

Title/Subject: Chief Officer Report
Meeting: Integration Joint Board
Date: 4 August 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 (HSCP).

2. RECOMMENDATION

The IJB members are asked to:

- 2.1 consider the IJB representative for the Community Planning Partnership Strategic Board at section 4.6
- 2.2 remit the Chief Officer and Leadership team to prepare a draft structure and timeline for the implementation of an integrated management and locality structure, including the required support services, for consideration at the next Board meeting in October
- 2.3 note the communication about Joint Inspections of Integrated Health and Social Care and the proposal to complete a self-evaluation
- 2.4 approve the proposal to participate in the Priority Setting Framework as detailed in section 4.8 of this report
- 2.5 delegate the Chief Officer to approve the Advocacy Award of Contract and to report to the October IJB meeting updating the Board on the Contract Award
- 2.6 note a programme of staff engagement will be developed
- 2.7 agree that a tender is drafted and issued to continue the service model developed as part of the pilot of Discharge to Assess (D2A)
- 2.8 remit the CFO and Leadership team to identify the funding required from existing resources and if required from the Leadership funds remitted to the Leadership Team to:
- enable the extension of the current provider until the D2A tender is in place in October
 - fund the service from October until the end of March 2018 during the tender process for Homecare and Care at Home services

- 2.9 note the update on delayed discharge in section 8 of this report
- 2.10 note the update on the new national Health and Social Care standards in section 13
- 2.11 note the Chief Officer group joint response on behalf of IJB's to the Safe and Effective Staffing in Health and Social Care consultation attached as Appendix 4.

3. BACKGROUND

- 3.1 The Board has previously agreed key areas of work that 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, although there are emerging issues with capacity to respond to the known demands and new areas of work as these emerge.

4. REPRESENTATION ON THE COMMUNITY PLANNING STRATEGIC BOARD

- 4.1 At a meeting on 15 December 2016 the newly established Strategic Board approved a report by the Chief Executive, Falkirk Council confirming the Board's future remit and responsibilities. The Community Planning Strategic Board comprises senior leaders and chief officers who share collective responsibility for the strategic leadership, scrutiny and challenge of local partnership working. The Board exercises these responsibilities in order to ensure the attainment of local priorities and outcomes. In order to achieve this, the Board will ensure that it:
- fulfils the statutory requirements of the Community Empowerment (Scotland) Act 2015, and the elements of the Local Government (Scotland) Act 2003 which remain in force
 - approves the Strategic Outcomes & Local Delivery Plan
 - oversees the achievement of strategic priorities and local outcomes
 - scrutinises and challenges the progress of attainment of strategic priorities and local outcomes
 - scrutinises and challenges progress on locality planning
 - ensures the contribution of all statutory partners to community planning
 - approves CPP strategies & plans
 - approves of Locality Plans
 - secures continuous improvement in local partnership working
 - ensures the appropriate alignment of partnership resources with strategic priorities and local outcomes.
- 4.2 The Board meets a minimum of six times a year. The level of representation on the Board includes:
- Elected Members
 - Non Executive / Board Members
 - Chief Officer for Police Scotland and the Scottish Fire and Rescue Service

The organisations represented on the Board are as follows:

- Falkirk Council, Council Leader as chair of the Leadership Board, the Leader of the Opposition, plus one other Elected Member to be determined, and the Chief Executive
- NHS Forth Valley, non-executive / Board Member
- CVS Falkirk and District, Board Member
- Police Scotland, Divisional Commander
- Scottish Fire and Rescue Service, Local Senior Officer
- Forth Valley College, non-executive / Board Member
- **Integration Joint Board, Board Member**
- Falkirk Business Panel, to be determined
- Scottish Government, Location Director as an observer

4.3 The Board will consider requests to join the partnership as they arise. It may also invite temporary members to join the Board from the community, private and third sectors to advise, support and champion their respective sectors and their contribution to local priorities and outcomes.

4.4 **Partner Responsibilities**

Each of the organisations represented on the Strategic Board needs to ensure that it is mindful of the statutory requirements that might underpin its involvement in Community Planning. The Partnership expects each agency and organisation to actively:

- support and resource Community Planning appropriately, across the extent of local partnership working
- support the continuous improvement of Community Planning across the Falkirk Council area
- support the purpose of the partnership and its groups in undertaking their range of responsibilities
- make a proportional and appropriate contribution to and supporting all of the local outcomes and priorities set out in the Strategic Community Plan and SOA
- be accountable to the Leadership Board for their contribution to Community Planning including progress and performance on the attainment of local outcomes and priorities
- be clear on how its organisational business plans, key policies and strategies, as well as resources align with the delivery of local outcomes and priorities
- support the partnership to communicate and report on performance, progress and achievement, through its own publications, websites and other media
- ensure Board Members and participants in Community Planning are able to contribute appropriately and are able to take decisions on behalf of their organisation.

4.5 **Board Member Responsibilities**

Each Board Member will:

- lead on promoting community planning within their organisations and communities
- promote shared leadership based on a common consensus to address the partnership's strategic priorities, and in particular addressing inequalities

- ensure their organisations are fulfilling their obligations with regards to the Partnership
- ensure the efforts of their organisations are focused on ensuring a meaningful contribution to the partnership
- ensure the partnership and partners have a clear sense of place, underpinned by a sound understanding of community needs, circumstances and opportunities
- ensure the adequacy of and help promote the partnership's approach on participation and co-production, led by locality planning
- ensure that the partnership is adequately resources to deliver on its responsibilities
- contribute to the effective governance and accountability of the partnership;
- promote the pursuit of prevention and early intervention
- actively participate in community planning and at Board meetings; and
- champion community planning in Falkirk and more generally act as an ambassador for the area itself
- secure continuous improvement, underpinned by effective performance management.

4.6 The Board are asked to consider the IJB representative for the Community Planning Strategic Board, noting the remit and responsibilities outlined above.

5. HSCP LEADERSHIP TEAM

5.1 Support Services Arrangements

The Integration Scheme required that during the Shadow year the services required to support integrated functions be identified and an agreement reached about how these will be provided and funded to the IJB. This will enable the Board to discharge its duties under the Public Bodies (Joint Working) (Scotland) Act 2014.

Despite ongoing discussions this has not yet been concluded for Falkirk HSCP.

5.2 As the IJB progresses through year 2 it is becoming increasingly difficult to advance the delivery of the strategic plan within the current level of capacity both in terms of establishing an integrated management structure and securing committed support for planning, performance management etc.

5.3 In order to advance work required the Board may need to consider if it should exercise its ability to contract with other providers for such support. It would be preferable for appropriate arrangements to be agreed locally between partners and avoid diverting resources from local systems.

5.4 It is critical to the delivery of the strategic plan to advance the development of locality planning and the development of integrated locality structures. The HSCP has not been able to advance this at pace due to the other competing demands on the management team and lack of progress with NHS colleagues on the draft structure.

- 5.5 Discussions are in progress regarding the timeframe and process to transfer NHS Services to the management of the Chief Officer and includes discussion about hosting services across the area. Meetings scheduled over the next few weeks are expected to clarify issues and will allow wider discussions on future management structure and arrangements.
- 5.6 At present this partnership is behind other areas in achieving integration and developing localities but will be benchmarked against other more mature partnerships.
- 5.7 **Governance**
The HSCP currently has responsibility for the operational management of Social Work Adult Services and two NHS integrated teams: the community learning disability and the community mental health team. All of the other in scope NHS services remain within the NHS general management structure, the majority within the Community Services Directorate established on 1 April 2016 the same day as the Integration Joint Board.
- 5.8 Since the transfer of these teams into the HSCP there is an allocation of 0.2 fte Service Manager who has become a member of the HSCP senior management team. However the professional and clinical support for the two integrated NHS services remains within the Community Services Directorate structure.
- 5.9 The Board approved the establishment of the interim integrated management structure at its meeting on 7 October 2016. The HSCP Leadership team continues to develop and has been meeting regularly. Members of the team have been working together with support from Health Improvement Scotland (HIS) as part of the Collaborative Leadership in Practice (CLiP) programme. The Leadership team is continuing to develop.
- 5.10 In addition a development session is planned for September to focus on the how to improve working and joint planning across the two finance systems. This will enhance understanding of both systems and produce a timeline for budget planning. This will also assist NHS colleagues where work is now across three systems – NHS and two health and social care partnerships and help reduce duplication of work and meetings.
- 5.11 This will combined with the work on transfer of management arrangements assist the Chief Officer discharge her responsibilities as the current structure offers challenges in providing assurance to the IJB without a direct line of sight to managers and budget holders for in scope NHS Services.
- 5.12 In order to expedite the delivery of the strategic plan it is proposed that the Leadership team prepare a draft structure and timeline following discussion with the Chief Executives. This will provide the blueprint for the implementation of an integrated management and locality structure including the required support services, for consideration at the next Board meeting in October.

- 5.13 The recent communication from the Care Inspectorate in section 13.1 of this report outlines the future focus of Joint Inspections of Health and Social Care which will include 'How good is our management of whole systems in the partnership?' and will inspect the effectiveness of operational and strategic planning arrangements.
- 5.14 It is essential that the partnership increases pace on the integration of health and social care services and develops a robust management structure to deliver the strategic plan, manage risk and improve outcomes.
- 5.15 The Chief Officer will ensure that a self-evaluation exercise is undertaken to assess the partnership against the quality indicators to identify areas for improvement.
- 5.16 **Social Work Adult Services**
The current adult services structure has 6 service managers and has been coping with significant absence since the end of 2016. Two temporary service managers have recently been appointed and a permanent post is being advertised to fill the recent vacancy which will bring the team up to full complement. The current situation is being monitored and overseen by the Head of Adult services for any emerging risks.
- 5.17 **Priority setting framework**
The HSCP has been invited to participate in a research project to develop a set of principles and framework for priority setting to help make decisions on complex health and social care issues and budgets. The project is funded by the Chief Scientist Office and the Scottish Government Health and Social Care Directorate and supported by a team of academics from Glasgow Caledonian University and Universities of Strathclyde, Liverpool and Cardiff.
The aims of the project are to:
- develop and implement a unified priority setting framework, based on principles of economics, decision analysis, ethics and law, for use in health and social care commissioning
 - evaluate the impact of using such a framework both within and between HSCPs in Scotland.
- 5.18 A briefing attached as Appendix 1 provides an overview of the project. If members of the IJB agree that the partnership participates in the project, the HSCP will receive support from September this year. A development session will be arranged for board members in October to provide a full briefing on the project and to begin the process to develop the principles and framework. The project will last 18 months during which the HSCP anticipates direct benefits in supporting decision making and strategic commissioning.
- 5.19 **Graduate Programme**
The Partnership has responded to Falkirk Council's Employment and Training Unit's request for expressions of interest in providing opportunities within the Graduate Jobs Programmes for 2017-18.

- 5.20 Falkirk Council has been recognised nationally for its substantial and sustained commitment to the recruitment of young people and was previously named as the Scottish Modern Apprentice Employer of the Year and was recently recognised for its equality and diversity in supporting Modern Apprentices.
- 5.21 As part of the approach to inclusive growth and building a workforce of the future the commitment to engaging young people continues to be a key priority for the Council and services are encouraged to continue to develop the quantity, quality and diversity of opportunities available. The partnership would support this approach, which is consistent with the strategic intention and aims set out in the agreed HSCP Integrated Workforce Plan.
- 5.22 Graduates will be paid the current Living Wage funded by the supporting service and the training costs are met by Falkirk Council Employment Training Unit. Graduates will be recruited on a fixed term contract of 9 months. A Service Level Agreement will outline roles and responsibilities of both ETU and the recruiting service, including HR responsibilities, scope of support and payment arrangements.
- 5.23 The Chair, Vice-chair and Leadership Group have considered a proposal to offer four graduate opportunities for Policy Assistants, Comms Assistant and ICT/SWIS Assistant. This is utilising the Leadership Fund and previously agreed ICF funding. At the time of preparing this report, the recruitment process is ongoing and a verbal update will be provided to the Board.

6. SERVICE ARRANGEMENTS

- 6.1 **Update on Independent Advocacy Contract**
The IJB approved the route to market, subsequent advertisement of the contract and allocation of the budget for the provision of Independent Advocacy on 7 October 2016. An update was provided in the Chief Officer report to the Board on 16 June 2017.
- 6.2 The Procurement process is underway and is being led by Stirling Council. On completion of the procurement process both Clackmannanshire and Stirling IJB and Falkirk IJB will need to approve the Award of Contract to the successful bidder.
- 6.3 The tender evaluation process will be complete by 18 August 2017 with approval for Award of Contract required thereafter. The Contract Start date is planned for 1 November 2017.
- 6.4 The timescales of the process fall in between the Falkirk IJB reporting process. To prevent a delay to the Contract Start date, approval is requested from the IJB to delegate the approval of the Award of Contract to the Chief Officer. A report updating the IJB on the Contract Award will be presented in October.

6.5 **Staff Engagement Sessions**

During May and June, seven staff engagement sessions were delivered across the partnership. 169 staff from health and social care, including the Third sector and independent providers attended.

The spread of attendance from colleagues was as follows:

Falkirk Council	87
NHS Forth Valley	48
Independent Sector	19
Third Sector	15
Total	169

6.6 In response to the presentation, the discussion generated 5 emerging themes:

- Communication – how can we communicate better together?
- IT systems – how can they be joined up more effectively?
- Working in Localities – when and how will this work?
- Processes – how can we link them seamlessly?
- Culture – how can we grow “one culture”?

6.7 The attendees also identified opportunities from integration:

- more successful discharges, eg planning meetings are held pre and post discharge
- more awareness of what is available
- improved communications – less duplication
- seamless working – shared outcomes
- greater understanding of roles – shared knowledge
- enabling service user to quickly access correct service
- culture shift.

6.8 The sessions were very positive and staff are keen to be involved to realise the opportunities that joint working can bring. A plan will be developed for a programme of engagement to extend the opportunity for more staff to engage directly in discussions and plans for integrated locality working.

6.9 **Older People’s Day 2017**

CVS Falkirk is leading in the organisation of an Older People’s Day 2017 drop-in event for the Partnership. This free event will take place on Friday 29 September 2017 at the Archibald Russell Centre, Dennyloanhead.

6.10 Older People’s Day is a national celebration of the contributions older people make to our communities, with events being held across the country. As in previous years, the Falkirk event will feature stallholders from various organisations who provide services, support and activities for older people, their families and carers in Falkirk and District.

7. HSCP CHANGE PROGRAMME

7.1 Capacity Modelling

A workshop took place on 23 June with colleagues from Health Improvement Scotland (HIS) to present the initial findings from the whole system mapping work. This was presented under the banner of 'Understanding our system'. The session was well attended by a cross section of senior staff from acute, primary and community care, third and independent sector partners. The partnership will work with colleagues from HIS to produce a report and there will be a joint presentation at the next IJB meeting.

7.2 Discharge to Assess

The current Discharge to Assess pilot is due to finish at the end of August 2017. The pilot has been successful in supporting discharge from hospital, reducing waiting times for packages of care and delays in discharge. It is essential that the momentum is not lost, especially leading into the winter period.

It is proposed to tender to continue this model of service until the end of March 2018 when the new Care at Home tender will be in place. As detailed in the Homecare and Care at Home contract paper on this agenda, this model of service will be incorporated into the funding package as part of the new Care at Home tender process with effect from April 2018.

The Chief Finance Officer is reviewing the options to fund this temporary new service and to extend the current pilot until October to complete the tender process. The options will include utilising underspend from core budgets and Partnership Funding. Members of the Board are requested to agree that this is progressed through the Leadership group, seeking agreement to utilise existing resources and partnership funding if required from the allocated Leadership fund as agreed at the meeting on 30 March 2017.

8. DELAYED DISCHARGE

8.1 As of the June census date, the following delays were recorded:

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

8.2 Table 1 below shows the total number of standard delays. The June position shows an improving position since January. The numbers of people waiting over 2 weeks has been steady since March.

	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17
Total delays at census point	32	45	51	46	39	35	37	45	38	24	29	32	34

Total number of delays over 2 weeks	18	30	33	29	25	22	26	24	25	17	14	18	18
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Table 1 (excluding Code 9 & Code 100)

- 8.3 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 June and show seasonal variation on bed days. Current bed day position is increased compared with June 2016.

	Jun '16	Jul '16	Aug '16	Sep '16	Oct '16	Nov '16	Dec '16	Jan '17	Feb '17	Mar '17	Apr '17	May '17	Jun '17	Equiv Beds (Jun)
Standard delays	854	1247	1468	1463	1393	1376	1247	1252	1171	964	857	994	1143	38
Complex Delays / Guardianship (Code 9)	158	256	275	376	454	363	374	377	428	328	273	207	214	7

Table 2 - total occupied bed days

- 8.4 **Delayed Discharge Performance: Additional Target Agreed with Cabinet Secretary for Health and Sport**

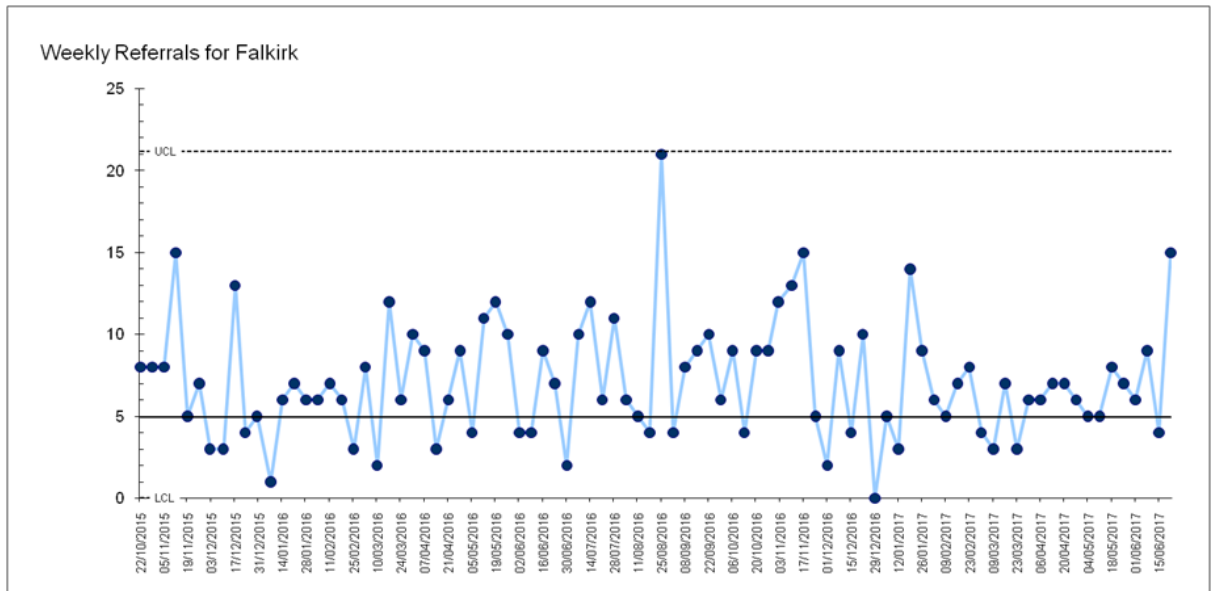
Table 3 below shows the Falkirk Partnership performance in meeting the trajectory at the June census point. This shows that the Partnership is currently behind the trajectory.

	February	March	April	May	June
Target	37	28	28	28	28
Actual	51	31	38	36	41

Table 3: Falkirk 2016/17 – Trajectory

- 8.5 During June an increase in numbers of people delayed in their discharge was noted and subjected to further analysis. The analysis found that there had been a relatively large increase over a single week period in the number of people delayed in their discharge. On further scrutiny it was clear that the increase related to an unusually high number of patients [8] being newly declared clinically ready for discharge, and therefore having their names added to the EDISON reporting system [additions to EDISON]. A review of the weekly rate of additions to EDISON over a period of years shows that large increases of this kind within one week are to be expected on an occasional basis. The present instance did not constitute a statistically significant event and did not represent a trend.

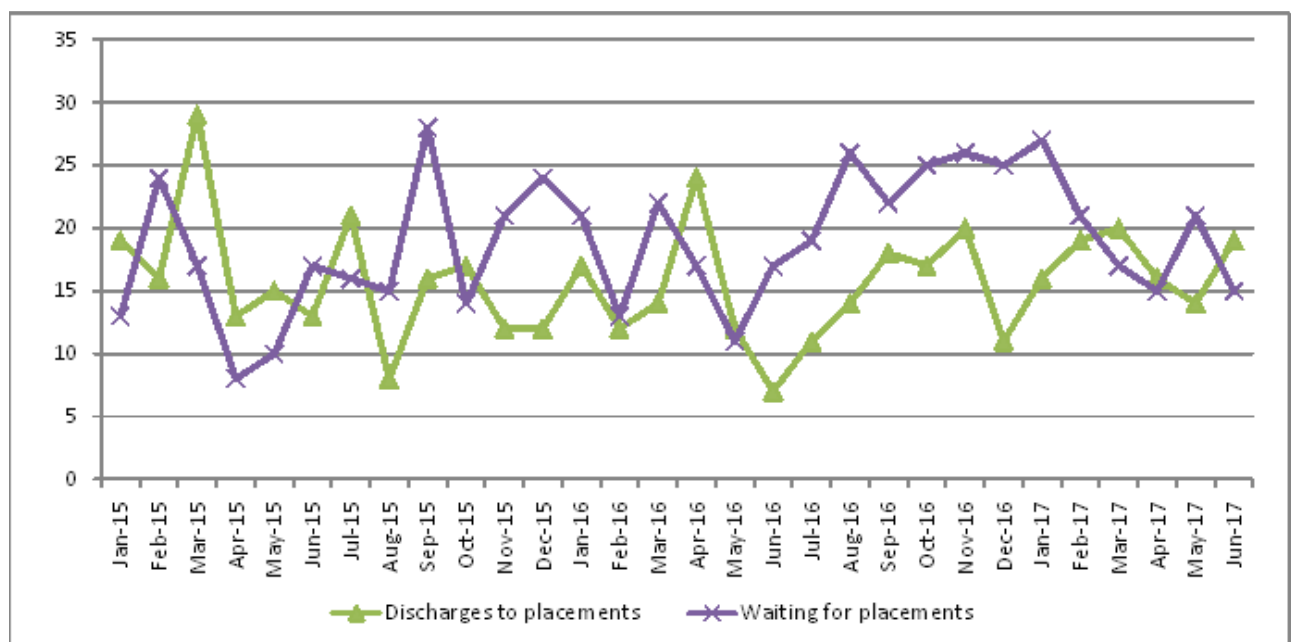
Graph 1 below shows the Falkirk weekly additions to EDISON



8.6 Some further analysis has also been done on variance over time of rates of discharge of patients from hospital to care homes. This analysis shows that there has been a broadly consistent activity level over the past three years in terms of numbers of patients discharged to care homes. The numbers of people discharged to care home in the period January to June 2017 is similar to the number for the same period in 2015 and slightly higher than that period in 2016.

The graph 2 below shows care home admissions, with numbers waiting in hospital for admission overlaid.

Discharges to Placements - Falkirk



8.7 **Discharge Improvement Plan**

The Discharge Improvement Plan has been reviewed and updated to include additional priorities for 2017/18. A team, led by Brian Slater from the Scottish Government, is supporting the Partnership and Delayed Discharge Steering Group to review the improvement actions being taken forward and advise on any additional actions required to further improve and sustain performance. The revised Discharge Improvement Plan is attached at Appendix 2 for information.

8.8 **Monitoring**

The Discharge Hub shares tables of data on a weekly basis to key contacts in the partnership. The LIST team analysts have used this data to create a weekly delayed discharge dashboard which will utilise statistical methods to aid interpretation and present the data in a more visual way. Presentation to the Delayed Discharge Steering Group and the Discharge to Assess Project Board have been arranged to roll this out on a pilot basis. The Delayed Discharge performance report is attached for information at Appendix 3.

8.9 **Winter Beds**

Ward 5, Falkirk Community Hospital is now closed.

9. **IJB FINANCIAL UPDATE**

- 9.1 The Leadership group has been meeting regularly and an update on the budget position is detailed in the IJB Financial report at agenda item 7. The financial pressures described in the report require clearer lines of accountability between the managers of in-scope functions and the Leadership Team. This will be included in the ongoing discussions between the Chief Officer and the Chief Executives.

10. **INTEGRATION JOINT BOARD ANNUAL REPORT**

- 10.1 The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an integration authority to ensure that performance is open and accountable and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This has been produced and is attached at Agenda Item 8 for consideration.

11. **SCOTTISH GOVERNMENT PUBLICATIONS**

11.1 **[Mental Health Strategy 2017](#)**

The Mental Health Strategy covers a 10 year period and sets out the main priorities that the Scottish Government consider will deliver improvements in the mental health of the population of Scotland.

- 11.2 The Government's guiding ambition is **“that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems”**.

11.3 There are four key areas of focus:-

- Focus on prevention and early intervention notably around for pregnant women and infants, children and young people.
- Access to mental health services including making them more efficient, effective and safe.
- The physical well-being of people with mental health problems to address premature mortality and ensuring parity between mental health and physical health.
- Rights of people with mental health problems with a human-rights based approach across all priorities and actions.

11.4 There are a total of 40 actions contained within the strategy. These will require a number of agencies to work together to deliver improvements including Health Boards; Integration Joint Boards; Local Authority Children & Education Services; Community Justice Services and third sector services.

11.5 Actions within the strategy include:

- increase the mental health workforce in Accident and Emergency, GP practices, police station custody suites and prisons
- test out the most effective and sustainable models of supporting mental health in primary care settings
- review the role of counselling and guidance services in schools to make sure that they are delivering for children and young people
- establish a forum of mental health stakeholders that will meet twice a year to help guide the implementation of the strategy actions over the coming years
- improve support for preventative and less intensive services (tiers 1 and 2 Child and Adolescent Mental Health Services (CAMHS) to tackle issues earlier.

11.6 A multi-agency workshop is being planned locally to bring together all the appropriate agencies involved in delivering the strategy. It will assess readiness to implement each of the actions and identify gaps and priorities.

11.7 Further related strategies are expected to be published in the course of this year including a Suicide Prevention Strategy. The Board will be advised of these plans when published.

11.8 Further confirmation from Scottish Government is awaited on any additional resource to be made available to support implementation and the Board will be advised.

11.9 [Scotland's National Dementia Strategy 2017 - 2020](#)

The focus of the national strategy is to continue transforming services and improving outcomes for people with dementia and their families and carers, at all ages and stages of the illness.

The three key priorities under the new three-year strategy are:

- continuing timely, person-centred and consistent treatment and care for people living with dementia and their carers, in all settings
- more progress on the provision of support after diagnosis and throughout the disease, taking account of individual needs and circumstances
- responding to the increasing proportion of older people developing dementia later in life, often alongside other chronic conditions
- Minister for Mental Health Maureen Watt launched the strategy while meeting representatives of the Scottish Dementia Working Group at a GP practice in Portobello. The practice is one of the first in Scotland to run post diagnostic support for dementia in a primary care setting.

11.10 Achievements under the previous dementia strategy (2013-2016) include:

- Roll out of guarantee that anyone newly diagnosed is entitled to at least a year's worth of post-diagnostic support
- Improving workforce skills – with tens of thousands of staff accessing dementia education resources and undertaking training
- Carrying out research to better understand how many people are diagnosed with dementia and the way it impacts on their lives
- Taking the lead in the EU Joint Action on Dementia programme, working with EU institutions and countries to review and share best practice

At the time of writing the report NHS Forth Valley is finalising a local Dementia Strategy.

12. CONSULTATIONS

12.1 Safe and Effective Staffing in Health and Social Care

The Board were advised that the Chief Officer is a member of a national working group considering these proposals. The joint response prepared by the Chief Officers group behalf of the IJB's to the consultation is attached at Appendix 4 for information.

13. CORRESPONDENCE

13.1 Joint Inspections of Integrated Health and Social Care

Healthcare Improvement Scotland and the Care Inspectorate contacted the IJB on 15 June 2017 outlining the new arrangements for future joint inspection of integrated health and social care.

13.2 Since 2013/14, they have completed 16 joint inspections under section 115 of the Public Services Reform (Scotland) Act 2010. These have been broadly drawn and focused on a set of quality indicators in relation to the provision of services for older people. Falkirk Partnership were inspected in July 2014 and the Joint Inspection report published in 2015.

13.3 On 1 April 2017, new statutory responsibilities for the Care Inspectorate and

Healthcare Improvement Scotland commenced. These provide the joint responsibility to inspect, and support improvement in, the strategic planning and commissioning undertaken by integration authorities. In anticipation of these new responsibilities, they have reviewed the inspection methodology and made some important alterations. The findings and conclusions of this review and the revised approach have been agreed by the Boards of both organisations.

- 13.4 Their new approach takes into account, and applies learning from, previous joint inspections, consistent with the shared commitment to continuous improvement. They recognised that integration arrangements remain in their early stages and are committed to a model of scrutiny which is proportionate, provides public assurance, and is directed at identifying and supporting any improvements that may be needed.
- 13.5 The intention is to inspect three partnerships during 2017/18 and continue inspections into 2018/19. During 2017/18, these inspections will focus on three core areas:
- improvements in the partnership's performance in both health and social care
 - operational and strategic planning arrangements, and commissioning arrangements
 - the vision, values and culture across the partnership, and the leadership of strategy and direction.

Specifically, they will inspect against the quality indicators in this table:

Key scrutiny question	What key outcomes have we achieved?	How good is our management of whole systems in the partnership?	How good is our leadership?
Quality theme	1. Key performance outcomes	6. Policy development and plans to support improvement in service	10. Leadership and direction that promotes partnership
Quality indicator	1.1 Improvements in partnership performance in both healthcare and social care	6.1 Operational and strategic planning arrangements. 6.5 Commissioning arrangements.	9.1 Vision, values and culture across the partnership 9.2 Leadership of strategy and direction

- 13.6 The inspection report will contain graded evaluations for improvements in the partnership's performance and for operational and strategic planning and commissioning. They will provide evaluative comment in respect of the partnership's vision, values, culture and leadership of strategy and direction.

13.7 In addition to these joint inspections, the Care Inspectorate will continue to inspect the quality of provision in regulated care services across both commissioned services and services that are not commissioned. In addition, during 2017/18 it will undertake thematic reviews of adult support and protection and self-directed support in a number of partnerships. Healthcare Improvement Scotland will continue to inspect independent health services across Scotland, and implement the Quality of Care approach in respect of NHS provision. Using the Quality of Care approach Healthcare Improvement Scotland will develop a parallel review focusing on palliative and end of life care, anticipatory care planning and if patient pathways exacerbate any health inequalities.

13.8 **The national Health and Social Care Standards**

The new Health and Social Care Standards have been launched in June 2017, with human rights at their core. This follows on from the consultation held earlier in the year, and reported to the Board within the Chief Officer report (check date).

13.9 The new Standards are based on the needs of people experiencing care and support rather than the settings being inspected. Human rights, well being and empowerment are expressed clearly – this is a clear outcomes focus. The Standards will apply across all health and social care settings, to all age groups and aim to streamline the existing Standards, which were originally developed in 2002.

13.10 The standards are focused on improving people's experience of care and are based on five outcomes:

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides the premises.

The descriptive statements, set out after each headline outcome, explain what achieving the outcome will look like in practice.

13.11 The Care Standards are underpinned by 5 principles:

- dignity and respect
- compassion
- be included
- responsive care
- support and well-being.

13.12 The new Standards will be phased in nationally from 1 April 2018. These will apply to the NHS as well as services registered with the Care Inspectorate and Healthcare Improvement Scotland, and set out the standard people should expect when using health or social care services. Work will now commence in the services to ensure readiness for the new National Care Standards.

13.13 Social Work Model Complaints Handling Procedure

The IJB has received reports noting the requirements to change the existing system for reviewing complaints about Social Work, NHS services and the IJB. These changes were implemented in line with respective SPSO Model Complaints Handling Procedures.

13.14 The Chief Officer received correspondence from the Scottish Public Services Ombudsman (SPSO) on 6 July 2017. This confirmed the Social Work Complaints Handling Procedure (CHP) was fully compliant with the requirements of the Model CHP. Ongoing compliance with the Social Work Model CHP will be monitored by the SPSO, in conjunction with existing reporting mechanisms through Audit Scotland.

13.15 The SPSO have separately confirmed receipt of the IJB CHP and are in the process of assessing this for compliance. The outcome of this will be reported to the Board when available.

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.

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 and a draft integrated structure..

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

Legal and 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.

Approved for submission by: Patricia Cassidy, Chief Officer

Author – Suzanne Thomson, Programme Manager – Falkirk HSCP

Date: 3 July 2017

List of Background Papers: