Number of Adult Protection Investigations (data only)	2015/16	2016/17 H1
		45	**20**
	13. Number of Adult Protection Support Plans (data only)	Mar 2016	Sep 2016
		12	**9**
	14. The total number of people with community alarms at end of the period	2014/15	2015/16
		4,484	**4,526 ▲**
	15. Percentage of community care service users feeling safe	2015/16	2016/17 H1
		90%	**91% ▲**

Local Outcomes	Partnership Indicator	RAG Falkirk	
4. Service User Experience – People have a fair and positive experience of Health & Social Care	16. Total standard delayed discharges	Dec 2015	Dec 2016
		35	**37 ▼**
	17. Total delayed discharges over 2 weeks	Dec 2015	Dec 2016
		24	**26 ▼**
	18. Total bed days occupied by delayed discharge s	Nov 2015	Nov 2016
		1001	**1247 ▼**
	19. Number of code 9 delays	Dec 2015	Dec 2016
		8	**12**
	20. Number of Code 100 delays	Dec 2015	Dec 2016
		9	**3 ▲**
	21. Total delays		**Dec 2016**
			49▲
	○ 50% reduction target (30 by April 2017 census)		**56**
	22. Percentage of service users satisfied with their involvement in the design of their care package	2015/16	2016/17 H1
		98%	**98% ◄►**
	23. Percentage of service users satisfied with opportunities for social interaction	2015/16	2016/17 H1
		93%	**93% ◄►**
	24. Percentage of carers satisfied with their involvement in the design of care package	2015/16	2016/17 H1
		92%	**93% ▲**
	25. Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	2015/16	2016/17 H1
		89%	**80% ▼**
	26. Percentage of Adults satisfied with social care or social work services, and rank nationally (biennial indicator) (national Local Govt Benchmarking Framework (LGBF) indicator	2012/15	2013/16
		74% (1st)	**69% (3rd) ▼**
	27. Average weekly cost per care home resident, and rank nationally (LGBF indicator)	2014/15	2015/16
		£325 (6th)	**£339 (8th) ▼**
	28. Older Persons (65+) Home Care Costs per Hour and rank nationally (LGBF indicator)	2014/15	2015/16
		£16.33 (9th)	**£14.74 (2nd) ▲**
	29. Self Directed Support Spend on Adults 18+ as a % of Total spend on Adults 18+, and rank nationally (LGBF indicator)	2014/15	2015/16
		1.9% (29th)	**2.6% (21st) ▲**
	30. The proportion of Social Work Adult Services complaints completed within 20 days (target – 70%)	2015/16	2016/17 H1
		73.4%	**66.7% ▼**
	31. Sickness Absence in Social Work Adult Services (target – 5.5%)	2015/16	2016/17 H1
		7.9%	**7.7% ▼**

Local Outcomes	Partnership Indicator	RAG Falkirk	
5. **Community Based Support** – to live well for longer at home or in a homely setting	32. The total respite weeks provided to older people aged 65+ (overnight & daytime combined)	2014/15	2015/16
		1,834.2	**1,703.7 ▼**
	33. The total respite weeks provided to older people aged 18-64 (overnight & daytime combined)	2014/15	2015/16
		729.1	**724.6 ▼**
	34. Number of people aged 65+ receiving homecare (Target to increase by 3%) *	Mar 2016	Sep 2016
		1,867	**1,856 ▼**
	35. Number of homecare hours for people aged 65+ (Target to increase by 3%) *	Mar 2016	Sep 2016
		14,622	**14,010 ▼**
	36. Rate of homecare hours per 1000 population aged 65+ (Target >=503.4) *	Mar 2016	Sep 2016
		512.2	**490.8 ▼**
	37. Number receiving 10+ hrs of home care (Target to increase by 3%) *	Mar 2016	Sep 2016
		406	**393 ▼**
	38. The proportion of Home Care service users aged 65+ receiving personal care	Mar 2016	Sep 2016
		91.6%	**91.7% ▲**
	39. The proportion of Home Care service users aged 65+ receiving a service during evenings/overnight	Mar 2016	Sep 2016
		49.3%	**49.5% ▲**
	40. The proportion of Home Care service users aged 65+ receiving a service at weekends	Mar 2016	Sep 2016
		79.9%	**80.8% ▲**
	* **Note each year's Home Care data is a snapshot of provision in a single reporting week at end of reporting period**		
	41. Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	2015/16	2016/17 Q1
		77.4%	**93.0% ▲**
	42. Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	2015/16	2016/17 Q1
		63.7%	**73.3% ▲**
	43. Number of new Telecare service users 65+	2014/15	2015/16
		124	**142 ▲**
	44. The number of people who had a community care assessment or review completed	2015/16	2016/17 H1
		9,571	**5,492**
	45. The number of Carers' Assessments carried out	2015/16	2016/17 H1
		1,936	**818 ▼**
	46. The number of new adaptations provided during the reporting year	2014/15	2015/16
		1,766	**1,605 ▼**
	47. The number of overdue 'OT' pending assessments at end of the period	Mar 2016	Sep 2016
		352	**352 ▼**

SECTION 3	Summary of Key Performance – by Exception

LOCAL OUTCOME Self Management – Individuals, carers and families are enabled to manage their own health, care and wellbeing.

Local Partnership Indicators – (aligned to national indicators as appropriate)

1. **Emergency Department 4 Hour wait**
   Purpose of Indicator: This is a system measure which can be impacted upon for a variety of reasons e.g. the availability of beds for admission, inappropriate ED attendance, multiple attendances all at once and it is not all within the control of the ED. The target is that 95% (moving to 98%) of people should wait no longer than 4 hours from arrival in the ED, to admission, discharge or transfer from the ED.

2. **Emergency Department attendances per 100,000 population for those aged 65+,**
3. **Emergency Department attendances per 100,000 population for those aged 75+ ;**
4. **Emergency Department attendances per 100,000 population for those aged 85+**

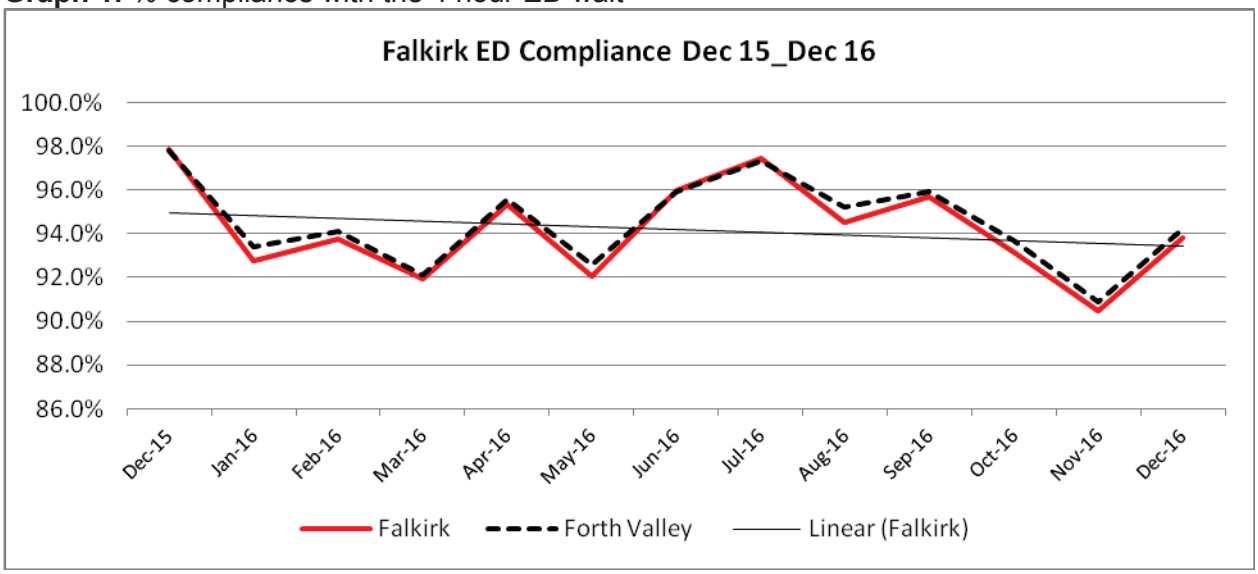
   Purpose of Indicators: The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated. The goal is a reduction in the rates of attendance at A&E.

   There are on-going challenges in respect of Emergency Department 4 Hour wait and Emergency Department attendances both locally and nationally. In terms of the 4hr ED target, from a position above target of 97.4% (Board wide) in December 2015, performance throughout 2016 remained relatively stable across Forth Valley ranging on average between 94% and 95%. In October 2016 performance became more challenging averaging between 92% and 93% with a notable increase in breaches down to 'wait for bed' as the system was challenged with an increased number of delayed discharges. The other main reason for patents breaching the 4 hour wait period is 'wait for first assessment' with considerable work undertaken throughout the year to ensure all processes with the emergency Department are as efficient as possible.

Emergency Department 4 hour Wait

Target is 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - with a stretch aim of 98%.

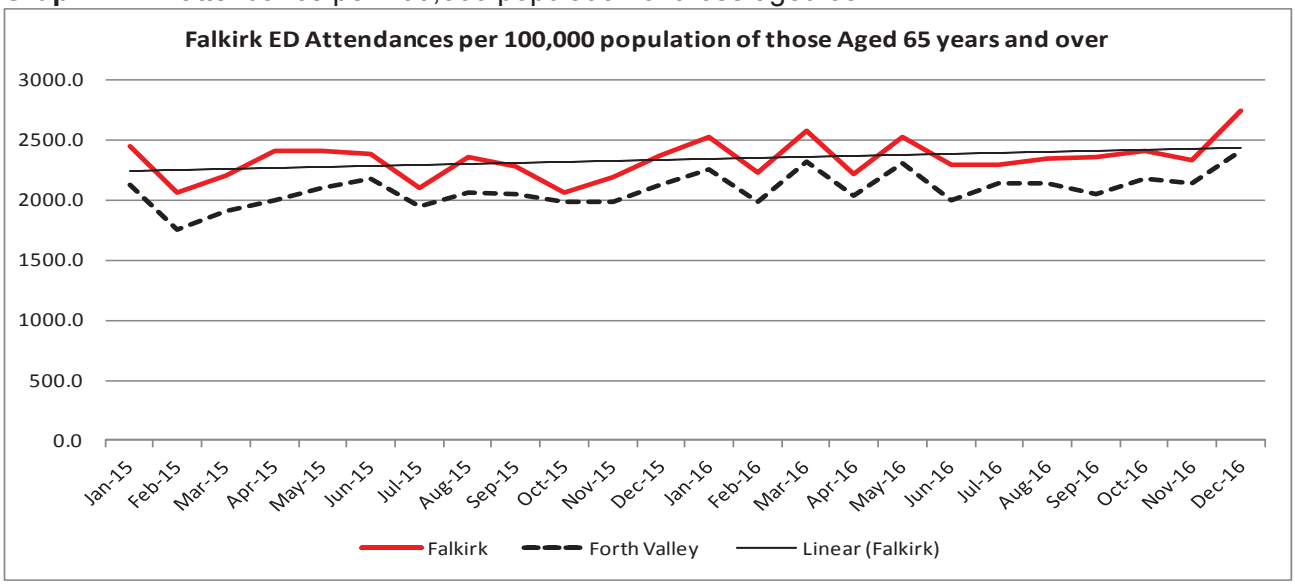
Graph 1: % compliance with the 4 hour ED wait



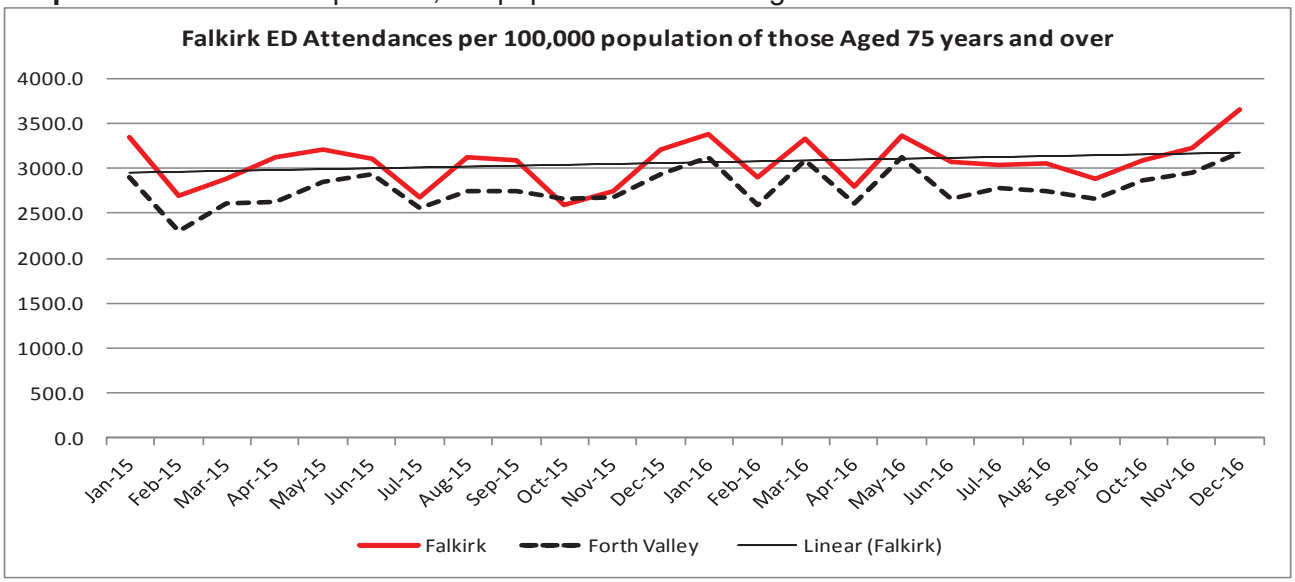
Emergency Department attendances

The graphs illustrate the rising trend of ED attendance but notably this has not been matched with a rising trend on admission or over 75+ beddays. Further work is required to correlate this information to activities at the front door, discharge routes e.g. Closer to Home, Intermediate care and now Discharge to Assess and information regarding home care.

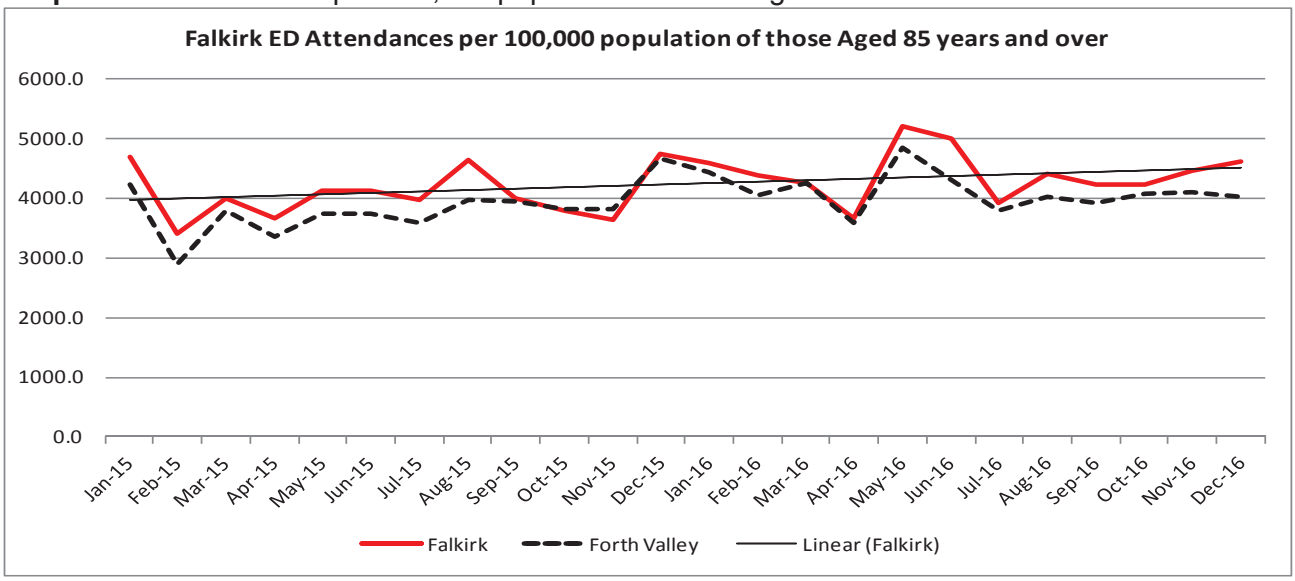
Graph 2: ED attendance per 100,000 population of those aged 65+



Graph 3: ED attendance per 100,000 population of those aged 75+



Graph 4: ED attendance per 100,000 population of those aged 85+



LOCAL OUTCOME Autonomy and Decision Making - Where formal support is needed people should be able to exercise as much control and choice as possible over what is provided.

Local Partnership Indicators – (aligned to national indicators as appropriate)

5. Emergency admission rate per 100,000 population

Purpose of Indicator: To monitor a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. Improvements in peoples overall health, and reducing health inequalities should also lead to fewer emergencies (the emergency admission rate is strongly related to patient age and to deprivation).

Position

Emergency admission rate per 100,000 population	2014/15	2015/16 ▲
	10,311	9,956

Improved position over the reporting period. Close monitoring continues with work to link the determinants to admission over time e.g. health inequalities multiple morbidityetc.

6. Acute emergency bed days per 1000 population for 75+

Purpose of Indicator: This measure is intended to support improved partnership working between the acute, primary and community care sectors ensuring the most appropriate treatments, interventions, support and services are provided at the right time to everyone who will benefit.

Position

Acute emergency bed days per 1000 population for 75+	2014/15	2015/16 ▲
	484,451	474,984

Improved position over the reporting period. Close monitoring continues.

7. Long term conditions – bed days per 100,000 population

Purpose of Indicator: To support an improvement in ambulatory care for people with long term conditions in the community. Conditions currently included are Diabetes, Hypertension, Angina, Ischaemic Heart Disease, Chronic Obstructive Pulmonary Disease, Asthma and Heart Failure.

Position

Long term conditions – bed days per 100,000 population	Dec 2015	Dec 2016▼
	6765	7716

The Long term conditions indictor has seen a rise over the reporting period. This is a longstanding measure with a similar pattern being seen nationally. Work is underway to consider this more locally and include other conditions such as those related to drugs and alcohol.

8. Number of patients with an ACP

9. KIS as Percentage of the Board area list size

Purpose of Indicator: The measure is the number of patients who have a Key Information Summary (KIS) or Electronic Palliative Care Summary (ePCS) uploaded to the Emergency Care Summary (ECS). The ECS provides up to date information about allergies and GP

prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

Position

KIS as Percentage of the Board area list size	Dec 2015	Dec 2016▲
	3.8%	4.5%

This is a useful indicator of an increase in activity around planning ahead and ensuring vulnerable at risk of admission or requiring additional support have a KIS. Further work is underway to look at the impact of these in respect of readmission and how ACPs and the KIS is being used on a day to day basis and kept in a timely fashion people have .

Work is on-going in respect of the Decision Making Partnership Indicators in support of ensuring meaningful data and comparisons.

LOCAL OUTCOME Safety - Health and social care support systems are in place, to help keep people safe and live well for longer.

Local Partnership Indicators – (aligned to national indicators as appropriate)

1. **Readmission rate within 28 days per 1000 population 75+ (note this is a National Indicator too)**
   Purpose of Indicator: The readmission rate reflects several aspects of integrated health and care service - including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners. The 28 day follow-up was selected as this is the time that the initial support on leaving hospital, including medicines safety, could have a negative impact and result in readmission.

   Position

Readmission rate within 28 days per 1000 population 75+	Dec 2015	Dec 2016▲
	5.15	4.35

   The IJB received a report indicating a long standing challenge with readmissions across Forth Valley underlining work to understand and address the position was being led by the Medical Director. The year on year comparator for the Falkirk partnership indicates an improved position. Work continues to monitor this important indicator.

LOCAL OUTCOME Service User Experience - People have a fair and positive experience of health and social care.

Local Partnership Indicators – (aligned to national indicators as appropriate– note delayed discharge not currently an national indicator)

Purpose of Indicator: Waiting unnecessarily in hospital is a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it.

16. **Total standard delayed discharges**
17. **Total delayed discharges over 2 weeks**
18. **Total bed days occupied by delayed discharges**
19. **Number of code 9 delays**
20. **Number of code 100 delays**
21. **Total delays - 50% reduction in delayed discharges by April 2017 census**

There have been on-going challenges in respect of delayed discharges. In December, the Health Board Chief Executive and the Chief Officers of the Health and Social Care Partnerships in Forth Valley met with the Shona Robison, Cabinet Secretary for Health and Sport. The purpose of the meeting was to discuss performance against the national delayed discharge target and the actions the Health Board and Partnerships intend to implement to improve the position. At this meeting the overall situation was considered and it was agreed that a 50% reduction in delayed discharges was required by the end April Census. This was based the total number of patients across Forth Valley in November including Guardianships and Codes 9s. Trajectories have since been set from December onwards.

Delayed Discharges

At the December census date, in relation to delays which count towards the national, published delayed discharge target (standard delays), there were:

- 37 people delayed in their discharge
- 26 people who were delayed for more than 2 weeks
- 5 people identified as a complex discharge (code 9)
- 7 people proceeding through the guardianship process
- 3 people identified as a Code 100 delay.

Although there has been a decrease in the position since the last report to the IJB as highlighted in table 1 and graph 1, this remains an ongoing challenge and is being closely monitored. Data excludes Codes 9 and 100.

Table 1: Total delays and delays over 2 weeks December 2015 to December 2016

	Dec '15	Jan '16	Feb '16	Mar '16	Apr '16	May '16	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16
Total delays at census point	35	27	23	29	27	23	32	45	51	46	39	35	37
Total number of delays over 2 weeks	24	20	14	18	18	12	18	30	33	29	25	22	26

Graph 1: Total delays and delays over 2 weeks December 2015 to December 2016

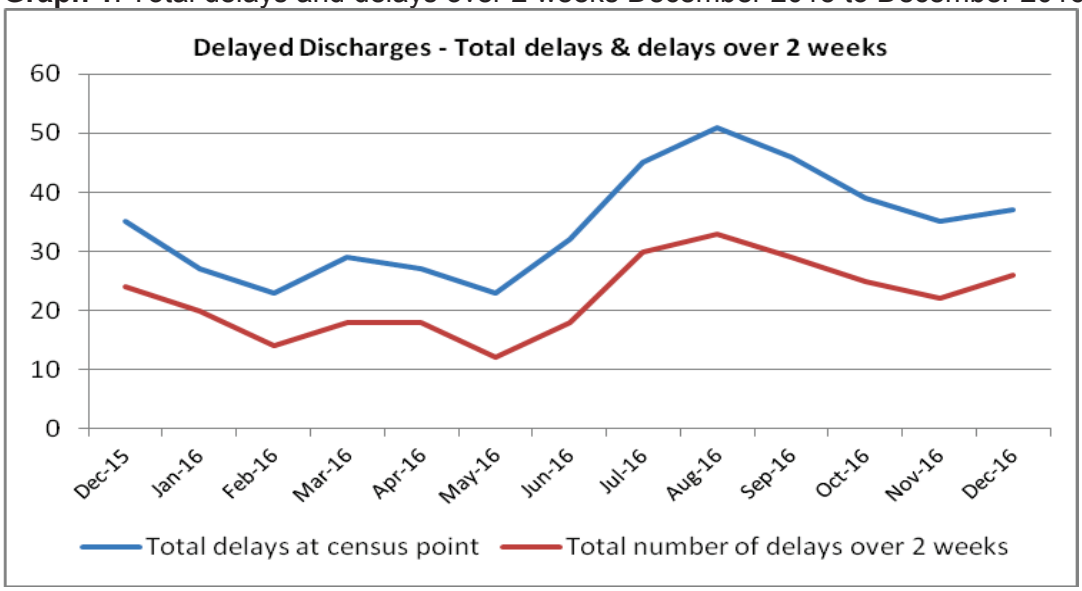


Table 2 shows the total picture of delays in Falkirk Partnership across all categories expressed as occupied bed days. These figures are for full months to the end of October and show increasing pressure on bed days compared with February 2016.

Table 2: Total occupied bed days in 2016

	Nov '15	Dec '15	Jan '16	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Equivalent Beds (Nov)
Standard delays	1001	1085	926	797	990	975	875	854	1247	1468	1432	1393	1247	40
Complex Delays/ Guardianships (Code 9)	231	248	236	217	265	277	186	158	256	275	376	454	374	12

Forth Valley agreement for reduction in Delayed Discharges December 2016-April 2017

Following a meeting with the Scottish Government in December 2016, targets for the remainder of the financial year, including the April census, have been agreed on a Forth Valley NHS Board basis. The target total includes all Code 9 but excludes Code 100.

Falkirk 2016/17 - Trajectory

	December	January	February	March	April
Target	56	47	42	34	30
Actual	49				

Improvement Plan

The Partnership Delayed Discharge Group has developed an Improvement Plan which covers in a single plan all of the strategic operational actions that partners require to take to improve and maintain the delayed discharge position. Updates on elements of the Plan will be provided on an ongoing basis as appropriate with a proposal that a full update is provided to the IJB on a six monthly basis.

Further detail is discussed in the Delayed Discharge Progress Report on the IJB Agenda.

29. Self Directed Support expenditure

Purpose of Indicator:

Self Directed Support allows people needing support to decide on the support they need and who will provide it. This indicator calculates the cost of Self Directed Support spend on adults as a proportion (%) of the total social work spend on adults. This indicator allows councils to monitor

how much is spent on Self Directed Support as a proportion of their total spending on adult social work. Over time, this will help us establish if more clients wish to adopt Self Directed Support for themselves.

Position

	2014/15	2015/16
Self Directed Support Spend on Adults 18+ as a % of Total spend on Adults 18+, and rank nationally (LGBF indicator)	1.9% (29th)	2.6% (21st) ▲

This indicator is reported by the Improvement Service as one of four local Government Benchmarking Framework indicators and reports data on SDS expenditure. However, the data only includes expenditure under SDS options 1 and 2. The indicator excludes SDS expenditure where service users chose either local authority managed services, or services involving multiple SDS options 1, 2, or 3. For this reason, the data is not regarded as reliable for comparison across local authorities, but Falkirk rose from the fourth quartile, rank 29 in 2014-15 to third quartile, rank 21 in 2015-16.

Work has commenced on a new eligibility framework to complement the development of outcomes focused assessment practice. Alongside this work, where a person's need is assessed as being eligible a new approach to resource allocation will give an upfront indicative individual budget which is expected to lead to more people feeling confident about the SDS option of taking a direct payment [SDS option 1] or using their individual budget to direct the Council as to the use of the budget [SDS option 2].

30. Complaints to Social Work Adult Services

Purpose of Indicator:
Monitoring and managing complaints is an important aspect of governance and quality management. It also helps to ensure that any necessary improvement actions arising from complaints are followed up and implemented .

Position

	2015/16	2016/17 H1
The proportion of Adult Social Work Service complaints completed within 20 days (target – 70%)	73.4%	66.7% ▼

During 2017 changes will be made to the administration of complaints as part of continuous improvement in this area of performance.

31. Sickness Absence in Social Work Adult Services

Purpose of Indicator:
The management of sickness absence is an important management priority since it reduces the availability of staff resources and increases costs of covering service. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

Position

	2015/16	2016/17 H1
Sickness Absence in Adult Social Work Service (target – 5.5%)	7.9%	7.7% ▼

Sickness absence is a key managerial priority and the service continues to pursue initiatives to manage this issue as effectively as possible, in line with corporate HR policies and procedures.

A dedicated HR Assistant post has been created to focus on absence management with all Home Care Managers and Seniors receiving training and ongoing support in this area. This demonstrated a positive shift with a 2% reduction in absences across the home care service in general from 10% absence down to the current 7.5%. A programme of awareness briefings for all home carers were held to target short-term absence to try to reduce our absence rates further. A new dedicated HR Assistant post has now been created to fulfil the same function for the remaining sections within Social Work Adult Services.

LOCAL OUTCOME Community Based Support – to live well for longer at home or in a homely setting within their community

Local Partnership Indicators – (aligned to national indicators as appropriate– note delayed discharge not currently a national indicator)

32. Respite for older people aged 65+

Purpose of Indicator: The importance of supporting unpaid carers and enabling people to live independently at home are both well established aspects of the Scottish Government's approach to health and social care. Short breaks are an essential part of the overall support provided to unpaid carers and those with care needs, helping to sustain caring relationships, promote health and well being and prevent crises.

Position

	2014/15	2015/16
The total respite weeks provided to older people aged 65+ (overnight & daytime combined)	**1,834.2**	**1,703.7 ▼**

There has been a decline in the number of weeks of respite provided between 2014-15 and 2015-16. Increased activity and partnership working between the Central Carers Centre and the Short Breaks Bureau has created alternatives to traditional overnight respite/short breaks provision. For example, the Carers Centre respite and Short Breaks Bureau "respitality" initiative. As across other areas of service provision there has been increased scrutiny of submissions for respite care under the current Eligibility Criteria. Work during 2017 on implementation of the Carers [Scotland] Act 2016 will provide opportunities to work in partnership with carers on improvement actions around carers' breaks.

45. The number of Carers' assessments carried out

Purpose of Indicator: Supporting carers is recognised as an important element in the Falkirk Integrated Strategic Plan. So it is important to ensure we monitor and support carers through assessment and involvement in the planning and shaping of services required for the service user and for themselves.

Position

	2015/16	2016/17 H1
The number of Carers' Assessments carried out	**1,936**	**818 ▼**

There has been a small decline in the number of Carers' assessments carried out by community care teams in the first half of 2016-17. However, it is important to note that in addition to carers assessments carers' experiences when carrying out assessments are also recorded (see Local partnership indicators 24, and 25).

The Council also work in partnership and partly fund the Central Carers Association. The CCA supports carers in many different ways. In 2015-16 they carried out 178 Carer Support Plans; 51 Support Plan reviews; and 314 carers received information and assistance on welfare benefits. In the first half of 2016/17 they have carried out 222 Carer Support Plans. The CCA now supports over 2000 carers in the Falkirk area. This indicator will be reviewed in light of the changes required to meet the requirements of the new Carers Act in 2018. The latter will also enable comparative national data to be reported.

46. The number of new Adaptations

Purpose of Indicator: The provision of adaptations to service users' homes helps to maintain people with intensive needs in the community, either at home or in a homely setting for longer. This also meets service users and carers preferences. So the provision or arrangement of adaptations supports the strategy of both improving service users experiences and supporting community based support services.

Position

	2014/15	2015/16
The number of new adaptations provided during the reporting year	**1,766**	**1,605 ▼**

This indicator is collated from 3 sources:

- adaptations purchased by Adult Social Work Services;
- adaptations provided to owner occupiers through grants accessed by Corporate & Housing; and
- adaptations provided to council tenants through Corporate & Housing Services.

There has been a decline of 9% in the number of new adaptations provided in the last reporting year. Work on adaptations can take time to complete depending on the characteristics of the property. Community Care teams have been tackling outstanding assessments in the last three months to speed up the provision of adaptations. This work will be reflected in the 2016-17 outturn report.

47. The number of overdue OT pending assessments

Purpose of Indicator: The provision of OT assessments and the subsequent provision or arrangement of equipment or adaptations helps to maintain people in the community for longer. However, due to demographic pressures demand for OT assessments has been increasing. Assessments can also be delayed by other competing pressures on staff resources, such as Adult Support and Protection work.

Position

	Mar 2016	Sep 2016
The number of overdue 'OT' pending assessments at end of the period	**352**	**352 ▼**

The number of overdue pending OT assessments in the first half year of 2016-17 has remained stable, but is still too high. The Service has consistently been able to respond to priority one assessments and there is no waiting list for these. This has resulted in priority 2 and 3 cases experiencing longer waits. Of the outstanding OT assessments, 40% were at priority 2 and 60% at priority 3. However, it should be noted that some of the people waiting for a main assessment will have received OT equipment at an earlier stage of the assessment process as part of their Intake assessment.

The target is to reduce the number of pending assessments and this will continue to be a management priority. As noted above, Community Care teams have been tackling outstanding assessments in the last three months to speed up the provision of adaptations. This work will be reflected in the 2016-17 outturn report.

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Falkirk Integration Joint Board Strategy Map **Appendix 1**

Vision	**To enable people to live full independent and positive lives within supportive communities**				
Local Outcomes	**SELF MANAGEMENT**- of Health, Care and Wellbeing.	**AUTONOMY & DECISION MAKING** –Where formal support is needed people can exercise control over choices.	**SAFETY** - H&SC support systems keep people safe and live well for longer.	**SERVICE USER EXPERIENCE** People have a fair & positive experience of health and social care.	**COMMUNITY BASED SUPPORT** - to live well for longer at home or homely setting.
National Outcomes (9)	**1)** Healthier living **2)** Reduce Inequalities	**4)** Quality of Life	**7)** People are safe	**3)** Positive experience and outcomes **8)** Engaged work force **9)** Resources are used effectively	**2)** Independent living **6)** Carers are supported
National Indicators (23) **(* Indicator under development nationally)**	**1)** % of adults able to look after their health well/quite well **11)** Premature mortality rate	**7)** % of adults who agree support has impacted on improving/maintaining quality of life **12*)** Rate of Emergency admissions for adults **17)** % of care services graded 'good' (4) or better by Care Inspectorate	**9)** % of adults supported at home who felt safe **13*)** Emergency bed day rate for adults **14*)** Readmission to hospital within 28 days rate **16*)** Falls rate per 1000 population 65+yrs	**3)** % of adults who agree that they had a say in how their help/care was provided **4)** % of adults supported at home who agree their health and care services are co-ordinated **5)** % of adults receiving care and support rated as excellent or good **6)** % of people with positive GP experiences **10)** % of staff who recommend their place of work as good **19)** Rate of days people aged 75+ spend in hospital when they are ready to be discharged, **20)** % of total health and care spend on hospital stays where the patient admitted as an emergency **(22*)** % people discharged from hospital within 72 hours of being ready **23)** Expenditure on end of life care	**2)** % of adults supported at home who agree they are supported to be independent **8)** % of carers who feel supported in their role **15)** % of last 6 months of life spent at home or in community **18)** % of adults 18+yrs receiving intensive support at home **21*)** % of people admitted to hospital from home then discharged to care home *Note linkage to 'Experience'* **19)** Rate of days people aged 75+ spend in hospital when they are ready to be discharged, **(22*)** % people discharged from hospital within 72 hours of being ready
Partnership Indicators (Under development)	• ED Attendance • Life expectancy age 65+ • Deaths from Cancer/CHD	• *Dementia – post diagnostic tgt, • Mental Health/Learning Disability data • Self- directed support (SDS) • Care home capacity	• HAI • Telecare data 75+ • Adult Protection	• Local Client/patient data • Patient/Service user Experience survey • Complaints • Staff Survey data • Financial and Budgetary information	• Care at home services, including Homecare service patterns for clients 65+ • Respite weeks provided • Community care assessments • Carers' assessments • Em/Admission 65+75+ per 100,000

AGENDA ITEM

9

This paper relates to Agenda Item 9

Falkirk Health and Social Care Partnership

Title/Subject: **Homecare and Community Care Contract**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Head of Procurement and Housing Property**

Action: **For Decision**

1. INTRODUCTION

1.1 The purpose of this report is to agree the proposed contract strategy principles, to facilitate the delivery of the new Homecare and Community Care Services contract.

2. RECOMMENDATION

The Integration Joint Board are asked:

2.1. To agree the contract principles as outlined in paragraph 4.6, namely:

- A single contract is established, structured into lots to recognise specialisms and the 3 locality planning areas.
- Fair Working Practices are embedded into the contract evaluation and award process.
- The contract supports the purchase of block hours where best value can be achieved.
- Selection and award criteria are established so as to appoint a maximum number of providers to the contract.
- The contract is redesigned so it is more flexible, responsive and aligned to outcomes.
- Conditions and terms of contract are specified relating to the use of technology to manage contract performance and to support service users
- The framework supports the commissioning of Self Directed Support (SDS) options 1, 2, 3 and 4.
- The framework reflects lessons learned from an evaluation of Discharge to Assess (D2A) models of care.

2.2. Note the contract timetable and associated stakeholder consultation.

2.3. Note that a further report is submitted to the IJB meeting on 7 April 2017 to approve the completed contract strategy.

NHS Forth Valley

Falkirk Council

3. BACKGROUND

3.1 The Market Facilitation Plan agreed by the IJB on 5 August 2016 highlighted that a new tender process should commence for the provision of Homecare and Community Care Services and be operational from October 2017.

3.2 Currently the Homecare and Community Care services are separate framework contracts, structured around individual lots. The individual lots cover the whole Falkirk area and all providers who passed the selection process were admitted onto the framework.

3.3 A summary of each contract is outlined in Table 1 below:

Table 1:

CARE AT HOME **Annual Spend £6.5 million – 18 contracted providers**	**COMMUNITY CARE** **Annual Spend £16.5 million – 36 contracted providers**
Includes the provision of personal care, domestic support and is generally provided in the service user's own home Care at home services may assist service users with all aspects of their daily lives enabling them to continue living in their own homes for as long as possible There are 3 Lots: • Ad Hoc • Crisis Care • On-going Over 50% of care is provided by 2 providers with 16 providers delivering the remainder Currently c850 service users receive homecare services from external providers	Includes the provision of personal care, domestic support and/or housing support and may be provided in the service user's own home or in other locations as required. There are 5 Lots: • Physical Disabilities including Sensory Impairment • Learning Disabilities including Autism Spectrum Disorder • Mental Ill Health • Older People including those affected by Dementia • People who are or have been subject to the Criminal Justice system Over 80% of care is provided by 12 providers, with 24 providers delivering the remainder Currently c1,300 service users receive community care services from external providers

3.4 The contract value at £23m per year requires that the new tender process aligns with the legislative and regulatory requirements of the Procurement Reform (Scotland) Act 2014 and relevant EU Directives.

4. CONTRACT TIMETABLE AND STRATEGY

4.1 To allow for a period of contract mobilisation and pre-start meetings with providers there is a need to have contracts awarded in July 2017. Table 2 below outlines the key stages leading to the contract going live in October 2017.

Table 2:

Stage	2017							
	Jan /Feb	Mar	Apr	May	Jun	Jul	Aug /Sept	Oct
Finalise Consultation, Contract Strategy and Documentation								
Report Contract Strategy to IJB meeting 7 April 2017 for approval								
Issue and Return of Tenders								
Evaluate Returned Tenders and Complete Award Process (Falkirk Council Contract Standing Orders)								
Mobilisation and Pre Start Meetings with Successful Providers								
Contract Start								

4.2 In supporting the work to finalise the contract strategy a number of staff briefing sessions have been held. They have been attended by staff from across homecare and community care. Scottish Care and around 50 providers from the private, independent and voluntary sectors have also been directly engaged so they can provide input into the process. Further sessions with all stakeholders are scheduled over the coming months.

4.3 A key piece of work is also to provide opportunities for service user views and their representative groups e.g.: the Falkirk Carers' Centre, to be heard and

reflected in the final contract strategy. Consultations with these groups will take place over February and March 2017.

4.4 The contract strategy is being informed by the consultation noted above and is structured to support the HSC Partnership agreed vision and is underpinned by the 5 agreed local outcomes as shown in Table 3 below:

Table 3:

VISION:	"To enable people in the Falkirk area to live full independent and positive lives within supportive communities"
AGREED LOCAL OUTCOMES:	**Self-management** - individuals, carers and families are enabled to manage their own health, care and wellbeing **Autonomy and Decision Making** - where formal support is needed people are able to exercise as much control and choice as possible over what is provided **Safe -** health and social care support systems are in place to help keep people safe and live well for longer **Service User Experience** - people have a fair and positive experience of health and social care **Community Based Support –** Informal supports are in place, which enable people, where possible, to live well for longer at home or in homely settings within their community

4.5 A multi-disciplinary project team has been established. The team comprises representatives from Procurement and Commissioning, Home Care, Learning Disability Central Team, Occupational Therapy and the Community Care Teams. Over the next 3 months the project team will work to finalise the overall contract strategy. The final strategy will be reported to the IJB in April 2017 for approval.

4.6 In terms of work to date, a number of principles are emerging where change to the existing framework structure is required. The principles have been identified to establish a sustainable, flexible and responsive provider base, to meet current and future projected demand.These key principles will help guide and inform the work to finalise the contract strategy. The IJB are therefore asked to agree the proposed changes outlined in Table 4.

Table 4:

Current Structure	Proposed Change	Link to Falkirk Integrated Strategic Plan 2016 -2019
Separate Framework Agreements with individual lots covering the whole Falkirk area Maximum 4 year Contract Period	One single framework contract with multiple lots reflecting specialisms and locality areas. Maximum 4 year Contract Period.	By bringing services into a single contracting model we can have a more coordinated approach to providing care. This will help improve outcomes for people, their carers and families. This will support locality planning structures within the three local areas. This will also improve communication and see that the right services are provided when needed by the most appropriate provider.
Living Wage is in place by negotiation and is not a condition of contract.	Fair Working Practices are embedded into the contract evaluation and award process.	With a well-motivated, well led and skilled workforce our care providers will be better placed to support people to live safely in their homes and communities.
No block purchase of hours.	Contract to support the purchase of block hours where best value can be achieved.	When commissioning services we build sustainable capacity within the sector. In addition, services will be more responsive and available consistently throughout the year.
No limit on the number of providers to be contracted across both frameworks.	Selection and award criteria are established so as to appoint a maximum number of providers to the contract.	We will ensure consistent high quality services are delivered, informed by a more robust service evaluation framework. With a compact framework, contract management can be strengthened to increase confidence that risk is managed effectively. We will aim to maintain continuity care unless it is not in the best interest of the IJB or service user.
Individual service contracts are based upon a fixed number of weekly hours	Redesign contract so it is more flexible, responsive and aligned to	Services encourage independence by focusing on reablement, rehabilitation and recovery. People have timely access to services,

commissioned.	outcomes	based on assessed need. Services improve quality of lives and are joined up to make best use of available resources. More clearly align levels of care to need, supported by appropriate review processes.
Limited although growing use of technology in delivery of services.	Conditions and terms of contract are specified relating to the use of technology to manage contract performance and to support service users.	We will be able to better support people use technology solutions to assist them to have more independence and control over their lifestyles and the management of their condition. We support investment in Technology Enabled Care as an effective and appropriate way to support care.
Framework Agreement is for commissioning Self Directed Support (SDS) Option 3 only.	The contract is structured to support the commissioning of services under SDS options 1,2,3 and 4	Decision making is transparent, is based upon reliable information and is evidenced based. Support people exercise as much choice as is possible over the services that are provided.
Framework does not include a D2A model of care.	The contract is structured to reflect lessons learned from an evaluation of D2A models of care.	Services encourage independence by focusing on reablement, rehabilitation and recovery.

5. CONCLUSIONS

5.1 Work is progressing and a timetable set to have the new framework contract operational by October 2017. Stakeholder consultation is on-going and a project team has been established. A range of contract objectives is proposed and the final contract strategy shall be reported back to the IJB for approval.

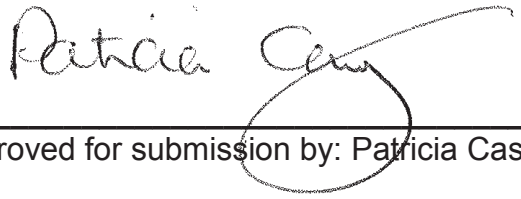
Resource Implications
The total annual spend across the contracted services is estimated at £23,000,000. For the purpose of the contract notice in Public Contracts Scotland the framework value over the potential 4 year contract period will be advertised at £100,000,000.

Impact on IJB Outcomes and Priorities
The contracts will be structured to support the HSC Partnership's agreed vision and the 5 agreed local outcomes.

Legal & Risk Implications
Compliance with Falkirk Council's Contract Standing Orders will minimise risks inherent with high value complex public procurement projects. Other risks will be managed through the development and maintenance of an appropriate risk register.

Consultation
Consultation has taken place across teams in Adult Social Work Services, with Scottish Care and the private, independent and voluntary sectors. Further consultation with these groups and with service users and carers is planned.

Equalities Assessment
For the purposes of the Equality Act 2010 an equalities impact assessment will be completed prior to the contract strategy being finalised.



Approved for submission by: Patricia Cassidy, Chief Officer

Author – William McQuillian, Procurement and Performance Manager

Date: 12 January 2017

List of Background Papers:

Report to Integration Joint Board 5 August 2016 – Market Facilitation Plan

AGENDA ITEM

10

Falkirk
Health and Social Care
Partnership

Title/Subject: **Social Work Complaints Procedure**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Chief Officer**

Action: **For Decision**

1. INTRODUCTION

1.1. This report updates the Integration Joint Board members on the changes to the existing system for reviewing complaints about social work provision. These changes will be effective from 1 April 2017.

2. RECOMMENDATION

The members of the Integration Joint Board are asked to:

2.1. Note the requirement to adopt the Model CHP for handling social work complaints from 1 April 2017

2.2. Remit the Head of Adult Social Work Services and the Head of Governance and Performance, NHS Forth Valley, to ensure appropriate arrangements are in place to implement both the Council and NHS complaint procedures

2.3. Note the Chief Officer will provide an update, through the Chief Officer report on the compliance statement and self-assessment return required by 7 April 2017.

3. BACKGROUND

3.1. The Scottish Public Services Ombudsman (SPSO) Complaints Standards Authority (CSA) has been working with partners and stakeholders in Local Authorities, Health and Social Care Partnerships, the Scottish Government and the Third Sector to develop a new social work Model Complaints Handling Procedure (CHP).

3.2. In line with changes brought in through the Public Services Reform (Social Work Complaints Procedure) (Scotland) Order 2016, the existing system for reviewing complaints about social work provision will change on 1 April 2017. Any new complaints from that date will need to be handled in line with the Social Work Model CHP.

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3.3. The SPSO Complaints Standards Authority has also created a new NHS Scotland Model Complaints Handling procedure which will be implemented in all health boards across Scotland from 1 April 2017. The revised procedure is intended to support a more consistently person-centred approach to complaints handling across NHS Scotland, and bring the NHS into line with other public service sectors by introducing a distinct, five working day stage for early, local resolution, ahead of the 20 working day stage for complaint investigations. NHS Forth Valley is currently preparing for implementation and updating the complaints policy to reflect these changes.

4. SOCIAL WORK MODEL COMPLAINTS HANDLING PROCEDURE

4.1. Every Authority that provides Social Work Services will be required to adapt and adopt the Social Work Model CHP from 1 April 2017.

4.2. The Model CHP was issued in December 2016. This has been developed following the publication of the Public Service Reform (Social Work Complaints Procedure) Order 2016, which abolishes the previous arrangements for handling social work complaints. An implementation guide has also been produced which provides advice about the requirement to adopt the Model CHP.

4.3. This brings social work complaints in line with the Model used by Local Authorities and a new CHP for Health, issued by the Scottish Government in October, which also comes into force on 1 April 2017.

4.4. This alignment of procedures will enable organisations to:

- handle complaints flexibly
- reduce the number of conflicting complaints procedures currently in operation
- improve services to the public by ensuring that they receive a joined up response to all complaints wherever possible.

4.5. The Model CHP is provided as a template with flexibility for organisations to adapt to ensure that it reflects their corporate identity and language. However it is important that the Model CHP is not amended to the extent that its purpose or substance is changed in a way which does not reflect the Model CHP or its key aims.

4.6. It is proposed that the Head of Adult Social Work Services and the Head of Governance and Performance, NHS Forth Valley, lead on work to ensure appropriate arrangements are in place to implement both the Council and NHS complaint procedures.

4.7. There is a requirement for authorities to complete a compliance statement and self-assessment. This should be completed and returned to the Scottish Public Services Ombudsman Office no later than 7 April 2017.

4.8. It is important to note that the 2016 Order abolishes the current Social Work complaints procedure, although it will remain in force for complaints made before 1 April 2017. This means that all social work complaints received prior to this date must be handled through the current procedure. This includes holding Complaints Review Committee hearings if requested, in line with that procedure.

5. CONCLUSIONS

5.1. The new arrangements will ensure the alignment of complaints procedures to enable organisations to handle complaints effectively.

Resource Implications
There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities
The implementation of the Model CHP will ensure the effective handling of complaints.

Legal & Risk Implications
There is a requirement to be compliant with the legislation from 1 April 2017.

Consultation
There are no requirements to consult on the procedures to implement the Model CHP.

Equalities Assessment
There is no requirement to produce an EPIA for this report.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Suzanne Thomson, Programme Manager
Date: 13 January 2017

List of Background Papers:

SPSO Social Work Model Complaints Handling Procedure

AGENDA ITEM

11

This paper relates to Agenda Item 11

Falkirk Health and Social Care Partnership

Title/Subject: **Moving from Analogue to Digital Technology**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Head of Adult Social Work Services**

Action: **For Decision**

1. INTRODUCTION

1.1 This report seeks approval to be part of a partnership project entitled 'FREEDOM' described in paragraphs 4.2 to 4.5. In addition it seeks approval to apply to a number of bodies e.g. The Scottish Government, the Centre for Telecare and Telehealth and Innovate UK for funding to support this work.

2. RECOMMENDATION

The Integration Joint Board is asked to:

2.1. accept the invitation to become a member of the FREEDOM project currently led by the Digital Health and Care Institute

2.2. note Falkirk Council staff appropriately identify and utilise the current in-house funding streams, including the current allocated Integrated Care Fund monies

2.3. submit further bids to the Scottish Government, Technology Enabled Care Programme and Innovate UK, and any other funding streams that may be made available in the future

2.4. note that further work is required to understand the longer term financial implications both for the Council and the IJB and this will be taken forward by the Chief Finance Officer in conjunction with relevant colleagues.

3. BACKGROUND

3.1 Telephony services within the UK including the Falkirk area currently use analogue infrastructure to provide this network. Ofcom has announced that BT and other providers will close this network starting 2018, with complete closure by 2025. For Falkirk this will have a significant impact on Social Work Adult Services ability to provide the current Mobile Emergency Care Services (MECS). In addition Falkirk Council has developed the current MECS Telecare database to monitor and alert the Alarm Receiving Centre (ARC) of approximately 500 Council premises, fire, intruder and affray activations. The ARC also provides 24/7 emergency point of contact for other Councils and

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related services. This includes but not exclusive to; Home Working Monitoring, Emergency Repairs and Civil Contingencies.

3.2. Falkirk's current Telecare database is reaching 'end of life' and will require a further hardware / software upgrade at a cost of circa £68,000 with additional annual maintenance costs of £18,000. This would maintain service delivery in its current structure / format; but will no longer be of use when the telephony is switched over from analogue to digital.

3.3 The MECS Service provides three distinct functions; Monitoring, Response and Telecare. Each function interlinks and cannot be provided without the other. Falkirk Council's Telecare Monitoring through the ARC is managed by Corporate and Housing Services. Following triage by the ARC, MECS has the responsibility to respond and attend to service users at home.

3.4 The ARC is also responsible for the majority of Council Services 24/7 utilising multiple service resources to deliver effective service delivery to our citizens. Moving from analogue to digital will realise significant service improvements across the Council including Social Work Adult Services and Housing Services, who have responsibility and budget for integrated Telecare equipment within housing stock, particularly Housing with Care Level's 1, 2 and 3.

3.5 The working partnership between MECS and ARC has been long standing and together the service is established in delivering excellent quality of care to our service users. This excellent service is recognised through the achievement of Telecare Accreditation from the Telecare Services Association. Falkirk Council's ARC is only 1 of 3, out of 22 Scottish Local Authorities who have an ARC to hold this accreditation.

3.6 Moving from an analogue to digital database has already been done in Sweden and experience has suggested that a complete end to end digital solution (i.e. service users equipment, always connected to the ARC) should be deployed. This means replacing not only the community alarm system and telecare equipment but the ARC system as well.

4. CURRENT POSITION

4.1 Why do we need to move from Analogue to Digital Telecare

- British Telecom who own and maintain most of the Scottish telephony infrastructure have now confirmed their intention to phase out Analogue Telephony from 2018 and expected to be completed by 2025. This will require all Telecare and community alarm providers to move from Analogue to Digital within these timeframes. The current message from industry experts is that services need to prepare now for this switchover and not wait until 2025. This has now been confirmed by OFCOM.

- Falkirk's current Telecare database is reaching 'end of life' - refer to 3.2

- Scottish Government's goal is to seek rationalisation across Local Authority ARC's from circa 22 to 8. This could mean Falkirk no longer having an ARC or could see Falkirk being the host ARC for a number of our neighbouring Local Authorities/ third sector partners. This will be enabled readily by digital technology but could not be achieved by using the current analogue systems.

- Digital Telecare technology offers significant opportunities to introduce new / improved services for people which will enable them to meet and improve their personal outcomes to live safely, securely and independently within their communities at much less cost for the Authority and the individual.

4.2 Falkirk Council and Falkirk HSC Partnership have been invited, and recognised nationally, as being ready and able to join Project FREEDOM. This is currently being led by the Digital Health & Care Institute, supported by the Telecare Service Association, Bield Housing Association and British Telecom, with the whole project supported and evaluated by Strathclyde University.

4.3 The project focuses on how Scotland might "integrate the use of technology into service re-design and to consider how this could transform service delivery and help meet future challenges in the use of advanced digital care in the community".

4.4 The project will realise the potential for Council Services, Health Services and ultimately individuals across Scotland:

- to use advanced digital products and services
- for commissioners to create new processes which will be co-designed with various Health and Social Care professionals to meet the needs of their service user
- to assess service users' needs and where possible, appropriate digital solutions will be provided
- benefit future service users, through the use of digital field equipment who will benefit from long term efficiencies by utilising their own personal equipment i.e. smartphone and tablet etc.
- The Council and the Health and Social Care Partnership will have the opportunity to radically redesign service delivery across in-house services to a more effective, efficient and central point of contact (the ARC). There is potential to create partnerships beyond Falkirk and realise income generation at scale.

4.5 Falkirk Council has just completed a procurement exercise, to procure an Enterprise Telephony Solution. In terms of Project FREEDOM, this is perfect timing as both projects complement each other and Project FREEDOM will work with the new telephony provider.

5. CONSIDERATIONS

5.1 With the known demographics and needs, the Strategic Plan has recognised technology as a priority in delivering care for the future. In addition, Falkirk Council is already fully committed to digital transformation.

5.2 The Strategic Plan makes specific reference to technology linked to Local Outcome 1. Self-Management: *Increase the use of Technology to support people to use technology solutions to support them to have more independence and control over their lifestyles and the management of their condition* and Local Outcome 3. Safe: *We will continue to invest in Technology Enabled Care as an effective and appropriate way to support care.*

5.3 Information and data sharing is a key part of this project and will prevent duplication of work and new innovative technology is already available to provide an enhanced Telehealth / Telecare Service. This includes enabling early hospital discharge, proactive prevention / reduction of hospital admission and further non-intrusive Dementia Support Services etc.

5.4 In moving services from an analogue, to an end-to-end digital platform, this will continue to support our most vulnerable citizens to remain within our community.

6. CONSULTATION

6.1 Falkirk Council has a well-established and active Care and Support at Home Service User Group. This group consists of service users, carers and family members who meet on a regular basis to consider all changes and potential improvements to service delivery. They have already been involved in initial discussions about the Analogue to Digital transition. The response from the group to date is encouraging as they are fully engaged and are interested in remaining involved throughout this project.

7. IMPLICATIONS

7.1 **Financial**

Project staff will be responsible for formulating the bids to The Scottish Government, the Technology Enabled Care Programme and Innovate UK. Bids to the Scottish Government and the Technology Enabled Care programme can be submitted as soon as approval to be involved in this project is given. The bid to Innovate UK has to be submitted by 22 March 2017. Bids will include costs to purchase new digital equipment, software and hardware required and the development of a digital platform on which to host the technology. The bids will also include the cost of additional temporary appointments to posts to create a Falkirk Project Team to progress the work within both health and social work. Bids are expected to be in the region of £200K up to £1.3M. Bids secured will enable the project to make the change

from analogue to digital and ensure a nil effect financial implication for on-going services.

Further work is required to understand the longer term financial implications both for the Council and the IJB and this will be taken forward by the Chief Finance Officer in conjunction with relevant colleagues

7.2 **Current Resources**
In moving forward to meet the requirements for a Digital future; identified in house budgets currently used to purchase analogue equipment will begin to be used to purchase equipment that will work in both the analogue and digital environment in the first instance. This will enable services to work through the initial transition phase. Once the Digital platform is fully up and running current budgets will be used to purchase a wide range of digital equipment that will be available in the future.

7.3 **Legal**
Governance of this project remains to be agreed with no other legal requirements identified as yet. The need to consult legal services will be required from time to time throughout the life of the project.

7.4 **Risk**
A variety of risks and mitigation in relation to Analogue and Digital Services has been identified and appropriate actions are being explored and taken.

7.5 **Sustainability/Environmental Impact**
There are a number of options to be considered for future funding and financial sustainability of the ARC and MECS Service including; exploring other services which will be delivered from the ARC e.g. CCTV monitoring; marketing the service which can be delivered on behalf of others who may require similar services e.g. other care providers.

7.6 There is potential for significant partnership working along with other Local Authorities and / or Third Sector Partners delivering these associated services. This will provide income generation in the longer term which will go towards off-setting operational costs and can be reinvested into services, providing a more affordable model for the future.

7.7 To reduce any risk to both partners and to service users, it is recognised that as an interim step within Project FREEDOM, there will be a need to share services. This will allow transition from Analogue to Digital. It will create an innovative partnership that will allow Falkirk and Bield Housing to work together (where Falkirk will become the lead for Digital Services for both parties) and Bield offering to host the same for all our Analogue Users. Until such time as a full transition to digital can be achieved, this will be done at nil cost to either partner and with data sharing arrangements in place, along with appropriate and robust Service Level Agreements. This will realise transformational change - it sits well in terms of continuous improvement for service delivery within Falkirk and enables learning in working towards future partnerships with others.

7.8 Whilst Falkirk, like all other Local Authorities, is required to move towards a Digital Platform, the initial work and monies have been identified, to enable this transition through Project FREEDOM. However this brings with it challenges with regard to connectivity. The Falkirk area is fortunate as mobile and super-fast broadband is in place and more robust than neighbouring areas, and is therefore an ideal site to consider as a digital development area.

7.9 Involvement in Project FREEDOM will further enhance the reputation of Falkirk's ARC and Telecare Service, enabling Falkirk to achieve a Centre of Excellence in terms of service delivery with future local economic growth being realised.

7.10 Project FREEDOM will work in partnership with Haven Enterprises which is a local supported business. Haven Enterprises will be involved with MECS Service through the storage and asset management of all telecare technology field equipment. It is anticipated this will make Falkirk Council compliant with anticipated recommendations in a soon to be published Fatal Accident Inquiry.

8. CONCLUSIONS

8.1 The current system is no longer fit for purpose in meeting the demands and requirements within Falkirk. Failure to update the current system will result in the quality of service delivery to our communities being compromised.

8.2 Cost of service delivery is increasing and will become prohibitive without change; any new technology already available will provide significant long term sustainable savings and enable partnership working. Involvement in this project / partnership will bring significant cost benefits and will be funded within existing budgets and through specific bids to external funding streams such as Innovate UK. This will give time to plan ahead and evidence against future efficiencies across all Services.

8.3 It is anticipated that new funding streams will be available in the future which will off-set costs for investment in infrastructure. Falkirk will have gained the experience and learning through this project to be able to influence and source funding to progress a full change from Analogue to Digital.

8.4 The plan is to create a partnership with other Local Authorities and other interested Third Sector parties to allow for all Local Authority 24 / 7 functions to be carried out centrally including; CCTV monitoring, Emergency Repairs; Roads; Civil Contingencies and Telehealth / Telecare Monitoring.

8.5 Outwith initial set up / infrastructure costs, longer term sustainability can be achieved with income generation from partnerships and marketing not restricted to Local Authorities. Our communities will realise significant benefits through enablement of early discharge from hospital, proactive monitoring and preventing avoidable hospital admission e.g. the utilisation of SMART technologies to support those with long term conditions including Dementia.

8.6 Falkirk Council is working towards a Digital Services transition and anticipate that Project FREEDOM does integrate with the Council's and the IJB's current / future Digital / ICT strategies and overall Corporate and Strategic plans.

Impact on IJB Outcomes and Priorities
This is in line with the Strategic Plan.

Legal and Risk Implications
The legal and risk implications are outlined at sections 7.3 and 7.4 in the report.

Consultation
This is outlined at section 6 in the report.

Equalities Assessment
There are no equalities issues arising from this report. As the project develops, consideration to equalities issues will be given and appropriate actions taken.

Approved for submission by: Patricia Cassidy, Chief Officer

Authors:
Liz McGhee, Service Manager – Social Work Adult Services
Pauline Waddell, Acting Team Manager MECS / Technology
Ian Whitelaw, Customer First Team Leader

Date: 13 January 2017

List of Background Papers:

The following papers were relied on in the preparation of this report in terms of the Local Government (Scotland) Act 1973:

- None

AGENDA ITEM

12

This paper relates to Agenda Item 12

Falkirk Health and Social Care Partnership

Title/Subject: **Self Directed Support Implementation – Progress Update**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Head of Social Work Adult Services**

Action: **For Decision**

1. INTRODUCTION

1.1. The purpose of this report is to update Integration Joint Board members on the progress of the implementation of Self Directed Support (SDS) in Falkirk.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

2.1. note the progress made to date

2.2. request a further progress report on SDS implementation to the IJB meeting in October 2017.

3. BACKGROUND

3.1. The Social Care (Self-Directed Support) (Scotland) Act 2013 (2013 Act) was enacted in April 2014. The Act places a duty on Council's to offer people who are eligible for social care a range of choices over how they receive their social care and support. The Act is part of a 10 year strategy for the implementation of SDS across Scotland spanning 2010 - 2020.

3.2. Self-directed Support is a major culture shift in the way health and social care services are delivered. The shift sees a move towards a more person centred and outcomes focused assessment of needs and delivery of services. This includes informing the supported person of the available individual budget with which they can arrange their support. Arranged support must meet the agreed outcomes in a safe, legal and appropriate manner.

3.3. The key change is that professionals must work in partnership with the supported person and where appropriate their family, to identify and agree their need, what difference they want services to make in their lives, and what sort of services and support will help them to achieve it. This includes encouraging the flexible use of the person's existing strengths and social assets in conjunction with their individual budget to achieve their outcomes.

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4. SELF DIRECTED SUPPORT – OPTIONS

4.1. The 2013 SDS Act placed new duties on Councils. Subsequent to outcomes focused assessment of need and if eligible, supported people are allocated an individual budget. In deciding how the budget is used to meet their agreed outcomes, supported people must be offered the following options:

Option 1 – Direct Payment
This option is mainly used by people who wish to directly employ their own carers – a personal assistant. There are a number of significant employment responsibilities for individual with this option. This option can also be used to spend an allocated budget on more creative choices to meeting agreed outcomes and may not necessarily involve the recruitment of a personal assistant.

Option 2 – Manage own support and budget to meet agreed outcomes
Under this option the individual can arrange and manage their own support using the allocated budget provided by the Council. The financial payments to the support provider are managed by the Council.

Option 3 – Council arranged support
The Council arranges support to meet the agreed outcomes using the allocated budget.

Option 4 - any combination of the first 3 options to meet agreed outcomes using the allocated budget.

4.2. Regardless of the option chosen, the Council must work within the principles of the 2013 Act and support people to have choice, involvement and control in decision making about their care and support. This requires the service to ensure that people have all relevant information to support decision making regarding their choice of SDS option but that the choice belongs to the supported person. Examples of how these options have been used Falkirk are described in Appendix 1.

4.3. The majority of people to date have chosen Option 3 as the bulk of the organisation and administration of the support remains with Social Work Adult Services. For people selecting other options, help is provided from the SDS Support Service which is distinct from Social Work Adult Services.

5. SDS ACTION PLAN AND WORKSTREAMS

5.1. With Scottish Government implementation funding a Self-Directed Support (SDS) Project Development Manager (PDM) and SDS development team has been in place since October 2013. A SDS Steering Group was also established with Third Sector representation to oversee implementation of the SDS Action Plan. This includes oversight of the SDS Risk Register.

5.2. The SDS Action Plan contains various themed work streams with each group having detailed and clear objectives and appointed lead/s. The work streams are:

1. Assessment and Support Planning/Risk Management and Enablement
2. Pilots
3. Communication
4. Governance
5. National and Local Context
6. Workforce Development
7. In-house Provision
8. Contracts and Commissioning
9. Systems/Performance and Information
10. Finance.

5.3. On 1 December 2016 the Scottish Government published a new SDS National Implementation Plan for the next phase of the Strategy from 2016 -18. This identifies 4 Strategic Objectives:

- Supported people have more choice and control
- Workers are confident and valued
- Commissioning Is more flexible and responsive
- Systems are more widely understood, flexible and less complex.

5.4. Work has taken place to structure the SDS Action Plan around these 4 Strategic Objectives and align to the 10 workstreams.

6. IMPLEMENTATION FUNDING

6.1. SDS Implementation funding is being monitored with support from Falkirk Council finance team. The level of funding for 2017-18 has not yet been confirmed but the National Implementation Plan states that there will be continued funding. Several key posts are aligned to this funding and it is essential they are retained to progress further implementation.

6.2. Implementation funding for the Carers (Scotland) Act 2016 has not yet been confirmed. It is hoped that there will be an allocation for 2017-18 to enable Councils to prepare for implementation.

6.3. Both funding streams should be known by early 2017

7. PERFORMANCE REPORTING – SDS PROGRESS STATISITICS

7.1. Information and performance on the implementation of the 2013 Act is monitored by the Scottish Government, The Improvement Service (IS) and Audit Scotland. IS performance indicators include a performance indicator specifically relating to Self-Directed Support: Spend on adults 18+ as a % of total spend on adults 18+ years of social work budget. Performance against

this indicator is reported in the Performance report as a separate agenda item 8.

7.2. With the development of the Performance report to include local indicators, other SDS reporting requirements, such as the Social Care Survey will be incorporated.

8. CONCLUSION

8.1. The service is evidencing progress with the implementation of the 2013 Act and is continuing to increase the numbers of people who have chosen an SDS option as part of their assessment and support planning.

8.2. The next phase of work is critical with the proposed introduction of a new eligibility framework, which will include a revised Resource Allocation System. It is envisaged that implementation will progress further as the work streams align to support comprehensive system change with the transition to a more transparent outcomes focused assessment, planning and budget allocation process.

8.3. Significant factors in taking this forward will be the planning of the new locality structures, associated governance arrangements and the commissioning of a new Social Work Information System. The current work is endeavouring to anticipate early planning in relation to this.

Resource Implications
To support Councils implementation of SDS, The Scottish Government has provided funding since the enactment of the 2013 Act and it is envisaged that this will continue for the duration of the 10 year strategy. Funding is provided at the beginning of each financial year. Notification regarding 2017/18 funding has not yet been received but it is expected that it will remain at previous year's level.

Impact on IJB Outcomes and Priorities
The approaches detailed within this report and integral to the SDS Project Implementation Plan are underpinned by the principles of the Self Directed Support (Scotland) Act 2013. They reflect the FHSCP Strategic Plan vision and outcomes.

Legal & Risk Implications
Risk will arise if the Council cannot evidence it is meeting the associated statutory duties of the Self Directed Support (Scotland) Act 2013. The SDS Project Implementation Action Plan provides reassurance of compliance and progress.

Consultation
Not applicable to this report.

Equalities Assessment
Not applicable to this report.

Approved for submission by: Joe McElholm, Head of Social Work Adult Services

Author: Laura Taylor-Howat, Service Manager

List of Background Papers: N/A

AGENDA ITEM

13

Falkirk
Health and Social Care
Partnership

Title/Subject: **Strategic Outcomes & Local Delivery Plan, 2016 - 2020**

Meeting: **Integration Joint Board**

Date: **3 February 2017**

Submitted By: **Chief Officer**

Action: **For Noting**

1. INTRODUCTION

1.1 The IJB has previously considered the final Strategic Outcomes and Local Delivery Plan (SOLD) 2016-2020 for approval.

1.2 The Falkirk Integration Joint Board has a lead role in the delivery of one priority and one outcome and contribution to others. This work is taken forward by the Chief Officer.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

2.1 Note the submission of the SOLD Delivery Plans, developed for the priority and outcome led by the IJB, to the Community Planning Partnership Strategic Board

2.2 Note the IJB role as a delivery group and responsibility to provide progress and performance reports to the Community Planning Partnership Strategic Board

2.3 Note the development of a locality planning framework for the Community Planning Partnership.

3. BACKGROUND

3.1 The SOLD Plan replaces the Community Planning Partnership (CPP) strategic community plan and single outcome agreement. It is the focus of delivery on the CPP priorities and outcomes over four years that partners will work together to deliver. The plan comprises 4 strategic priorities and 6 local outcomes as follows

3.2 Strategic priorities are significant issues which local communities face and are proposed for priority attention. These are:

NHS Forth Valley

Falkirk Council

- *improving mental health and wellbeing*
- maximising job creation and employability
- minimising the impact of substance misuse on communities, families & individuals
- addressing the impact of poverty on children.

3.3 Local outcomes represent business as usual for partnership groups. These are the things that the CPP will progress to improve the local area and the lives of local people. The 6 local outcomes are as follows:

- Our area will be a fairer and more equal place to live
- We will grow our local economy to secure successful businesses, investment and employment
- Children will become adults who are successful and confident
- Our population will be healthier
- *People live full, independent and positive lives within supportive communities*
- Our area will be a safer place to live.

4. DELIVERY PLANS

4.1 The CPP Strategic Board asked that the IJB oversee the preparation and submission of a Delivery Plan covering the delivery of outcomes and priorities for its own strategic plan, which should directly contribute to the priorities within the SOLD. In addition the IJB is accountable to the Community Planning Leadership Board for:

- *Improving Mental Health and Wellbeing* strategic priority
- *People live full, independent and positive lives within supportive communities*' local outcome
- a remit with the health and wellbeing outcome
- a remit with the substance misuse priority.

4.2 This work has been taken forward by the Chief Officer as responsible officer on behalf of the IJB for the priority and outcome highlighted. The Delivery Plans were submitted to the Leadership Board meeting on 17 November 2016, and contained more detail on the sub-actions. Further work has been done to provide the relevant success measures. This will be presented to the CPP Executive group on 8 February 2017 and to the CPP Strategic Board in March 2017 to comply with their agreed reporting timescales. The IJB are asked to note these plans at Appendix 1.

4.3 In addition consideration has been given to the whole plan and its contribution to all outcomes not just those particularly relevant. The IJB therefore needs to consider how this will be achieved and then reported back to the Leadership Board once reporting timescales have been agreed.

4.4 The IJB will be aware that the Community Planning Partnership is implementing a new Locality Planning Framework as part of its response to the requirements of the Community Empowerment (Scotland) Act 2015. The framework sets out 3 levels of planning as set out in Appendix 2.

4.5 A pilot of locality planning is currently underway at the community level of the framework in Bo'ness and Blackness. This has focused on how to support the introduction of a new model of service delivery for advice services. This process has considered location based issues, as well as potential solutions on how best to support those who most need access to services. This has involved working closely with service providers, Elected Members and community representatives. The process has been divided into the following two workstreams:

- Implementation of the new service delivery model
- Undertaking a process of participatory budgeting with local community representatives to look at solutions towards the implementation of the new service, as well as other pertinent local issues.

4.6 It is anticipated that a report seeking approval for the final Locality Planning Framework will be submitted to the Community Planning Strategic Board in February 2017.

4.7 The Community Planning Partnership has recently implemented a new leadership structure, as part of its overall programme to improve its governance arrangements. These changes include:

- The standing down of the Community Planning Leadership Board. This has been replaced by a new more compact Strategic Board. The IJB is still represented by its own Board Member on this new body; and
- The establishment of a new chief officer Executive Group, also with a compact membership. This group has a key role in supporting the Board in carrying out its functions, and that its decisions are implemented and resourced.

5. CONCLUSIONS

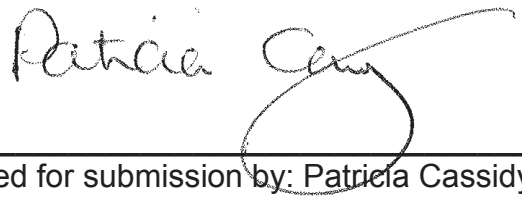
Resource Implications
The priorities set out in the SOLD Plan will require specific focus over the coming years if outcomes are to be achieved and priorities addressed. Integrating activity on locality planning should ensure that IJB resources are optimised when added to those of the CPP.

Impact on IJB Outcomes and Priorities
The IJB has a key role on the delivery of priorities and outcomes within the SOLD plan as noted at section 4.1.

Legal and Risk Implications
The CPP and its constituent partners are required to be compliant with the Community Empowerment (Scotland) Act 2015.

Consultation
Priorities and outcomes have been the subject of public and in-partnership consultation. There is therefore no requirement on the IJB to undertake further consultation.

Equalities Assessment
The SOLD is designed to be inclusive and give priority to those experiencing the greatest level of inequality in society. One of the outcomes within the SOLD specifically focuses on equality issues. The CPP should therefore have a positive impact on addressing inequality and comply with the requirements of the Equality Act 2010.



Approved for submission by: Patricia Cassidy, Chief Officer

Author: Suzanne Thomson, Falkirk HSCP Programme Manager
Date: 20 January 2017

List of Background Papers:
IJB Report – 5 August 2016: Strategic Outcomes & Local Delivery Plan, 2016 - 2020

Strategic Priority / Local Outcome (please detail): To enable people to live full, independent and positive lives within supportive communities

How will you measure the priority / outcome? *Please note that the Success Measures noted below are the national health and well-being indicators. These will be used in the interim and will be subject to further development on local indicators.*

SOLD Outcomes	SOLD Key Actions	Sub Actions	Success Measures	Timescale	Lead Organisation
Recognise the importance of encouraging independence by focusing on reablement, rehabilitation and recovery Ensure that education and information is accessible to enable people to make informed lifestyle choices and manage their own conditions	**Self-Management**: Individuals, carers and families are enabled to manage their own health, care and wellbeing	We will lead the cultural change required across agencies and communities to support the change necessary to deliver integrated care	1) % of adults able to look after their health well / quite well 11) Premature mortality rate	2016 - 2019	IJB
		We will redesign services so they are flexible and responsive, ensure feedback drives continuous improvement and are aligned to our outcomes			
		We will continue to develop the ways in which we support carers			
		We will implement our Integrated Workforce Plan to support our staff and partners through training and organisational development			
		We will provide information that enables people to manage their condition and is accessible and delivered consistently			
Put individuals, their carers and families at the centre of their own care by prioritising the provision of support which	**Autonomy And Decision Making**: Where formal support is needed people are able to exercise as much control and choice	We will develop a single point of contact for people and their carers to support access to a wide range of information on services across all sectors	7) % of adults who agree support has impacted on improving / maintaining quality of life	2016 - 2019	IJB

SOLD Outcomes	SOLD Key Actions	Sub Actions	Success Measures	Timescale	Lead Organisation
meets the personal outcomes they have identified as most important to them	as possible over what is provided	We will develop one Single Shared Assessment as standard across the Partnership We will promote the uptake of Anticipatory Care Plans that reflect the current views of people and their carers. We will ensure this information is shared where appropriate We will continue to design community based models of care, such as Closer to Home and Advice Line For You (ALFY)	12) Rate of emergency admissions for adults 17) % of care services graded 'good' (4) or better by Care Inspectorate		
Provide timely access to services, based on assessed need and best use of available resources	**Safe**: Health and social care support systems are in place, to help keep people safe and live well for longer.	We will ensure there is a greater focus given to individual case management, enhanced by the provision of advocacy support, where required We will continue to work across the partnership to ensure adults at risk of harm are supported and protected We will implement our Clinical Care Governance framework We will continue to invest in Technology Enabled Care as an effective and appropriate way to support care	9) % of adults supported at home who felt safe 13) Emergency bed day rate for adults 14) Readmission to hospital within 28 days rate 16) Falls rate per 1000 population 65+yrs	2016 - 2019	IJB
Identify and address inequalities	**Service User Experience**: People have a fair and positive experience of health and social care.	We will ensure consistent high quality services are delivered, informed by a robust service evaluation framework We will implement our Participation	3) % of adults who agree that they had a say in how their help/care was provided 4) % of adults supported at	2016 - 2019	IJB

SOLD Outcomes	SOLD Key Actions	Sub Actions	Success Measures	Timescale	Lead Organisation
		and Engagement Strategy	home who agree their health and care services are coordinated 5) % of adults receiving care and support rated as excellent or good 6) % of people with positive GP experiences 10) % of staff who recommend their place of work as good 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged 20) % of total health and care spend on hospital stays where the patient admitted as an emergency 22) % people discharged from hospital within 72 hours of being ready 23) Expenditure on end of life care		
Involve people at a local level to help review and design services through effective participation and engagement	**Community Based Supports**: Informal supports are in place, which enable people, where possible, to live well for longer at home or in	We will establish locality planning structures within the three local areas agreed which will align with the Community Planning Partnership We will adopt a consistent	2) % of adults supported at home who agree they are supported to be independent 21) % of people admitted to	2016 - 2019	IJB

SOLD Outcomes	SOLD Key Actions	Sub Actions	Success Measures	Timescale	Lead Organisation
Reduce avoidable admissions to hospital by ensuring that priority is given to strengthening community based supports	homely settings within their community.	framework when commissioning services that will build sustainable capacity within all sectors We will build on existing strengths within local communities We will provide information about community based support that is accessible and presented in a consistent manner	hospital from home then discharged to care home 15) % of last 6 months of life spent at home or in the community 18) % of adults 18+yrs receiving intensive support at home 8) % of carers who feel supported in their role *Note linkage to 'Experience'* 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged 22) % of people discharged from hospital within 72 hours of being ready		

Name of Lead Officer: Patricia Cassidy	**Signature:**	**Organisation:** Falkirk Health and Social Care Partnership
Designation: Chief Officer		**Date:** 24 January 2017

Falkirk Community Planning Partnership Strategic Outcomes & Local Delivery Plan 2016 – 2020: Mental Health and Well-being Delivery Plan

Strategic Priority / Local Outcome (please detail): Improving Mental Health and Wellbeing

How will you measure the priority / outcome? Please note that the Success Measures noted below are subject to further development and are included as indicative measures at this stage. Work is ongoing to finalise the lead organisations and timescales for the Key Actions identified in the Delivery Plan.

Outcomes	Key Action	Sub Actions	Success Measures	Timescale	Lead Organisation
Local people, including carers, are aware of and have access to good clear pathways of support and treatment and access them	Provide local support for individuals, and their carers, with a wide range of mental health problems across the lifespan	Develop and maintain a Falkirk Mental Health Services Directory that includes service information for universal provision, early intervention and specialist services for children, young people, adults and older adults Complete a mapping exercise of existing services and community assets - this will include information on demand, flow and capacity Review and refine pathways across all providers to improve inter-connectedness of services so seamless experience for service users and carers, particularly at points of transition Ensure evidence-based interventions are available as close to the communities that need them as possible Audit evidence-based interventions for conditions Develop and apply quality control procedures to all recommended information or services Develop a strategic approach to the use of technology and social media eg use of apps to support people and staff	Adult in-patient service user experience Reduction in waiting times for referral to : • Adult Psychological Services • CAMHS Number of individuals receiving evidence based interventions: • Psychological Positive Parenting • Post-diagnostic Support • CAMHS Reduce number of completed suicides Falkirk Mental Health Services Directory		

Outcomes	Key Action	Sub Actions	Success Measures	Timescale	Lead Organisation
		Support adults, in particular hard to reach groups, to gain knowledge and life-skills training to enable them to manage their own mental health and wellbeing and build their resilience.			
Clear leadership is established which addresses stigma, isolation and loneliness in relation to mental health and wellbeing throughout the life course.	Provide opportunities for social interactions which aim to reduce stigma by raising awareness of mental health issues in the wider community.	Identify key leads at CPP level to ensure strategic influence and to apply a corporate approach to enable the cultural shift required Develop a clear and coordinated approach across the CPP to improve awareness and communication Develop a communication plan including a review and change of language in marketing materials across services Prioritise early intervention and individual and community resilience practice which tackles stigma and enables people with mental health issues to connect with their community Ensure an evidence based person-centred recovery approach is available to individuals Develop a partnership engagement approach with the community Consider expansion of Stress Control Training Programme and other forms of beneficial training, including in the workplace Improve equality of access to social prescribing across all areas with evidence-based measure on the impact and effectiveness	Number of Falkirk attendees who completed awareness and training sessions: • MH First Aid • Stress Control • Self Harm		
Organisations are clear on individual roles and		Review existing structures for mental health and well-being strategic and operational groups			

Outcomes	Key Action	Sub Actions	Success Measures	Timescale	Lead Organisation
collective responsibilities		and ensure there is a clear governance structure for all groups Ensure commissioning, governance and clinical supervision of services is of a high quality, safe, effective and efficient Review the role of Clinical and Care Governance Frameworks for the oversight of commissioned services			
Staff are skilled, competent and confident to raise the issue and increase awareness of mental health and wellbeing, as well as refer and signpost as appropriate.	Build the capacity of the workforce, who work with children, young people, adults and older adults, to support individuals who experience a range of mental health problems.	Develop a multi-agency training and learning framework. This should: ▪ Map existing training and development provided across services, identify gaps and offer universal and specialist opportunities, including wellbeing and crisis interventions ▪ be accessible and include community involvement and engagement ▪ link to service delivery and improvement ▪ build relationships and encourages good communication across services ' to break down barriers' ▪ ensure practitioners have the confidence and skills for early identification of needs and early intervention. ▪ Ensure practitioners have the skills and knowledge to deal with individuals in distress and appropriately support and signpost ▪ align universal and specialist opportunities to role and service plan ▪ facilitate annual practitioner network events ▪ Where appropriate ensure training is delivered and promoted on a multi-agency	Number of Falkirk attendees who completed awareness and training sessions: • MH First Aid • Stress Control • Self Harm		

Outcomes	Key Action	Sub Actions	Success Measures	Timescale	Lead Organisation
		basis Develop measures relating to the impact of training on service delivery / service user experience Implement a joint leadership programme across the CPP partners to ensure we are all working to the same standards Ensure managers have the knowledge, skills and support to respond to, and support staff, who are absent from work due to stress and mental health problems with the availability of coaching and counselling Ensure all staff / volunteers are aware of strategic priorities, priority populations and how best to support them			
Children and young people will become resilient, socially competent and successful adults.	Children and young people are supported to develop knowledge and understanding, skills, capabilities and attributes they need to develop and maintain positive mental, emotional and social wellbeing now and across the lifespan.	Ensure all CPP partners exercise their responsibilities as Corporate Parents Ensure early assessment of needs and use of the Falkirk Child's Plan including high quality Team Around the Child ((TAC) processes are in place and are given suitable support Increase the uptake of evidenced based parenting programmes, currently Psychology of Positive Parenting (POPP) Agree evidence based approaches/strategies are to be used by all partners in Falkirk Ensure high quality Team Around the Child are in place as early as possible	Children and young people receive timely service according to individual need (Casefile Audit) The % of HOLAC children who receive a mental health assessment when they become looked after (in accordance with CEL 16.) Reduced waiting times for CAMHS services %age of children and young people on the Child Protection register indicating through the		

Appendix 1b

Outcomes	Key Action	Sub Actions	Success Measures	Timescale	Lead Organisation
		Review service provision and communication around transition periods e.g. from to adult services Develop Children's Commission MH and wellbeing group and action plan and link to other outcome plans as appropriate Expand perinatal and infant mental health support Develop a model using a tiered approach to mental health provision in schools including PSHE curriculum, support to children and young people and support to staff Develop a common approach around attachment	Falkirk Outcomes Framework that they have improved mental health and wellbeing 100% of Named persons will be trained in Five to Thrive		

Name of Lead Officer: Patricia Cassidy	**Signature:**	**Organisation:** Falkirk Health and Social Care Partnership
Designation: Chief Officer		**Date:** 24 January 2017

CPP Locality Planning Framework