

This paper relates to  
Agenda Item 4



**Title/Subject:** Chief Officer Report  
**Meeting:** Integration Joint Board  
**Date:** 2 December 2016  
**Submitted By:** Chief Officer  
**Action:** For Noting

## **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 to improve service delivery and care pathways that will enable people to remain in their own home as long as possible.

## **2. RECOMMENDATION**

The members of the IJB are asked to:

- 2.1 note the continued progress being made within available resources
- 2.2 remit 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
- 2.3 remit the Leadership Team to review the Audit Scotland report and bring back a further report to the IJB in February 2017.

## **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.
- 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**

To inform the development of the Local Delivery Plan, and to provide more comprehensive and detailed information on the demand, capacity and performance of these services, an online questionnaire was issued to managers. This has been reissued to a number of services to complete. Once

responses have been received, the results will be evaluated and the draft local delivery plan finalised for the IJB to consider.

#### 4.2 **Capacity Modelling**

The partnership, working with i-Hub and TRIST, has secured additional capacity to take forward work on whole systems mapping to better understand the integrated system across health, social care, Third and Independent sectors. This work has commenced and it is anticipated will conclude by late March 2017. The Board will be kept updated on this through the Chief Officer report.

#### 4.3 **Frailty Model**

In relation to the Frailty model, work has commenced led by the General Manager - Medical Directorate, to develop a frailty pathway aimed at ensuring the consistent and appropriate delivery of the Comprehensive Geriatric Assessment and rapid access to the appropriate health and social care service or appropriate place of care.

A test of change took place on the week commencing 7 November 2016, involving the lead clinicians and multi-disciplinary team members. Initial feedback from the week was positive, and identified areas where an integrated pathway will have positive benefits to enable more appropriate destinations for those people presenting at the front door.

Following on from the test of change, a workshop was held on 15 November 2016 with key practitioners supporting the Frailty Model and Discharge to Assess models. The purpose of the workshop was to establish the project team for the Discharge to Assess pilot and to finalise actions required to set up the pilot.

At the time of preparing this report the evaluation of the learning from the test of change week and the Discharge to Assess action plan were not yet finalised and a verbal update will be provided to the Board.

#### 4.4 **Discharge to Assess**

There continues to be focus on the ongoing pressures to ensure no person is delayed in their discharge, and to implement the model in line with care and clinical governance considerations. Discussions will be facilitated by the General Manager - Medical Directorate in relation to any requirements within NHS arising from this test of change.

This may have an impact on the anticipated start date of the pilot, however ensuring, in so far as possible, appropriate and safe processes are in place will be essential.

There will also include the continued dialogue between the Chief Officer, General Manager - Community Services Directorate, General Manager – Medical Directorate, members of the Falkirk Delayed Discharge Steering group and Falkirk Council procurement team. A verbal update will be provided to the Board.

## 5. IJB FINANCIAL UPDATE

- 5.1 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 report at agenda item 5.
- 5.2 The Board previously remitted the Chief Officer, in conjunction with the Chief Executives, to consider the Chief Finance Officer post and the requirement for this to be full or part time.
- 5.3 Consideration is being given to a proposal brought forward by the Chief Executive, NHS Forth Valley. This will include work to ensure there is sufficient capacity to support the IJB given the recognised complexity of the Chief Finance Officer role in the current financial environment and the level of risk previously reported to the Board as part of the Strategic Risk Register.

## 6. HSCP LEADERSHIP TEAM AND SERVICE ARRANGEMENTS

- 6.1 The Board approved at the October meeting the proposed integrated leadership and management structure and Change Programme presented by the Chief Officer. This has now been communicated to relevant managers and arrangements are being taken forward.
- 6.2 Work is underway to transfer the operational management of Community Mental Health Services and Community Learning Disability services to the Chief Officer. Currently the services transfer is being scoped for completion early in the New Year. This will be subject to the satisfactory conclusion of arrangements including care and clinical governance and the delegation of appropriate authority to the Chief Officer.

## 7. DELAYED DISCHARGE

- 7.1 As of October census date, in relation to delays which count towards the national, published delayed discharge target (standard delays), there were:
- 39 people delayed in their discharge
  - 25 people who were delayed for more than 2 weeks
  - 5 people identified as a complex discharge (code 9)
  - 10 people proceeding through the guardianship process
  - 3 people identified as a Code 100 delay.
- 7.2 Although there has been a decrease in the position since the last report to the IJB as can be seen in table 1, this remains an ongoing challenge and is being closely monitored.

**Table 1** (excluding Code 9 & Code 100)

	Oct	Nov	Dec	Jan	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16
Total delays at	23	37	35	27	23	29	27	23	32	45	51	46	39

census point													
Total number of delays over 2 weeks	19	20	24	20	14	18	18	12	18	30	33	29	25

7.3 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**

	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Equivalent Beds (Oct)
Standard Delays	797	990	975	875	854	1247	1468	1432	1393	45
Complex Delays/ Guardianships (Code 9)	217	265	277	186	158	256	275	376	454	15

7.4 The work ongoing to address the issues of Delayed Discharge is set out in section 4 of the report. There continues to be significant challenge to meet the demand for care at home packages and care home placements. The Council Procurement Team and Care at Home colleagues are actively engaging with the market to determine care at home services that can be put in place. The team continue to actively engage with providers to source packages of care for those currently delayed in their discharge

7.5 Table 3 below outlines further work underway to address the short term challenge in delays and to test a longer term solution with the Discharge to Assess model.

**Table 3:**

Type of action	Action	Progress 18 November 2016
Source additional packages of care	Procurement team working with providers to source POCs, grouping them in geographical groups where possible.	<p>One provider has now recruited more staff and is able to fulfil 24 POCs beginning 14 November. 10 of these are hospital discharges.</p> <p>New provider sourced to provide up to 5 POCs for more complex cases 2 of whom are hospital discharges.</p> <p>An additional provider has now recruited and will be able to deliver an extra 120 hours per week.</p>

Type of action	Action	Progress 18 November 2016
	Timeframe for POC retention due for hospital admissions extended to 2 weeks to reduce need to resource POC after hospital stay	Implemented
	Extend support available for overnight care	Additional 2 staff recruited to extend service available through the social care 24 team to support more people to return home.
Free up capacity	Review current outstanding POCs to ensure that the level of support meets need. This should release capacity overall	Staff being released to form a small team to undertake reviews.
Frailty Pathway test of change	Week beginning 6 November	Results being analysed to inform the Discharge to Assess pilot.  Joint workshop held on 15 November and works underway to finalise arrangements for provider starting week beginning 28 November.
Implement Discharge to Assess pilot	Link to MDT and frailty pathway to discharge to assess people at home and provide short term packages of support using reablement. Up to 20 POCs per week.	Early December

## 8. FALKIRK INTEGRATED WORKFORCE PLAN

- 8.1 The Falkirk Health and Social Care Partnership previously agreed the Integrated Workforce plan. This plan covers:
- Workforce information
  - Demographics and role Development
  - Workforce Training and Development
  - Leadership and Management Development
  - Workforce engagement and support.
- 8.2 Progress has been made to take forward agreed priorities under these headings consistent with service development priorities agreed with the Chief Officer.
- 8.3 The Chief Officer is a key member of the Integrated Workforce Group as are the HR Leads for the partner organisations and Organisational Development.
- 8.4 The Joint Staff Forum is established and meets regularly. This followed a facilitated session to discuss ways of working and values and behaviours.

- 8.5 The Strategic Workforce Plan was discussed and supported by the Joint Staff Forum. The Joint Staff Forum also participated in a mini seminar on the IJB Financial Position. Currently discussion on staff involvement and increasing staff engagement and experience has taken place and will remain a substantive topic on future agendas.
- 8.6 Workforce data gathering has been actioned with support from the Local Intelligence Support Team (LIST) analyst seconded to the Partnership and this will now be further analysed by the Workforce Group.
- 8.7 The Integration Joint Board is asked to note progress with the Strategic Workforce Plan.

## **9. PUBLICATIONS**

- 9.1 Audit Scotland published a report on 27 October 2016 on [NHS in Scotland 2016](#) and a link to the full report is available for information.

The key messages from the report are:

- Over the last decade, there have been improvements in the way health services are delivered and reductions in the time that patients need to wait for hospital inpatient treatment. There have also been improvements in overall health, life expectancy, patient safety and survival rates for a number of conditions, such as heart disease. At the same time, demands on health and social care services have been increasing because of demographic changes. People are living longer with multiple long-term conditions and increasingly complex needs.
- NHS funding is not keeping pace with increasing demand and the needs of an ageing population. NHS boards are facing an extremely challenging financial position and many had to use short-term measures to break even. NHS boards are facing increasing costs each year, for example drug costs increased by ten per cent, allowing for inflation, between 2012/13 and 2014/15. NHS boards will need to make unprecedented levels of savings in 2016/17 and there is a risk that some will not be able to achieve financial balance.
- Despite the significant financial challenges facing NHS boards, there have been improvements in some areas, for example in reducing the overall number of bed days from delayed discharges. However, boards are struggling to meet the majority of key national standards and the balance of care, in terms of spending, is still not changing. It is difficult balancing the demand for hospital care, alongside providing more care in the community. Boards need to ensure they maintain high-quality hospitals, while investing in more community-based facilities.
- The NHS workforce is ageing and difficulties continue in recruiting and retaining staff in some geographical and specialty areas. Workforce

planning is lacking for new models of care to deliver more community-based services. There is uncertainty about what these models will look like and the numbers and skills of the workforce required. NHS boards' spending on temporary staff is increasing and this is putting pressure on budgets.

- The NHS is going through a period of major reform. A number of wide-ranging strategies propose significant change, including the National Clinical Strategy, integration of health and social care services and a new GP contract. These need to be underpinned by a clear plan for change. Some progress is being made in developing new models of care, but this has yet to translate to widespread change in local areas and major health inequalities remain.

9.2 The report contains a number of recommendations for NHS Boards, in partnership with Integration Authorities, to consider:

- take ownership of changing and improving services in their local area, working with all relevant partner organisations (paragraph 96)
- develop long-term workforce plans (more than five years) to address problems with recruitment, retention and succession planning and to ensure high quality of care (paragraphs 94-95)
- work with the public about the need for change in how they access, use and receive services and to take more responsibility for looking after their own health and managing their long-term conditions (paragraph 33).

It is proposed that further work is remitted to the Leadership Team to review and bring back a further report to the IJB in February 2017.

## 10. CONCLUSIONS

10.1 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.

10.2 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 report to the December 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.

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**Date:** 21 November 2016

**List of Background Papers:**