

This paper relates to  
Agenda Item 5



**Title/Subject:** Strategic Plan  
**Meeting:** Integration Joint Board  
**Date:** 5 June 2016  
**Submitted By:** Chief Officer  
**Action:** For Decision

## 1. INTRODUCTION

The purpose of this report is to provide an update to the Integration Joint Board (IJB) on the progress with the recommendations previously agreed by the Board to ensure the implementation of the Strategic Plan and health and social care integration legislation.

## 2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1. note the content of the report and progress since the Board meeting in June.

## 3. BACKGROUND

- 3.1 The Board has approved recommendations to:
  - establish a Local Delivery Plan for the implementation of the Strategic Plan and a Leadership Group to develop a Recovery Plan in response to budget pressures. The Recovery Plan update is in a separate report on this agenda.
  - develop a joint management structure across the partnership.
  - pilot of locality arrangements in Denny / Bonnybridge / Larbert / Stenhousemuir (West Locality).

The report provides an update on progress with these recommendations.

## 4. LOCAL DELIVERY PLAN

- 4.1 The Chief Officer has overseen work to translate the Strategic Plan into a local delivery plan using 'logic modelling' methodology that will identify the required activity focussed on achieving the local outcomes.

- 4.2 Three facilitated partnerships sessions have been held that are informing the development of an operational plan and logic models. The operational plan will ensure the HSC Partnership focuses on what will be done to enable **self-management**, ensure people are **safe** and provide **community-based support** to enhance wellbeing. Ensuring **autonomy and decision making** and a **positive service user experience** are integrated into the models and associated actions for the first three outcomes.
- 4.3 A draft logic model has been created for each of the three priority outcomes (Self-Management; Safe and Community Based Supports) and these are attached as Appendix 1.
- 4.4 The models each show the high level activities needed to achieve the specific long-term outcomes. They also show how these outcomes and activities relate to the each other and how they overlap and align with the national health and wellbeing outcomes.
- 4.5 The models show that the achievement of these local and national long-term outcomes will be dependent on many high level activities and services. Some of these e.g. strong leadership; staff training; single shared assessment; effective use of technology; anticipatory care planning, are common to all models and outcomes, others make a predominant contribution to a particular model and outcome e.g. delivery of a community directory; clinical governance; training for self-management of LTCs.
- 4.6 The activities shown on the models are high level and in reality represent multiple projects, programme and services that are the responsibility of the HSCIP. Further work is planned to detail these activities for each model and will be completed through an online questionnaire, with managers scoring their services against agreed questions based on the RE-AIM framework.
- 4.7 The models also show how the high level activities will need to contribute to short and interim outcomes before the long-term outcomes can be achieved. These short and interim outcomes will therefore be necessary milestones that the HSCIP can use as markers of progress to success. In this way the models provide a framework to inform a future monitoring and evaluation or performance management framework.
- 4.8 Each area of current activity is being mapped in relation to contribution and evidence of impact to local outcomes to identify what is working, where there are gaps and what needs scaled up /changed to improve impact.
- 4.9 The work to develop the logic models and delivery plan have highlighted opportunities to work collaboratively with NHS Forth Valley Efficiency, Improvement and Innovation Team. The team are currently supporting activity to meet an objective in the NHS Forth Valley Annual Plan to implement a clinical efficiency challenge to reduce occupied bed days across the Acute and Community Hospitals by 10,000.

- 4.10 The objectives of the clinical efficiency challenge are twofold. One objective is for people to spend more time at home or closer to home than in hospital, by reducing need for admission and readmission. The second objective is to reduce the time that people need to spend in hospital by improving practice and processes, known as improving flow.
- 4.11 The 'driver diagram' in Appendix 2 has been drafted by NHS Forth Valley's Efficiency, Productivity, Quality and Innovation Team, because it is directly supporting some elements of the work within a prioritised work plan to continuously improve outcomes at less cost.
- 4.12 The diagram describes a wide range of work and changes across the health and social care system that can contribute to the two objectives of the clinical efficiency challenge. At the same time the effective implementation of the clinical efficiency challenge will contribute to a range of other NHS and Health and Social Care Partnership outcomes including reducing delayed discharges, optimising use of skills and assets, reducing variation in professional practice and designing sustainable services.
- 4.13 It is intended to support dialogue, joint planning and working in and between NHS Forth Valley and Health and Social Care Partnerships' teams. It is not a comprehensive whole system representation. Additional information about contributing services and work has been welcomed from the Integration Implementation Managers in both Health and Social Care Partnerships and from NHS Forth Valley managers.
- 4.14 This clinical efficiency challenge is sponsored by the Community Services Directorates and Medical Directorate. It will contribute both to achievement of Falkirk Health and Social Care Partnership's strategic plan and delivery of NHS Forth Valley's Annual Plan. The diagram included describes the alignment and interrelationships between reducing occupied bed days in hospital with improvements in other programmes and services.

## **5. JOINT MANAGEMENT ARRANGEMENTS**

- 5.1 The Board agreed the Chief Officer would provide an update to the Board on the proposal to establish a joint management structure. This work is ongoing and is taking into account membership, role and remits and governance arrangements of the following:
- the prescribed requirements for the Strategic Planning Group and locality planning in the Public Bodies (Joint Working) (Scotland) Act 2014
  - the operational management structures operating in Falkirk Council and Adult Social Work Services
  - the operational management structures operating in NHS Forth Valley and the Directorates given the delegated functions for the IJB are across 3 Directorates – Community Services, Medical and Surgical
  - the pre-existing range of partnership groups, many of which operate across the two HSC Partnerships, and in some cases with a lack of consistency in reporting structure, communication and connectivity. This

means that governance lacks transparency and accountability, with reporting mechanisms that do not necessarily flow effectively.

- 5.2 The aim is to inform the IJB of the current planning and delivery structures within the Falkirk HSC Partnership to ensure they are fit for purpose, have the capacity and authority to take forward our vision for the area through the Strategic Plan and can provide the necessary strategic and operational planning and leadership support to the Board.
- 5.3 A Forth Valley short life working group has met to review existing structures, giving consideration to how the current structure supports health and social care integration. The proposed structure will need to provide an arrangement which is fit for purpose, makes best use of a range of expertise and knowledge, encourages collaborative working across the partnership and is forward facing in terms of emerging drivers for change, as well as exploring the opportunities to rationalise the structures and create some needed capacity. The initial mapping of the structures is attached as Appendices 1 – 4 for information.
- 5.4 The Falkirk Joint Management Group held a workshop discussion on 9 June 2016 on review the role and remit of the group. The group noted the positive role to enable a shared understanding of services and it turn promote joint working opportunities across the partnership to ensure links with various planning requirements, including more recently the Strategic Plan. However there was a recognition that the ability of the group to make decisions was impacted by the differing membership and the group therefore often acted in a consultation capacity deferring decision-making to other groups. It was further noted that many of the JMG were members on other groups and this created duplication and reduced capacity to progress required actions in a timely manner. The group concluded there were benefits in meeting around an information sharing network on shared themes or areas of emerging priority. It was anticipated this would be on a less frequent basis eg quarterly.
- 5.5 Pending the outcome of this review work a programme of joint management meetings with the Chief Officer, Chief Finance Officer, General Manger – Community Services Directorate, Head of Social Work Adult Services, Programme Manager and appropriate service managers have been set up. This will be extended as required to ensure representation from across the 'in scope' partnership services.

## **6. LOCALITY PLANNING**

- 6.1. The Public Bodies (Joint Working) (Scotland) Act 2014 places a number of requirements on Integration Authorities that relate to the role of localities in strategic planning. A locality is defined in the Act as a smaller area within the borders of the Partnership area. Localities will provide a planning function for the delivery of health and social care services across the health and social care localities.

- 6.2. The LIST analysts have been working with the HSC Partnership to develop locality profiles for each of the three locality areas. These are attached at Appendix 3 for information. These have been developed from the work to develop the Joint Strategic Needs Assessment and the intention is to make these available on the Falkirk HSC Partnership web-page.
- 6.3 There will be a need for localities to be well organised and with sufficient structure to co-ordinate their input to strategic planning. This is being considered in conjunction with the discussions to review the current strategic planning and operational arrangements. The principle of moving away from top-down planning will only work if each locality is organised and supported to make an effective contribution. Further work will be done to identify these resources and a report will be presented to the Board.

## **7. WEST LOCALITY INTEGRATED TEAM PILOT**

- 7.1 The Board approved a recommendation in June 2016 to pilot a locality-based approach within the Denny/Bonnybridge /Larbert / Stenhousemuir area – referred to as the West Locality.
- 7.2 Since then a small group has met to begin the process to scope out the services to be involved in the pilot and the project plan using project management methodology. It has become apparent through this work that additional project officer capacity is required to ensure the successful establishment of a new integrated team, including capacity to engage with staff, service users, carers, public and other stakeholders. The establishment of the pilot for a West Locality Integrated Team will also impact on the Adult Social Work teams operating in the Falkirk and Camelon areas. Therefore this will need to be managed and supported as part of the pilot.
- 7.3 An ICF funding proposal for project officer capacity will be brought forward through the agreed governance routes and reported to the IJB in October 2016. This is noted in the Partnership Funding report.

## **8. CONCLUSIONS**

- 8.1. The Board has received reports outlining the next stages in implementation of the Strategic Plan.

### **Resource Implications**

The resource implications are noted in the report.

### **Impact on IJB Outcomes and Priorities**

The proposals set out in the report are in line with the Strategic Plan.

**Legal & Risk Implications**

Risk issues will be considered as required, and in particular in the establishment of the West Locality Integrated Team and the operational and line management arrangements.

**Consultation**

There will be appropriate consultation in line with the work identified in the report.

**Equalities Assessment**

There will be appropriate consideration to equalities assessment in line with the work identified in the report.

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Approved for Submission by: Patricia Cassidy, Chief Officer

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**Date:** 27 July 2016

**List of Background Papers:**

Integration Joint Board report: 5 February 2016 – Strategic Plan

Integration Joint Board report: 24 March 2016 – Strategic Plan

Integration Joint Board report: 3 June 2016 – Strategic Plan