

AGENDA ITEM

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Title/Subject: Partnership Funding
Meeting: Integration Joint Board
Date: 1 December 2017
Submitted By: Chief Finance Officer
Action: For Decision

1. INTRODUCTION

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with the following information in relation to Partnership Funding and the Strategic Commissioning Review:

- A biannual performance report regarding initiatives supported via Partnership Funding, relating to the period 1 April 2017 to 30 September 2017
- Recommendations regarding requests to use unspent allocations of Partnership Funding, in line with agreed Partnership Funding Financial Principles
- A high level investment plan for Partnership Funding, relating to the period 1 April 2018 to 31 March 2021, aligned with strategic Partnership change and service development
- An update regarding Strategic Commissioning work.

2. RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1 note the performance of Partnership Funded initiatives for the period 1 April 2017 to 30 September 2017, presented in appendix 1
- 2.2 approve recommendations regarding the use of unspent allocations of Partnership Funding, as presented in section 4.2
- 2.3 approve the investment plan for Partnership Funding for the period 1 April 2018 to 31 March 2021, as presented within appendix 1, subject to detailed costings being presented in February 2018 and on-going performance review
- 2.4 approve areas where no further investment is recommended, as presented in 5.11 and where further discussion is required regarding initiatives, delegate authority to the Chief Officer in conjunction with Chair and Vice Chair to consider and approve recommendations, as presented in 5.12

- 2.5 agree the Carer's Information Strategy be administered via the Partnership Funding governance arrangements
- 2.6 note the progress made with regard to the Strategic Commissioning Review and proposed amended timescales, as presented in section 6

3. BACKGROUND

- 3.1 Integrated Care and Delayed Discharge Funds are allocated and monitored within a single governance framework and collectively referred to as Partnership Funding. The current Partnership Funding Programme has been in operation from 1 April 2015 and is due to end on 31 March 2018.
- 3.2 Table 1 below, provides an overview of the financial position as at September 2017. The figures included within table 1 are based on monitoring returns, covering the period April – September 2017. The £1million allocated to the Leadership Team for distribution is not included within the resource allocated figure. Table 2 below, provides details regarding the use of the resource allocated to the Leadership Team.

	16/17 Available to Commit £'000	17/18 Resource £'000	Total Available Resource 17/18 £'000	Current Project Allocations £'000
Integrated Care Fund	934	2,798	3,732	2,537
ICF Unspent 2016/17	398		398	-
ICF Unspent 2016/17- to be returned	70		70	-
Delayed Discharges	17	864	881	509
TOTALS	1,419	3,662	5,081	3,046

Table 1: Overview of financial position at 30 September 2017

	2017/18 £'000
Total Available Resources	1,000
ADL Smartcare	53
Discharge to Assess	750
Graduates Scheme	36
Eligibility Criteria Implementation	37
Available to Commit	124

Table 2: Detail regarding Leadership Team allocation at November 2017.

4. PARTNERSHIP FUNDING PERFORMANCE

4.1 An overview of the performance of initiatives supported by Partnership Funds is included within pages 1 and 2 of appendix 1. The reporting period is 1 April 2017 – 30 September 2017. Of note, during this period:

- Enhanced Care Team (ECT) is a Forth Valley wide service. Monitoring information provided highlights a variance in referrals across HSCP areas, with a significant decline in referrals from the Falkirk area. The ECT provides support to people who are medically unstable, for up to 7 days, to avoid admission to hospital. Referrals are received from GPs. Work is being undertaken to review the reason for this decline.
- Housing with Care (Tygetshaugh) was established as a small pilot to test the effectiveness of a reablement approach within housing with care. The service capacity is 4 units/5 beds. Although service user outcomes have been good, the service has not been up scaled and therefore is not currently a cost effective model. In line with the implementation of a Partnership wide approach to reablement, it is proposed that focussed work is undertaken to progress transformational change within this area of service. Discussion will be taken forward in conjunction with the Housing Contribution Group.
- Although there has been an increase from previous quarters, calls to and from ALFY remain low, averaging at 5.5 per day. The pilot of the service as a single point of contact is currently being evaluated and discussion is on-going with Clackmannanshire & Stirling Partnership.
- Food Buddies has not been successful in engaging with target service user groups; Care Homes and people with Dementia. However, there has been engagement with Carers. Further review will be undertaken after quarter 3 and confirmation regarding funding recommendations will be presented in February 2018
- The Organisational Development Advisor and Localities Manager posts are currently vacant and under review. Confirmation of on-going investment recommendations will be presented in February 2018.

4.2 The Partnership Funding Group (PFG) have recently reviewed four change requests and provided recommendations for endorsement by the Strategic Planning Group (SPG). Table 3 below, provides an overview of the changes requested and the proposed recommendations:

Initiative	Change Requested	Recommendation
Summerford	Underspend in project expenditure from 16/17 (£14,439).	Conditional that funding can be used by 31 March 2018.

Initiative	Change Requested	Recommendation
	Proposed use: Develop training/reablement kitchen within Summerford	
Alzheimer's Scotland	Slippage due to staff vacancy resulting in underspend in 16/17 (£8,774). Proposed use: Additional community based activity via Community Connections Programme	Conditional that funding can be used by 31 March 2018.
Carers Initiatives	Accumulative underspend from all Carers projects (£8,767). Proposed use: Short breaks for Carers	Conditional that funding can be used by 31 March 2018.
Adapting for Change (OT, Equipment & Adaptation Alignment)	Slippage due to late recruitment of Project Manager (£35,265). Proposed use: Project extension for 7.5 months.	Conditional on review of current resource capacity and scope of post in line with on-going project implementation.

Table 3: Overview of change requests

5. PARTNERSHIP FUNDING INVESTMENT PLAN

- 5.1 As noted within section 3.1, the current Partnership Funding programme is due to end on 31 March 2018. The Scottish Government has indicated that Integrated Care and Delayed Discharge Funds will continue to be allocated to Integration Authorities via the NHS baseline budget. Confirmation is yet to be received about any specific requirements regarding how the funds should be used. Previous Scottish Government correspondence has stated that funds be used to progress local priorities and that IJB's should have accountability for governance and monitoring.
- 5.2 During the course of the current Partnership Funding Programme, 2015 - 2018, there has been considerable change, including the formation and legal constitution of the IJB, formal delegation of health and social care functions and publication of Falkirk HSCP's Strategic Plan in April 2016. During the initial period of integration, significant work has been taken forward to help move the Partnership to a position of clarity regarding current service delivery. Areas of good practice have been identified as well as areas where transformational change and improvement are required.
- 5.3 The formative work undertaken, has also provided an opportunity to consider the future investment of Partnership Funding. As illustrated in figure 1, below, to ensure a whole systems approach is taken, consideration has been given to alignment with local outcomes and also with the nine priority

areas for Integration Authorities, specified by the Scottish Government during 2017. Links have also been made to other areas of change investment, legislation and national strategy.

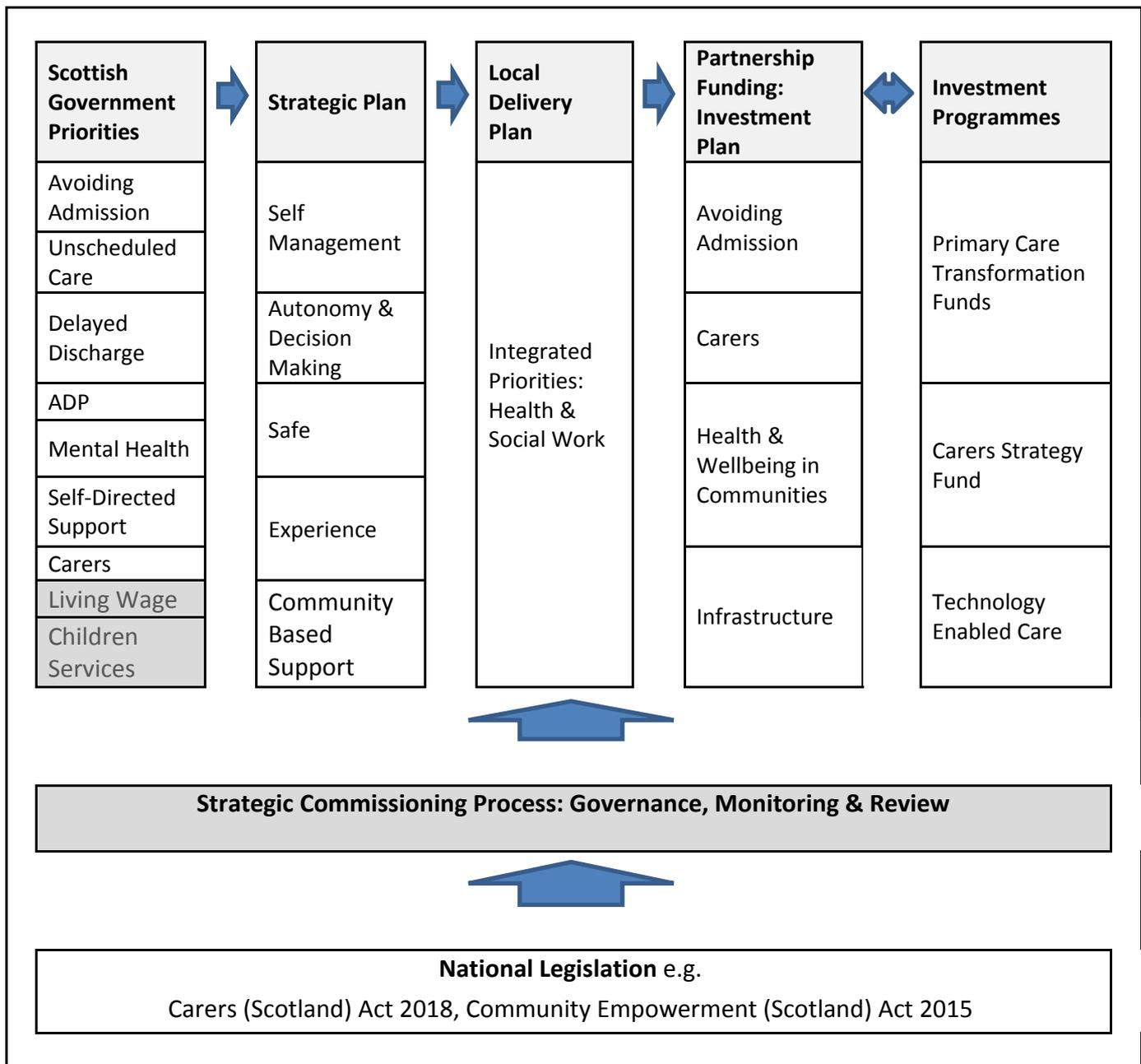


Figure 1

- 5.4 The investment plan is intended to enable change within priority areas, by developing capacity across the Partnership, balancing the drive for transformational change and improvement with the need to maintain high quality outcomes for people within the Falkirk area. The investment plan also aligns with strategic commissioning work being progressed, as outlined in section 6.
- 5.5 In order to implement and monitor key areas of change, whilst ensuring service continuity and stability, the Partnership Funding investment plan has

been developed for a three year period; 2018 – 2021. The plan is set out within Appendix 1, along with an overview of the performance of existing initiatives.

- 5.6 As highlighted within 5.1, the current Partnership Funding Programme is due to end on 31 March 2018. Recommendation has been made regarding ongoing investment, where evidence has been provided of successful delivery of outcomes and on-going contribution towards whole system improvement or change. Presuming IJB approval, it is proposed that leads are provided with notification about investment decisions. This communication will ensure stability of service and allow appropriate staff deployment. Where no future investment is agreed, early communication will allow a reasonable notice period to enable discussion with staff and volunteers. Decisions regarding on-going investment will be subject to the approval of fully costed proposals, in line with affordability.
- 5.7 Key areas of change that it is proposed will be underpinned by investment include:
- The implementation of the Reablement Pathway, promoting self-management and independence through supporting timeous discharge and avoidance of admission to hospital, and earlier intervention including the rollout of ADL Smartcare
 - Implementation of Eligibility Criteria and Self-directed Support, to ensure that support aligns with individual need and is personal outcomes focussed
 - Development and implementation of the localities model of delivery, including community capacity
 - A partnership wide response to mental health provision across the spectrum of mild to severe and enduring conditions across adults and older people, including an integrated Dementia pathway
 - Support for carers
 - Development of an enabling infrastructure, supporting planned and integrated improvement.
- 5.8 The reablement pathway, which is detailed within appendix 2, has been developed by health and social care colleagues working collectively as a Reablement Group. Falkirk's Leadership Team have tasked this group with operationalising this pathway. This will involve alignment of existing service and progressing new areas of development, for example an Independence Clinic and rollout of ADL Smartcare. A detailed proposal regarding the implementation of the pathway and confirmation of proposed investment will be presented to the IJB in April 2018. The implementation of the reablement pathway aligns with the ASPIRE strategy (Allied Health Professions

Supporting and Promoting Improvement Rehabilitation and Enabling Others).

- 5.9 In relation to Forth Valley wide initiatives, recommendations have been made in consultation with Clackmannanshire and Stirling Partnership. Performance data is now gathered and reviewed via a single process. It is however acknowledged that the Partnership areas currently have different levels of financial pressures operate and varying local need. On this basis, investment for Forth Valley wide initiatives has been proposed on an annual basis. Where service is evidencing good local outcomes, a process to consider the impact of continued service provision on a Falkirk only basis, may be required. This will be reviewed on an on-going basis.
- 5.10 The investment plan was scrutinised by the PFG on 7 November 2017 and endorsed by the SPG on 10 November 2017. Initial work has been progressed regarding detailed initiative costings. With IJB approval of the high level plan, a fully costed plan will be presented to the IJB in February 2018.
- 5.11 Based on review of performance and alignment with on-going priorities, areas where future investment is not recommended have also been identified and are included within the investment plan. At this point the IJB are asked to approve that no further funding is provided to:

Grangemouth Community Care (GCC)

This initiative has not progressed as intended. GCC has experienced significant recruitment issues. Development workers recruited have left after short periods of time. The Board are currently reviewing their development plan and the service that was in place before funding was allocated continues to be run by volunteers.

Forth Valley Sensory Centre (FVSC)

FVSC service user and carers lunch club have only been able to engage a small number of people (8 in total). Although this small group have attended on a regular basis, training and volunteer engagement has not progressed. It is hoped that participants will continue to meet through established personal contact.

- 5.12 Areas have also been identified where further discussion and review is required. Discussion has been initiated with Clackmannanshire and Stirling Partnership regarding onward investment in Rapid Access Frailty Clinic & ALFY where there is a lack of evidence of these initiatives achieving satisfactory outcomes including value for money. The Enhanced Care Team and Discharge Hub are also subject to review. Due to reporting timescales and to enable timeous decision and sufficient notification of investment decisions to initiative leads, it is recommended that authority be delegated to the Chief Officer, in conjunction with the Chair and Vice Chair, to approve recommendations based on the outcome of on-going discussion. An update on recommendations and decision will be provided to the IJB in February 2018.

- 5.13 In addition, the Reablement at Home Service in its current form is subject to review. Reablement Carers recruited to deliver the Reablement at Home service have now been mainstreamed as permanent posts within Social Work Adult Services. On this basis, no further investment is proposed for the project in its current form. It is however, acknowledged that investment may be required to upscale the current reablement model across the Care at Home Service, in line with the reablement pathway. This will also include on-going investment in AHP support.
- 5.14 It is proposed that the Partnership Funding governance and monitoring process will remain in place for the programme period 2018 to 2021. This process will ensure cognisance of future budget settlement position. Furthermore, to enhance the Partnership's ability to commission service in a co-ordinated way, it is proposed that Carer's Information Strategy Funding be administered via Partnership Funding governance arrangements.

6. STRATEGIC COMMISSIONING REVIEW

- 6.1 The Strategic Commissioning Review was approved by the IJB on 30 March 2017. The review workplan presented at that time indicated a completion date of mid 2018. Based on the significant work involved and the on-going interdependent work relating to the implementation of the Carers Act and review of Adult Mental Health Assessment and Provision, it has become clear that the initial completion date is not achievable.
- 6.2 The Strategic Commissioning Working Group provided a risk register to the IJB in October 2017. The group have reviewed this register and an updated position is provided as appendix 3. It is proposed that in order to allow full and robust implementation of a strategic commissioning approach, that 2018/2019 be a transition year. This period will enable strategic commissioning plans to be developed and fully implemented. Recommissioned services will commence from April 2019. On this basis, and as outlined in the Partnership Funding investment plan, it is proposed that current funding remain in place for the period 2018/2019, to allow service continuity during this period of transition.

7 CONCLUSIONS

- 7.1 This report provides IJB members with funding recommendations for the period 2018 to 2021 that are based on performance of existing initiatives and progression of the key areas of the Local Delivery Plan. Recommendations have been scrutinised by the PFG, and endorsed by the SPG. Approval is requested subject to a fully costed plan being presented to the IJB in February 2018.
- 7.2 An update on progress to date regarding the Strategic Commissioning project has also been provided noting the significant scale of the work and

proposed amendment to the timescale for completion. The IJB will continue to be updated on progress as appropriate.

Resource Implications

There are no additional resource implications over and above those reported within the body of the report. Recommendations are made within the limitations of the current Partnership Funding programme.

Impact on IJB Outcomes and Priorities

Partnership investment aligns and contributes directly towards local outcomes. The adoption of a strategic commissioning approach to working with Third Sector organisations will further support the delivery of IJB outcomes, in the medium to long-term.

Legal & Risk Implications

No legal issues have been identified.

It is noted that due to budget settlement periods, it is unlikely that the HSCP budget will be set for more than a single year period. There is therefore some risk in establishing a 3 year Partnership Investment Plan. The Partnership governance and monitoring framework will allow for on-going review, taking account of available resource. It is also noted that in order to effect the transformational change required, 3 year investment offers service stability, enabling the implementation of embedded change and improvement across the HSCP.

Further risk implications relate to individual initiative performance and compliance with Scottish Government requirements regarding the 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 during the development and implementation of all services. This forms a condition of award for 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: 16 November 2017

List of Background Papers:

Integrated Care Plan December 2014

IJB Papers regarding Partnership Funding:

- 7 October 2016
- 5 December 2016
- 2 February 2017
- 30 March 2017
- 16 March 2017

Partnership Funding Group minute and scoring matrix

- 6 December 2016
- 9 January 2017
- 7 March 2017
- 18 May 2017
- 11 July 2017

Strategic Planning Group minute

- 20 January 2017
- 17 March 2017
- 12 May 2017
- 14 July 2017
- 15 September 2017

Investment Priority	Initiative Name	Strategic Plan	Scottish Government Priorities							Description	Funding Links	Performance RAG Status	Performance Comment	Projected Expenditure 17/18	Proposed Investment		
			Unscheduled Care	Avoiding admission	MH	Carers	ADP	Primary Care	SDS						Y1	Y2	Y3
Avoiding Admission																	
Falkirk Council	Technology Enabled Care		●	●		●				Staff & equipment costs to provide and install TEC. Aligns with Reablement Pathway.	TEC		Supporting roll out of analogue to digital in addition specialist equipment. 494 current users.	203,518			
Falkirk Council	MECS Night Service		●	●		●				4 week intervention, night MECS service. Aligns with Reablement Pathway.			Steady increase in demand for service. 2016/17 Q2: 7 users / 170 calls 2017/18 Q2: 44 users / 316 calls	88,580			
NHS Forth Valley	Enhanced Discharge from FCH		●	●		●				Reablement Carers supporting immediate reablement on admission. Aligns with Reablement Pathway.			Decline in service users due to AHP capacity re assessment. Q2: 135 New Patient Assessments; 4369 Contacts	117,920			
Falkirk Council	Summerford		●	●		●				6/8 week intervention. Reablement care staff. Aligns with Reablement Pathway.			Refurbishment of unit commencing Nov 17. Increasing service from 10 to 20 beds. Q2: 13 admissions; 13 discharges	147,681 + 73,934 AHP			
Falkirk Council	Housing with Care (Tygetshaugh)									6/8 week intervention. 4 flats (5 bed) reablement service. Current investment supports rental and staff costs, including AHP support.			Outcomes for service users are good, however small scale. Reablement approach is effective however current model is not being cost effective.	186,357			
Falkirk Council	Adapting for Change (Adaptations)			●						Housing, NHS & SW - streamlining current adaptation process. Aligns with Reablement Pathway.	TEC		Amended pathway has been developed and training has commenced re model. Options have been presented to relevant Service Leads re the scope and scale on on-going implementation.	25,309			*1
Community Based Support																	
Falkirk Council	Social Inclusion Project			●			●			Multi-agency team supporting high resource individuals			Referrals steadily increasing. 43 referrals to date. Formal evaluation underway.	73,006			
FDAMH	Social Prescribing				●					Working with GPs to provide holistic, non-clinical mental health support.	PCTF		SP in 2 GP practices and FDAMH. Referrals and caseload continue to increase. Q2: 119 referrals; 152 individuals received a service.	107,696			*2
FDAMH	Immediate Help Service				●					Immediate support for people with mental health crisis & triage service	PCTF		Significant service demand. Individuals referred to FDAMH or signposted to external support. Q2: 215 referrals Q1: Increased by 37% compared to previous year.	32,400			
Falkirk Council	Housing Owls (Peer Mentoring)									Information and peer support regarding housing options.			8 volunteers recruited to provide housing options at pop-up session incl. FVRH, FCH.	18,136			
Forth Valley College	Mental Health & Wellbeing				●					Mental health and wellbeing support and counselling service for students in FVC.			High demand on Health & Wellbeing Officer support and counselling service. Currently 153 staff/students trained in MHFA. Wellbeing & Support Service has received 43 referrals since 31/08/17. Current caseload of 27.	63,980			
Alzheimer's Scotland	Post Diagnostic Support & Community				●	●			●	Provision of 5 and 8 pillar post diagnostic support for patient and carers.	PCTF, SW		Waiting list for PDS reduced to 3-4 months in Falkirk (Q2: 120), from 7-8 months 16/17. Staff	161,310			*3

	Connections									Community based programmes to promote inclusion & interaction.	single year allocation		now working across 5 (mild) & 8 (moderate to severe) pillar models. Now linked to wider dementia pathway work. Q2: 70 people on 5 Pillars; 52 on 8 Pillars.			
Outside the Box	Food Buddies					●				Sessions regarding food targeting + 75, Care Homes & Carers			Working with Carers groups. Unable to engage Care Homes, this target group is currently being reviewed.	27,667		
Falkirk Council	HSCP Small Grants				●	●		●		Community Grants scheme to support Health & Wellbeing projects up to £2k.			Grants augment current capacity of FC grant scheme to enable focus on community capacity re Health & Wellbeing. Only 4 grants awarded in Q1 and none in Q2.	20,000		
Support for Carers																
Central Carers Centre	Carers Centre					●				Support at Discharge, Training, Engagement, Short breaks for carers.	CSF		Referral and demand remains high. Central to implementation of Carers (Scotland) Act Q2: 176 carers receiving individual support; 19 Care with Confidence sessions delivered.	195,608		*4
Infrastructure																
Scottish Care	Independent Sector Lead								→	Independent sector representation and engagement.			Now fully embedded within strategic and operational work.	27,844		
CVS Falkirk	Partnership Manager								→	Third sector representation and engagement.			Now fully embedded within strategic and operational work.	75,000		
Falkirk Council	LIST Analysts								→	Thematic data analysis support.			Analysts supporting priority areas of work.	43,060		
Falkirk Council	Programme Support								→	Partnership Funding management and monitoring.			Progressing.	102,690		
OD Advisor	OD Advisor								→	Support HSCP staff engagement and development			Post vacant and under review.	9,127		
Falkirk Council	Graduate: Communications (was Stakeholder Engagement)								→	Update and develop web, social media and written publications.			Graduate supporting priority areas of work.	20,000		*5
HSCP	Training & Development								→	Partnership wide training delivery.			No spend to date, need identified within Home Care service to support adoption of reablement approach.	0		
HSCP	Locality Manager								→	Management re development and piloting of locality model (west area)			Post vacant and under review as locality development now progressing within all three locality areas.	0		
HSCP	Leadership Team Fund								→	Responsive resource allocation to priorities identified by LT and approved by Chair & Vice Chair.			ADL, Discharge to Assess, Policy & Performance Graduates	876,000		
HSCP	Facilitation Resource								→	Budget to enable facilitation of events, workshops and purchase of small items to assist consultation & engagement			Used to support with priority areas of work.	18,852		
Forth Valley Wide																
NHS Forth Valley	Closer to Home (ECT)		●	●				●		7 day intervention, support for unwell at risk of admission to hospital. Aligns with Reablement Pathway.			Reduction in referrals to ECT in Falkirk area. Work has progressed regarding the reason for this reduction.	337,204 (inc NN & HCA)		
NHS Forth Valley	Closer to Home (ALFY)		●	●				●		Public advice line and first point of contact for professional. Aligns with Reablement Pathway.			Public calls remain fairly low (5.5 total calls per day in Falkirk). Single point of contact pilot on-going and being evaluated.	88,298		

NHS Forth Valley	Closer to Home: Night Nursing		●	●				●	Night support for ECT, support for unwell at risk of admission to hospital. Aligns with Reablement Pathway.			Review required re resource alignment to ECT.	Incl. in ECT			
NHS Forth Valley	Discharge Hub		●	●					Discharge co-ordination and support. Aligns with Reablement Pathway.			Throughput remains steady.	95,445			
NHS Forth Valley	Alcohol Related Brain Injury: Case Management		●				●		Establish and deliver case managed response to ARBI within community.			Team now working to capacity, with current caseload of 52. Work on-going to identify current costs associated with current care to enable assessment of new care models..	47,488			
New Investment																
NHS Forth Valley	Pharmacy Support							●	Pharmacy support within Community Hospital & Care Homes.		-	Under development.				
Falkirk Council	Eligibility Criteria Implementation							●	Proposal received: 6 months Management and Technical support.		-	Approved via Leadership Team process.				
NHS Forth Valley	ECT Health Care Assistants (Forth Valley)		●	●		●			Employment of Health Care Asst to ECT to support immediate home care and basic nursing tasks. Aligns with Reablement Pathway.		-	Currently resourced via bank staff paid for via ECT slippage from 17/18. Proposal received. Further information requested.				
NHS Forth Valley	AHP Capacity		●	●				●	AHP capacity to provide service to respond to reablement & intermediate care services. Aligns with Reablement Pathway.			Current AHP support aligned to individual projects and not sufficient to meet demand and support service changes.				
TBC	Mental Health Provision			●	●				On-going Mental Health provision in line with outcome of Strategic Commissioning work	PCTF		Intention to continue allocation of resource, however SC work may impact what and how support commissioned.			*2	
TBC	Post Diagnostic Support				●	●		●	On-going Post Diagnostic Support in line with outcome of Strategic Commissioning work	PCTF		Intention to continue allocation of resource, however SC work may impact what and how support commissioned.			*3	
TBC	Support for Carers					●			On-going Carers support in line with Strategic Commissioning work	CSF		Intention to continue allocation of resource, however SC work may impact what and how support commissioned.			*4	
TBC	Asset Mapping								Local directory of community based organisations and groups supporting Reablement Pathway, ADL & Eligibility Criteria		-	Initial investment, plus on-going maintenance.				
TBC	Community Capacity/Community Link Work								Initiate and test community link working, supporting Reablement pathway and developing community capacity. Align to localities.		-	SG funds expected mid 2018.				
TBC	Dementia Support: Multi-disciplinary								Development of dementia pathway through developing specialist capacity within locality teams.	PCTF	-	Discussion underway re dementia pathway across Health, Social Work and Third Sector. Proposed change over 3 year period may require PF at later stages of process.				
TBC	Change Implementation								Capacity to support HSCP develop and implementat priority change within HSCP e.g. ADL, localities, Reablement Pathway, quality improvement..		-	-			*1	
TBC	Communication & Engagement								Dedicated communication & engagement capacity to support HSCP.		-	-			*5	
(Forth Valley)TBC	Out of Hours Service								Mental Health Out of Hours Service.		-	-				
TBC	Frailty Collaborative Work								Potential capacity following frailty collaborative work to implement change.		-	-				

TBC	Falls Pathway									Falls prevention. Progress strategic work initiated with partners incl. Scottish Ambulance Service.		-	-				
TBC	Technology Enabled Care									Progress TEC strategy.	TEC	-	-				
TBC	Reablement in care & Support at Home									Implementation of service development re reablement approach across all Care at Home provision. Aligns with Reablement Pathway.		-	-				
Services under review																	
Falkirk Council	Reablement at Home									6/8 week intervention. 24 service user capacity reablement service, including AHP support.			Funded posts have now been mainstreamed. Funding in current form not proposed.	236,495	-	-	-
NHS Forth Valley	Rapid Access Frailty Clinic									Condition of funding award for 16/17 was full business proposal be submitted re service provision & development. This has not been completed. Clinic remains under capacity – days of operation & service user numbers.			Q2 monitoring information not submitted.	165,162	-	-	-
No further Investment Recommended																	
Forth Valley Sensory Centre	Service User & Carer Lunch club									Service user and carer lunch club, with training and support.			Initiative not developed as intended. Small number of service users & carers attend session. Q2: 8 service users & carers attending Lunch Club.	14,681	-	-	-
Grangemouth Community Care	Development Worker									Development of current day care service.			Recruitment issues have resulted in project not progressing as intended.	14,185	-	-	-
Projected Completed during 2017/2018																	
Outside the Box	Moving Assistance									Provision of information for people at point of discharge from hospital. Information co-produced with service users.			Project complete. Information now widely available.	-	-	-	-
Falkirk Community Trust	Active Minds									Development of physical fitness programme for people with mental health issues. Provision of staff training regarding mental health.			Programme now mainstreamed as part of the Active Forth Programme.	559	-	-	-
Braveheart	Optimise Health									Testing and evaluation of weight management programme			Evaluation undertaken.	10,000			
NHS Forth Valley	Living it Up									Online information platform for older people			Now mainstreamed within NHS Inform.	3,000			

RAG Indicators

	Project Complete
	Performing Well
	Corrective Action Required
	Not Performing

Key - Funding links

CSF	Carers Strategy Fund
PCTF	Primary Care Transformation Fund
TEC	Technology Enabled Care Fund

Appendix 2: Reablement Pathway

REFERRALS FROM:-

- Community
- Professionals
- Carers
- Hospital
- Patient Self-Referral
- Scottish Ambulance Service

STAFF & FUNCTION:-

Single Point of Telephone Access for HSCP Falkirk

Staffed by:-

- Admin
- SCO
- SW
- REACH (OT/PT)
- ?ALFY

=

REQUEST FOR ASSISTANCE POINT

FUNCTION:-

- Admin
- Information Gathering (access current info)
- Screening
- Triage – Level of urgency/priority
- Decision making
- Ability to make appointment

URGENT RESPONSE:-

- ECT
- Discharge to Assess
- Crisis Care

OUTCOME ACHIEVED

REFERRAL TO LEVEL 2 OR LEVEL 3

LEVEL 2 RESPONSE:-

Refer to Locality Area (East, West, Central)

- Reablement Function Within Each Locality

Core Staff

- CCW/OT
- REACH
- SCO
- Care & Support at Home

Other Staff (access as required)

- DN
- GP
- Dietician
- Pharmacy
- CPN

Assessment Establishes:-

- * Any provision required
- * Discharge to Assess
- * Intermediate Care
- Summerford
- Tygets
- Strathcarron
- Community Hospital
- * Specialist Teams
- IMHT
- Sensory Team
- LD
- EHT
- Neuro Rehab Team

- Priority for assessment identified
- Urgent (24 hours)
- Non-Urgent (within 5 days)

Goals Set:

- * 6- week intervention review; monitor
- * May only need a short-term intervention e.g. physio
- * Reablement intervention is a collaborative team approach led by assessment of what the person wants to achieve.

LEVEL 1 RESPONSE:-

- SIGNPOSTING**
 - GP/NHS24
 - Welfare Benefits Advisor
 - Attendance at Independence Clinic
 - Housing
 - Carers Centre
 - Palliative Care
 - Falls Classes
 - 3rd Sector Input
 - Seen by targeted appropriate professional
- PROVISION OF TELEPHONE ADVICE**
- SCHEDULE APPOINTMENT**
 - INDEPENDENCE CLINIC**
 - REACH**
- TELECARE / MECS**

OUTCOME ACHIEVED

LEVEL 3 RESPONSE

- Ongoing Reablement Support
- Ongoing Care & Support at Home Review
- Ongoing health intervention e.g. DN/CPN
- Ongoing REACH

OUTCOME ACHIEVED

- Long Term Care
- Reablement Support

OUTCOME ACHIEVED

REFERRAL TO LEVEL 2 RESPONSE

Level 3 (2 -4 HOUR)

Level 2

Level 1

Strategic Commissioning: Risk Register

Risk	RAG Rating	Mitigating Action	Position: December 2017
Emerging local need as a result of on-going implementation of changes to mental health provision i.e. Adult Mental Health Specialist Assessment & Community Services review. Timescale of review may impact on commissioning timescale.	R	On-going liaison with service leads. Consideration of on-going funding to ensure service continuity during re-commissioning process. Report amended implementation date to IJB.	Mental Health Commissioning Group is now in place. The progress of this group will be paced to allow the review of Adult Mental Health Specialist Assessment & Community Services to be finalised and reported, prior to any amendment to services currently commissioned. To ensure continuity of service, it is recommended that current provision continue during the period 2018/2019, with recommissioned services commencing from April 2019.
Commissioning process and timescales dependent on implementation of Carers Act i.e. Capacity to ensure compliance with the process and effectively commission services within timescales.	R	On-going liaison with Carers Act Implementation Group. Consideration of on-going funding to ensure service continuity during re-commissioning process. Report amended implementation date to IJB.	Sub-group of Carers Implementation Group to be established to enable focussed discussion regarding commissioning and linkage with Carers Information Strategy Funds. To ensure continuity of service, it is recommended that current provision continue during the period 2018/2019, with recommissioned services commencing from April 2019.
Inability to gather baseline information to determine and evidence local need.	A	Ensure links are in place with appropriate thematic groups.	Baseline information gathered regarding current provision. Local needs assessment on-going. Completion date February 2018.
Lack of awareness and potential resistance to adopting strategic commissioning within Partnership.	A	Engagement Events targeting Third Sector and Commissioners of H&SC services	Third Sector Event report distributed (attached as appendix 4). Further engagement will be on thematic basis and proposed for February/March 2018.
Capacity within Partnership to engage in commissioning process.	A	Alignment with existing work strands and ensure that new commissioning approach is embedded within	Engagement with commissioners on-going.

		mainstream working practice.	
Timescales of existing contracts i.e. those established prior to review via tendering process.	G	Overview of current contract end dates established. Phase implementation of integrated commissioning approach in line with termination/review dates.	
Appropriate links are not established with relevant partners regarding strategic commissioning approaches.	A	Ensure on-going dialogue regarding strategic commissioning processes with relevant partners, with particular reference to Forth Valley wide provision.	Links in place regarding Partnership Funds, Primary Care Transformation Programme and Carers Strategy Implementation Programme.



**Falkirk
Health and Social Care
Partnership**

Falkirk Strategic Commissioning Event Carronvale House - 22 August 2017

Summary

Background

Falkirk Health and Social Care Partnership (HSCP) and CVS Falkirk were looking to build on their close working relationship with all partners. The commitment to ensure the Third Sector was fully included in its future plans was key to this, with the principle aim of the day being to co-design a framework to support the ongoing implementation of strategic commissioning framework.

The Third Sector Health and Social Care Support Team at The Health and Social Care Alliance Scotland (the ALLIANCE) had recently run a series of Regional Strategic Commissioning Forums held during April and May 2017. Following an initial discussion, the team agreed to support Falkirk HSCP and CVS Falkirk in the design and delivery of a day specifically structured around the relationships and aims of the Falkirk partners.

Structure of the day

The day started with input from Des McCart of iHub, who gave a presentation on Strategic Commissioning, outlining what it is and is not, as well as describing the parts of the process. The opportunities and challenges for Third Sector organisations moving forward were then requested.

The attendees then had the opportunity to discuss these opportunities and challenges in small groups. Some of the key points of this discussion are detailed below.

Falkirk HSCP then described the foundation work completed so far around mapping and gap analysis, as well as giving an overview on the strategic priorities. The indicative timescales for the different priority areas of the Strategic Commissioning Programme were outlined. Attendees were then given the opportunity to discuss their views on this approach. Some of the key points from this discussion are outlined later in this document.

Presentations included:

- “*Strategic Commissioning in Health and Social Care*” delivered by Des McCart (iHub)
- “*Our Journey: Building strong foundations*” delivered by Amanda Templeman (Falkirk HSCP)
- “*Our Journey: Moving Forward*” delivered by Lesley MacArthur (Falkirk HSCP)
- “*Health and Social Care Integration*” delivered by Christina Naismith (Scottish Government).

After lunch the attendees then had the opportunity to work through the detail of what this framework could look like, having the chance to outline where each organisation was currently involved, what was working well and what could work better. The groups then addressed the issue of what needed to happen going forward and what an ideal process would look like. Key points from this discussion are outlined below.

Outcomes from the event

- The Partnership have started co-designing a Strategic Commissioning Framework
- Third Sector organisations feel better able to contribute
- The Partnership feels better able to facilitate and enable the sectors contribution.

Discussion opportunities

First discussion – key themes

Participants discussed what they identified as the opportunities that Strategic Commissioning would bring, as well as their concerns around its implementation. These themes are shown below:

OPPORTUNITIES	CONCERNS
Co-designed Performance Management Framework	Competitive culture hinders collaborative working
Learning by sharing	Capacity issues
A change of attitude towards Third Sector organisations	Funding cycles
More collaborative working	Limited understanding of Third Sector role & structures
Make use of social media	Communication mechanisms

Second discussion – review

Attendees were subsequently asked whether these opportunities and concerns were still prevalent, or whether they had changed. Responses from participants were:

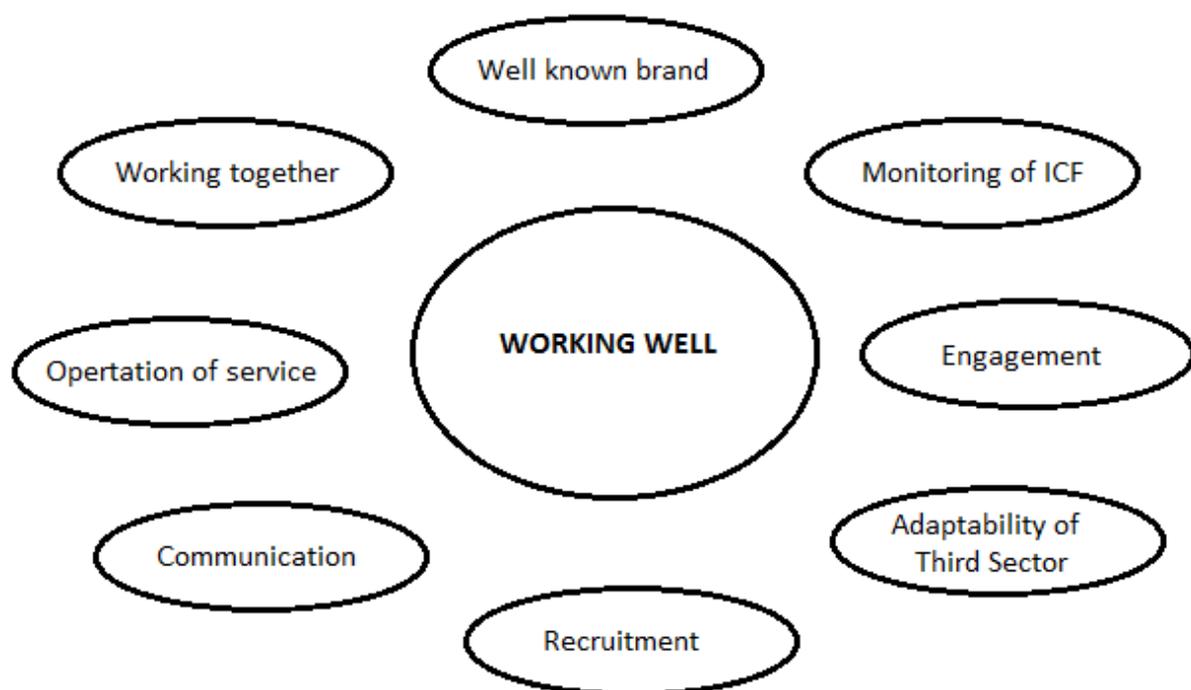
- What we are asked to deliver in terms of activity can change over the course of a funding period, but the reporting remains the same
- What is happening with strategic commissioning in-house?

Attendees were also asked whether the event had raised any further questions for them. Prominent responses include:

- How can the sector ensure they are getting it right for every citizen?
- The need for more experience stories to build shared evidence base. Greater emphasis on preventative evidence
- Where is the mechanism for engaging providers who are not funded?
- Recommend ALLIANCE take away attendance list from the event for future engagement as valued partners.

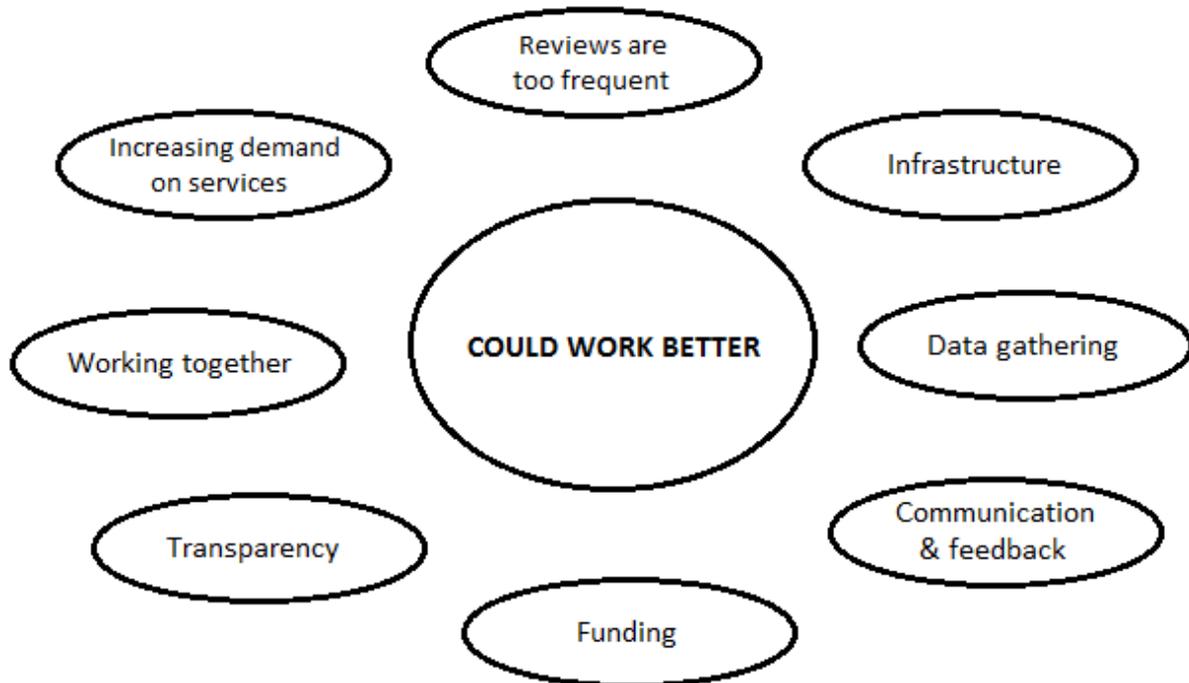
Third discussion – small groups

After lunch, attendees were split into three smaller groups. In these groups, participants were then asked three questions about their respective organisations; where each organisation was currently involved, what was working well and what could work better. Some of the most prominent responses to the second and third questions are detailed below:



The most frequent responses from participants were that Falkirk HSCP as a whole works well together, and that organisations know their services well and are able to operate appropriately. Participants also recognised that opportunities for

engagement, such as the Strategic Commissioning Event, were an excellent opportunity and ensured that organisations felt listened to. Communication was described as being a positive in terms of organisations' ability to provide information, both internally and externally.



Two of the most frequently identified issues by the discussion groups was around the poor communication and feedback that there has been from Falkirk Council and NHS Forth Valley. Additionally, funding was the most repeated response to this question, with a large number of organisations identifying the negative effect on both forward planning, as well as the operationalisation of services, where increasing demand for services is not necessarily being met with increased funding.

Post-event

What happens next?

Participants then identified what they expected would be the steps that Falkirk HSCP would take following the event. These suggestions have been grouped into four main categories which were identified following these discussions: funding, communication, analysis and partnership working.

Funding

The issues which surround funding were one area which most participants agreed on. It was recommended that moving forward, short term funding (annual) should be utilised less often in favour of longer term funding (three-yearly, ideally four-five yearly) which would provide greater **stability** to organisations, and would go some way to improving organisation's **ability to innovate**. Additionally, the inclusion of staffing costs as part of **full cost recovery** was also stressed.

Communication

Participants also identified communication as one of the main areas where improvement was necessary. It was suggested that a clear three month **advance notice for investment decisions** would be desirable, and that communications should be made using **simple language**, so as ensure understanding between partners. In addition to this, it was also noted that having a way for all organisations to **feed into the Strategic Commissioning Framework** would be beneficial.

It was acknowledged, however, that top-down communication was not the only aspect which required attention moving forward. It was felt that the **dissemination of communications was the responsibility of all**, whilst it was also expressed that clarity on how to communicate and **encourage participation** with, for example, GPs would be necessary.

Analysis

Ongoing analysis of the partnership and of services was observed as being a fundamental process in Falkirk. A more **robust monitoring** process, as well as the ability to **shift resources** if demands were to change, were highlighted, as was a need for one **reporting/evaluation** mechanism. In addition to this, it was indicated that the HSCP should **design** a framework for reporting against outcomes, and that there should be an ability to **redefine** outcomes if necessary. The ability to **move forward quickly** was also highlighted by participants.

Partnership working

Finally, working together was viewed as one of the most important aspects of successful partnerships. Additionally, the need for opportunities to **network** and **develop** a more organic partnership was suggested. In light of this, attendees acknowledged that more **collaborative work**, further **understanding** of other organisations, and increased **trust** between the partnership as a whole would contribute towards this.

Next steps

It is planned that there will be will at least one more session with the third sector, communicated through the CVS Falkirk e-bulletin or the Community Care and Health Forum (CCHF).

Issues to be discussed at a later date

It was felt that there were a number of items which warranted further discussion, but that these issues would be 'parked' until a later date. Some of the most prominent issues are detailed below:

'Parked' issues	
How were dementia and autism chosen as priorities for mental health?	Onerous reporting requirements
Not involved – grant transferred	Tokenism
No annual uplifts like independent sector	The bigger picture of Third Sector haves and wants
Confusion over SCLD groups	Third Sector similarities to LA & NHS in terms of governance processes
Overuse of mapping	Better monitoring of public money needed
No SLAs	Positive participation – poor follow up
Working more closely as a partnership	Learn from Third Sector
Three streams of reporting	Difficulty identifying who to engage with within statutory bodies
National organisation vs local service planning	ADP – 3 letters – one conversation
Equity between 3rd sector and statutory sector	'Foundation stone services' for each area

Appendix

Full notes of the discussions

First Discussion

First Impressions

- Some familiarity but lots unanswered
- Have more detail now, but how it works in practice is a concern
- Hearing about PSPs – some successful – others disasters
- Intentions good but disaster in practice
- Lessons haven't been learned
- Needs solid foundation to have a good partnership otherwise building a house on sand
- Falkirk have good history of working partnerships
- Strategic Commissioning wheel good – all person centred

Opportunities

- 3 year funding opportunities – longer term impacts
- Community empowerment led by people who use services
- Gathering people's stories can be time / resource intensive – this can be an opportunity to free resources – person receives the right care, at the right time for them
- People prefer to tell their story rather than what was done to them
- More targeted approach – learning from individual
- ISD Involved – happy to work with third sector to help track persons journey
- Better recognition for preventative services
- Specific event around data – have a number of people to present opportunities
- Develop 'Whole System' signposting enabled by shared language and trust, good understanding of everyone's contributions/areas of strength – 'joining the dots'
- Develop a shared understanding about what matters and what to measure
- More outcomes focused
- Co-create performance management model
- 3rd sector already collect case studies – opportunity to collaborate
- Build on historical good partnership/collaborative working in Falkirk
- Working differently
- Commissioning review can be approached defensively – need to shift this to positive
- Whole system signposting within itself – same language but recognising different contributions from different partners - removing competitive culture

- Community empowerment – led by service users – not done to potential before but can grow!
- Opportunities for innovation – but often needs to be funded
- Working in a political environment – can be helpful
- This event is an opportunity
- 3rd sector engagement with people and getting honest feedback
- Co-designing a shared performance framework as part of the SC framework
- To engage a much wider range of partners in the framework
- Funding timescales – moving to longer term
- To be involved in the thematic groups
- Use of social media for inclusion
- Must be a way for all organisations to feed into the SCF
- Information sharing across organisations
- Using existing stories (eg from third sector orgs)
- Links to MCNs (multi-channel networks?)
- Innovation – opportunity to do things differently
- People engagement – Relationships in the 3rd Sector
- Co create – performance management model

Concerns

- Charging services – tendering services – phasing process very important
- Political – HSC Funding challenging – cultural differences
- Open and honest communication – consistency of messages
- Funding often only for pilot projects – challenges with sustained funding
- Working in a political environment – e.g. bed closures
- How can individual partners provide consistent messages across all partners
- Capacity eg national services with limited resource covering all 31 partnerships
- Needs to be a ‘Lessons learned’ from the PSP in Falkirk (would also benefit from going back to original report on PSP – are we on same journey?)
- Those who ‘shout the loudest’ get funding – not about impact
- Thematic Groups need to ensure right people are involved, have a crossover of services, and hear people’s voices
- Social media – not everyone can use or want to use – need a range of methods to engage
- Competitive culture needs to change in commissioning behaviour
- Time/resource intensive to engage
- Over engagement concerns
- Sustainability – flow means continued and ongoing need
- It’s rhetoric
- Trying to have ‘equal’ discussion in context of funding cuts
- National Organisations with limited resource across whole country find it difficult to find out about and respond to local commissioning structures

/opportunities – BUT can bring ideas and tried + tested models from elsewhere in Scotland or the UK.

- Evaluation and Evidence – how to demonstrate – especially in short term funding (contracts) and how do we communicate the learning that does happen?
- National priorities – about crisis
- ‘What Matters to You’ – lives are very fluid and individual needs change – current system not as flexible as it could be to respond to this
- Competitive culture needs to change in commissioning behaviour – historically drives competitive behaviour in third sector orgs
- Have to be smarter about working together to deliver on shared priorities
- Thematic groups – make sure right people are involved – who would want to have a voice?
- A lot of crossover services
- Social media – concern not everybody can use it or have it
- Need a suite of engagement tools
- Using information in a meaningful way – what do you want to know – labelling barriers – people who don’t see themselves as carers
- What do NHS collect?
- Over engagement concerns
- Time/resource intensive
- Data – could create an industry

Second Discussion

Are these still your key opportunities/concerns or have they changed?

- What we are asked to deliver in terms of activity can change over the course of a funding period – but the reporting remains the same
- What is happening with strategic commissioning in house

Has this raised any questions for you?

- Getting it right for every citizen?
- We need more experience stories to build shared evidence base. Greater emphasis on preventative evidence
- Where is the mechanism for engaging providers not funded
- Recommend ALLIANCE take away attendance list from today for future engagement as valued partners

Third Discussion

Each participant was invited to share answers to the following three questions on behalf of their organisation

1. What is your current involvement in commissioning in Falkirk area?
2. What is working well?
3. What could work better?

Citizens Advice Bureau (CAB) (Grangemouth and Bo'ness):

1. Holistic approach – looking at and dealing with a spectrum of issues
2. Strength in partnership working - can tap into other sources of knowledge/resources when required

Well known – don't need to promote services too much

3. If promoted further would struggle with increased demand

Funding only given one year at a time – but business plan needs to be for 4-5 years

Three year funding would provide more security and allow to plan ahead

Can be challenging to maintain staff and staff skills – increase in demand of services AND increasing complexity of problems

Strathcarron Hospice:

1. Hospice at Home (currently funded by Big Lottery)

RCOP Funding – Building community capacity and potential for social/community support eg Befriending (v successful)

2. Working with people with long term conditions – asking what matters to them and making plans for the future

Designing early intervention with communities (eg info needs and timing) and holding info stands at supermarkets and GP practices

Recruitment of a 'Community Support Volunteer (different to a Befriender) – volunteer support around individual needs

Info resource for talking to families

3. Volunteering infrastructure could be better (eg training, support, sense of belonging)

Changes in funding makes it difficult to retain staff – less stability to plan

Constant review of work – means less time addressing needs of people

Scottish Water Trust:

1. National (Scotland)

Project: Canal Life – get people active and promote health and wellbeing (not just mental health)

Streamline Project – offers respite for young carers

Working with NHS – Transition period between CAMHS and AMHS

Targeting marginalised people – employability skills etc

2. Research – benefits to holistic approach

3. Keen to get more awareness of health based projects and get partnership working around health – be part of bigger infrastructure

Looking at local and national priorities and seeing where projects feed in

Cyrenians Falkirk:

1. Core Services: Criminal Justice; SVQs and employability; Barrier Removal
Support people back into communities

Annadale House – Community Hub with walled garden and gardening volunteers

Edinburgh – outreach service and community hub

2. Have to recognise and build on where solution is (environment to support types of work and what people trust)

Resources can't meet demand – hubs are a positive alternative

Creating services that link together

3rd sector – very adaptable to changing needs

Promoting a learning culture – working together

3. Partnership working – needs to be organic and need time to nurture partnership (difficult when competing for funding)

Partnership working in early intervention – needs different way of thinking

Diabetes Scotland:

1. Local community support groups

Type 2 Diabetes prevention – promoting active lifestyle

2. Community groups support each other and support diabetes Scotland

Empowered to speak about services and what can be improved

Wellbeing Scotland:

1. No, but involved in PSP before

2. Start was good, end communication poor

3. More communication, transparency and feedback

Scottish Families Affected by Drugs and Alcohol (SFAD):

1. No – through AOP not HSCP

2. Good relationships

3. Unclear who is lead - for example received three letters from different parties on same thing

5 star service expected at less than 5 star budget

Relationships Scotland:

1. Engage in groups locally, but not funded by NHS or LA

2. Falkirk historically have an edge with taking things forward

3. Better comms around spending of funding and transparency – eg RCOP disinvestment without clarity

Self Directed Support Forth Valley:

1. Funded through the HSCP

2. Information dissemination to members of the organisation

3. Difficult to influence the priorities

Falkirk District Association for Mental Health (FDAMH):

1. Is third sector rep and spoke with lots of third sector orgs to feed back

Grant from Health and Falkirk Council and Integrated Care Fund

2. ICF Monitoring system really good, previous experiences had a lack of SLA etc and funding

3. Monitoring of public money and transparency to inform decision making

Take part in lots of mapping but don't see outputs of mapping. Need feedback loop

Move away from tokenism of third sector input – how can one person be third sector rep – could it be rotated to specialist area of expertise
Small third sector orgs aren't recognised as having the same complexities and reporting requirements as NHS and LA
Uplifts in line with inflation – full cost recovery approach
Single contacts in partnerships would be helpful – particularly around decision making
IJB ambitions are broad – need to be chunked down
Improved communication

Falkirk CAB:

1. Not at moment – previously mapping
2. n/a
3. Exit planning and sustainability planning – little to no control – all external conversations

British Lung Foundation:

1. Funding grants relationship
2. Events like today
3. How does a national org get involved in conversations with commissioners?

Collated Feedback (Organisations Not Identified)

1. Funded by IJB and sit on IJB
Representation from Carers Forum and carer engagement manager – feed into forum
Complex system – partially funded by NHS (1 year, 2 year, sometimes free)
What can you provide extra for the money
How to expand
Training now added
Disseminating info
Strategies already in place – more difficult to influence – has impact on work
Automatic renewal of funding not way forward – big change
Complex structure – levels of decision making
In past double funding – understand why these governances need to be in place
Expectation to use these services without same/similar funding – understand cuts
Sometimes structures give too many constraints for doing work
Language barriers – loses people
Recognising each others framework – how these systems work
Mobilisation of structures - can these be changed for HSC
Trusting people around the table – partnership an ongoing piece of work
Making connections
We need to learn from previous experiences of PSP, what went well and what didn't work.

2. Collaboration working examples – sharing practice, HSC Issue – Third Sector supported and ran with it

Engagement at today's event with 3rd sector partners has been good – very informative

Need to get down to practicalities – theory good and good tool but dependent on how that is used

Mental health – dementia and autism not mental illness – this is taken out of the pot of money that could have been used for other areas

Falkirk was described as being ahead of the game in a lot of areas, this was reflected by services that operate nationally or in multiple local authorities.

SLA expectations- there must be the ability for organisations to feed back where they have re-designed services to meet users needs, thereby not delivering against the SLA but adapting as required to meet client/individual requirements. this should be clearly evidenced.

3. How evidence is gathered

Working collaboratively to design what is needed in data collection and what is needed in order for HSC to commission

Currently yearly funding – 3 year funding with annual review would be really helpful

Service users often asked what they want, there's no follow through or delivery, asked again and still don't provide service in way requested. No change, then results in service user views being sought being seen as tokenism or patronising.

Advocacy and support needed to think differently in order to support service users.

Not specific to this event but something that continues to come up in terms of educating those who are not directly involved in health and social care, ie. other service providers, carers and families. How do we promote that hospital is not the right place for a lot of people, particularly frail and elderly? Definite need to raise awareness of the evidence that individuals lose capacity and become more frail the longer they stay in hospital. This needs to be joined up with the public and others and cannot be something that is just talked about at IJB, staff, health and SC meetings otherwise reablement will not be effective as others may unknowingly undo go work.