

Title/Subject: Chief Officer Report
Meeting: Integration Joint Board
Date: 6 April 2018
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 note the content of the report
- 2.2 agree that a project team led by the Chief Officer is set up to develop and implement the integrated team structures
- 2.3 note that a full report will be presented at the next board meeting outlining the programme for integrated structures
- 2.4 request a corporate support agreement is developed by the Chief Executives and Chief Officer for consideration at the next meeting
- 2.5 note that a progress report will be presented to Falkirk Council Scrutiny Committee (External) on 17 May 2018 as part of the ongoing governance arrangements
- 2.6 note that all former Bield residents have been successfully placed in new care homes of their choice and that a report on the impact will be presented after 6 months

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.

4. HSCP LEADERSHIP TEAM

4.1 Development of an Integrated Structure and Support Services Arrangement

A paper prepared by the Chief Executives of NHS Forth Valley and Falkirk Council is on the agenda at item 14. The paper outlines the initial phase of the transfer of operational management for some in-scope community based health services to be completed by September 2018. As this is the first phase, a more detailed paper will be presented to the next IJB meeting.

It should be expected by Board members that this further report would address the following issues:

4.1.1. Vision for Integrated Working

The discussions should continue to include the development of an agreed strategic vision for what integrated services can be in Falkirk and across Forth Valley. There is a risk that the focus on the detail of the individual services and service structures is a distraction from exploring the opportunities to realign resources differently to improve national health and wellbeing outcomes and respond to local need.

4.1.2. The vision for integrated working should be set out, with clear alignment to the IJB Strategic Plan vision, 'to enable people of the Falkirk area to live full and positive lives within supportive communities' and be the reference point to deliver better health and wellbeing outcomes.

4.1.3. The vision would further set out for agreement what success would look like for people in Falkirk, and the Performance Reporting Framework would be developed with this criteria in mind. The following is a suggestion to the Board of the success measures:

- people can access joined up health, care and support services which are responsive to their needs within their own community
- people are able to use their knowledge about their health to manage their long term condition in partnership with health and care staff as appropriate
- people have access to the support they need and feel connected within their own community
- people are supported by multidisciplinary teams who can provide an integrated and responsive service to meet their needs and who can direct them to community based supports and care including strong, active third sector organisations
- people are engaged in the planning and investment decisions for local health and social care
- our communities are empowered and supported to provide support and social activities.
- we have skilled, integrated workforce who are motivated and committed to providing high quality joined up care and support.
- we have strong partnerships with our staff, communities, providers and third sector partners which enable us to innovate and find new ways to deliver better care and support.

- 4.1.4. Once the Board has reached agreement on the vision, the Leadership Team will be empowered/directed to plan integrated services. This will be through the development of locality multi-disciplinary teams with capacity to innovate and to develop responsive, joined up models of care and support.
- 4.1.5. Using the integration principles as a guide; integrated services should be provided in such a way that the service:
- is integrated from the point of view of service-users
 - takes account of the particular needs of different service-user
 - takes account of the particular needs of service-users in different parts of the area in which the service is being provided.
- 4.1.6. Pending the agreed vision, it is proposed that the Chief Officer establishes a project team including HR, finance, and staff representatives from both NHS and Falkirk Council to lead the development and delivery of the integrated teams.
- 4.1.7. **Locality Planning**
The development of localities lies at the heart of the Public Bodies (Joint Working) (Scotland) Act 2014 and is also reflected in the Community Empowerment Act.
- 4.1.8. This is an opportunity to design integrated services and realign resources to deliver the IJB Strategic Plan and our partner's respective key plans including the Community Planning Partnership (CPP) SOLD Plan and the NHS Forth Valley Strategic Plan – Shaping the Future. It is at locality level that the HSCP will be able to deliver localised services including health improvement and prevention support.
- 4.1.9. The integrated structure must align with the work being led by the CPP to co-produce locality plans, design integrated services and build community capacity to improve health and wellbeing outcomes.
- 4.1.10. **Scope of Services to be Transferred and Timescales**
The initial phase of the transfer of in-scope services which represent in the region of £8.7m of the in-scope NHS budget of £136m. It is anticipated that the report to the June Board will set out the plans for the remainder of in-scope services.
- 4.1.11. **Role of Community Services Directorate**
The Community Services directorate will be subject to an internal NHS organisational change process which will require Staff side engagement. The future of the directorate needs to be clarified to avoid duplication of management and support structures.
- 4.1.12. **Hosting Arrangements**
Hosting is the arrangement whereby one IJB will take the lead responsibility on behalf of the other IJB for the planning and delivery of services. Through this arrangement the lead IJB which is hosting will be accountable for the delivery of the agreed outcomes as set out in the IJB Strategic Plans and be guided by the experience and background of management teams, advice from clinicians and managers.

- 4.1.13. The next phase of integration of services will require the development of agreed principles for hosting and proposals for which services will be hosted by each partner. This will require agreement with Clackmannanshire and Stirling IJB.
- 4.1.14. The hosting proposals will relate to the strategic planning and operational management of in-scope services that are currently managed by the Community Services Directorate, and the strategic planning of specialist services or certain acute services as specified in Public Bodies (Joint Working) (Scotland) Act 2014 and reflected in the Falkirk Integration Scheme.

4.1.15. **Support Services**

The dedicated permanent resource that the IJB has agreed to fund for the Falkirk HSCP management team consists of the Chief Officer, Chief Finance Officer and Programme Manager. The Head of Adult Services post is currently funded by Falkirk Council on a temporary basis until August 2018. There is no dedicated staff resource for areas including planning, performance, risk management, with these being provided by partners, in addition to their substantive roles.

- 4.1.16. However, there is recent evidence that these resources are under sustained pressure, which is having a detrimental impact on ability to take forward work at pace or respond to new work. This has recently been highlighted to the Audit Committee in terms of risk management.

- 4.1.17. The HSCP team will require additional resource to deliver the integrated structure by September. Between April and July in addition to the Change Programme the work plan includes:

- the review and development of the Strategic Plan from 2019 onwards
- organising one IJB business meeting, two Board development sessions, and one Audit Committee and Clinical and Care Governance Committee
- the production of the Annual Performance report
- the development of the Primary Care Improvement Plan
- preparation of Annual Accounts
- Governance Action Plan

- 4.1.18. The Integration Scheme requires that a Corporate Services agreement should be established as extracted from section 4 of the scheme:

“Prior to the establishment of the Integration Joint Board, the Parties will identify any corporate services required to allow the Integration Joint Board to discharge its functions and agree (a) how any or all of those will be provided to the Integration Joint Board, and (b) how the costs of those corporate services will be funded.

The Parties will provide the corporate services agreed pursuant to paragraphs 4.2 and 4.3 of the Integration Scheme to the Integration Joint Board, and the provision of such support will be reviewed annually by the Parties and Integration Joint Board to ensure that the necessary support is being provided.”

4.1.19. It has previously been reported to the Board that support services are under consideration; however no agreement has been established with NHS Forth Valley and Falkirk Council. This is a matter of priority, as the current IJB capacity is overstretched as noted above.

4.1.20. It is recognised that other partners are experiencing competing demands and it becomes more difficult to source support on the current informal basis. It is proposed that a corporate support agreement is developed by the Chief Executives and Chief Officer for consideration at the next IJB meeting. The agreement should detail what management capacity will transfer and specify what professional, clinical and business support is included, with agreement for any new posts set out.

4.2. Governance

The development of the integrated structure will require an associated realignment of the governance and decision making processes to provide clarity and to avoid 'double governance'. This is clearer for the adult social care services which have been in the HSCP for two years. Work will be required to realign the role of the HSCP Leadership team with the Senior Leadership team structure in NHS Forth Valley.

4.3 Clinical and Care Governance

An update report is included as a separate agenda item 15.

4.4 Understanding Progress under Integration (MSG)

As previously reported to the Board, the Scottish Government issued a letter on 22 November 2017 to Integration Authorities. Partnerships were asked to provide an updated review of local integration objectives and ambitions by 31 January 2018. These would be for consideration by the Ministerial Group for Health and Community Care (MSG) meeting to be held on 21 March 2018.

The submission for the Falkirk HSCP Partnership is contained in the Performance Report as a separate agenda item number 11. Future monitoring and reporting for the indicators will be through the Unscheduled Care Programme Board, chaired by Andrew Murray. Reports will also be included in the Performance Reports to the IJB.

4.5 Scottish Parliament Health and Sport Committee

The Health and Sport Committee is undertaking a programme of Scrutiny of NHS Health Boards. NHS Forth Valley was invited to attend the committee on 16 January 2018. The Chair of the Health Board attended along with the Chief Executive, Medical Director, Director of Nursing and the Chief Officer for the Clackmannanshire and Stirling IJB. The minute is now available at the following [link](#).

Following the meeting the Chief Executive received a letter requesting additional information. In his letter the convenor of the committee sought additional information on a number of areas including Child and Adolescent Mental Health Services (CAMHS) as well as seeking detail about planned integration changes three years (including a shadow year) into integration. The committee also

sought confirmation that the Chief Officers have each been allocated the appropriate authority required to autonomously undertake their roles.

The written submission prepared by NHS Forth Valley and the correspondence is also published on the Scottish Parliament [website](#)

The Board should be aware there is a growing level of national scrutiny around the impact of integration, and the role of the Integration Joint Boards, as noted in this report at:

- Ministerial Group for Health and Community Care (MSG) – quarterly reporting against the national integration indicators (section 4.3)
- Audit Scotland: health and social care integration - update on progress audit (section 12.2)
- Programme of joint inspections led by the Care Inspectorate and Healthcare Improvement Scotland.

5. SERVICE DEVELOPMENTS

5.1 Redesign of day services for younger adults update

The Board has agreed to a programme of work that will redesign day services for younger adults. This is in line with the outcome of consultation and engagement work with people who use services, their carers and staff. Additionally the redesign work will reflect Self-Directed Support principles to empower and enable service users to have choice and control over the design of their own support and develop alternative community based services.

The service will continue to work with service users, their carers and employees as it is recognised that change is difficult and stressful and will work to alleviate stress and anxieties moving forward throughout this redesign of our current in-house services

Key areas of work continue, and the Board are asked to note the following progress, in addition to the information provided in the Finance Report:

5.1.1. Engagement

- Engagement will continue with service users and carers, ensuring that co-produced models of alternative community based support are explored and capital money is invested into alternative resources and models of provision to meet the needs of younger adults with disabilities
- Self Directed Support Workshop took place on 20 March at the Falkirk Stadium in partnership with In-Control Scotland. This gave service users, parents/carers and other stakeholders the opportunity to ask questions surrounding SDS and to listen to speakers explain what they have done differently with their package of care as a result of the implementation of SDS.
- Ability Roadshow – “Achieve & Believe” will take place on 23 April at Grangemouth Town Hall. As part of our commitment to continue to support people with disabilities in their communities, the Falkirk Health & Social Care Partnership are co-ordinating an Ability Roadshow. This is an opportunity for

local partners to share what their organisation does with visitors and service users on the day. It will raise awareness of existing community based assets and the array of activities which are on offer in our local community.

5.1.2. **Service users**

- All existing service users will be offered a review their package of care
- For those service users affected by the buildings closure, they will be relocated over a period of time to existing services in Grangemouth.

5.1.3. **Staff Engagement**

- A consultation meeting has taken place on 27 March with HR and all three Trade Unions (Unison, Unite and GMB). The main aim of this meeting is to update the unions on progress which has been made to date and discuss redesign of day services.
- The move towards offering more support within the community than the current model provides will involve a programme of support and development for staff and this will be subject of discussion with the staff group and trade unions.

5.1.4. **Providers**

- There are a number of service users who live in supported living accommodation with private providers. Work has commenced on reviews of service users packages of care. Where indicated they will be supported to use services differently by accessing more community based activities rather than current building based day services.

5.1.5. **Buildings**

- Day services will continue to be provided at Dundas Resource Centre and Oswald Avenue with consideration given to necessary refurbishment. This will include extending a personal care area in Oswald Avenue to incorporate another over head tracking hoist.
- Camelon Service is expected to close by 30 June 2018.
- It is anticipated that Bainsford will close by late autumn 2018. The service recognises it is more beneficial to relocate the smaller service sooner due to the staffing structure and the unsustainability of the service moving forward.

5.2 **ADL Smartcare**

A presentation of the live ADL site will be provided at the beginning of the meeting. The Board is aware of the agreement to purchase and implement an online self assessment tool– ADL Smartcare. This has a range of functions that allow people, their carers and families and health and social care staff and older adults to monitor and shape the ageing journey.

The product is called Living Well Falkirk and can be seen [here](#).

In May 2017 the Leadership Group approved the use of partnership funding to support the cost of the system, implementation and the first and second year costs associated with technical support. The total cost of procuring, implementing and maintaining the system for two years from December 2017 is

£86,782. The procurement of the system was through a Government Framework Agreement.

The Board are advised of the progress to date:

- A multiagency project team, involving a range of professionals from NHS Forth Valley, Falkirk Council, Falkirk Community Trust and the third sector has been involved in implementing the system.
- Over 200 employees across all agencies, as well as contact centre and library staff, have now been trained in the use of the online tool and are equipped to direct people to the online self assessment and guide them through it.
- A training video is being developed so that new employees can be trained in future. Community care and some health workers have additional access to view data that has been input by people who have then gone on to have a care assessment.
- Living Well Falkirk must be well used if we are to fully realise the benefits of the system. A communication plan has been prepared to promote and market the product with leaflets, posters as well as press and radio coverage. The communications plan will roll out, from April 2018, over a period of months to maximise value.
- Feedback from some MECS service users who tested the product has been positive and useful. Testers said they thought it was intuitive and full of useful information. The service will continue to monitor feedback and improve the product on an ongoing basis.
- There will be ongoing work to monitor uptake and use of the system with analytics from the Council web team and from ADL Smartcare. As well as measuring the effect on waiting times for a community care assessment we will also be assessing the effectiveness of the different promotional activities. The expectation is that high levels of self assessment and self management will, over time, bring down waiting times for community care assessments.
- Once established there will be a link to the independence clinic with Living Well Falkirk so that people completing an assessment may then go on to book an appointment at the clinic.
- ADL Smartcare continues to develop new functions for the product, for example applications for mental health and addictions support, money management and blue badges for parking for people with disabilities. The relevance of these in Falkirk will be explored and reported to and may return to the Leadership Group with a proposal for additional funding.
- Implementation of Living Well Falkirk has been possible due to the time and commitment of professionals across the partnership. In order to ensure that the tool continues to provide comprehensive, relevant and up to date

information, an ongoing resource will need to be identified within Adult Services.

5.3 Bield Housing

The Board has received reports regarding the decision by Bield Housing to close two local care homes by the end of March 2018. All 24 residents have now moved to new placements. The social work team has worked with the residents and their families to find suitable accommodation to meet their ongoing needs. As is normal practice the team will undertake a review with each individual after six weeks in the new placement to check if the resident is settling in and if the placement is meeting their needs.

The team will review the placements with residents in six months and report back on the impact of the closure and any lessons learned.

5.4 Power of Attorney Campaign

Through the Chief Officers network, the Partnership is involved in discussions regarding the development of a national Power of Attorney (PoA) campaign.

The Adults with Incapacity (Scotland) Act 2000, safeguards an individual's preferences where the capacity to make decisions is lost. Whilst still with capacity, individuals can grant Power of Attorney (PoA) to someone of their own choosing; to give authority to act or make welfare decisions on their behalf should they lose capacity at a later date.

When an individual who lacks capacity and does not have a PoA is admitted to hospital, discharging the individual (when fit for discharge) to a care setting can only take place once a legal process to appoint a guardian has been completed. This clearly has an impact on discharge from hospital. The Partnership continues to have a number of people who require Guardianship to support decisions in relation to care and welfare.

The uptake of PoA across Scotland remains fairly low. Between July 2016 and February 2017, Scotland lost 6200 acute bed days each month due to delays caused by a lack of appropriate PoA. This equates to a cost per month in excess of £1.3 million.

NHS Greater Glasgow & Clyde (NHSGGC) and Glasgow City Council launched a Power of Attorney campaign in late 2013. During the first year of the campaign, PoA registrations increased by 50% and by more than 2 times the national average. Between 2014 and 2016, there has been a 22% decrease in Guardianship applications. The campaign included a range of resources including television campaigns; website; social media and leaflets. Animated guides and videos were produced, featuring service users, carers and professionals.

Discussion has been progressing via the Chief Officers network, to consider the potential benefits of establishing a PoA campaign on a national basis. There are significant benefits to be gained in all Partnerships participating in a campaign, particularly in terms of economies of scale and cost. The estimated costs for participation are around £8,000. This is based on Partnership population.

It is however, important to note that participation in a national campaign does not negate the need for local level development work regarding PoA. Local work has also started in the Partnership to address these issues.

6. HSCP CHANGE PROGRAMME

6.1 Priority setting framework

Following the briefing session for Board Members on 3 November 2017, there have been further discussions with the Chief Officer, Chief Finance Officer and Programme Manager on the proposed scope of the research. It has been agreed that the focus for the implementation of the priority setting framework would be around Homecare provision. A proposal has been developed and was presented to the Homecare Review group meeting on 23 March 2018.

The proposal is to focus on the delivery of Homecare services and would look to answer the question of, “How to deliver a responsive, efficient, and sustainable Homecare provision that addresses quality, personal outcomes and reablement?”

A report will be presented to the Leadership Team with further work will take place to finalise the implementation plan and timescales, reporting to the Leadership team, and updates will be reported to the IJB.

6.2 Primary Care Transformation Programme

Activities of the Primary Care Transformation Programme since the last update to Falkirk IJB in February have focussed on progressing the following aims.

6.2.1. Facilitating a multidisciplinary Urgent Primary Care Out of Hours Service

- A new leadership team is in place with part time Clinical Leads Dr Chris Cairns and Dr Karyn Webster, Senior Advance Nurse Practitioner with support from an Improvement Advisor.
- All of the 5 transformation funded Advanced Nurse Practitioner training Posts are now in place. Training needs have been assessed and a programme of training is underway.
- The outcome of the evaluation of the Mental Health Nursing input to Out of Hours will be available at the end of April.
- The Out of Hours Team has been successful with their poster submission, outlining the transformation review process, and this will be presented to the national NHS Scotland event in June.

6.2.2. Supporting General Practice Sustainability in the Falkirk West Locality

- Improving mental health and pain management approaches through pharmacy support in general practice.
 - The additional 4 pharmacy sessions are in place within two West Falkirk practices.
- Creating Mental Health Practitioner Capacity within 7 GP practices
 - Two of the four Primary Care Mental Health Nurses have been recruited and are in the process of appointment. The further posts have been re-advertised and interviewed on 21st March. Two posts

will support Denny and Bonnybridge cluster Practices and 2 posts supporting the Stenhousemuir cluster practices.

- We still await information from Scottish Government with regards to plans for funding and roll out of 200 primary care link workers across Scotland.

6.2.3. Other Core Activities

- Improving Diagnostic Support for people with Autistic Spectrum Disorders.
 - The project lead is in place and scoping the initial phase of work
- Development of a more integrated and sustainable model for Dementia post diagnostic support is progressing.
- Improving Support to Care Homes
 - The Primary Care Transformation Fund will fund the implementation of pharmacy support to care homes as part of wider partnership approach around care and support at home, community hospitals and care homes in the Falkirk localities.
- Create Consistent Communication and Signposting strategy between practices and public.
 - Slamannan and the Braes Cluster jointly with Clackmannanshire and North West Stirling are one of only 4 successful applications to the Practice Administrative Collaborative Programme supported by Health Improvement Scotland.
- Provide Quality Improvement support within Primary Care at cluster and locality level.
 - Quality Improvement and Local Information Support Team (LIST) support is in place and working closely with clusters, Out of Hours and Mental Health services.

6.3 **General Medical Services (GMS)**

The Board was provided with an update on the proposed General Medical Services contract at their meeting in February 2018.

The Board is asked to note work is currently under way, led by Cathie Cowan, Chief Executive, NHS Forth Valley to develop the Primary Care Improvement Plan for the end of July 2018.

Primary Care sustainability is a key part of the Improvement Plan and work is ongoing to support practices both through the Transformation Programme and targeted support to practices.

6.4 **Update on Kersiebank Medical Practice**

As NHS Forth Valley is already responsible for managing the Practice, work is underway to recruit or redeploy a number of GPs and nursing staff, who are employed by the Health Board, to provide GP and primary care services. The plan is to recruit other healthcare professionals including Advanced Nurse Practitioners and Paramedic Practitioners to expand on the multidisciplinary team currently based at the Practice which includes mental health nurses, pharmacists and physiotherapists. Existing nursing, administrative and reception staff will continue to work at the Practice as they are already employed by the Health Board.

This will ensure patients have access to a wider range of support and advice and will also help free up GP time to manage patients with more complex health issues. This will ensure that the Practice remains open and continues to provide services to the local community.

6.5 Frailty at the Front Door Collaborative

The Board will be aware that NHS Forth Valley is one of five partnerships participating in the Frailty at the Front Door Collaborative, facilitated by iHub.

The aims of the project are to improve outcomes and experience for older people and their carers living with frailty and presenting to acute services by:

- Rapidly and reliably identifying frailty at the front door
- Delivering early Comprehensive Geriatric Assessment (CGA)
- To ensure the person experiences well coordinated care and support attuned to their needs with the focus on support at home or a homely setting where possible
- Improved interface and collaborative working between health and social care

The local Frailty at the Front Door Project Board continues to meet on a regular basis and has good representation from acute, health and social care staff.

The Board is required to submit a monthly Project Update Report. The update report for March 2018 is attached at Appendix 1 for information.

7. DELAYED DISCHARGE

- 7.1 The Delayed Discharge update is included in the Performance Framework Report as a separate agenda item.

8. IJB FINANCIAL UPDATE

- 8.1 The Leadership Team has been meeting regularly, with separate meeting arrangements in place to cover financial issues. An update on the budget position is detailed in the IJB Financial Report as a separate agenda item.

9. SERVICE PLANNING

9.1 Falkirk HSCP Strategic Plan

A report outlining the requirements to review the Strategic Plan is a separate agenda item.

9.2 Winter Plan

In order to learn from the experiences of planning for Winter 2017/18 and plan ahead for next winter, a Health and Social Care Winter Plan 2017/18 debrief was held on 20 March 2018. Colleagues were asked to complete a template in advance indicating "What went well, what could have gone better and what improvements to the plan should be made for Winter 2018/19?" These questions were asked in relation to a number of aspects of the plan including

festive period planning, effective discharging, access to contingency beds and additional care packages, availability of workforce and responses to flu and other winter pressures.

Some of the winter contingency beds remain open, the General Manager for Medical Directorate is preparing a report on the closure plan to the next NHS Senior Leadership Team meeting on 12 April.

The Debrief Meeting was attended by health and social care colleagues from the two Partnerships. At the meeting they reviewed the responses which colleagues had provided and agreed further additions. This will then enable work to produce a comprehensive understanding of how well the winter plan worked in practice, a summary of issues and some clear improvement actions to take forward ahead of Winter 2018/19.

The meeting also provided colleagues who were intending to attend the Scottish Government 6 Essential Action workshop that week, with information to feedback on Forth Valley's Winter Plan experience. The output will also form the basis of the review of winter report which is to be submitted to Scottish Government on 20 April 2018. The review report will be approved on behalf of health and social care at the Unscheduled Care Programme Board meeting on 19 April 2018.

9.3 Regional Planning

An update on the regional planning work is reported at agenda item 13.

9.4 NHS Annual Operational Plan

The draft Annual Operational Plan for Forth Valley has been submitted to the Scottish Government. The draft plan was approved by NHS Board at its March meeting. The plan covers the key areas requested in the letter from Government around performance and indicates the resource impact of achieving the March 2017 access standards by March 2019. Further work will be progressed on understanding the impact and implementation over the coming months.

10. IJB GOVERNANCE

10.1 IJB Self-Evaluation

There have been 12 completed responses to the self-evaluation issued to Board members. The analysis of the responses will be considered and reported to the Chief Officer, Chair and Vice-Chair, and will be used to inform a Board development session to be held in May 2018.

10.2 Falkirk Council Scrutiny Committee (External)

The Board are asked to note that a report will be presented to Falkirk Council Scrutiny Committee (External) on 17 May 2018, as required in the Integration Scheme, section 4.10. This will contain performance and service development updates collated from previous reports presented to the IJB.

10.3 **Introduction of the Fairer Scotland Duty**

In summer 2017, the Scottish Government published a consultation on the introduction of the Socio-Economic Duty for the public sector. The new duty will be known in practice as the 'Fairer Scotland Duty'.

The new duty, which is an uncommenced section of the Equality Act 2010, comes into force in Scotland from April 2018. It will place a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socioeconomic disadvantage.

The duty only applies at strategic level – this would normally include decisions around setting priorities and targets, allocating resources, and commissioning services. Decisions of a strategic nature will have a major impact on the way in which other tactical and day-to-day operational decisions are taken; but they are not in themselves tactical or operational.

Interim guidance, to be published ahead of the introduction of the duty, will make this clear. The guidance will build on existing practice and provides public bodies with some flexibility on how to meet the duty in a three year implementation phase. On receipt of the guidance, consideration will be given to the impact on the IJB.

11. **CORRESPONDENCE**

- 11.1 Correspondence was received from the Minister for Local Government and Housing dated 16 February 2018. This sought information on what plans the health and social care partnership has done to review and improve arrangements for the delivery and funding of housing adaptations in the area.

At their meeting on 20 December, the Local Government and Communities Committee expressed an interest in housing adaptations expenditure. This included trends and patterns in how expenditure on adaptations are developing. Further correspondence has been sent to Chief Finance Officers to request this information.

The Board will be aware that partnerships are responsible for the planning and delivery of adaptations using the integrated budget created by delegation and for planning and developing services to improve outcomes for people who require adaptations.

Falkirk Council was one of the Adapting for Change (AfC) test sites, and significant energy has been committed to reviewing current processes and identifying the specific improvements required for the delivery and funding of housing adaptations within the area. The response submitted is attached at Appendix 2 for information.

12. PUBLICATIONS

12.1 [Mental Welfare Commission: The Right to Advocacy report](#)

The Mental Welfare Commission published the Right to Advocacy report in March 2018. This is their first report, and they propose to repeat the exercise in 2019-20.

Following the Mental Health (Scotland) Act 2015, which created new responsibilities for health boards and local authorities to demonstrate that they are discharging their legal responsibilities in relation to independent advocacy services, the Commission had carried out a survey in 2017 to provide them with information in relation to this.

The report shows that the planning and provision of advocacy services across Scotland is variable. Only five areas provided current plans and there was a lack of clarity on where responsibilities lie for preparation of strategic advocacy plans. There is also a lack of clarity on services for children and young people, other than those who are looked after.

Key findings include:

- The majority of services were prioritising referrals for people subject to compulsory measures under legislation. The Commission is clear that limiting advocacy in this way was never the intention of the policy when it was introduced in 2003, and they expect everyone who has the right to access an advocate, gets that support.
- Only three areas reported their advocacy budget had increased in the last two years, and three quarters said budgets had remained static in this period. If this continues, there is likely to be an actual reduction in the service provided.

The Commission has published all the responses received in full, as an appendix to the report. There was a Forth Valley submission, including Falkirk Council responses.

The report makes recommendations for NHS Chief Executives and HSCP Chief Officers in relation to adults, and specific recommendations about advocacy services for children and young people, for HSCP Chief Officers and local authority Chief Executives. The Commission has indicated they will be writing to them for their responses to these recommendations.

It is proposed that the report and recommendations relating to adults will be considered by the Leadership Team, with an update provided to a future IJB meeting.

12.2 **Audit Scotland: Health and social care integration - Update on progress**

In March 2018, Audit Scotland announced a second audit that will follow up on their previous report published in December 2015. The audit work will complement the joint strategic inspections of adult health and social care services being carried out by the Care Inspectorate and Health Improvement Scotland.

Audit Scotland has indicated the overall aim of this audit is to examine the impact public bodies are having as they work together to integrate health and social care services in line with the Public Bodies (Joint Working) (Scotland) Act 2014. They will seek to answer the following questions:

1. What impact is integration having and what are the barriers and enablers to this change?
2. How effectively are integration authorities planning sustainable, preventative and community based services to improve outcomes for local people?
3. How effectively are IAs, NHS boards and councils implementing the reform of health and social care integration?
4. How effectively is the Scottish Government supporting the integration of health and social care and evaluating its impact?

The audit process will involve gathering evidence using a range of methods, including:

- case studies to explore a number of IAs
- reviewing documents (plans, strategies and reports) from IAs, NHS boards, councils, the Scottish Government, and other organisations
- Interviews with stakeholders, including IAs, NHS boards, councils, the Scottish Government, COSLA, third sector organisations and service users
- Analysing national and local data, for example, annual accounts and audit reports, national performance data and information from other sources such as ISD Scotland.

Audit Scotland intends to publish a report in November 2018, the outcome of which will be reported to the IJB Audit Committee and IJB.

13 CONCLUSIONS

A strategic approach will continue to address the range of issues that result in the current pressures faced. This will realise 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 reports to the Board.

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 ongoing work, delivery plan, change programme and infrastructure are designed to deliver the outcomes described in the Integration Scheme and Strategic Plan.

Legal and Risk Implications

The IJB is required to be compliant with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk IJB Integration Scheme.

Consultation

Stakeholders will be involved as required.

Equalities Assessment

There will be appropriate consideration of the equalities implications and equalities impact assessments as required for work noted in this report.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Suzanne Thomson, Programme Manager – Falkirk HSCP

Date: 24 March 2018

List of Background Papers: