DRAFT
AGENDA ITEM 3

FALKIRK INTEGRATION JOINT BOARD

Minute of Meeting of the Falkirk Integration Joint Board held in the Municipal Buildings, Falkirk on Friday 6 November 2015 at 9.30am.

Voting Members:	Councillor Allyson Black, Falkirk Council (Chair) John Ford, Non-Executive Member, NHS Forth Valley (substitute) Councillor Dennis Goldie, Falkirk Council Councillor Linda Gow, Falkirk Council Alex Linkston, Chairman, NHS Forth Valley Julia Swan, Non-Executive Member, NHS Forth Valley
Non-voting Members:	Sandra Burt, Staff Representative, Falkirk Council Claire Crossan, Carer Representative Leslie Cruickshank, GP Medical Representative Jane Grant, Chief Executive, NHS Forth Valley Tom Hart, Staff Representative, NHS Forth Valley Karen Herbert, Third Sector Interface Representative Tracey McKigen, Interim Chief Officer Martin Murray, Service User Representative Mary Pitcaithly, Chief Executive, Falkirk Council Angela Price, Third Sector Representative
Officers:	Jack Frawley, Committee Officer, Falkirk Council Calum MacDonald, Local Intelligence Support Team Morag McLaren, Associate Director of HR, OD & Learning Colin Moodie, Depute Chief Governance Officer, Falkirk Council Kathy O'Neill, CHP General Manager, NHS Forth Valley Suzanne Thomson, Programme Manager – Health and Social Care Integration, Falkirk Council Elaine Vanhegan, Head of Performance and Governance, NHS Forth Valley

IJB1. Welcome and Apologies

The Chair welcomed those present to the first meeting of the Falkirk Integration Joint Board.

Apologies were received on behalf of Jim King, Tracey Gillies, Kathy McCarroll and Angela Wallace.

IJB2. Declarations of Interest

No declarations were made.

IJB3. Minute

Decision

The minute of meeting of the Falkirk Transitional Board held on 2 October 2015 was approved.

IJB4. Matters Arising

The board sought an update on the development of an action plan following the joint inspection of older people's services (TB57 refers). Kathy O'Neill advised that the action plan would be submitted to the November meeting of the Joint Management Group and that it would then be submitted to the Integration Joint Board (IJB). Further, the Care Inspectorate had not yet requested the action plan or provided a timescale for completion.

Councillor Gow entered the meeting during consideration of the previous item of business.

IJB5. Establishment of the Integration Joint Board

The Integration Joint Board considered a report by the Chief Governance Officer setting out the membership of the board and inviting the board to confirm the appointment of the Interim Chief Officer and Stakeholder representatives. The Depute Chief Governance Officer provided an overview of the report.

Decision

The Integration Joint Board:-

(1) noted the contents of the report;

(2) agreed to appoint those members listed at section 4.4 of the report to the board, and

(3) agreed to confirm that the Interim Chief Officer is appointed to the board as Chief Officer for the remainder of her contract.

IJB6. Standing Orders

The Integration Joint Board considered a report by the Chief Governance Officer providing, as an appendix, draft standing orders for adoption. The Depute Chief Governance Officer provided an overview of the report.

Decision

The Integration Joint Board agreed:-

(1) to adopt the standing orders as appended to the report, and

(2) that the standing orders will be reviewed after one year.

IJB7. Programme of Meetings 2016

The Integration Joint Board considered a report by the Chief Governance Officer providing a timetable of meetings for 2016. The Depute Chief Governance Officer provided an overview of the report.

The IJB discussed the frequency with which meetings should be held and considered a suggestion to continue on a monthly basis for six months and then move to bi-monthly cycle. An alternative proposal was suggested to remove the January meeting from the schedule and implement a bi-monthly timetable, highlighting the ability to call special meetings if needed. The IJB supported the bi-monthly proposal and members would keep the monthly dates in their diaries for IJB business such as organisational development days or visits to services.

Decision

The Integration Joint Board agreed that the dates of meetings for 2016 as:-

- **5 February 2016;**
- **1 April 2016;**
- **3 June 2016;**
- **5 August 2016;**
- **7 October 2016, and**
- **2 December 2016.**

IJB8. Strategic Plan

The Integration Joint Board considered a report by the Interim Chief Officer providing: information on the strategic planning group; development of the strategic plan; the strategic needs assessment, and consultation and engagement arrangements. The Interim Chief Officer provided an overview of the report. Copies of an updated version of the Falkirk Integrated Strategic Plan: 2016-2019 were tabled.

Members stated that they would require more time to look at the tabled version of the plan and would then send comments to the Interim Chief Officer. A breakdown of how many hospital emergency admissions were people who were representing following discharge was requested. Tracey McKigen advised that detailed work would be carried out by the LIST team. Further, members asked when all the statistics would be included in the plan. Calum MacDonald stated that most of the gaps had been filled in the second draft. Tracey McKigen advised that the information relating to workforce analysis was currently being worked on.

In response to a question on the use of plain English, Tracey McKigen stated that the second draft would be in plain English and that an easy read version would be issued with the consultation document.

Decision

The Integration Joint Board agreed:-

(1) that the membership of the strategic planning group be extended to include GP representation, and

(2) the draft strategic plan for consultation.

IJB9. Delayed Discharge

The Integration Joint Board considered a report by the CHP General Manager providing an update on progress toward meeting the national target that no-one who is ready for discharge should be delayed by more than two weeks. The report provided background information and appended an action plan. The CHP General Manager provided an overview of the report.

Members commented that the action plan was useful and requested that more detail be included, particularly in relation to the impact of specified actions. They also highlighted that it was important to keep Code 9s and 100s under review. Members asked if work had been undertaken to ensure that the availability of residential care home beds was maximised. Mary Pitcaithly advised that care homes were operating at maximum capacity but stated that she would liaise with the service to ensure that there were no other spaces which could be reassigned for use as bedrooms. Kathy O'Neill stated that there were vacancies in the short term assessment beds at Oakbank and reablement beds at Summerford with work ongoing to increase the use of those beds.

The information reported showed improvement on the previous set of figures and the board asked what actions had caused the shift in position. The board discussed the moratoriums which had been affecting the delayed discharge position. Mary Pitcaithly advised that the provision of beds was helping to improve the position and highlighted that there was no cap in Falkirk on spending which enabled packages of support to be put in place quickly. Jane Grant noted that while there had been some improvement in the figures, the overall position remained concerning. It was important to continue to act on the decisions already taken particularly the 'Closer to Home' provision.

Decision

The Integration Joint Board noted the report.

IJB10. Forth Valley Winter Plan

The Integration Joint Board considered a report by the Director of Public Health and Strategic Planning providing information on the winter planning process. Appended to the report were the membership of the Forth Valley Winter Planning Group and the Forth Valley Winter Plan 2015/2016. The

Director of Public Health and Strategic Planning provided an overview of the report.

The board discussed the Advice Line For You (ALFY) project. Members asked if it would be ready for the middle of December and if the required infrastructure would be in place to meet expected demand. Kathy O'Neill advised that services were working hard to ensure that the roll out to the public would be successful and that they were on track to be operational from 1 December. She stated that further information would be brought to the board at a future meeting.

There was discussion on the importance of the Rapid Access Frailty Clinic and members sought clarification that the service was available every day. Jane Grant stated that there had been a staffing challenge in relation to the provision of the clinic. NHS Forth Valley were focussed on ensuring that the service was staffed every day and confirmed that this would be prioritised over winter. By maintaining a consistent level of service, GPs would have more confidence to refer people to the clinic. Members asked why, if the clinic could be kept open daily during the time of most significant pressure on services, it could not maintain a consistent service at other periods. Jane Grant stated that work was ongoing to try and achieve this but that there was a finite resource of consultant man-power. The service had been given a higher staffing priority at all times.

The board asked for information on the role of volunteer drivers. Jane Grant stated that the service was still operational. There had been enhanced engagement with the Scottish Ambulance Service looking at the utilisation of the ambulance fleet across Forth Valley to focus on being more reactive to need and the use of independent providers had been discussed. Kathy O'Neill stated that volunteer drivers were used most frequently for outpatients rather than for discharges from hospital. Information on the use of volunteer drivers would be confirmed after the meeting.

The board then discussed the Safe Base initiative and asked if this had a positive impact on the number of admissions. Graham Foster advised that there was a positive impact on admissions. He stated that most Councils were looking to use a Safe Base in conjunction with the local Health Board. The service was highly effective as it helped to get people the most appropriate treatment.

Decision

The transitional board noted the report.

IJB11. Organisational Development Update

The Integration Joint Board considered a report by the Interim Chief Officer providing an update on the range of organisational and workforce development activity underway to support the IJB. The Associate Director of HR, OD & Learning provided an overview of the report highlighting that there would be an OD session for the board on 3 December at 12.30pm at Callendar House.

Decision

The transitional board noted the report.

IJB12. Scottish Government Consultations

The Integration Joint Board considered a report by the Chief Governance Officer appending two consultations for consideration by the board. The first consultation was from the Scottish Government regarding a proposal to make IJBs listed bodies for the purpose of the Scottish Public Services Ombudsman Act 2002. The second consultation was from the Scottish Government regarding a modification to the IJB Order. The Depute Chief Governance Officer provided an overview of the report.

The board discussed complaints handling and the need for guidance for members on what to do if they are given complaints directly. Tracey McKigen stated that there was work ongoing at a Forth Valley level on this and that information would be presented to a future meeting of the board.

Decision

The transitional board agreed to respond to the consultation on:-

(1) the Scottish Public Services Ombudsman Act 2002 with 'yes', and

(2) the modification of the Integration Joint Board Order with 'yes' and that no mandatory provision is required in the IJB Order in relation to conflict of interest as it is a matter that will be dealt with within the board's own Code of Conduct.

This paper relates to

Agenda Item 5

Report to: **Integration Joint Board**

Title/Subject: **Strategic Plan**

Date: **4 December 2015**

Submitted By: **Interim Chief Officer**

Action: **For Decision**

1. PURPOSE OF THE REPORT

1.1. The purpose of the report is to provide an update to the Integration Joint Board on the Strategic Planning arrangements.

2. RECOMMENDATION

The Transitional Board is asked to:

2.1. note the content of the report

2.2. consider the draft Housing Contribution Statement at section 6.8 for approval to consult as part of the Strategic Plan consultation.

3. BACKGROUND

3.1. The Board members are aware that the Integration Joint Board (IJB) is responsible for the preparation of a Strategic Plan in relation to the functions delegated to it by the Council and NHS Board. The Board is required to establish a Strategic Planning Group as part of the process to prepare the Strategic Plan for their area.

3.2. The IJB will oversee the development and delivery of the Strategic Plan for the integrated functions and budgets that they will be responsible for. The plan is to be prepared before the integration start day as defined in the Act, which will be no later than 1 April 2016.

4. STRATEGIC PLANNING GROUP

4.1. In line with legislative requirements, the Strategic Planning Group (SPG) has been involved in the development of the draft Strategic Plan. The group will

meet again on 15 January 2016 to consider the feedback from the consultation on the draft Strategic Plan. This will inform the development of the final plan for consideration by the Integration Joint Board.

4.2. The Strategic Planning Co-ordinating Group has continued to meet on a fortnightly basis to ensure the production of the draft Strategic Plan and easy read version. The group has also supported the engagement and consultation arrangements.

5. STRATEGIC PLAN

5.1. The preparation of the Strategic Plan is clearly defined in the Act and includes:
- the board prepare proposals for what the strategic plan should contain, and seek the views of its Strategic Planning Group on the proposals
- take account of any views expressed to prepare a first draft of the strategic plan, and seek the views of its Strategic Planning Group on the draft
- take account of any views expressed to prepare a second draft of the strategic plan for wider consultation in line with all prescribed consultees.

5.2. The draft Strategic Plan was approved for consultation by the Integration Joint Board on 6 November 2016.

6. HOUSING CONTRIBUTION STATEMENT (HCS)

6.1. Housing has an important role to play in the delivery of coordinated, joined up and person-centred health and social care services. Successful integration of health and social care services should provide for more people to be cared for and supported in a homely setting. Housing Contribution Statements (HCS) were introduced in 2013 providing an initial link between statutory housing strategic planning through the Local Housing Strategy and that of health and social care.

6.2. The Local Housing Strategy (LHS) is a legal requirement under the Housing (Scotland) Act 2001 and is the local authority's sole strategic document for housing which must set out it strategy, priorities and plans for the delivery of housing and related services. The Act states that the LHS must be supported by a Housing Need and Demand Assessment.

6.3. The first Housing Contribution Statement was developed in partnership with the group developing the Joint Strategic Commissioning Plan. As with the requirements at the time, it had a focus on older people. It was informed by gaps identified in the Local Housing Strategy 2011-16 resulting in the housing Change Fund projects and the requirement for an Older Peoples' Housing Plan. The first HCS was reviewed positively by Scottish Government. The second HCS for Falkirk is attached as appendix 1.

6.4. The Scottish Government have since issued a Housing Advise Note (HAN), which is attached at Appendix 2 for information. It is of relevance to IJB's and to

local authorities in their role as strategic housing and planning authority, and to Registered Social Landlords.

6.5. The advice note covers the key aspects of joint working arrangements that are required at local level between integration authorities and the housing sector. There will be a particular connection with local authorities and their statutory role as to strategic housing and planning authorities. Registered Social Landlords and other housing service providers are also vital partners in both the planning and delivery of housing, care and support services.

6.6. The second HCS takes the first HCS as a starting point and is informed by consultation with stakeholders including older people for the draft Older Peoples' Housing Plan and the analysis carried out for the second Housing Need and Demand Assessment. The draft Older Peoples' Housing Plan focuses on Council Housing with Care and services to assist an older person remain in their own home. The Housing Need and Demand Assessment is a legal requirement which must identify the contribution that Specialist Provision plays in enabling people to live well, with dignity and independently for as long as possible. It must identify any gap (s) / shortfalls in that provision and the future level and type of provision required.

6.7. With the establishment of the integration authorities and localities, Housing Contribution Statements now must become an integral part of the Strategic Plan. As a minimum they must set out the arrangements for carrying out the housing functions delegated to the integration authority under s(29)(2)(a) of the 2014 Act, and the expectation is that they will also, in accordance with s(29)(2)(c), set out an overarching strategic statement on how the integration authority intends to work with housing services, whether delegated to or not to deliver it's outcomes.

6.8. Housing services colleagues are involved in the Strategic Planning group and have developed a draft Housing Contribution Statement for the Falkirk area. This will form a discreet part of the Strategic Plan. The attached draft Housing Contribution Statement has been prepared in line with the suggested template contained within the housing advice note. The Integration Joint Board are asked to consider this for consultation as part of the Strategic Plan consultation exercise.

7. CONSULTATION AND ENGAGEMENT ARRANGEMENTS

7.1 Arrangements are in place to engage with key stakeholders and obtain feedback. This includes:

- Targeted sessions with key groups
- Distribution of the draft plan through global email distributions to employee groups, partner organisations and through meeting networks
- Web-based information including a web-based survey, which was also made available in paper format. This will be hosted on the NHS Forth Valley website with links to this from Falkirk Council website.

8. CONCLUSIONS

8.1. An Equalities Impact Assessment will be required for the Strategic Plan. The partnership will use a range of information to inform the EqIA, including the equalities data being collated as part of the Strategic Needs Assessment.

Approved for Submission by: Tracey Mckigen, Interim Chief Officer

Author: Suzanne Thomson, Programme Manager – Integration (Falkirk)
Date: 23 November 2015

List of Background Papers:
Transitional Board report: 6 February 2015 – Planning Requirements
Transitional Board report: 1 May 2015 – Strategic Planning
Transitional Board report: 5 June 2015 – Strategic Planning
Transitional Board report: 7 August 2015 – Strategic Planning
Transitional Board report: 4 September 2015 – Strategic Planning
Transitional Board report: 2 October 2015 – Strategic Planning
Integration Joint Board report: 6 November 2015 – Strategic Planning

The Scottish Government
Riaghaltas na h-Alba

Housing Advice Note

Statutory Guidance to Integration Authorities, Health Boards and Local Authorities on their responsibilities to involve housing services in the Integration of Health and Social Care, to support the achievement of the National Health and Wellbeing Outcomes.

Public Bodies (Joint Working) (Scotland) Act 2014

Health and Social Care Integration

Contents

The Aim of this Guidance

This Guidance is intended for use by Integration Authorities, Health Boards and Local Authorities. Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) requires Integration Authorities, Health Boards and Local Authorities to have regard to this guidance when exercising functions under the Act . This guidance focusses on housing services as an integral part of person-centred approaches and the wider delivery of health and social care integration.

This guidance applies especially to the preparation of Integration Authorities’ Strategic Commissioning Plans (section 5), which must include a Housing Contribution Statement (see section 7).

1. Introduction

1.1. The Scottish Ministers consider it essential that housing services are coordinated with health and social care in order to achieve joined-up, person-centred approaches.

1.2. The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland. The Act requires each Health Board and Local Authority to delegate some of its functions to an Integration Authority. One of the aims is to address challenges associated with the current health and social care system in Scotland, including the need to respond to an ageing population which will put increasing strain on demand led services and budgets. A key aim of integration is to shift the balance of care from acute to community-based settings, and to ensure services and resources can be used more flexibly to better meet need, including through earlier intervention to take future demand out of the system.

1.3. Secondary Legislation and Guidance, including advice notes, support the arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. **This Housing Advice Note (HAN) is statutory guidance to Integration Authorities, Health Boards and Local Authorities under the Public Bodies (Joint Working) (Scotland) Act 2014.** It applies especially to the preparation of Integration Authorities' Strategic Commissioning Plans, which must include a Housing Contribution Statement (see section 7). It is also of relevance to Local Authorities in their role as the strategic housing and planning authority, and to other housing organisations such as Housing Associations[1].

2. The Role of Housing in the Integration of Health and Social Care

2.1. Local Authorities, Housing Associations and other housing organisations can make a contribution to the achievement of many of the National Health and Wellbeing Outcomes. For example, Outcome 2:

> *'People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community'*.

[1] Or 'Registered Social Landlords'

2.2. Successful integration of health and social care services should provide for more people to be cared for and supported at home or in a homely setting. Outcome 2 aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against inappropriate admission to hospital or long term care settings. It recognises that independent living is key to improving health and wellbeing, and responds to the Scottish Ministers' commitment to support the reshaping of services to better care for and support the increasing number of people with complex needs.

2.3. The housing sector has for many years contributed positively to improving health and well-being across our communities. However this now has to be taken to a new level to respond to the emerging challenges. For example it is not only about enabling independent living for people, but also being more effective in preventing admissions to hospital, alleviating delayed discharge and contributing to tackling health inequalities affecting the population.

2.4. Housing organisations have a track record of providing holistic support to tenants, residents and homeless people, which makes them well placed to align their services with integrated health and social care services. Examples of housing services which contribute to the achievement of the Health and Wellbeing outcomes include:

- Providing and maintaining modern homes which meet the diverse needs of tenants, including those with particular needs;
- Arranging and undertaking adaptations to council and Housing Association homes, and helping owners and private tenants to fund and undertake adaptations; providing preventative services such as Care and Repair and "handyperson" schemes;
- Repairing and upgrading social rented housing;
- Providing technology and telecare to help people manage their lives at home;
- Ongoing housing support to those who need help to manage their life in their home; this can range from low level activity (such as tenancy support) to more intensive support for those with complex needs. It can be provided by social landlords[2] and other organisations to tenants and others in housing need.
- Giving advice to those facing difficulties with their housing, including those facing increasing frailty and those at risk of homelessness; this can include advice on housing choices, welfare advice, advocacy support, befriending services, and assistance in finding alternative housing.

[2] Local Authorities and Housing Associations

- For those who do become homeless, providing emergency accommodation, temporary accommodation and settled accommodation, in each case with the appropriate level of housing support;
- Providing housing and tenancy support to young people leaving care as well as access to other services.

2.5. This Advice Note covers the key aspects of joint working arrangements that are required at local level between Integration Authorities and the housing sector. There will be a particular connection with Local Authorities in their statutory role as strategic housing and planning authorities. Housing Associations and other housing service providers are also vital partners in both the planning and delivery of housing, care and support services.

2.6. The remainder of this Advice Note focuses on the main areas of importance in regard to joint working with the housing sector. These are:

- Delegated and non-delegated housing functions (Section 3)
- Some key housing functions of particular relevance (Section 4)
- The Strategic Commissioning Plan and the role of Housing (Section 5)
- Locality Planning and the role of Housing (Section 6)
- The Housing Contribution Statement (Section 7)

2.7. In some sections a box highlights the key advice points to follow in relation to joint working with the housing sector.

3. Delegated and non-delegated housing functions

3.1. The wide variety of housing services outlined in paragraph 2.4 is delivered by Local Authorities, Housing Associations and other organisations in the public, private or voluntary sectors. While some housing functions of Local Authorities must be delegated, many housing functions will remain outwith the formal responsibilities of Integration Authorities.

Delegated housing functions

3.2. The 2014 Act provides the statutory framework for driving forward these changes and is supported by a set of regulations that prescribe the housing-related functions that **must** be delegated by a Local Authority. In addition the regulations set out where Local Authority housing-related functions **may** be delegated subject to local agreement.

A. Housing- related functions that "must be" delegated		
Act	**Section/s**	**Functions**
Housing (Scotland) Act 2001	Section 92(2)(a)	Provision of assistance to registered social landlords in relation to provision and improvement (etc) of housing, but **only in so far as it relates to an aid or adaptation**.
Housing (Scotland) Act 2006	Section 71(1)(b) (2)(e)&(f):	Provision of assistance to any person for housing purposes, **but only in so far as it relates to an aid or adaptation**.
Local Govt & Planning (Scotland) Act 1982	Section 24	Provision of gardening assistance for people with disabilities and to older people
Social Work (Scotland) Act 1968	Section 12	Assessment of need and provision of social welfare services including residential care, personal care and housing support. (**NB: *Housing Support is a 'must' be delegated function only in so far as it is provided in conjunction with personal care***).

B. Housing-related functions that "may" be delegated		
Act	**Section/s**	**Functions**
Housing (Scotland) Act 1987	Sections 4, 5 and 5A and Part II	Power of local authority to provide furniture, etc. Power of local authority to provide board and laundry facilities; Power of local authority to provide welfare services; Functions in relation to homelessness
Housing (Scotland) Act 2001	Sections 1, 2, 5, 6, 8 and 92	Homelessness strategies; Advice on homelessness; Duty of registered social landlord to provide accommodation; Duty of registered social landlord: further provision; Common housing registers; Housing support where it provides assistance to sustain accommodation rather than personal care

3.3. Where a function is delegated by the Local Authority, the Integration Authority takes on full responsibility for planning and directing the delivery of that service, and for allocating the associated budget.

Joint working with regard to non-delegated housing functions

3.4. **The need for coordination between health & social care and housing services applies also to housing functions which have not been delegated**, or indeed which cannot (under the Act) be delegated. It remains necessary to engage with their local housing sector and jointly drive forward the housing contribution to better health and well-being among the population.

3.5. Sometimes this will require a rebalancing and reprioritisation of existing services; at other times it may require innovative solutions, for example to enhance preventative care – whether funded by the Integration Authority or from housing resources. The organisational diversity, skills, experience and partnership structures within the housing sector provide a solid foundation for Integration Authorities to engage with housing organisations to find new and innovative solutions to meet local needs.

4. Some key housing functions of particular relevance

4.1. This section provides information about key housing services which must or may, in part, be delegated by the Local Authority: adaptations, aids and equipment; housing support; and homelessness services. A good source of evidence on the scale of current, and future provision, of these items can be found in Local Authority Housing Need and Demand Assessments.

Adaptations, aids and equipment

4.2. The provision of adaptations, aids and equipment under the Housing (Scotland) Acts 2001 and 2006 must be delegated. This means that Integration Authorities will take on responsibility in relation to adaptations provided to council tenants and those living in the private sector such as home owners and private renters, as part of the planning and direction of integrated health and social care services.

4.3. Currently there are different arrangements for funding adaptations for tenants of Housing Associations, which are directly supported by the Scottish Government.

4.4. Further information can be found in a separate Advice Note about Adaptations, Aids and Equipment.

Housing Support

4.5. Housing support services have developed over a number of years as a response to a wide range of needs, with the aim of helping people to live independently in the community. Recipients of housing support services cover a wide range of population needs including the homeless, people with mental health issues, disabilities, older people and young people.

4.6. Housing support services can be delivered in conjunction with personal care and support services, and where this happens the housing support service will be planned and directed, alongside integrated health and social care services, by the Integration Authority. Examples of such services include care at home and support services for people with learning disabilities, mental health problems and / or dementia, delivered in their own homes, sometimes on a 24 hour basis. There are other types of housing support service which do not involve personal care and it will be the decision of Local Authorities as to whether or not they delegate their planning and delivery of these services to the Integration Authorities. Examples of such services include resettlement services, supported accommodation for people who are homeless, sheltered housing services and women's refuges.[3]

4.7. Overall to achieve improved outcomes across the population it is important that Integration Authorities and strategic housing authorities work closely together on key aspects of housing support including:

- Assessing the range of housing support needs across the population and understanding the link with health and social care needs;
- Identifying common priorities that are reflected in both the Local Housing Strategy and Strategic Commissioning Plan (see also section 5 below);
- Identifying and making best use of resources to meet the housing support needs of the local population.

Homelessness services

4.8. The Act allows for the delegation of various homelessness functions by a Local Authority. The delegation of these functions is **not** mandatory.

[3] See also the Care Inspectorate's description of Housing Support services in Inspecting and improving care and social work in Scotland, page 91

However, whether the services are delegated or not, it is imperative that Integration Authorities and strategic housing authorities work closely together on improving outcomes for homeless households, given the acknowledged link with health inequalities. Improved joint working is required on:

- Assessment of the housing, health and social care needs of the homeless population;
- Formulation and delivery of homelessness strategies and the link with the Strategic Commissioning Plan;
- Joint commissioning of advice and support services for homelessness, making best use of the resources available.

Conclusion

4.9. Specifically in relation to adaptations, housing support and homelessness the expectation is that the new strategic planning process for health and social care provides an opportunity to bring together a joint focus on priorities and shared outcomes, and highlight more clearly the housing contribution.

Key Points on Adaptations, Housing Support & Homelessness

- ✓ Adaptations services for council tenants and those living in the private sector must be delegated in tandem with a focus on improving planning and delivery across all tenures.
- ✓ Integration Authorities, Health Boards and Local Authorities need to consider the arrangements for improved joint working on homelessness and housing support.
- ✓ A joint analytical capacity needs to be developed to improve understanding of housing, health and support needs of specific population groups.
- ✓ Joint priorities, resourcing and commissioning for homelessness and housing support should be developed and articulated through both the Local Housing Strategy and Strategic Commissioning Plan.

5. The Strategic Commissioning Plan and the role of Housing

5.1. Strategic planning is a vital part of ensuring that public services remain focussed on the needs of the population, perhaps especially at times when services are being reshaped. Both for housing and for health and social care, the respective legislation sets out specific requirements for strategic planning. This section summarises the main points and describes how planning for housing services and for health & social care can be better aligned.

The Strategic Commissioning Plan

5.2. The Integration Authority must prepare and produce a Strategic Commissioning Plan, or SCP (referred to in the Act as a "strategic plan"). This plan will have a 3 year life-cycle and provide the strategic context for the commissioning of services as directed by the Integration Authority. All delegated functions must be included within the plan and an annual financial statement provided. The plan will set out how the delegated functions will be delivered and the resource allocation to support the achievement of national and local health and well-being outcomes.

5.3. The Strategic Commissioning Plan Guidance provides a framework for the operation of the strategic commissioning function by the Integration Authority. Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, linking investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. The Guidance states that the SCP should ensure correlation with other local policy directions as outlined in, for instance, Single Outcome Agreements, NHS Local Delivery Plans, **Housing Strategies**, NHS Clinical Strategies, community plans and other local corporate plans.

The Local Authority's Local Housing Strategy

5.4. The Local Housing Strategy is a Local Authority's strategic document for housing and housing services. The Housing (Scotland) Act 2001 sets out the strategic responsibilities of Local Authorities to:

- Prepare a Local Housing Strategy (LHS) and keep it under review;
- Assess housing needs, demand and condition, including for specialist housing and housing related services (Local Authorities collate evidence on this in Housing Need and Demand Assessments including on accessible and adapted housing, wheelchair housing, and housing support services for independent living);
- Assess the level of homelessness and produce a homelessness strategy. (In most cases, the homelessness strategy will form part of the LHS.)

5.5. The Housing (Scotland) Act 2006 also introduced a requirement for a Local Authority to include as part of their LHS a strategy detailing a Scheme of Assistance – for improving the condition of houses. This Scheme of Assistance outlines how a Local Authority will help people living in private sector housing (home ownership or private renting) to repair and maintain their homes as well as adapt them to meet their needs (i.e. adaptations services).

5.7. The Scottish Government published updated LHS Guidance in August 2014 which, among other things, includes a specific focus on specialist housing and independent living, including the role of housing in health and social care integration. It emphasises the need for strategic planners in both the Local Authority housing and planning functions to engage with health and social care planners to share evidence, identify needs and plan solutions for those with 'specialist' needs. It highlights the importance of involving stakeholders in the strategic housing planning process undertaken by Local Authorities. These include social services, the NHS and Housing Associations as well as tenants and residents.

Coordinating the SCP and the LHS

5.8. It is clearly desirable for there to be strategic coordination between the expressed approaches of the SCP and the LHS as they relate to health and housing. Three requirements to support this coordination are: the involvement of housing representatives in the Integration Authority's Strategic Planning Group and localities; shared work on the Needs Assessments underpinning the two strategies[4]; and the production of a Housing Contribution Statement by each Integration Authority, as part of its Strategic Commissioning Plan, to explain how services have been aligned.

5.9. An Integration Authority is obliged by the legislation to establish a **Strategic Planning Group** (SPG) for its area, for the purposes of preparing the SCP. In addition the Integration Authority is required to involve a range of relevant stakeholders, including "non-commercial providers of social housing" and other interests. Housing stakeholders should therefore be fully involved, informed and consulted on the SCP.

[4] The Joint Strategic Needs Assessment (JSNA) and the Housing Need and Demand Assessment (HNDA)

5.10. Underpinning the strategic commissioning plan will be **a Joint Strategic Needs Assessment (JSNA)** analysing the needs of local populations to inform and guide the commissioning of health, wellbeing and social care services within the area. The main goal of a JSNA is to accurately assess the care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities. Given the strong focus on the importance of home to better health and well-being outcomes, it is imperative that the interaction between housing, health and social care needs within the local population is considered.

5.11. There may be opportunities to use evidence of need, collated through the JSNA, as part of the evidence for a Housing Need and Demand Assessment, and vice versa.

5.12. The Joint Improvement Team has published a User Guide for assessing the housing related needs of older and disabled households. The guide's primary purpose is to improve analytical capacity in strategic housing planning and understand better the impact on health and well-being. It has also been designed as a tool in 'making connections' across the housing, health and social care sectors to:

- Develop a deeper shared understanding of local population dynamics and communities, the services and assets that exist and how these are distributed across the local area;
- Broaden understanding of the structure and features of housing and neighbourhoods and how these facilitate or hinder individuals to live independently for as long as possible;
- Assess the potential role of specialist housing and well-designed mainstream housing for older and disabled households to inform the setting of joint local strategic priorities;
- Consider ways in which housing providers could reach people before they require more costly, long-term interventions and contribute to the goal to deliver locally appropriate preventative intervention and services.

5.13. Closer alignment of the LHS and the SCP will improve joint understanding of the housing, health and social care needs of individuals and their families and the provision of services by Integration Authorities, Local Authority Housing, Housing Associations and others. **A Housing Contribution Statement, forming a discrete part of the SCP, is required to provide this bridge to the LHS**. Section 7 of this Advice Note gives more details.

Key Points on the SCP and the role of Housing

- ✓ The Integration Authority should involve the Local Authority Chief Housing Officer in current and future discussions on health and social care integration
- ✓ The lead officer/s responsible for the development and implementation of the Local Housing Strategy should be involved in the development of the SCP and the Joint Strategic Needs Assessment (JSNA).
- ✓ The JSNA may consider and draw upon the housing needs and demand evidence outlined in the Local Housing Strategy.
- ✓ In areas where the Local Authority has transferred all its housing stock to a Housing Association, there should be agreement between the Integration Authority and the local housing sector (LA and Housing Associations) on arrangements for representation and input into the Strategic Commissioning Plan process.
- ✓ Best practice would point to a need for the Strategic Planning group in all areas to have at least two housing representatives – one from the Local Authority and one from a Housing Association.

6. Locality Planning and the role of Housing

6.1. The development of **Locality Planning** arrangements is an essential part of the integration agenda. By virtue of section 23(3), all Strategic Commissioning Plans prepared under the Act require to make provision about localities, and Guidance emphasises that they must reflect closely the needs and plans articulated at locality level. All Integration Authorities will have at least two localities as part of their local arrangements for planning and delivering services and these interests must be represented on the overall Strategic Planning Group.

6.2. Once the localities are established, it is imperative that the wider housing sector is involved in both shaping and delivering the Locality Planning arrangements. Housing organisations such as Housing Associations plan and deliver services at locality and neighbourhood level and have an important role in shaping the joint service response to meet housing, health & social care needs. Housing Associations have also the capability and experience of delivering a wide range of innovative housing, care and other services that positively impact on health and well-being. In many localities they play a pivotal role in shaping and regenerating communities. Consideration should also be given to the involvement of users of housing services and their representatives such as tenants and resident groups in Locality Planning.

Key Points on Locality Planning & the role of Housing

- ✓ The wider housing sector such as Housing Associations should be involved in Locality Planning arrangements.
- ✓ Consider the involvement of tenants and residents groups in Locality Planning.

7. The Housing Contribution Statement

7.1. Housing Contribution Statements (HCS) were introduced in 2013 and provided an initial link between the strategic planning process in housing at a local level and that of health & social care. At that time the HCS had a specific focus on older people and most Local Authorities based their initial HCS on their existing Local Housing Strategy.

7.2. With the establishment of Integration Authorities and localities, Housing Contribution Statements **now become an integral part of the Strategic Commissioning Plan**, and need to be expanded and strengthened accordingly. As a minimum they must set out the arrangements for carrying out the housing functions delegated to the Integration Authority under s29(2)(a) of the 2014 Act, and the expectation is that they will also, in accordance with s(29)(2)(c), set out **an overarching strategic statement of how the Integration Authority intends to work with housing services, whether delegated to it or not, to deliver its outcomes**.

7.3. This guidance sets out the new requirements for Housing Contribution Statements. The HCS will now set out the role and contribution of the local housing sector in meeting the outcomes and priorities identified within the Strategic Commissioning Plan. It is the responsibility of the **Integration Authority** to ensure that the HCS is in place as part of the Strategic Commissioning Plan. In practical terms, given the link to the LHS, it is anticipated that the strategic housing authority will assist closely in this, and that the strategic housing authority will make arrangements for the wider housing sector (i.e. Housing Associations) to contribute too.

7.4. LHS Guidance highlights the importance of the HCS to the strategic housing role of a Local Authority. The HCS can be seen as the 'bridge' between a Local Housing Strategy and the Strategic Commissioning Plan. In essence the expectation is that a seamless strategic process develops that is focused on shared outcomes, priorities and investment decisions that positively contribute to health and well-being.

7.5. The HCS therefore must:

- Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health & social care;
- Provide a short overview of the shared evidence base and key issues identified in relation to housing needs and the link to health and social care;
- Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy;
- Set out the current and future resources and investment required to meet these shared outcomes and priorities, and identify where these will be funded from the integrated budget and where they will be funded by other (housing) resources;
- Provide an overview of the housing-related challenges going forward and improvements required.
- Cover key areas such as adaptations, housing support and homelessness. It will also need to articulate the housing contribution across a wide range of groups including older people and those with disabilities, mental health and addictions

7.6. Annex 1 provides a suggested template for completion of a Housing Contribution Statement.

Key Points on the Housing Contribution Statement

- ✓ The Integration Authority must put in place a Housing Contribution Statement as part of the Strategic Commissioning Plan.
- ✓ The HCS should as a minimum cover:
    a. The role of housing in the governance structures for health & social care integration;
    b. The shared evidence base and key housing issues related to health and social care (mirrored across the SCP and LHS);
    c. The shared outcomes and service priorities for housing, health & social care;
    d. The current and future housing resource and investment contributing to meeting these outcomes and priorities;
    e. An overview of future challenges and improvements required.
- ✓ Local Authorities should ensure that Housing Associations and other housing organisations such as Care and Repair services working in the local area are able to contribute to the HCS.
- ✓ While the HCS is the responsibility of the Integration Authority, good practice is that it should be signed off by the Local Authority Chief Housing Officer as well as the IA Chief Officer.

8. Further Information and Assistance

8.1. A range of Guidance has been produced in order to help facilitate the integration of health and social care. The full range can be accessed here.

Annex 1

Suggested HCS format template

HCS Theme	**The Local Housing Contribution**
1. Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health & social care. *(Note 1)*	
2. Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health & social care needs. *(Note 2)*	
3. Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy. *(Note 3)*	
4. Provide an overview of the housing- related challenges going forward and improvements required. *(Note 4)*	

5. Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's integrated budget and where they will be funded by other (housing) resources. *(Note 5)*	
6. Additional Statement by Integration Authorities. *(Note 6)*	

Note 1: Integration Authorities are required to set out the involvement and role of the Local Authority Housing Service, Housing Associations and other housing providers and interests in the governance arrangements for the Health & Social Care Partnership. This should be set out clearly taking into account the various levels of potential involvement in relevant structures such as the Integration Authority, Strategic Planning and Locality Planning. It could also include reference to wider consultation or partnership structures with the housing sector.

Note 2: This should briefly highlight the connection between evidence assembled through the Joint Strategic Needs Assessment and the Housing Needs and Demand Assessment (and any associated local housing evidence). It should identify the main housing-related issues for various groups that require a housing contribution to improve health and well-being. For example older people, homeless, disabled people, mental health or other relevant groups. It should also outline any gaps in the joint evidence base and proposals for addressing these.

Note 3: This section should highlight the direct link between the outcomes and service priorities identified in the Strategic Commissioning Plan and the Local Housing Strategy. It should be clear how the housing sector is going to contribute to meeting the outcomes and service priorities in the SCP (which in turn should reflect the contribution to the nine national health and well-being outcomes). Consideration of potential changes to housing services and provision should be part of this.

Note 4: This should set out any challenges identified in the housing system and among providers in improving the housing contribution to health and well-being. Proposals for addressing these challenges should be clearly articulated.

Note 5: This should outline the impact on resources and investment required to deliver the HCS element of the SCP. Consideration should be given to both services and the bricks and mortar element of housing both currently and in the future (at least over the 3 years of the SCP). It should clearly identify key housing resource and investment areas required to implement the SCP and deliver associated shared outcomes and priorities. Examples would include activities associated with adaptations, homelessness and housing support as well as any planned new housing provision to meet particular needs.

Note 6: This section is for Integration Authorities to provide any other additional information that in their view is relevant for their Housing Contribution Statement.

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[i]**Housing Contribution Statement – final draft 6th November 2015**

1.) Briefly articulate the role of the local housing sector in the governance arrangements for the integration of health and social care (Note 1)	
Outcomes relevant to the housing contribution	In relation to strategic planning, the Local Housing Strategy (LHS) is the sole housing strategic document for the local area. The LHS 2011-16 highlighted 5 key areas in relation to older people and those with disabilities; • There needs to be a co-ordinated approach between housing, social care and health to enable older people to live in the community for longer • There is a need for accommodation for older people with particular needs • The current model of housing with care does not meet current aspirations • There is an increasing demand for aids, adaptations, support and advice • There have been in technology to enable people live in their own home which should be utilised Investment in specialist housing, housing improvements, care & repair services, adaptations & equipment and housing support services has significant potential to bring about positive health and quality of life outcomes for older people and their carers. These services are delivered by Housing Services working in partnership with housing associations (Registered Social Landlords or RSLs), Scottish Government and other council services. Falkirk Council's Head of Housing and representatives from RSLs are represented on the Strategic Planning Group of the Integration Joint Board.
2. Provide a brief overview of the shared evidence base and key issues identified in relation to housing needs and the link with health & social care needs *(Note 2)*	
Older people	*Summary of evidence*
	<u>Population</u> The number of people over retirement age is projected to increase by 72% between 2012 and 2037 and by 175% for those aged over 85. (Census 2011 and National Record Scotland 2014 based household projections). The majority of older people live in social rented or owned properties; however, there are an increasing numbers of older people living in private rented sector housing[1]. Information from the Scottish House Condition survey highlighted that significant numbers of older people live in housing with disrepair[2]. <u>Dementia</u> Locally there are 1304 people with a diagnosis of dementia (Information Services Divisions Quality and Outcomes Framework). Research suggests that dementia is more prevalent

[1] Scottish House Condition Survey (SHCS) 2013: http://www.gov.scot/Topics/Statistics/SHCS
[2] Scottish House Condition Survey (SHCS) 2013: http://www.gov.scot/Topics/Statistics/SHCS

with ageing and estimates nationally 96% of those with a diagnosis are over 65 (Scotland's National Dementia Strategy 2013-16)[3].

Across Scotland the number of people with dementia is projected to double from 2011 to 2031. The % change locally is anticipated to be similar to the national estimate as the projected population increases are similar locally and nationally (Scotland's National Dementia Strategy 2013-16).

Most people with dementia live in the community[4], initially with the help of relatives and friends, and latterly with support from health and social care services. As a result, people with dementia live in all types of housing. The design of their home will mean that many people with dementia will struggle. If housing is designed well, it can extend the amount of time a person with dementia can remain at home. It can also reduce the sort of adverse incidents that lead to hospital admissions, which in themselves often result in a move to residential care. This is a progression that most people want to avoid, or at least delay as long as possible. In addition to improving housing design, housing providers can now equip their staff to support people who live at home with dementia. The Dementia Services Development Centre also provides best practice on how workers can support people with dementia to live at home with dementia.

<u>Specialist accommodation</u>
There continues to be low demand locally for the 1560 housing with care (HwC)/specialist housing properties with 309 people registered for this accommodation (Falkirk Council (2015) Draft Older Peoples' Housing Plan). In addition some properties are not suitable for HwC 3 as they are upper flats and/ or have external stairs (Falkirk Council (2015) Draft Older Peoples' Housing Plan).

Information supplied by Social Work Adult Services over the last 4 months in relation to delayed discharge for housing reasons indicates on average there are 3 cases (June – October 2015). This can be due to their current home no longer being suitable or awaiting disabled adaptations to their existing home.

There is an increasing demand for disabled adaptations (see section on physical disabilities) for older people due to the correlation between old age and physical disability[5].

<u>Care at Home</u>
In relation to Home Care, the local figures deviate from the national average over the period 2000-14. The numbers of people receiving home care are increasing locally whereas nationally they are decreasing. There are also a higher percentage of younger people receiving home care locally which increased 2000-14, whereas nationally this decreased (Scottish Government Health and Community Care datasets)[6].

[3] Scotland's National Dementia Strategy 2013-16: http://www.gov.scot/Resource/0042/00423472.pdf
[4] The Dementia Services Development Centre (2013) Improving the design of housing to assist people with Dementia University of Stirling
[5] Scottish Government (2011) National Strategy for Housing for Older People, Scottish Government, Edinburgh
[6] Scottish Government, Social Care Services 2014: http://www.gov.scot/Publications/2014/11/1085/downloads

	Locally the numbers of clients and hours of homecare received in Council HwC varies by development and not solely by level of HwC (Falkirk Council (2015) Performance and Information Strategic Support Unit Children's Services). Identifying people who may need support or housing with care "cannot be done directly consequently proxies must be found" [7]. One proxy is the number of people eligible for Attendance Allowance (AA)[8] . There has been an increase locally of 15% in AA over 2002-10. This is above the national figure of 13% (Department of Work and Pensions and National Records Scotland Mid-Year Estimates).
	Housing Issues
	Housing aspirations are changing and there is a move to support people to remain in a homely setting rather than in hospitals/ care homes[9]. Increasing numbers of older people live in private housing therefore it is important to access advice/ assistance organising repairs, providing housing options advice, assistance with financial advice etc. People with dementia live in a range of house types therefore the design of homes can impact on how long someone can live there. There is a need to both explore how design for new build housing and how training for housing, health and social care workers could assist someone with dementia remain at home. There is no specialist housing advice locally for older households and/ or formal procedures in place with providers. There is a potential need for Extra Care housing locally. There is a need to revise the existing model of housing with care for older people locally. There is a need to streamline procedures for disabled adaptations (see section on physical disabilities and question 3).
	Gaps/ Proposals
	<u>Older People's Housing Plan 2016-18</u> A number of recommendations are included in the draft Older People's Housing Plan which once approved should be progressed, including • Jointly develop a single housing, social care and health support/ accommodation assessment tool *(National Outcomes 3, 4, 9 Local*

[7] Bale, G (2010), The impact of population ageing on housing in Scotland, Scottish Government, Edinburgh
[8] Fenton, A, Markhanen, S, (2009), Older people: modelling housing need and demand and supply of potentially suitable housing, care and support services, Centre for Housing and Planning Research, University of Cambridge (unpublished)
[9] Scottish Government (2011) National Strategy for Housing for Older People, Scottish Government, Edinburgh

	Outcomes - 3, 4) • Review existing bedsit accommodation and consider options for redesign *(National Outcomes 3, 4, 9 Local Outcomes -2,3,4)* • Look at core and cluster models of housing *(National Outcomes 3, 4, 9 Local Outcomes -3,4, 5)* • Develop housing option advice specifically for older people's housing (*(National Outcomes 3, 4, 9* Local *Outcomes 1,2,4,5)* • Increase awareness of services such as energy advice and handyperson/small repair scheme *(National Outcomes 3, 4, 9 Local Outcomes 1, 2, 3, 4, 5).* <u>Extra Care Housing</u> It is suggested that the Integration Joint Board commission research to identify if there is a need for Extra Care housing. If so it will be necessary to quantify the number of properties and the cost of Extra Care housing which will be required. Any additional funding would have to be agreed. (*National Outcomes 2, 3, 4, 9 Local Outcomes 4, 5).* <u>Specialist Advice Services</u> It is suggested the Integration Board commission work to do the following: • Scope what specialist advice services are available *(National Outcomes 1, 2, 3, 4,5,6, 8,9 Local Outcomes 2, 4,5);* • Identify if they are fit for purpose *(National Outcomes 1, 2, 3, 4,5,6, 8,9 Local Outcomes 2, 4,5);* • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies *(National Outcomes 8,9 Local Outcomes 1, 4,5);* • Formalise referral procedures *(National Outcomes 3, 6, 8,9 Local Outcomes 1, 4,5);* • Report outcomes on referrals made *(National Outcomes 3, 6, 8,9 Local Outcomes 1, 4,5)* • *Exploring how housing design (particularly for new build)could assist someone with dementia remain in the community for longer (National Outcomes 1,2, 3, 6, 8,9 Local Outcomes 2, 3,4,5);* • *Exploring how training for housing, health and social care workers could assist someone with dementia remain at home for longer (National Outcomes 3, 6, 8,9 Local Outcomes 2, 3, 4,5).* <u>Adapting for Change</u> It is proposed that the disabled adaptations Adapting for Change project is progressed (see section below on physical disabilities). This is being carried out in conjunction with the Joint Improvement Team *(National Outcomes 1,2,3,4,5,7,9 Local Outcomes 3, 4, 5).*
Physically Disabled people	*Summary of evidence*
	Disabled people are significantly over-represented in the social rented sector (56%). They are also more likely to be pensioners (54%). In Falkirk this is slightly below the Scottish figures at around 45% of disabled people who are social sector tenants and 45% are pensioners.

	Within the Council area it is estimated that 2% of properties require adaptations (SHCS 2013). There are around 300 people with medical priority who may require rehousing (Falkirk Council 2015 Integration Housing Management System). Research[10] undertaken for Horizon Scotland and Chartered Institute of Housing (CIH) estimated a total number of 119,800 wheelchair users in Scotland, of whom 17,000 had unmet housing needs. According to the national 2009 Scottish House Condition Survey 3% of households in Scotland reside in the Falkirk area. It can therefore be reasonable to estimate that 3% of the 17,000 wheelchair users with an unmet housing need in Scotland can be found in Falkirk. This gives a total of 510 all tenure units needed locally. This figure compared to the local figure is more robust as it covers all tenures. Based on above research and analysis it is estimated that there is an all tenure need for 510 wheelchair units[11]. All ground floor new build Council properties in new build have been fully adapted and allocated to those requiring the adaptation.
	Housing issues
	Issues for people with disabilities accessing suitable housing in the social rented sector include: • Identifying suitable housing in the areas they want to live; • Property design may not meet specific needs of individual, particularly wheelchair users; • There is no Common Housing Register locally and applicants have to apply directly to all Registered Social Landlords (RSLs) with stock if they require such housing. There is no specialist housing advice locally for households with physical disabilities. There is a need to streamline procedures for disabled adaptations with partners on the Adapting for Change project (see question 3).
	Gaps/ Proposals
	Specialist Advice Services It is suggested that the Integration Joint Board commission work to do the following: • Scope what specialist advice services are available *(National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5);* • Identify if they are fit for purpose *(National Outcomes 1,2,3,4,5,6,8,9 Local*

[10] Watson L et all (2012) Mind the Step: an estimate of housing need among wheelchair users in Scotland (Horizon Housing and CIH Scotland) p31

[11] Watson L et all (2012) Mind the Step: an estimate of housing need among wheelchair users in Scotland (Horizon Housing and CIH Scotland) p31

	Outcomes 2, 4,5); • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies *(National Outcomes 8,9 Local Outcomes 1, 4,5);* • Formalise referral procedures *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);* • Report outcomes on referrals made *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);* *Housing supply targets* The need for additional accessible and wheelchair housing will be highlighted in the new Housing Need and Demand Assessment and inform housing supply targets set in the new Local Housing Strategy *(National Outcomes 1,2, 4,5, 7, 9 Local Outcomes 2,3,5).* *Disabled adaptations* To progress Adapting for Change with the project Steering Group (see question 3).
Homeless	*Summary of evidence*
	Recent trends show homeless presentations and households in temporary accommodation have fallen over the period 2010-15 (Scottish Government Homelessness statistics). A contributing factor to the overall decline is "housing options" initiatives. Also locally another reason for the decline is prevention work by Falkirk Council i.e. support services and money advice. Over the period 2009/10-2014/15, the highest % group assessed as homeless are single people (63%) this is below the national average (67%). The next largest group being single parents (26%) which is above the national average (21%) (Scottish Government Homelessness statistics). Over the period 2009/10 to 2015/15, the main age group presenting as homeless are the 26-59 age group (circa 58%) followed by the 18-25 age groups (circa 30%). Applicants aged 16-17 (circa 7%) and 60 plus (circa 2%) have consistently been the two age groups with the lowest representation. Many homeless people have complex housing needs and require an individually assessed package of housing support to help them sustain their tenancies. There is a pilot scheme for the Castings hostel and for single males over 25. The assessment period is initially for 56 days but will move someone on quickly to temporary accommodation if they display signs of being able to sustain a tenancy prior to that. Supported accommodation is provided by Y-People and Garry Place (young people), Inchyra (mental health), and Loretto block at Kingseat Ave. These all take in both males and females. Accommodation with support is provided at Kingseat Avenue which also accepts families.

	Housing support is provided and other referrals are made if other services are appropriate. Support assessments are carried out at point of homeless presentation if a support need is identified. Applicants are offered a support assessment which is now a legal requirement. Falkirk Council Housing Services Access to Housing team provides generic housing supported accommodation therefore any specific need out this remit is a Social Work function, for example people with learning disability. In addition Falkirk Council provides supported accommodation for adult males at the Castings Project and Reach Out support within temporary and permanent accommodation.
	Housing Issues
	There continues to be a shortfall of affordable housing (see below). This relates to increasing household numbers, the downturn in the market, difficulties accessing mortgage finance and low wage increases/ zero hours contracts. This all puts pressure on affordable housing options. In relation to temporary and supported accommodation, there is a pilot scheme currently on-going. There is also a review of all temporary accommodation (see sections on learning disability and mental health).
	Gaps/ Proposals
	Work is on-going to produce the new Housing Need and Demand Assessment. Based on work to date, it is estimated that there will be a shortfall of around 200 affordable housing units. This work will inform housing supply targets which will be set in the new Local Housing Strategy and actions in the LHS to increase the supply of affordable housing (Local Outcomes 5). The temporary and supported accommodation review outcomes will inform future delivery and priorities set in the new Local Housing Strategy (Local Outcomes 5) .
Other relevant groups	*Summary of evidence*
Learning disabilities	There has been an increase of 21% in the people with learning disabilities known to the local authority over 2011-14. Around 20% of those are aged over 60[12]. The majority are aged between 31 and 59 (43%). The majority of people with a learning disability receiving services locally live in mainstream accommodation (58%)[13] and research suggests that the majority wish to remain in mainstream housing[14].

[12] Falkirk Council (2015) Performance and Information Strategic Support Unit Children's Services

	Housing Issues
	It is important that people with LD can access: *housing options advice; *housing adaptations * accessible or mainstream housing as required *housing support and care services Inchyra Place is used as accommodation for people with mental health and complex needs (this can include learning difficulties) whilst being assessed as homeless. As part of this, consideration is given to identifying support needs and appropriate accommodation. The latter can be either mainstream accommodation or specialist accommodation. Specialist accommodation is accessed through Social Work Adult Services following a Community Care Assessment.
	Gaps/ Proposals
	<u>Specialist Advice Services</u> It is suggested that the Integration Joint Board commission work to do the following: • Scope what specialist advice services are available *(National Outcomes 1, 2, 3, 4,5,6, 7, 8,9 Local Outcomes 2, 4,5);* • Identify if they are fit for purpose *(National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5);* • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies *(National Outcomes 8,9 Local Outcomes 1, 4,5);* • Formalise referral procedures *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);* • Report outcomes on referrals made *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);*
Mental health issues	*Summary of evidence*
	The majority of people with mental health issues locally who are receiving services live in mainstream accommodation (68% - Social Care Survey 2014). Around 10% of households applying as homeless cite mental health issues which is below the national average of 16% (Scottish Government annual homeless statistics 2010/11-2014/15).
	Housing Issues
	Inchyra Place is used as accommodation for people with mental health and complex needs (this can include LD) whilst being assessed as homeless. As part of this, consideration is given to identifying support needs and appropriate accommodation. The latter can be either mainstream accommodation or specialist accommodation. The latter is accessed through Social Work Adult Services following a Community Care Assessment. Scottish Government national research found least stress amongst home owners and most

[13] Social Care Survey (2014)
[14] Scottish Government (2013) The Key to Life: Improving Quality of Life for people with Learning Disabilities

	amongst renters[15]. The above research also highlights a link between house conditions and poor mental health.
	Gaps/ Proposals
	<u>Specialist Advice Services</u> It is suggested that the Integration Joint Board commission work to do the following: • Scope what specialist advice services are available *(National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5*); • Identify if they are fit for purpose *(National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5);* • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies *(National Outcomes 8,9 Local Outcomes 1, 4,5);* • Formalise referral procedures *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);* • Report outcomes on referrals made *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);*
Offenders	*Summary of evidence*
	Falkirk has marginally more homeless applicants citing prison discharge compared to the national average (Falkirk Council Annual report 2011/12-2014/15).
	Housing Issues
	Information from Falkirk Council Outreach Assessments indicates the importance of housing options advice and housing benefits advice. Outreach is also important in relation to identifying accommodation for an offender prior to release from prison. This enables GP and associated services such as pharmacy to be identified so offenders can access quickly necessary medication on release. It also enables advance claims to be made to the Department of Work and Pensions. Such outreach work is beneficial to prevent reoffending on release from prison. Protocols have been agreed between Falkirk Council and RSLs in relation to information sharing on high risk offenders. These are currently being implemented.
	Gaps/ Proposals
	The above outreach work is important to assist with reducing reoffending rates. Joint working with housing, health and social care is essential *(Local Outcome 3, 4, 5).*
Alcohol and Drug dependency	*Summary of evidence*
	The latest prevalence data shows that 1.6% of the population within the 16 – 65 age groups have problematic drug use and that 5.1% of the population perceive drug misuse being problematic in their neighbourhood and 9% see alcohol as being problematic (Falkirk Community Planning Partnership 2015) Falkirk Alcohol & Drug Partnership Delivery Plan

[15] Scottish Government (2010) A review of literature on the relationship between housing and health

	2015-18). Anecdotal evidence from the Falkirk Council Access to Housing team highlights that a number of single people, particularly single males who present as homeless have multiple needs including mental health and/ or alcohol/ substance misuse.
	Housing issues
	Many homeless people have complex housing needs and require an individually assessed package of housing support to help them sustain their tenancies. There is a pilot scheme for the Castings hostel and for single males over 25. There are links in place to Social Work Adult Services and the NHS to ensure homeless people with drug and alcohol issues can be referred to other appropriate services as required.
	Gaps/Proposals
	It is important to continue having signposting arrangements in place as and when a need is identified for the appropriate referrals to be made. Training to be delivered to Falkirk Council Housing staff by August 2015 with a follow up evaluation by November 2015. (Falkirk Community Planning Partnership 2015) Falkirk Alcohol & Drug Partnership Delivery Plan 2015-18) *(National Outcomes 1,5,8,9 Local Outcome 3, 4, 5).*
3. Set out the shared outcomes and service priorities linking the Strategic Commissioning Plan and Local Housing Strategy.*(Note 3)*	
Outcomes and service priorities identified in Strategic Commissioning Plan[16] and Local Housing. Strategy	i. We will agree, both a model of specialist housing and adaptations procedures (for older people, those with physical and learning disabilities also those with mental health issues) which will enable them to live in homely settings in supportive environments (where possible) in order to avoid unnecessary admissions to care homes or hospitals (National outcome[ii] 2, *Local Outcomes 1, 3,4,5);* ii. Information is clear, concise, Integration and delivered on the "first stop" principle which allows the above groups to maintain control and make informed choices (National outcomes 1,2,3,4,6,9, *Local Outcomes 1,2,4,5) ;* iii. Communities are able to contribute to the design of preventative and anticipatory supports to help the above groups stay well and independent (National outcomes 1, 2, 6,9, *Local Outcomes 1,2,3,4,5) ;* iv. Older people, those with physical and learning disabilities also those with mental health issues are aware of housing options and equipment and adaptations are provided promptly following assessment of need (National outcomes 1,2,3,4,5,9 *Local Outcomes 1, 2,3, 4, 5, 9);* v. Hospital discharge processes will encourage the above groups to return to their own homes and there will be no discharge directly to a long term care home placement (National outcome 1, 2, 3, 4, 7, 9, *Local Outcomes 3, 4, 5).*
How the housing	<u>Older People's Housing Plan</u>

[16] The outcomes relate to the first housing contribution statement have been amended to include other care groups and not just older people

sector is going to contribute to the meeting outcomes/ service priorities in the SCP (which should reflect the contribution to the nine national health and well-being outcomes) (Note 3)	An Older Peoples' Housing Plan is a priority in the Corporate and Housing Service Plan by the end of 2015. A draft plan has been widely consulted on and includes options for revising Council housing with care and will go to Council Executive by the end of 2015. <u>Disabled Adaptations</u> This will be progressed via the Adapting for Change Steering Group. The national independent adaptations working group reported in December 2012 to Scottish Government recommending fundamental changes to the existing tenure based systems. The Scottish Government is committed to take forward the Group's recommendations for a more personalised and tenure neutral approach. The national working group recommended piloting its suggested approach to test the viability of the proposals. This work is now underway in five demonstration sites one of which is the Falkirk Adapting for Change Project. Locally this had its origins in the Change Fund project for mainstreaming adaptations. The Change Fund bid was written and led in its early stages by Housing. This is because the demand for disabled adaptations was highlighted in Local Housing Strategy 2011-16 consultations[17]. The local Steering Group for the Adapting for Change Project has involvement from the national Joint Improvement Team, Falkirk Council Housing Services, Social Work Adult Services, NHS Forth Valley and RSLs. To date the following have been achieved – the pathways to adaptations have been mapped, definitions for adaptations have been agreed by practioners across the statutory agencies (minor, moderate, major and major complex), a specification tool has been developed to streamline the assessment process for adaptations and it has been agreed to set up a complex cases panel to make decisions on major complex adaptations. Proposals have been developed to realign Occupational Therapists (OTs) within Social Work Adult Services and the NHS also to train a range of staff across health, Social Work and NHS to carry out assessments for minor adaptations so OTs can concentrate on more complex cases. The Adapting for Change project has plans to streamline assessment for adaptations through the specifications tool. It is also necessary to do the following: • It is necessary to ensure procedures are in place to identify at an early stage if housing adaptations are not appropriate • ii). It is necessary that procedures are put in place to make the necessary referrals for housing advice if adaptations are not appropriate • iii). The Adapting for Change project needs to develop procedures for referring people for housing advice and to the Link Help to Adapt project • iv). The Adapting for Change Steering Group needs to develop performance indicators to establish if adaptations have been streamlined. <u>Housing Options Directory</u> A housing options directory has been consulted on and will be circulated as part of the Older Peoples' Housing Plan. <u>Moving Assistance</u> A Change fund project – Moving Assistance is being led by housing and taken forward by voluntary group/social enterprise Outside the Box and Making It Happen. The latter is a

[17] Falkirk Council (2012) Local Housing Strategy 2011-16 Appendix 5 Consultation

	social campaigning group for people over 50 in Falkirk. This project is being progressed in consultation with older people who discussed what can assist people to move if their current home is unsuitable. They devised and tested guides to give advice and information also made links to local groups.
4. Provide an overview of the housing- related challenges going forward and improvements required. (*Note 4)*	
Challenges	There are several *challenges* identified in the housing system; 1. Most people live in the private sector and wish to remain so including a number who live in properties which are in disrepair; 2. There is low demand for the current model of Housing with Care to such an extent that RSLs are moving away from providing specialist housing with support for older people; 3. There is no specialist advice for older people or those with disabilities or referral procedures in place to specialist advice groups; 4. There is no Extra Care housing options provided locally which are suitable for older people with particular needs.
Improvements required	Specialist Advice Services There is a need for the Integration Board to commission work to do the following: • Scope what specialist advice services are available *(National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5*); • Identify if they are fit for purpose *(National Outcomes 1,2,3,4,5,6,8,9 Local Outcomes 2, 4,5);* • Train staff across Health, Social Work Adult Services and Housing in making referrals to specialist advice agencies *(National Outcomes 8,9 Local Outcomes 1, 4,5);* • Formalise referral procedures *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);* • Report outcomes on referrals made *(National Outcomes 3,6,8,9 Local Outcomes 1, 4,5);* Extra Care housing Joint working with the NHS, Social Work Adult Services, Housing services and RSLs to identify if Extra Care housing could help older people remain in the community rather than be admitted to hospital or care homes If Extra Care housing is required, to explore resources streams with the NHS, Social Work Adult Services and Scottish Government. The latter through the Strategic Housing Investment Plan (*National Outcomes 2, 3, 4, 9* L*ocal Outcomes 4, 5).* Review the current housing with care provision. (*National Outcomes 2, 3, 4, 9* L*ocal Outcomes 4, 5).*
5. Set out the current and future resource and investment required to meet these shared outcomes and priorities. Identify where these will be funded from the Integration Authority's Integration budget and where they will be funded by other (housing) resources. *(Note 5)*	

	Disabled Adaptations i) Council disabled adaptations ii) Private sector adaptations iii) Garden aid Note RSL disabled adaptations are not included within health and social care integration
6. Additional Statement by Integration Authorities. *(Note 6)*	
	Housing Services have been involved in a number of projects which assist older people to remain in their communities: 1. Project to mainstream adaptations is regarded as good practice by the Joint Improvement Team and other areas are replicating the work done in Falkirk Council area; 2. Small Repair Handy Persons Scheme – options are currently being explored by the housing service to continue this project but ensure it is more cost effective; 3. Older Peoples' Housing Plan – wide spread consultation has taken place to identify what older people locally require particularly in relation to Council housing with care and what advice options would assist them to remain in their own communities; 4. Moving Assistance – intense consultation has taken place with older people and voluntary organisations to identify what would assist an older person to move if their home was unsuitable. Guides have been devised in conjunction with older people on information they need to know when moving home. Potential Performance Indicators (make links to work of Adapting for Change Steering group- initial suggestions) 5. All tenure waiting times for disabled adaptations; 6. Numbers and costs of disabled adaptations by definition (minor, moderate, major, major complex); 7. Numbers, costs and decisions of major complex adaptations discussed by the Major Complex Adaptations Panel; 8. Satisfaction levels as to whether adaptations improve quality of life. Also 9. Number of people delayed in hospital for housing reasons; 10. Number of people delayed in hospital where a housing solution has been explored; 11. Number of people delayed in hospital referred for advice on their housing options. 12. Report outcomes of referrals made to specialist advice services.

Note 1: Integration Authorities are required to set out the involvement and role of the Local Authority Housing Service, Housing Associations and other housing providers and interests in the governance arrangements for the Health & Social Care Partnership. This should be set out clearly taking into account the various levels of potential involvement in relevant structures such as the Integration Authority, Strategic Planning and Locality Planning. It could also include reference to wider consultation or partnership structures with the housing sector.
Note 2: This should briefly highlight the connection between evidence assembled through the Joint Strategic Needs Assessment and the Housing Needs and Demand Assessment (and any associated local housing evidence). It should identify the main housing-related issues for various groups that require a housing contribution to improve health and well-being. For example older people,

homeless, disabled people, mental health or other relevant groups. It should also outline any gaps in the joint evidence base and proposals for addressing these.
Note 3: This section should highlight the direct link between the outcomes and service priorities identified in the Strategic Commissioning Plan and the Local Housing Strategy. It should be clear how the housing sector is going to contribute to meeting the outcomes and service priorities in the SCP (which in turn should reflect the contribution to the nine national health and well-being outcomes). Consideration of potential changes to housing services and provision should be part of this.
Note 4: This should set out any challenges identified in the housing system and among providers in improving the housing contribution to health and well-being. Proposals for addressing these challenges should be clearly articulated.
Note 5: This should outline the impact on resources and investment required to deliver the HCS element of the SCP. Consideration should be given to both services and the bricks and mortar element of housing both currently and in the future (at least over the 3 years of the SCP). It should clearly identify key housing resource and investment areas required to implement the SCP and deliver associated shared outcomes and priorities. Examples would include activities associated with adaptations, homelessness and housing support as well as any planned new housing provision to meet particular needs.
Note 6: This section is for Integration Authorities to provide any other additional information that in their view is relevant for their Housing Contribution Statement.

[i] Falkirk Integrated Strategic Plan 2016-19 p21-23, Local Outcomes – (1) Self- Management, (2) Autonomy and Decision Making, (3) Safe, (4) Experience, (5) Community based support.

[ii] National Outcomes -Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer, Outcome 2: People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community, Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected, Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services, Outcome 5. Health and social care services contribute to reducing health inequalities, Outcome 6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being, Outcome 7. People using health and social care services are safe from harm, Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide, Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services

This paper relates to
Agenda Item 6

Title/Subject: **Delayed Discharge**

Meeting: **Integration Joint Board**

Date: **4th December 2015**

Submitted By: **CHP General Manager and Head of Adult Social Care Services**

Action: **For Noting**

1. INTRODUCTION

1.1 The purpose of this paper is to update Integration Joint Board members on progress with meeting the national target that no-one who is ready for discharge should be delayed by more than 2 weeks. Part of this update will be a presentation on the actions being undertaken or planned to improve the position in the medium and longer term.

2. RECOMMENDATION

2.1 The Integration Joint Board is asked to note current performance.

3. BACKGROUND

3.1 As of 15th November census date, there were 37 people delayed in their discharge, 20 of whom were delayed for more than 2 weeks. These relate to delays which count towards the national, published delayed discharge target (standard delays).

3.2 Trend analysis from April 2015 shows a small increase in the overall position from October 2015 and an increase in the number of people waiting over 2 weeks at the census point.

Table 1 (excluding Code 9 & Code 100)

	Apr 15	May 15	Jun15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15
Total delays at census point	6	19	24	23	25	36	23	37
Total number of delays over 2 weeks	1	9	11	11	16	25	19	20

In addition attached as appendix 1 is a Trend Report which identifies the Forth Valley position over the past 2 years.

3.3 Table 2 shows the total picture of delays in Falkirk Partnership across all categories expressed as occupied bed days.

Table 2 total occupied bed days

	July	August	September	October	Equivalent Beds (October)

Standard Delays	796	897	1097	802	26
Complex Delays/ Guardianships (Code 9)	162	207	268	248	8
Code 100 Delays	217	217	210	248	8

3.4 **Table 3** shows the **weekly** position for the last four weeks in Falkirk Partnership.

Ta**ble 3**

	Total Delays (excl. Code 9)	Delays Over 2 Weeks	Delays Under 2 Weeks	Longest Wait (days)	Code 9 (Only guardianship 51x)	Total (Standard + Code 9,51x)
29th Oct	26	11	15	71	9	35
5th Nov	25	16	9	79	8	33
12th Nov	38	19	19	78	8	46
19th Nov	36	18	18	85	7	43

3.5 The availability of care homes in Falkirk to support patient's first choice remains very limited. In addition, there has been limited availability of interim places across Forth Valley in the last month. Although improving, the number and length of delays continue to be challenging with **11** patients delayed for more than **4** weeks and **6** delayed for more than 6 weeks. Temporary moratoriums on admissions to 2 care homes in the Falkirk area were put in place this month due to health issues. These moratoriums have now been lifted but while in place did adversely impact on progress over the month.

3.6 The discharge of **7** patients is currently been taken forward under the policy on choice.

3.7 The availability of care at home services remains a challenge due to difficulties in recruitment. Services are working hard to recruit appropriate staff and will use short term and interim placements at Oakbank and Summerford should delays for this reason increase. Work on jointly agreeing the criteria for the use of short term placements is underway and should result in better use of these placements.

4. ACTION PLAN

4.1 A presentation on the plans being implemented or developed to improve the position and which were presented at the November Integration Joint Board will be part of this Report.

5. CONCLUSIONS

5.1 The position has not improved in the last month and the delayed discharge position continues to be a significant challenge for the Partnership.

5.2 Ongoing actions are required to improve current performance in the short term together with the implementation of the plans contained in the Action Plan to build sustainability for the medium to long term.

5.3 There are no additional resource implications arising from this report.

5.4 This report identifies the current position in relation to the National Target for Delayed Discharges.

5.5 There are no additional Legal and Risk implications associated with this report.

5.6 No additional consultation has been undertaken for the purpose of this report and no equalities implications have been identified.

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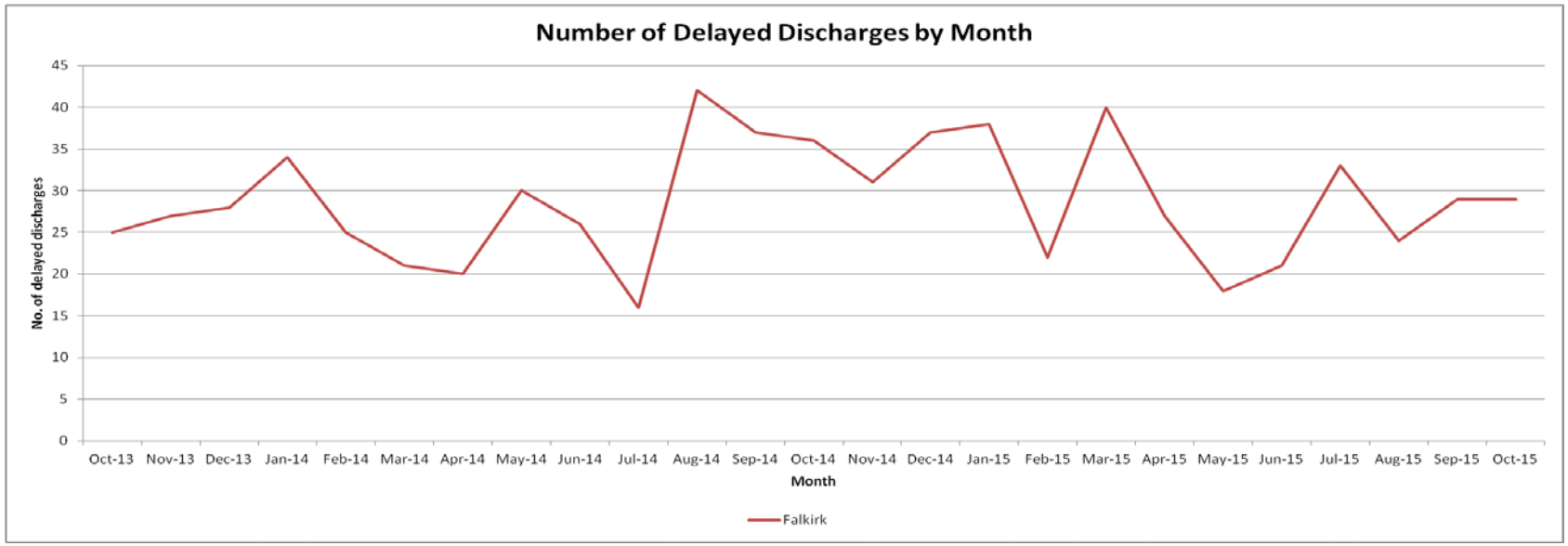
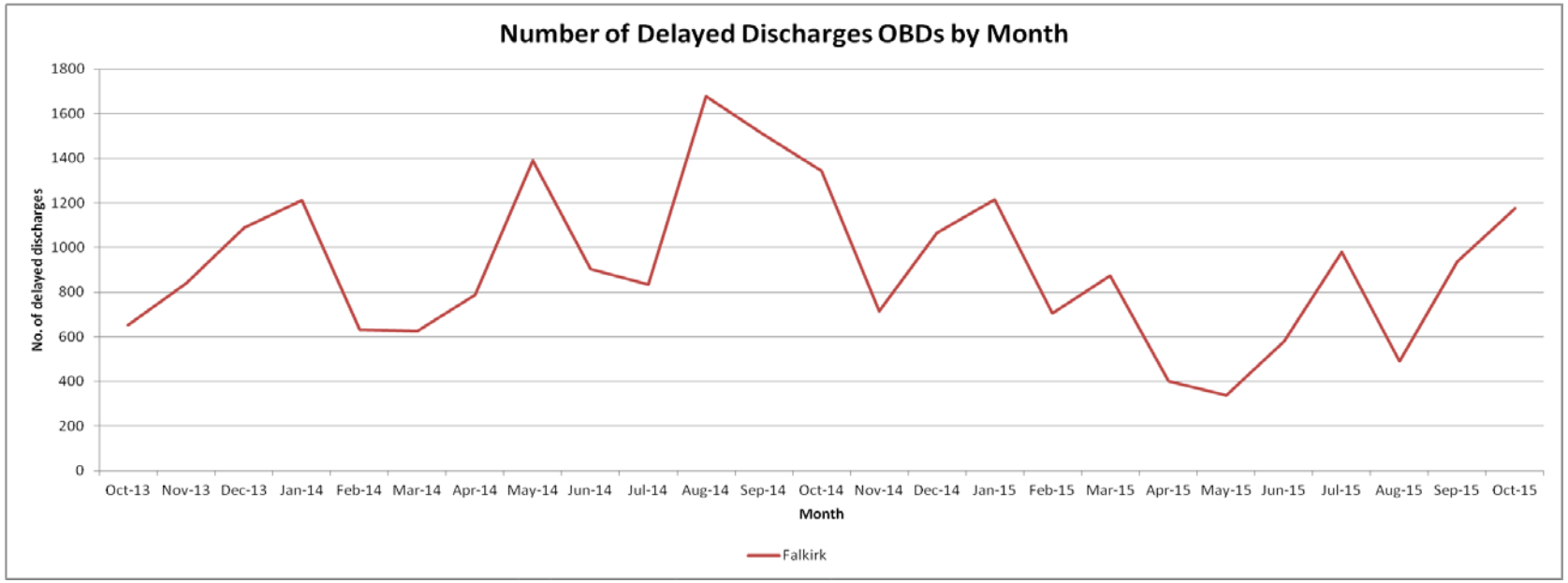
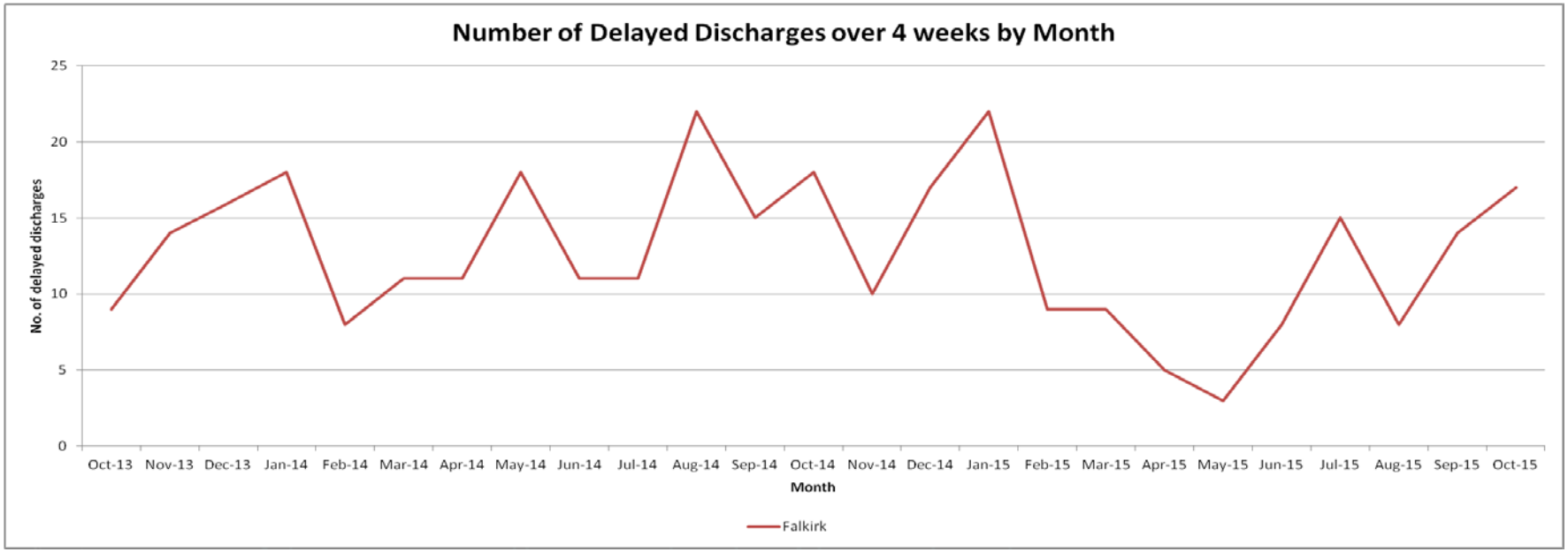
Approved for Submission by: Title and Organisation

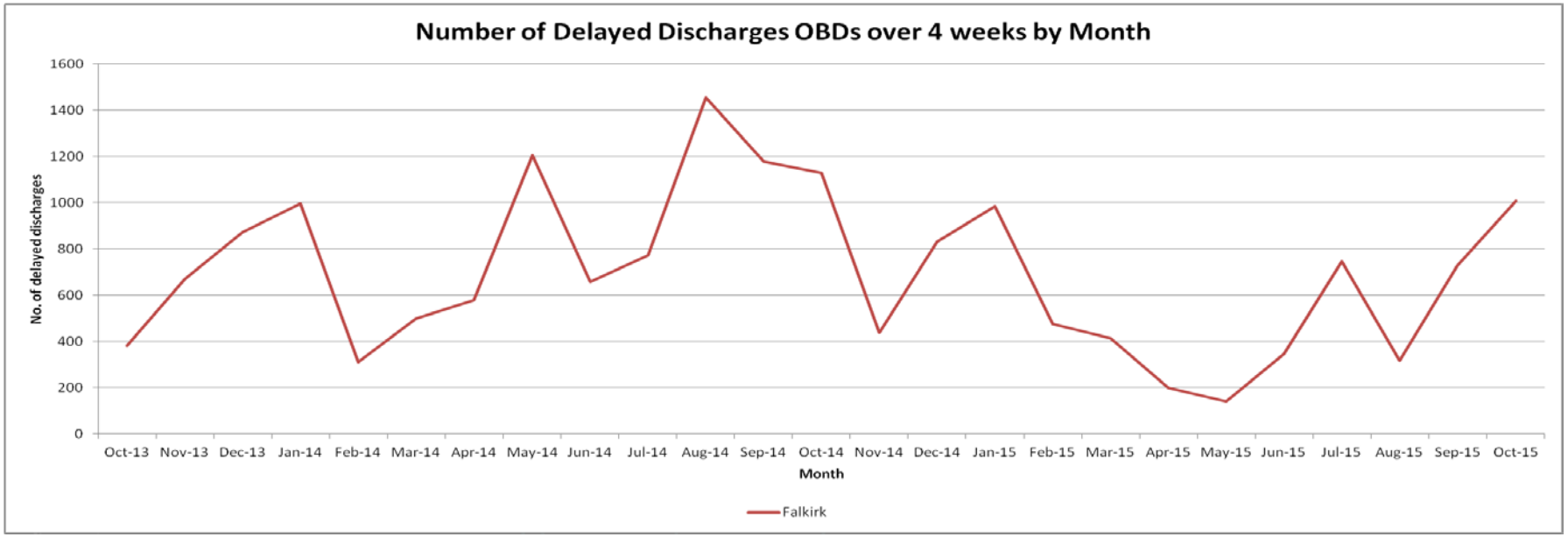
Author – Kathy O'Neill
Date: 24/11/15
List of Background Paper

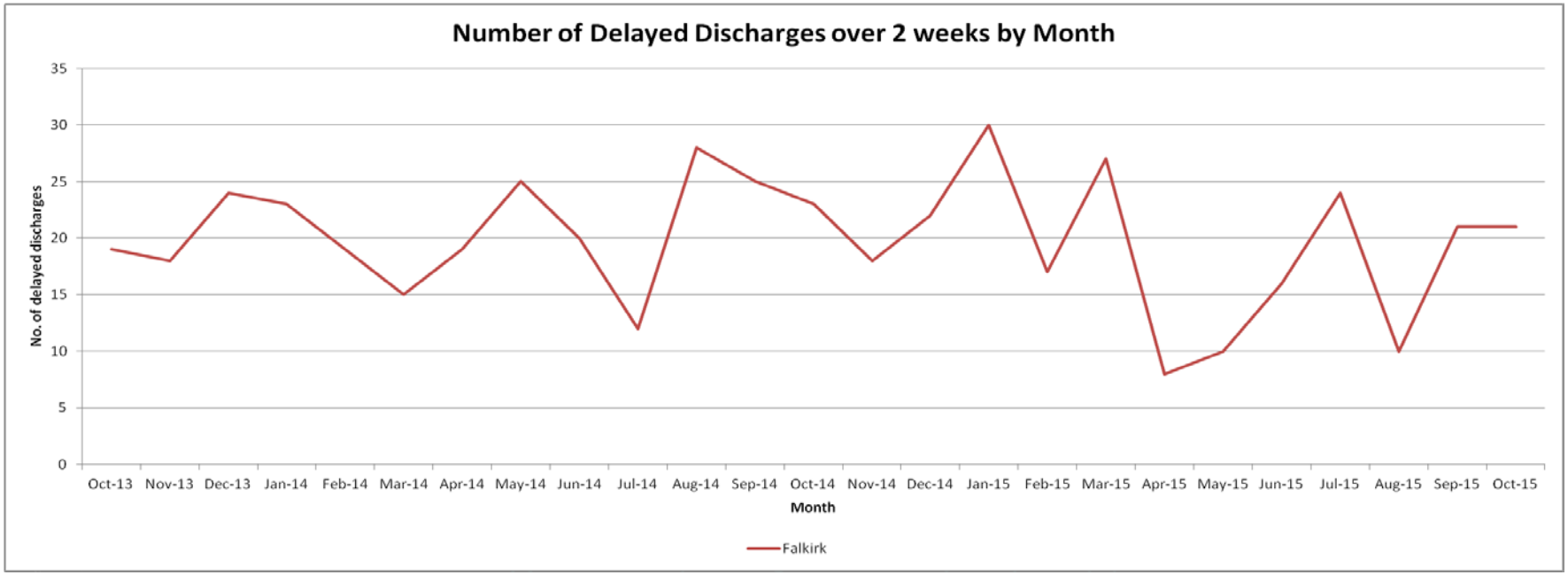
Appendix 1 – Trends

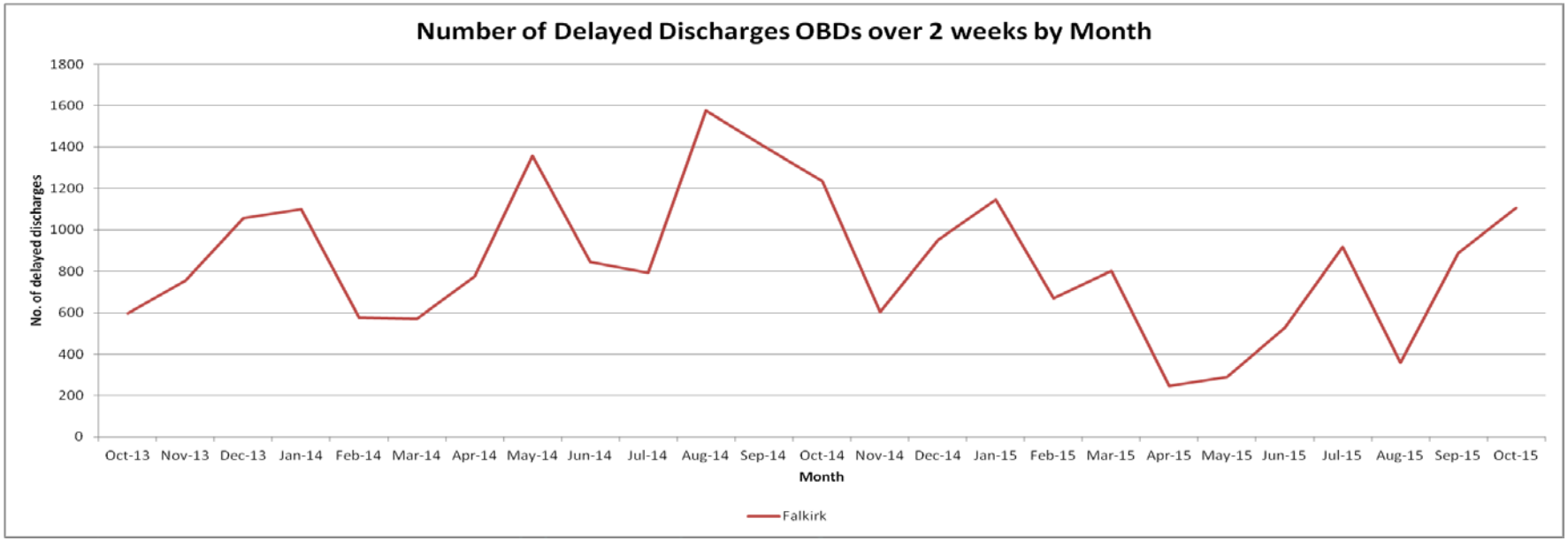


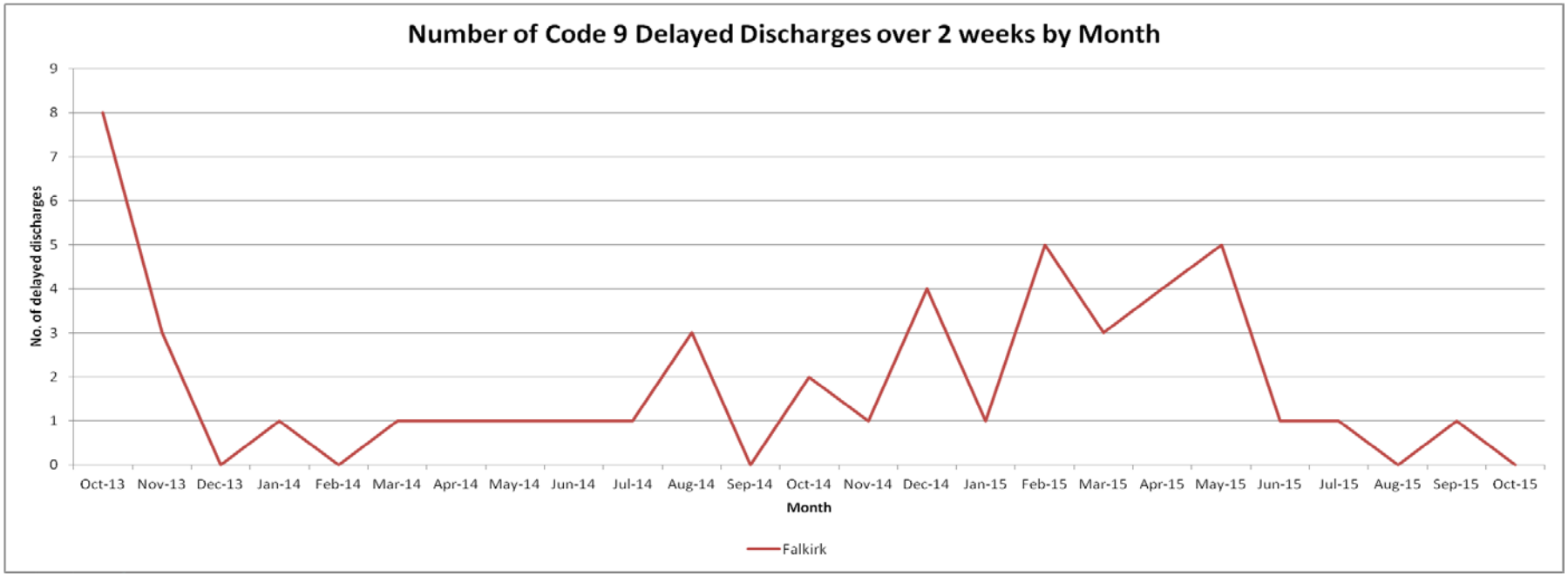



Number of Delayed Discharges over 4 weeks by Month
No. of delayed discharges
25
20
15
10
5
0
Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15
Month
Falkirk


Number of Delayed Discharges OBDs over 4 weeks by Month
No. of delayed discharges
1600
1400
1200
1000
800
600
400
200
0
Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15
Month
Falkirk


Number of Delayed Discharges over 2 weeks by Month
No. of delayed discharges
35
30
25
20
15
10
5
0
Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15
Month
Falkirk


Number of Delayed Discharges OBDs over 2 weeks by Month
No. of delayed discharges
1800
1600
1400
1200
1000
800
600
400
200
0
Oct-13 Nov-13 Dec-13 Jan-14 Feb-14 Mar-14 Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15
Month
Falkirk


Number of Code 9 Delayed Discharges over 2 weeks by Month
No. of delayed discharges
0
1
2
3
4
5
6
7
8
9
Oct-13
Nov-13
Dec-13
Jan-14
Feb-14
Mar-14
Apr-14
May-14
Jun-14
Jul-14
Aug-14
Sep-14
Oct-14
Nov-14
Dec-14
Jan-15
Feb-15
Mar-15
Apr-15
May-15
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Month
Falkirk

This paper relates to Agenda Item 8

Title/Subject:	**Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)**
Meeting:	**Integration Joint Board**
Date:	**4 December 2015**
Submitted By:	**Interim Chief Officer**
Action:	**For Decision**

1. INTRODUCTION

1.1 The purpose of this report is to seek approval to apply for the IJB to become a member of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

2. RECOMMENDATION

The Integration Joint Board

2.1 Note the contents of this report;

2.2 Agree to apply to Scottish Ministers to join the CNORIS.

3. BACKGROUND

3.1 CNORIS

3.1.1 The CNORIS is a risk transfer and financing scheme, which was established in 1999 for NHS organisations in Scotland to provide a cost-effective approach to 'insuring' the NHS against claims made against it. The decision to establish was taken against a background of rising costs for providing traditional insurance cover for medical practitioners.

3.1.2 NHS National Services Scotland is the scheme manager and its primary objective is to provide effective risk pooling and claims management arrangements for Scotland's NHS Boards and Special Health Boards.

3.1.3 The basic objectives of the Scheme are to:

- provide advice on clinical and non-clinical scheme coverage to all parts of the NHS in Scotland
- support scheme members in an advisory capacity in order to reduce their risks

- indemnify its members against losses which qualify for scheme cover;
- allocate equitable contributions amongst our members to fund their qualifying losses
- provide members with scheme financial updates throughout the year to help with end-of-year budgeting; and
- help manage risk by providing members with clinical and non-clinical loss analysis throughout the year.

3.1.4 The Scottish Government Health and Social Care Directorate (SGHSCD) funds all large losses (i.e. those that breach CNORIS scheme deductibles, which is the equivalent of the policy excess in insurance terms) during each financial year.

3.1.5 At the end of the financial year, CNORIS collects funds from members to pay back the deficit accrued in-year by SGHSCD. In order to share the cost fairly between members, clinical and non-clinical risk profiles are created which determine relative risks for each organisation. The total annual deficit is then shared between members according to their proportion of the overall risk.

3.2 LEGISLATION

3.2.1 Part 2 of the Public Bodies (Joint Working) (Scotland) Act provides for the extension of CNORIS under Section 85B of the National Health Service (Scotland) Act 1978 (schemes for meeting liabilities of health service bodies) to local authorities and integration joint boards.

3.2.2 IJBs can apply to Scottish Ministers to become a member. This includes cover with respect to health and social care functions in so far as the IJB is concerned.

3.2.3 Local authorities can apply separately with respect to the operational management of social care functions. Separate risk profiles and costing arrangements will be developed.

3.3 COVER PROVIDED

3.3.1 CNORIS provides a wide range of covers, similar to traditional insurance packages, for each of its members. These include, amongst others, the core Clinical Negligence cover, but also Employers Liability and Public / Product Liability. Appendix 1 contains further details of the cover available.

3.4 REASON COVER IS REQUIRED

3.4.1 Operational delivery of services remains with the Health Board and Council following delegation to the Health Board. However, there is a low risk that a claim could be made against the IJB in respect of decisions made in the course of its business.

3.4.2 Membership of CNORIS would also provide cover in respect of any claim made against the IJB itself in terms of Officers and Officials Indemnity.

4.0 CONCLUSIONS

4.1 Although the risk of claims being made directly against the IJB is low, it would be prudent to have some cover should claims arise. The Council has mature insurance arrangements. Discussions with its insurance advisors indicate that there will not be any cost effective coverage available for IJB in the insurance market. The payment noted as paragraph 5 is thought to be reasonable in the circumstances.

5.0 RESOURCE IMPLICATIONS

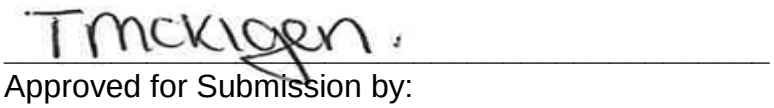
5.1 The initial annual cost for IJBs to join is £3,000. This is based on an initial assessment of the likely risk during year 1 and on the arrangements for a comparator organisation already within CNORIS. It should be noted, however, that there is a requirement to join for a minimum of 4 years.

Impact on IJB Outcomes, Priorities and Outcomes
A statement regarding how the subject links with / contributes to the local integration outcomes and principles and also links with any national or local policy.

Legal & Risk Implications
Although operational service delivery remains with the Health Board and Council there is a low risk that a claim is made against the IJB.

Consultation
Not carried out.

Equalities Assessment
Not carried out.



Approved for Submission by:

Author – Tracey McKigen, Interim Chief Officer of Health and Social Care, Falkirk Council
Date: 23rd November 2015

List of Background Papers: Appendix 1

Appendix 1

Clinical Negligence and Other Risks Indemnity Scheme

NHS National Services Scotland

CNORIS

Confirmation of Cover 2015/16

The following organisations are covered by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) for all Health Services in Scotland and for Health and Social care services covered by Integration schemes.

NHS Ayrshire & Arran
East Ayrshire Integrated Joint Board
North Ayrshire Integrated Joint Board
South Ayrshire Integrated Joint Board
NHS Borders
NHS Dumfries & Galloway
NHS Education
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow & Clyde
NHS Health Scotland
NHS Highland
NHS Lanarkshire
NHS Lothian
Mental Welfare Commission for Scotland
National Services Scotland
National Waiting Times Centre
NHS Orkney
NHS Quality Improvement Scotland
Scottish Ambulance Service
NHS Shetland
The State Hospital
NHS Tayside
NHS Western Isles
NHS 24

Mrs Deirdre Evans
CNORIS Scheme Director
NHS National Services Scotland
May 2015

Version: 2.0 (May 2015)
Author: NHS National Services Scotland

Purpose of this Guidance Note

There will be occasions when CNORIS scheme members are required to confirm the extent of cover available to them under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). This guidance note sets out the cover for the listed Members, and can be provided to external organisations as Members see fit. This guidance is effective from 1 April 2015 until 31 March 2016 inclusive.

Introduction

In my capacity as CNORIS Scheme Director, I can confirm that with effect from 1 April 2015, the bodies listed herein are admitted Members of CNORIS, which has been created by authority of the Scottish Ministers.

CNORIS is subject to scheme rules and governed by the National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2015.

Cover

General:
CNORIS provides indemnity to Member organisations in relation to Employer's Liability, Public / Product Liability and Professional Indemnity type risks (inter alia). The level of cover provided is at least £5m Public Liability, £10m Employers Liability, and £1m Professional Indemnity. The Scheme will provide "Indemnity to Principal" where required. CNORIS also provides cover in relation to Clinical Negligence.

Work Experience and Student Placements:
CNORIS provides indemnity to Member organisations in relation to their legal liability associated with work experience recruits of whatever age acting on behalf of the Member organisations. CNORIS will similarly provide indemnity to member organisations in relation to their legal liability associated with students working with the Member organisation on placement from an educational establishment.

Volunteers:
CNORIS provides indemnity in relation to legal liability of Member organisations associated with volunteers of whatever age acting directly on behalf of the Member organisation. For the avoidance of doubt, no cover is provided in relation to voluntary organisations.

Further Information

For further information please contact

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CNORIS Scheme Manager
NHS Central Legal Office
NHS National Services Scotland
Anderson House
Breadalbane Street
Bonnington Road
Edinburgh EH6 5JR
Tel: 0131 275 7549
Mob: 07814 632164
Email: irenehallett@nhs.net

Version: 2.0 (May 2015)
Author: NHS National Services Scotland

This paper relates to Agenda Item 9

Title/Subject:	**Partnership Funding**
Meeting:	**Integration Joint Board**
Date:	**4th December 2015**
Submitted By:	**Director of Finance NHS Forth Valley**
Action:	**For Noting**

1. INTRODUCTION

1.1 The purpose of this paper is to provide a summary of the financial resources available to the partnership and commitments agreed to date. This covers the following resources :-

- Bridging Funding
- Delayed Discharge Funding
- Integrated Care Funding
- Transitional Funding

1. RECOMMENDATION

2.1 The Integrated Joint Board is asked to

- Note the projected expenditure against Integrated Care and Delayed Discharges Fund and Bridging Funding
- Note the potential risk of over-commitment should all projects and infrastructure supported to date continue leaving limited flexibility to support any new initiatives from the Strategic Plan

2. BACKGROUND

3.1 The Transitional Board has received reports over recent months on the individual elements of funding. This is the first full report seeking to collate this information. There are a number of projects funded from 'Bridging Resource' (the old Change Fund) in 2015/16 which have potential commitments in 2016/17 and there is a risk that by committing in full the Integrated Care Fund that the future of some service projects may be at risk.

3.2 The funding available is as follows :-

	2015/16 £'000	2016/17 £'000	2017/18 £'000
Bridging Resource	1,639	-	-
Delayed Discharge	897	1,008	1,008
Integrated Care Fund	2,880	2,880	2,880
Transitional Funding	126		
Total	**5,542**	**3,888**	**3,888**

The Delayed Discharge funding outlined in the table above includes £ 33,000 carried forward from prior years.

3.3 Whilst the outcome of the Scottish Spending Review will not be known until December 2015 the public sector will continue to require considerable cash savings to be delivered estimated for the resources of the Local Authority and the NHS to be in the region of 3% - 5% in 2016/17 and therefore there is no flexibility to manage any over-commitment of funding from projects for 2016/17

4. PARTNERSHIP FUNDING SUMMARY

4.1 The following table is a summary of the projected out-turn for 2015/16

	2015/16 Funds Available £'000	2015/16 Proj. Spend £'000	2015/16 Proj. Variance £'000
Bridging Resource	1,639	1,609	(30)
Delayed Discharge	897	897	0
Integrated Care Fund	2,880	1,691	(1,189)
Transitional Funding	126	126	0
Total	**5,542**	**4,323**	**(1,219)**

4.2 Detail of the Integrated Care Fund spend is provided under Agenda Item 10. This highlights projected spend of £ 1.559m with a further £ 0.132m projected for the Chief Officer / Chief Finance Officer to end of March 2016. This brings projected spend to £ 1.691m for 2015/16. The balance of funding of £1.189m is ring-fenced and the carry forward to 2016/17 will be managed by NHS Forth Valley.

4.3 All Delayed Discharge Funding is projected to be spent in 2015/16 as follows:-

	£'000
Frailty Five Day Model	173
Delayed Discharge Hub and associated staff	106
HELP Packs	27
Summerford beds including AHP support	119
Contribution to FCH Ward 5	236
Contribution to supporting Care Home Places	236
Total Spend projected 2015/16	**897**

4.4 Projected Bridging Funding Spend in 2015/16 is as follows :-

	£'000
Reablement in Housing with Care	333
Reablement at Home	234
Telehealth projects	233
Modernising Technology	44
Planning and Commissioning Capacity	5
MECS Service Redesign	95
Augmenting Community Nursing – Marie Curie	8
DALLAS Project	8
Social Work Capacity Team	76
Enhanced Support for Discharge from Hospital	17
Stakeholder Engagement Project	14
Support for Carers at Hospital Discharge	63
Training for Carers in their own community	37
Carers Development Manager	43
Personalised and Support Planning for Carers	32
Top Toes	43
Completion of 2014/15 projects	324
Total Projected Spend 2015/16	**1,609**

This leaves a balance of £ 0.030m which will be carried by NHS Forth Valley into 2016/17

4.5 Transitional Funding of £ 0.182m was provided by SGHSCD (Scottish Government Health and Social Care Directorate) to provide set-up costs. Costs of £ 0.056m were incurred in 2014/15 leaving a balance of £ 0.126m in 2015/16. Projected spend is as follows :-

	£'000
Project Manager and Admin Support	87
Strategic Plan Events	4
HR Support	7
Finance Support	11
Governance Support	12
Total Projected Spend 2015/16	**126**

4.6 Funding for 2016/17 would be **£ 5.107m** (inclusive of carry forwards) as follows :-

	2016/17 £'000
Bridging Resource c/fwd	30
Delayed Discharge	1,008
Integrated Care Fund	2,880
Integrated Care Fund c/fwd	1,819
Total	**5,107**

Funding in 2017/18 is **£ 3.888m** as per Section 2.3

4.7 The issue from earlier meetings was highlighting the need to maintain recurrent financial balance and ensure that projects achieve outcomes required. Whilst it is recognised that the Integrated Care Fund supported projects to 31 March 2016 Appendix 1 illustrates the potential cost of projects from Delayed Discharges, Bridging Funding and the Integrated Care Fund should they continue in full. These potential costs total **£ 4.340m** compared with 2017/18 funding of **£ 3.888m**

5. CONCLUSIONS

5.1 There is a potential risk of recurrent over-commitment should all projects and infrastructure supported to date continue leaving limited flexibility to support any new initiatives from the Strategic Plan.

A number of projects have also been funded to 31 March 2016 and there will need to be consideration in a short timeframe about ongoing support or in the first instance short extensions to projects to allow decision-making supported by outcome measures. There may be staffing associated with projects and funding decisions need to have a timeframe for partner organisations to manage appropriately.

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Approved for Submission by – Title and Organisation

Author : Fiona Ramsay, Director of Finance, NHS Forth Valley
Date : 2 December 2015

Appendix 1

POTENTIAL COSTS OF PROJECTS	**£'000**
Bridging - Intermediate Rehabilitation Service (Tygetts)	322
Bridging – Community Rehabilitation at Home	234
Bridging - Augmented Capacity in Social Work Team	79
Bridging – Support for Carers at Hospital Discharge	63
Bridging – training for carers in their own community	37
Bridging – Carers Development Manager	43
Bridging – developing personalised assessment and support planning for carers	32
Bridging – Top Toes – assumed self financing from 2016/17	
Delayed Discharges- Frailty Five Day Model	178
Delayed Discharges -Delayed Discharge Hub and associated staff	109
Delayed Discharges -HELP Packs	28
Delayed Discharges -Summerford beds including AHP support	203
Delayed Discharges – support for FCH Ward 5 (same as 2015/16)	236
Delayed Discharges – support for care home places	236
ICF – Telecare Innovations – MECS night services and fall management	280
ICF – Homecare Redesign	214
ICF – Enhanced Support for developing rehab workers	130
ICF – Modernising Technology in care services	136
ICF – Case management for people with ARBD	75
ICF – Medication Management	20
ICF – Alzheimers Scotland PDS link workers	114
ICF – Alzheimers Scotland – community connections programme	21
ICF – Marie Curie patient visit services	47
ICF – Braveheart optimise health and wellbeing service	20
ICF – FDAMH social prescribing service	100
ICF – Active minds	41
ICF – OT Equipment and Adaptations Redesign	67
ICF – Closer to Home - ALFY, enhanced community team additional care and support costs	700
ICF – Health and Well being activities programme	6
ICF – Support Break for Carers	29
ICF – Infrastructure including OD (as approved to date – 1 year)	340
Chief Officer, Admin Support, Fees including audit etc (est)	200
Total Potential Costs	**4,340**

This paper relates to Agenda Item 10

Title/Subject:	**Draft Integrated Care Fund Mid-Year Report to Scottish Government**
Meeting:	**Integration Joint Board**
Date:	**04 December 2015**
Submitted By:	**Interim Chief Officer**
Action:	**For Decision**

1. INTRODUCTION

1.1 The purpose of the report is to advise the Falkirk Integration Joint Board of the Scottish Government request for a mid-year progress report on the Integrated Care Fund and to seek approval for the attached draft report to be formally submitted.

2. RECOMMENDATION

The Falkirk Integration Joint Board is asked to:

2.1 consider the Draft Integrated Care Fund Mid-Year Report for submission to the Scottish Government.

3. BACKGROUND

3.1 The Scottish Government requested partnerships provide a mid-year report on the progress made to date by those projects allocated funding from the Integrated Care Fund in 2015/2016 and how this has supported achievement against the national Health and Wellbeing outcomes. The attached draft Integrated Care Fund Mid-Year Report has been submitted to the Scottish Government to meet Scottish Government reporting deadlines.

4. Summary of ICF Funding

4.1 The Scottish Government has allocated additional resources of £100m to Health and Social Care Partnerships in 2015-16 through the Integrated Care Fund (ICF). The Cabinet Secretary for Health, Wellbeing and Sport announced on 19 March 2015 that an additional £200m will be shared between health and social care partnerships during the period between 2016/18.

4.2 The first tranche of Integrated Care Fund monies of £100m were included in NHS Board's baseline funding allocation letters for 2015-16.

4.3 The allocation to the Falkirk Partnership was £2.88m, of which £2.04m has been allocated to date. Of this allocation spend to date is £290k, with a predicted further spend of £1.55m.

4.4 The agreed process identified by the then Transitional Board was a commissioned intervention allocation approach not a bidding approach. Notional proportions of ICF budget was allocated against each priority area. At the time of approval the ICF Spend Plan confirmation of one-year funding, only was allocated to new projects or to 31 March 2016 for existing projects.

4.5 Following the process above, the approval process has contributed to a delay in some of the new projects commencing. However it is anticipated that the first monitoring review with the project leads due early January 2016, will provide further information to the IJB to support decision making processes for 2016/17 funding.

4.6 It is intended that the ICF Monitoring Group will submit a report for the February IJB Meeting with recommendations on the current funded projects and their progress in meeting outcomes.

5. CONCLUSION

5.1 Based on the information provided the conclusion is that the Integration Joint Board considers the Draft Integrated Care Fund Mid-Year report and agrees final submission to SG.

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Approved for Submission by: Tracey McKigen, Interim Chief Officer

Author – Catriona Cockburn, Service Manager, Falkirk Council and James Cassidy, Service Manager, NHS Forth Valley

Date: 23 November 2015

List of Background Papers: Copy of Draft Integrated Care Fund Mid-Year Report.

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16 **ANNEX B**

Integrated Care Fund – 2015/16 – Mid-Year Financial Summary Falkirk Partnership – 2.88 £m ICF Allocation for 2015/2016

	Allocation for 2015/16	Spend - April to September 2015	Forecast Spend – October to End March 2015	Projected Over/Underspends
Telecare Innovations – MECs Night Services and Fall Management	163,500	21,670	162,100	1,400
Homecare Redesign	214,000	105,520	214,000	0
Living it Up (DALLAS)	9,200	0	2,400	6,800
Enhanced Support for FCH Developing The Rehab Support	108,300	34,204	84,604	23,696
Modernising Technology In Care Services (Real Time Monitoring)	67,800	10,200	67,800	0
Alzheimer's Scotland PDS Link Workers	76,000	19,266	77,333	-1,333
Alzheimer's Scotland - Community Connections	10,600	0	10,600	0
Marie Curie Patient Visit Services	31,200	0	19,000	12,200
Braveheart Optimise Health and Wellbeing Service	13,400	3,350	13,400	0
Health and Wellbeing Activities Programme (Carers)	6,000	115	6,000	0
Support Break for Carers	29,200	834	29,200	0

FDAMH Social Prescribing Service	100,000	0	100,000	0
OD Workforce Development Post (OD Advisor)	40,000	25,308	51,614	-11,614
Stakeholder Engagement And Participation	40,000	0	0	40,000
Active Minds: A Physical Activity and Wellbeing Programme For Falkirk	40,800	0	40,800	0
Forth Valley Case Management Service – For People With	75,000	0	75,000	0
Medication Management Project	20,000	0	20,000	0
OT, Equipment and Adaptations Redesign	67,000	0	67,000	0
Data Analyst	48,700	0	16,250	32,450
ICF Co-ordinator	55,000	0	17,600	37,400
Performance Management And Programme Support	36,500	15,510	36,500	0
Integration Partner : Independent Sector	33,300	16,650	33,300	0
TSI Support	75,000	37,500	75,000	0
Closer to Home- ALFY	103,500	0	51,750	51,750
Closer to Home- Enhanced Community Team	346,500	0	173,250	173,250
Closer to Home-Additional Care and Support Costs	229,200	0	114,600	114,600
Total ICF spend to date- 2015/16	**2,039,700**	**290,127**	**1,559,101**	**480,599**

1	The Transitional Board approved the Integrated Care Plan at its meeting on 9th January 2015 with further detail of the programme being presented to the Transitional Board at meetings on 5th June, 4th September 2015 and 2nd October 2015.
2	The partnership are considering the Integrated Care Plan for 2015/2016 as an investment programme which will be subject to ongoing monitoring, scrutiny and review particularly in light of the development and approval of the partnership's strategic plan. Meeting planned for 23/11/2015 to reinforce ICF monitoring process which will support project leads in reporting progress towards ICF Outcomes.
3	Given the above the partnership does not consider the financial summary to represent an underspend, but rather a timing of expenditure issue across the 1 year investment programme. NHS Forth Valley will manage the difference in timing of expenditure compared to timing of allocation through its financial management regime. The partnership anticipate, particularly in light of a very challenging financial environment, that this approach will assist with sustainability of the programme.

Integrated Care Fund – 2015/16 – Progress towards ICF Outcomes

WORK STREAM ACTIVITY OR PROJECT	OUTCOMES FOR 2015/16	PROGRESS TOWARDS OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE
Telecare Innovations – MECS Night Services and Fall Management	• Join together Telehealthcare projects across Falkirk (specifically medication reminder devices and the Housing Technology project.) • Increase the number of people who are prevented from being admitted to hospital/care home as a result of the falls bundles work.	• Implementation Officer now in post. • Continue to analyse the impact of the service and its effectiveness. Resources are being used to evaluate the demand and report on trends and base business.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Integrated Care Fund – 2015/16 – Progress towards ICF Outcomes

WORK STREAM ACTIVITY OR PROJECT	OUTCOMES FOR 2015/16	PROGRESS TOWARDS OUTCOMES FOR 2015/16	SOURCE OF DATA USED TO MONITOR PROGRESS	ACTION TAKEN IN RELATION TO UNDER PERFORMANCE
Telecare Innovations – MECS Night Services and Fall Management	• Join together Telehealthcare projects across Falkirk (specifically medication reminder devices and the Housing Technology project.) • Increase the number of people who are prevented from being admitted to hospital/care home as a result of the falls bundles work.	• Implementation Officer now in post. • Continue to analyse the impact of the service and its effectiveness. Resources are being used to evaluate the demand and report on trends and base business.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Homecare Redesign	• Additional capacity of four extra managers to the team to help manage the overall impact of the introduction of the new real time monitoring system and support redesign of service. • Extension of Team Manager development time.	• Staff restructuring in progress • Recruitment of staff to redesigned service ongoing.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Living It Up (DALLAS)	• Continue the Project Manager post to the end of March 2016. • This work will continue the service development opportunities and embedding Living it up in to service delivery.	• Due to staff turnover post advertised with Interviews scheduled for 23/11/2015.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Enhanced Support for Falkirk Community Hospital- Developing the Rehab Support Worker (RSW)	• The RSW are involved in the provision of cognitive rehabilitation with patients as appropriate. • RSW shadowed the Occupational Therapist (OT) during treatment sessions to increase knowledge and understanding of cognitive problems. They are now confident in carrying out a basic cognitive assessment (AMT10)	• Ongoing training and education from the OT. • Leading cognitive therapy sessions as advised by the OT. • Continue to carry out AMT 10 assessments.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Modernising Technology In Care Services (Real Time Monitoring)	• Continue rolling out and fine-tuning the configuration of the system. • Progress the ongoing work required to achieve a go live date. • Agree a go live date for the system. • Implement the go live date. • Review the initial roll out and plan in future go live dates for other areas.	• Arrange how the system will be maintained and supported long term • Monitor and report on benefits and efficiencies from use of the system • Continue setting up user accounts, training staff, rolling out aspects of the system • Look at future development of the system (including how external care providers could be brought on).	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Alzheimer's Scotland PDS Link Workers	• The person with dementia, their family and carer will: 1. benefit from timely, relevant and responsive Information & advice from the point of diagnosis and throughout the duration of the illness. 2. be better informed and equipped with skills to manage the challenges of living with dementia 3. have legal and financial arrangements in place for the future 4. be in a position to take control, now and in the future, of services to support them to live at home as independently as possible 5. build on existing support networks 6. maintain community links & build peer support networks for both carers and people with dementia at all stages 7. benefit from sharing experiences, tips and coping strategies 8. statutory supports will be phased in at a pace and time that is acceptable to both the person with dementia and their carer 9. carers will feel confident and well supported in their caring role 10. finish the one year support with a Personal Support Plan in place. • Monitor referral rates to assess capacity of team	• Continue to deliver the 5 pillar Post Diagnostic Support model for those in the earlier stages of Dementia and support those in the moderate stages to access appropriate support • Continue to offer information courses throughout the year- 3 to be offered per year • 1-1 support to be offered to people post diagnosis, working though the 5 pillar model • Promote access to community links and Drop in Cafes. • Liaise with the CMHT, continue to record and submit HEAT data	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Alzheimer's Scotland - Community Connections Programme	Links to local priorities: • Service users and family/carers meet in familiar local settings. • Increase of walking and other activities which keeps people in good mental & physical health • People, who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. • Co-production involves service users, carers and family members, volunteers and NHS Forth Valley.	Continue maintaining the three groups: • Garden Club • Walking Group • Football Reminiscence	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Marie Curie Patient Visit Services	• Continue to deliver an end of life service for patients at home • Design and agree a long term operating model for the service. • Develop further partnerships with all providers of a palliative care as part of wider discussions on patient pathways. • Identify the benefits of delivering within a local clinical coordination of Marie Curie care or continue as part of FV Out of Hours Nursing Team.	Continue to provide support to patients and their carers during end of life care	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Braveheart - Optimise Health and Wellbeing Service	Links to local priorities • Provision of a person centred approach to support adults with Long Term conditions • Provide an opportunity to enable people to self-manage their condition • Support the achievement of National Health and Wellbeing Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer.	• The service recruits, trains and manages volunteers to become Health Mentors who deliver self-management activities with adults at risk of developing long term health conditions.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Health and Wellbeing Activities Programme (Carers)	• To provide opportunities for carers to participate in a range of activities designed to improve their health and wellbeing such as: singing, walking, pampering, relaxation, alternative therapies, healthy eating and fitness. Links to local priorities ▪ Carers: direct carer support services ▪ Health and Wellbeing in Communities: develop local capacity and infrastructure; focus resource within geographical areas of high inequality.	• The Carers Centre uses outcome focused measures to record and report on the services provided to individual carers	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Support Break for Carers	• Promote and administer a carers' break fund that will provide grants of up to £300 to allow around 80 carers to have a personalised short break which will help carers continue to provide care, helping reduce isolation, providing a better quality of life and maintaining carers' health and wellbeing. Links to local priorities ▪ Carers: direct carer support services such as short breaks/respite especially where the carers and the cared-for person both benefit	• The Carers Centre uses outcome focused measures to record and report on the services provided to individual carers.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

FDAMH Social Prescribing Service	Links to local priorities • Provision of a holistic and person centred approach to support people experiencing reduced mental wellbeing • Builds on continuing good practice - continuation of a service that is already in existence, offers early intervention and support, is recovery focused, ensures signposting (where necessary) to correct service, promotes partnership working and, evidence suggests, reduces the need for medication. • Uses validated evaluation tools to assess impact of intervention • Was / is an innovative approach to early intervention. Is highly regarded by the GP's who have access to the service. Reports indicate that this has been a highly effective project that merits consideration of continuation.	• We will monitor the impact of the project to support the current GP challenges in some practices across the Falkirk area • Project reports are available.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
OD Workforce Development Post (OD Advisor)	• Implement the OD/Change Management Plans across the Partnership to take forward priorities agreed through the Integration Joint Board	• Priorities agreed to make best use of available resources • Comprehensively engaging with and involving all partners. • Establishing sustainable structures and processes for joint/integrated working.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Stakeholder Engagement and Participation	• Raise awareness and increase skills regarding asset based approaches and co-production amongst staff across the Partnership, through training workshops.	• Delivered training workshops in June/July. • Scheduled annual training workshops. • Building the co-production training resources into HSCI OD.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Active Minds: A Physical Activity and Wellbeing Programme For Falkirk	• Improve health inequalities around mental health and wellbeing in the Falkirk area by decreasing levels of sedentary behaviour and physical inactivity. • This will provide a supportive physical activity pathway to cater for individuals following treatment from primary care or clinical services.	• The funding will be utilised to increase service provision, as well as support the existing Active Forth team to increase their knowledge, understanding and programming skills for customers with mental health conditions. • A key focus will be ensuring teams can actively engage with this key group. • This engagement will ensure consistent support and motivation throughout the 12 weeks, to maximise participation throughout the programme. • Upon completion of the 12 week programme there will be opportunities for re-referral or signposting into main stream activities.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Forth Valley Case Management Service – For People With ARBD	• Provide a cost effective service to ensure that individuals are not kept in hospital for too long, and do not present in crisis when this can be avoided. • Develop an integrated care pathway for ARBD. • Develop training materials and information for partner agencies • Provide comprehensive assessment including alcohol screening, cognitive screening, mental and physical health, quality of life/recovery capital. • Design holistic and person centred care packages, liaising with other disciplines where necessary. • Provide comprehensive assessment as above. • Offer a holistic rehabilitation package to each individual, including cognitive enhancement sessions and psychosocial interventions adapted for cognitive impairment. ▪ Provide support for individuals to access recovery community e.g. mutual aid, peer support etc. ▪ Provide intermediate care through in-reach to neuro-rehabilitation where appropriate ▪ Provide a model of care based on the quality principles, embedded within a recovery oriented system of care. ▪ Provide individualised care plans following comprehensive assessment. ▪ Provide alcohol free social activities to maximise opportunities to integrate, socialise, build confidence and engage with recovery-oriented activities. ▪ Provide holistic and person centred	• A steering group will be developed in order to ensure that the new service meets existing gaps, and compliments existing provision. The service developed will target those with alcohol related brain damage, i.e. those who are experiencing lasting cognitive impairment as a result of chronic alcohol use and poor nutrition. • The service will aim to provide intensive case management for those with the most complex needs and will assess where local gaps in care may exist, e.g. the provision of rehabilitation facilities. • Training and liaison with existing services will also be provided, in order to prevent deterioration of those at risk of ARBD, e.g. through consultation with health promotion and public health, and training on recognising signs and symptoms of ARBD for multiple organisations.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	.

Medication Management Project	▪ Carry out a scoping exercise across the Falkirk Council area to establish the extent and nature of problems experienced within the community regarding the management of medication for service users.	▪ Review legislative requirements, current practice as well as consider good practice in other local authority areas and work recently carried out by the Care Inspectorate and the Royal Pharmaceutical Society. ▪ Present a report highlighting the issues and potential solutions	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
OT, Equipment and Adaptations Redesign	The provision of a streamlined service, which supports: ▪ Timely discharge and prevention of admission to hospital; ▪ Supports people to live independently within their living environments and supporting health and wellbeing for both them and their carers; ▪ Establishes an appropriate integrated infrastructure, including workforce development/training to ensure the assessment and intervention processes are timely, completed with minimum numbers of professionals being involved and person centred and make best use of available joint resources. ▪ Develop the role of the Health Care Support Worker and other non-qualified staff skills sets from across the partnership to enable all people living in all tenures to have equitable access to equipment and adaptations.	• Recruitment is about to commence	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Data Analyst	▪ To support the development of the Strategic Needs Assessment and the Strategic Plan. The post holder will explore opportunities to link information from across health and social work.	▪ Recruitment discussions ongoing	▪ Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
ICF Co-ordinator	• Oversee, co-ordinate and provide programme management support to ICF projects including projects utilising other partnership funding.	• Recruitment process ongoing • There will be overall co-ordination of ICF Plan and supporting projects, including oversight of the budget, project review and evaluation arrangements; preparation of reports as required to the Integration Joint Board and Scottish Government.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

Performance Management and Programme Support	• Monitor and support projects, and provide performance information to the Joint Management Group and the Integration Joint Board	• Source, gather and analysis detailed statistical information to support the implementation of the ICF and DD projects using service improvement tools. • Support change and improvement in efficiency and productivity in the delivery of these projects. • This evidence will enable the IJB to assess impact and risk in service re-design/investment/dis-investment areas.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Integration Partner : Independent Sector	• Continues to improve communication and engagement with the independent sector providers for care at home and care homes in the Falkirk area.	• There are now regular meetings with the providers and officers to address a number of areas. • This has resulted in opportunities to improve skills, learning and training and consider how provider can respond creatively and responsively to changing needs. • As the post holder is employed by Scottish Care there is a strong network of learning and support that is of benefit to the partnership.	• Quarterly Monitoring Reports • Six-monthly Project Update Review Meetings • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

TSI Support	• To facilitate wider representation with the sector that will be underpinned by a framework allowing an ongoing, two way exchange of information and provide the sector the opportunity to input views, where appropriate.	• Recruitment process ongoing.	• Quarterly Monitoring Reports. • Six-monthly Project Update Review Meetings. • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	
Closer to Home- • ALFY • enhanced community team • Additional Care and Support Costs	• Building on the Bo'ness pilot, further develop a streamlined model for accessing services and supporting people to remain at home in a more effective way across the full partnership area. • Provide a single point of contact for specifically identified individuals using SPARRA data. • Adopting a model similar to Hospital at Home which will provide the most appropriate and least invasive care option.	• There are already a number of initiatives underway. This project will connect projects and services in a more cohesive way.	• Quarterly Monitoring Reports. • Six-monthly Project Update Review Meetings. • Quarterly reporting to Falkirk Joint Management Group and Falkirk Integration Joint Board.	

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16 **ANNEX B**

Integrated Care Fund - Indicators of progress

Question	Comment
How has ICF funding allowed links to be established with wider Community Planning activity?	The Falkirk Integrated Care Programme reports to the Falkirk Joint Management Group (JMG) at monthly meetings. The JMG is a key group which supports the Community Planning Partnership in Falkirk. This ensures that services and projects funded through partnership funding such as the ICF is aligned to the Single Outcome Agreement. This structure enables public and third sector organisations to play a crucial role in aligning the needs of service users and carers with the priorities of CPP partners.
What progress has been made linking ICF activity to work being taken forward through Strategic Commissioning more broadly?	The Falkirk Integrated Care Programme has been established on the basis that a commissioning based approach is taken to directing ICF investment in contrast to the previous process in allocating RCOP money. The Falkirk Health & Social Care Partnership Draft Joint Strategic Needs Assessment and the Draft Falkirk Integrated Strategic Plan 2016/2019 being developed are currently going through governance processes which will direct future commissioning efforts and the use of ICF resources. ICF funding will be crucial to enable investment in priorities identified in the Strategic Plan. Projects have been awarded linked to service user and carer needs that have been identified. Linkages to the Draft Falkirk Integrated Strategic Plan 2016-2019 will continue to be developed with full stakeholder engagement.
How has ICF funding strengthened localities including input from Third Sector, Carers and Service Users	The Integrated Care Programme in Falkirk has added additional capacity to localities by delivering locally based services. The ICF investment has supported the partnership, including the third and Independent sectors to develop targeted services to deliver on priorities such as inequalities within communities and offering services to service users and carers. All of these approaches help to demonstrate that strategic priorities can be progressed by targeted activity tailored to local geographies and demographics which echoes the main underlying message of the localities approach.

What evidence (if any) is available to the partnership that ICF investments are sustainable	The continued development and implementation of the ICF project Performance Framework will help to measure the sustainability of ICF investments. This will provide information to enable future investment and disinvestment decisions.
Where applicable - what progress has been made in implementing the National Action Plan for Multi- Morbidity	The Falkirk Integrated Care Programme has been developed in alignment with the National Action Plan for Multi-Morbidity

INTEGRATED CARE FUND – MID YEAR REPORTING TEMPLATE 2015/16

PARTNERSHIP DETAILS

Partnership name:	Falkirk Partnership
Contact name(s)	James Cassidy & Catriona Cockburn
Contact Telephone	(01324) 614657 & (01324) 504049
Email	james.cassidy1@nhs.net & catriona.cockburn@falkirk.gov.uk
Date Agreed	12.11.2015

The content of this template has been agreed as accurate by:

Kathy O'Neill (name) for NHS Board

Colin Moodie (name) for Local Authority

Margaret McGowan (name) for Third Sector

Karen Herbert (name) for Independent Sector When complete and signed please return to:
Brian Nisbet
GE-18, St Andrew House, Regent Road,
Edinburgh, EH1 3DG

Or send via e-mail to IRC@gov.scot

This paper relates to Agenda Item 11

Title/Subject: **Health and Social Care Integration Programme Plan Update**

Meeting: **Integration Joint Board**

Date: **4 December 2015**

Submitted By: **Interim Chief Officer**

Action: **For Noting**

1. INTRODUCTION

1.1. The purpose of the report is to provide an update to the Integration Joint Board with a progress report on the programme of work to implement health and social care integration.

2. RECOMMENDATION

The Integration Joint Board members are asked to:

2.1. Note the content of the report and progress to date.

3. BACKGROUND

3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a number of statutory requirements for Health and Social Care Partnerships to meet in order to implement health and social care integration.

3.2. The Transitional Board received a report on 4 September 2015 noting the programme of work and agreed to regular reports being received to ensure the Board is satisfying itself that all relevant matters are being progressed in a timely manner.

4. INTEGRATION PROGRAMME PLAN

4.1. The Integration Programme Plan and associated workstreams were originally established to prepare the Integration Scheme. Since this was achieved, the workstreams have remained in place, with new workstreams established. This approach should ensure the delivery and implementation of a range of tasks that are required to support new integration arrangements and to ensure the Partnership meets their statutory obligations from April 2016. There has been work undertaken with the workstreams to revise their action plans to ensure these reflect the required tasks, leads and timescales.

4.2. The workstream groups established to support integration arrangements are as follows:

- Strategic Planning group
- Strategic Planning co-ordinating group
- FV Governance group
- FV wide Finance group, with two supporting sub groups
- FV wide HR workforce group
- FV wide Performance and Measurement group
- FV wide Data Sharing Partnership group
- FV wide Clinical and Care Governance group
- FV Risk Management group
- Falkirk Participation and Engagement group
- Falkirk Partnership OD and Workforce Development group.

4.3. The key achievements updates since the report in September 2015 and future actions for these workstream groups are attached in Appendix 1. The Strategic Planning Group and Strategic Planning co-ordinating group updates are separately reported to the Integration Joint Board in the standing agenda item on the Strategic Plan.

5. CONCLUSION

5.1. Work is progressing however deadlines are tight and commitment and flexibility will be required from all partners to ensure the Partnership meets its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 by 1 April 2016.

5.2. A number of the workstreams have significant areas of work and will continue beyond March 2016 as part of the longer terms change programme.

5.3. **Resource Implications**
The Integration Joint Board should note that the respective partners are contributing significant resources to supporting integration as reflected in the membership and areas of work being taken forward in the respective workstreams. It should be noted that this is, at this point in time, considerable commitment for all parties.

5.4. **Impact On IJB Outcomes, Priorities And Outcomes**
By completing the work associated with the work streams the Partnership will meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 by 1 April 2016. The primary focus for the workstreams is on meeting the core legal requirements and those provisions within the Integration Scheme by this deadline.

5.5. **Consultation**
Workstream outputs, where required, will be subject to consultation.

5.6. **Legal & Risk Implications**
There is a risk if work as outlined is not completed we will fail to meet our statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 by 1 April 2016.

5.7. **Equalities And Human Rights Assessment**
Equalities and Human Rights Impact Assessments will be carried out as required for each workstream. The recommendations in this report do not require an Equalities and Human Rights Assessment.

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Approved for Submission by: Tracey McKigen, Interim Chief Officer

Author: Suzanne Thomson, Programme Manager – Integration
Date: 23 November 2015

List of Background Papers:
Transitional Board Report: 4 September 2015 - Health and Social Care Integration Programme Plan and Workstream Updates

This paper relates to
Agenda Item 12

Work Stream	Chair	Key Milestones to Date	Key Priorities / Actions	Outline Timescales
Governance	Tracey McKigen	▪ Initial meeting of reconstituted workstream has taken place. ▪ Agreed the scope of the workstream which will ensure compliance with the Act, the roles and responsibilities guidance and other relevant non-financial guidance. ▪ Standing Orders agreed by the IJB on 6 November 2015.	▪ Draft Complaints policy and procedures. ▪ Draft FOI policy and procedures and Publication Scheme. ▪ Develop proposals for the provision of support services for the IJB. ▪ Agree approach to recommend to Board for implementation of public sector equality duty and identify which party will provide adviser to Board on equality issues. ▪ Review SASPI and agree scope of any required information sharing protocol.	March 2016 March 2016 March 2016 March 2016 March 2016
Finance	Fiona Ramsay	▪ Liaised with other relevant workstreams and subject specialists in constituent bodies (e.g. procurement, internal audit) to progress tasks. ▪ Reviewed constituent bodies financial governance frameworks. ▪ Draft papers prepared covering various requirements of Finance Implementation checklist for IJB's. ▪ Scrutiny of three year budget and spend information from respective parties for 'in-scope' services.	▪ Further progress draft proposals for addressing requirements of Finance Implementation Checklist. ▪ Consider processes required for preparation of Annual Governance Statement.	January 2016 January 2016
HR Workforce	Helen	▪ Successful delivery of a development workshop.	Learning event organised with colleagues in	9 December 2015

Work Stream	Chair	Key Milestones to Date	Key Priorities / Actions	Outline Timescales
	Kelly	This facilitated workshop was attended by members of the H&SCI Workforce Group, HR & OD colleagues and senior leaders in Health and Social Care across the partner organisations to: o Develop a shared vision for the Workforce across Forth Valley Health and Social Care Partnerships. o Commence the process of developing Workforce Plans & OD Strategies to support Health and Social Care Integration. o Explore the principles, values, behaviours and relationships required to develop and implement the Workforce agenda to support Health and Social Care integration. ▪ Successful delivery of development session with Joint Staff forum members to agree shared vision and develop partnership working and engagement. First formal Joint Staff Forum meeting took place on 15 September 2015. ▪ High level management data has been collated to allow an understanding of the workforce in scope for HSCI within their partnership.	the Ayrshire and Arran partnership, to share experiences and lessons learned. Joint Staff Forum meetings to be held bi-monthly. Development of Workforce Plan. Further analysis of workforce data information.	8 December 2015 February 2016 January 2016
Performance & Measurement	Elaine Vanhegan	▪ 3 meetings of reconstituted workstream. ▪ Role and Remit agreed – focus on requirements to 31 March 2016 and then review ongoing support in terms of performance to the IJBs and partnerships. ▪ Three key areas of focus: • Creation of initial Performance Management	Draft Performance Management Framework to Programme Board November and to IJBs in January for approval. Preparation of Integration functions performance target list and Non integration	January 2016 March 2016

Work Stream	Chair	Key Milestones to Date	Key Priorities / Actions	Outline Timescales
		Framework acknowledging legislative requirements and needs of both routine reporting and production of an Annual Report - Framework focuses on the *Why* and *How.* • Metrics and Indicator mapping based on National Outcomes Integration Indicators cross linked to relevant local SOA/HEAT targets – the *What.* • As per the Integration Schemes prepare: o Integration functions performance target list. o Non integration functions performance target list. ▪ Close liaison with other workstreams to prevent duplication i.e. data sharing IM&T.	functions performance target list. Agreement on relevant and priority indicators for Year 1 based on national outcomes and needs of Strategic Plan.	March 2016
Data Sharing Partnership	Jonathan Procter	Baseline audit completed. Three priority areas agreed with both partnerships. Draft business analysis or requirements gathered for all three priority areas. Bid for Information Sharing Funding.	Further develop three priority business analysis. Develop pilot portal project plan (subject to approval of funding). Further develop technical infrastructure in partnership. Continue high level workplan and regular meetings.	December 2015 December 2015 March 2016 Monthly meetings
Clinical & Care Governance	Tracey Gillies	Draft Care and Clinical Governance Framework is in development and within the next month.	Draft CCG Framework in development and draft anticipated to be ready for circulation	December 2015
Risk	Hugh Coyle	Risk Management Strategy and Guidance developed and circulated for comments in October 2015.	Strategy / Guidance feedback awaited	December 2015

Work Stream	Chair	Key Milestones to Date	Key Priorities / Actions	Outline Timescales
		A risk workshop is to take place with both partnerships.	Partnerships to hold workshop.	December 2015
Participation & Engagement	TBC	Meeting held with comms leads to agree process to develop strategy and identify lead. Staff newsletter circulated in October 2015. Web-based information updated.	Consultation and engagement ongoing in relation to the Strategic Plan consultation. Develop Participation and Engagement Plan.	December 2015 March 2016
Organisational Development & Workforce Development	Morag McLaren	Falkirk Partnership ▪ Approval for OD support for range of existing management/reference groups. ▪ Approval for an Appreciative Inquiry engagement process with staff and stakeholders served by the Meeks Road GP Practice in Falkirk, reviewing the Care of Older People. This has not progressed as planned due to GP practice capacity challenges. ▪ Approval of initial proposals for joint leadership development. ▪ Short intervention leadership programme – 'Playing to Your Strengths' – in development. Pre-workshop coaching sessions currently taking place. ▪ Engagement sessions with the 'workforce for integration' (Apr/May 15). Resulting outputs report submitted to JMG for approval (Aug 15), with high level summary submitted to IJB (Nov 15). ▪ OD support to the Bo'ness Locality/ALFY Project. ▪ OD support to review of Falkirk Integrated	▪ Support the Chief Officer to review and develop Joint Management & Care Governance Structures e.g. Joint Management Group; Joint Staff Trade Union Forum; Partnership/CHP Professional Advisory Forum; Independent Sector Partnership Forum. ▪ Support the development of the Strategic Planning Group. ▪ Identify alternative focus for Appreciative Inquiry process. ▪ Deliver Partnership Playing to Your Strengths Programme'. ▪ Support Chief Officer & Senior Managers to identify Leadership development Needs for 2016. ▪ Publish phase 1 staff engagement outputs report and develop plans for next phase. ▪ OD support to Delayed Discharge Steering Group.	ASAP Nov/Dec 15 ASAP November 15

Work Stream	Chair	Key Milestones to Date	Key Priorities / Actions	Outline Timescales
		Community Mental Health and Learning Disabilities Teams.		
		Both partnerships ▪ Development session with CHP senior management team ▪ OD & Workforce Development Groups formed with members from key stakeholder organisations. ▪ Chair of OD & WFD Groups has joined the (Area-wide) Workforce Group, ensuring synergies/links across the Workforce agenda. ▪ Initial (Transitional) OD & WF Development Plans developed and approved for Integration Scheme. ▪ OD & WFD priorities approved and supported by both Partnership Joint Management Teams. ▪ OD scoping exercise completed to ascertain development needs of Transitional Board. Recommendations accepted and supported by both Boards. ▪ Strategic Planning Workshops held with both Boards. ▪ Proposals for the production of a Joint Workforce Training and Development Framework approved and Framework development progressed. ▪ Joint staff forum development session (shared values and key priorities) (Sep 15) ▪ OD support to GP Whole Systems Working Locality Development meetings	▪ Development of medium – long term Workforce Strategy, incorporating OD & WFD Plans for next 3-5 years. ▪ Completion of 1st Draft Workforce Training & Development Frameworks for both Partnerships (Nov/Dec 2015). ▪ IJB OD Sessions to be delivered Oct/Nov Dec 15. ▪ Personal Development needs of Voting members to be identified and supported (Dec 15). ▪ Induction Programme for Non-Voting IJB members to be designed & completed by Dec 15. ▪ Development needs for Joint Staff forum Members to be identified (Dec 15). ▪ Align the High level outputs from the Joint Workforce Training & Development Framework to the Strategic Plans for each Partnership. Identifying initial Joint Training priorities to support the implementation of local Integrated Partnership Delivery Plans and Workforce Plans (Mar 16). ▪ Identify Joint Training & Development opportunities to make best use of	Nov/Dec 2015 Oct/Nov Dec 2015 Dec 2015 Dec 2015 Dec 2015 March 2016

Work Stream	Chair	Key Milestones to Date	Key Priorities / Actions	Outline Timescales
			resources (April 16)	

This paper relates to
Agenda Item 12

Title/Subject: **Appointment of Chief Officer (Health & Social Care Integration)**
Meeting: **Integration Joint Board**
Date: **4th December 2015**

Submitted by: **Chief Executive, Falkirk Council & Chief Executive, NHS Forth Valley**
Action: **For Decision**

1. INTRODUCTION

1.1 The purpose of this paper is to report to the Integration Joint Board the outcome of the appointment process approved by the Transitional Board Appointments Panel at its meeting on 18 June 2015.

2. RECOMMENDATIONS

2.1 The Integration Joint Board is asked to approve the appointment to the Chief Officer post.

3 PERMANENT APPOINTMENT

3.1 Consistent with the decision of the Transitional Board Appointments Panel, the post of Chief Officer was re-advertised in September 2015. In order to ensure that we attracted a broad range of interest, an external recruitment agency, Solace in Business, was engaged.

3.2 This resulted in a positive outcome with 24 applications received from which six applicants were shortlisted.

3.3 Following a robust recruitment process which involved a full day participation in an assessment centre, psychometric testing and a subsequent interview with presentation, a preferred candidate was identified.

3.4 Thereafter, following receipt of references and positive occupational health assessment, the Chief Officer post has been formally offered to Patricia Cassidy. Patricia has accepted this post and a start date of Monday 14 December 2015 is agreed.

3.5 Patricia Cassidy will be employed by Falkirk Council who will thereafter second her to the Integration Joint Board. Appropriate Contractual arrangements are being put in place.

Approved for submission by Mary Pitcaithly, Chief Executive, Falkirk Council and Jane Grant, Chief Executive NHS Forth Valley

Author: Helen Kelly, Director of HR, NHS Forth Valley & Karen Algie, Head of HR & Customer First, Falkirk Council

List of Background Papers :- Nil