

# **Agenda Item**

**6**

**Title/Subject:** Medium Term Financial Plan, Delivery Plan and Business Case

**Meeting:** Integration Joint Board

**Date:** 6 December 2019

**Submitted By:** Chief Officer

### 1. INTRODUCTION

- 1.1. The purpose of this report is to present the Medium Term Financial Plan and Delivery Plan for 2019-22 to the IJB. The business case attached is a summary of information from the IJB's Delivery Plan and Medium Term Financial Plan. The business case will be presented to Falkirk Council on 4 December 2019. The IJB will receive a verbal update on the discussion of the business case by Council. The Health Board will consider an updated business case in January 2020.

### 2. RECOMMENDATION

The IJB is asked to:

- 2.1. approve the MTFP and note that an update will be submitted to a future IJB meeting setting out more detail on savings across the Partnership
- 2.2. approve the Delivery Plan
- 2.3. note the business case and the verbal feedback from Falkirk Council from it's meeting on 4 December 2019.

### 3. BACKGROUND

- 3.1. The IJB approved its Strategic Plan for 2019-2022 on 5 April 2019. The Strategic Plan describes how the IJB will plan and deliver services for the Falkirk area over the medium term. It also sets out how the IJB will deliver the national outcomes for health and wellbeing.
- 3.2. The Integration Scheme of the Falkirk IJB sets out how Falkirk Council and NHS Forth Valley will work together to integrate services. The scheme has a Finance section which outlines the mechanism for agreeing the payments from both partners to the IJB. Section 8.3 of the scheme covers the requirement for a business case to be presented by the IJB to the partners as part of the negotiation process.
- 3.3. The Integrated Resources Advisory Group (IRAG) produced Finance Guidance which set out in more detail the recommended contents of the

business case, highlighting that the business case for the IJB should be based on the Strategic Plan.

- 3.4. The IJBs external auditors, EY, have highlighted that the IJB does not have sufficient longer term budget management arrangements, including medium term financial planning and risk sharing agreement ?.

#### 4. REPORTS FOR CONSIDERATION

- 4.1. Three papers are attached for consideration and where appropriate, approval.

Paper	Purpose
<b>Appendix 1</b> Medium Term Financial Plan	<b>For approval</b> This plan supports delivery of the Strategic Plan and provides a summary of all the known factors that will impact on the IJB's financial position going forward.
<b>Appendix 2</b> Delivery Plan	<b>For approval</b> This document set out the main activities that the Partnership will undertake over the next 1 to 3 years. The focus of the delivery plan has to be transformational with the aims of reducing demand and reducing costs.
<b>Appendix 3</b> Business Case	<b>For consideration</b> This is a summary of information from the IJB's Delivery Plan and Medium Term Financial Plan. This summary was required to present to Falkirk Council on 4 December 2019. An updated version will also be presented to the Health Board in January 2020. A verbal update of the consideration of the Business Case by Falkirk Council will be provided to the IJB in December 2019.

#### 5. CONCLUSIONS

- 5.1. The Medium Term Financial Plan and the Delivery Plan support delivery of the vision and the outcomes of the Strategic Plan. They highlight priority areas for the IJB and set out the significant volume of transformation work required to reduce demand and reduce costs. Both plans are challenging and will require to be updated regularly over the coming years.
- 5.2. The Business Case will be presented to Falkirk Council on 4 December 2019. The IJB will receive a verbal update on the discussions held at

Council. An updated Business Case will be presented to the Health Board in January 2020.

### **Resource Implications**

The resource implications are considered in the body of the appendices.

### **Impact on IJB Outcomes and Priorities**

The Medium Term Financial Plan sets out the savings which can be achieved whilst the Partnership works to deliver the outcomes and priorities of the Strategic Plan.

The Delivery Plan sets out the key pieces of work required to deliver the vision and priorities of the Strategic Plan.

### **Legal & Risk Implications**

Previous reports to the IJB have set out risk in delivering the programme of transformation, including the capacity of the management team to deliver operational services, delivery efficiencies and implement significant service changes. The recent agreement of Leadership Funding to appoint critical support roles should mitigate the risks.

The challenge of delivering the transformation programme at a time of rising demographics and associated demand, as well as financial constraints should not be underestimated. Failure to implement the Delivery Plan could result in poor performance and increasing financial pressures.

### **Consultation**

Requirements for consultation on the activities identified within the Delivery Plan will require to be considered.

### **Equalities Assessment**

An equalities assessment will require to be prepared for each of the savings proposals. However, an initial consideration has noted the savings impact as “low”, as all services provision is ultimately based on an assessment of an individual’s need.

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Submitted by: Patricia Cassidy, Chief Officer Falkirk IJB

**Author:** Amanda Templeman, Chief Finance Officer

**Date:** 26 November 2019

**List of Background Papers:**

None



Falkirk  
Health and Social Care  
Partnership

Falkirk Integration Joint Board

Medium Term Financial Plan

2020/21 to 2024/25

## PURPOSE OF MEDIUM TERM FINANCIAL PLAN

This paper sets out the medium term financial plan (MTFP) for the Falkirk Integration Joint Board (IJB) for the period 2020/21 to 2024/25. This plan supports delivery of the IJB's [Strategic Plan](#) and should be read in conjunction with the IJB's Delivery Plan. These two documents set out how the Strategic Plan will be delivered and the steps that will be taken to redesign and improve services to reduce costs and bridge funding gaps.

### The MTFP is designed to:

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- Put the Falkirk IJB financial position into a national and local context
- Bring together in one place the key factors which are known and which will impact on the financial position of the IJB
- Project the impact of those assumptions on the financial position of the IJB
- Project the likely funding gaps and level of savings through transformation, service redesign or other efficiencies
- Link this to the work set out in the Delivery Plan

In considering this document, it is important that the limitations of the data available (for example the funding settlement from the Scottish Government to the Health Board and Council are not known at this time) and the risks in the assumptions are clearly described.

This document is designed to be a working document in that regular updates to the IJB Delivery Plan should feed directly into the MTFP. As such, the aim is to regular refresh the MTFP. This approach will help to mitigate some of the risks around the assumptions used, particularly in later years, and help to ensure the document remains a useful tool for assessing and mitigating financial risk.

[Falkirk IJB](#) and its partners are facing an extremely challenging financial future with expectations of significant changes in demographics leading to growing demand and increasing costs. This comes at the same time as an expected reduction in real terms of the financial envelope within which to deliver services. All of this is in a period when the expectations on health and social care services are increasing and the drive for significant transformational change has become of critical importance. The MTFP and Delivery Plan will demonstrate how the IJB plans to meet these challenges and how progress will be tracked and the budget controlled.

IJBs were established as agents of change and improvement, with an expectation that plans would be put in place to improve the health and wellbeing of the local population. One of the aims of integration is for the financial resources of the IJB to no longer be seen as separate social work and health budgets and instead to use the total resources available to meet the health and social care needs of the people of Falkirk. To achieve this, and deliver the Strategic Plan, money will have to move to support new models of care.

All of this work is necessary to deliver the Strategic Plan's vision:

***"to enable people in the Falkirk Health and Social Care Partnership area to live full and positive lives within supportive and inclusive communities"***

## PRINCIPLES

The IJB has previously considered principles for completion of the MTFP. It is important to emphasise that the preparation of a MTFP requires collaboration with the Partners to ensure that the information used is robust and consistent.

### Approach

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Where possible the MTFPs of the Partners and the IJB will use the same assumptions around cost pressures, activity data etc. Where there is a difference, this will be discussed and if necessary, explained in covering reports.

The Strategic Needs Assessments of the IJB are prepared by ISD staff. These will be shared with partner colleagues. If there are significant planning differences, these will be discussed to try to reach an agreed position. If there is a difference which cannot be resolved, this will be explained in covering reports where necessary.

Information prepared as part of the regionalisation work will be taken into account in the MTFP. NHS colleagues will identify which elements of the information should be retained and which will be superseded.

At all stages, efforts will be made to reach agreement on all assumptions and approaches throughout the process. Where material differences arise, these will be highlighted in the MTFP.

## NATIONAL & LOCAL CONTEXT

### Legislation

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The IJB's role and function is set out in the Public Bodies (Joint Working) (Scotland) Act 2014. The legislation provides a framework for the integration of health and social care services. The main principles of integration are:

- To improve the quality and consistency of care for patients, carers, service users and their families.
- To provide services in a way which, so far as possible, is integrated from the point of service users and enables people to stay in their homes, or another residential setting in the community, where it is safe to do so.
- To ensure that available facilities, people and other resources are used most effectively and efficiently, in a way that anticipates the needs (and prevents them arising) of the growing and aging population.

IJB's have been set up to challenge the status quo and can do this by identifying innovative and effective ways to change how services are currently delivered and how funds are allocated. It is recognised nationally that the challenges facing the health and social care system mean that the behaviour, planning and delivery across services must change.

## SCOTTISH GOVERNMENT APPROACH

The Scottish Government has established a National Performance Framework which sets out 11 National Outcomes including “Community” and “Health”. Each Outcome has a series of National Indicators, 81 in total, which are designed to give a measurement of national wellbeing. The IJB measures performance against a number of relevant National Indicators.

Key changes enacted by the Scottish Government which impact directly on the work of the IJB to date include:

- Ensuring the Scottish living wage is rolled out across the care sector
- The delivery of a new General Medical Services contract and a commitment to increasing investment in primary care by £500m by 2021/22
- Increase in the number of mental health professionals in Scotland
- Improving support for Carers
- Free Personal Care for all
- Increase in investment for new and innovative approaches to tackling drug addiction issues

Each of these strands of work has had an impact on both service delivery and budgets.

## UK Government Budget

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The Office for Budget Responsibility (OBR) recently published an updated assessment of its Fiscal Risks Report. Within this report, spending on the NHS and adult social care remain the two areas of highest risk. On the health side this is due to demographic factors, pay and non pay inflation and risks around the delivery of assumed productivity gains. It is projected that there will be significant risk of repeated, topping up of the NHS spending settlement required.

For adult social care, the risks are similar to those for health. Other risks include increases in the living wage and how ongoing pressures on Local Government budgets will impact on this area.

The OBR report states that “all the signs point to a fiscal loosening and less ambitious objectives for the management of the public finances”. However, there are no certainties for the economy and the impact of Brexit remains to be seen.

The UK Government published its spending plans for 2020/21 in September. However, the announcement of a general election in December 2019 has had an impact on the timing of both the UK and Scottish budgets. It is increasingly likely that the Scottish Government draft budget will be delivered in January or February 2020. In prior years, this budget has then been subject to negotiation which will further delay the receipt of a final financial settlement. As a result of this, it is likely that the IJB will be under some pressure to agree the budget in time for the 31 March deadline, albeit this is likely to be the case nationally.



## National Context - Scotland

In May 2019 the Scottish Government published its second Medium Term Financial Strategy. Unlike in 2018, the Strategy did not refer to policy priorities. The 2018 Strategy priority areas included the NHS but not local government or social care. Forecasts in the 2018 Strategy suggested that non-priority areas would be facing no cash terms increase in resource budgets, effectively a real terms cut. This is not expected to change as a result of the 2019 Strategy.

Scottish Government budget assumptions will be impacted by a number of factors including the Barnett Consequentials, income tax receipts and non domestic rates and council tax income. The Scottish Fiscal Commission have revised downwards the forecasts for Scottish income tax.

In October 2018 the Scottish Government published its Medium Term Health and Social Care Financial Framework. That framework highlighted the increase in activity levels across the health and social care sector:

### Activity Levels across Health and Social Care

**2.1m (+10%)** additional elderly care at home hours delivered from 21.6m in 2010/11 to 23.7m today

**1.8m (+21%)** additional hospital outpatient attendances from 8.5m per year to 10.3m

**140,000 (+17%)** additional hospital inpatient cases from 830,000 per year to 970,000

**98,000 (+6%)** additional A&E attendances from 1.6m per year to 1.7m

**67,000 (+16%)** additional hospital day cases from 420,000 per year to 490,000

**No change** in elderly residential care home places since 2010/11 remaining at 30,000 places

**5,000 (-5%)** fewer inpatient births in Scottish Hospitals from 102,000 to 97,000 episodes per year

**Table 1: Scottish Government Medium Term Health and Social Care Financial Framework October 2018**

Expenditure and activity are at record levels for Scotland as a whole and trends suggest that this growth will continue. Some key metrics are given in terms of forecast rates of growth and demand, including:

- Price effects of 2.2-2.4% each year for the next five years
- Demographic factors will increase demand for healthcare by 1% year on year
- Non demographic growth (areas such as new technology, new drugs etc) will contribute 2 – 2.5% growth year on year for health
- In total demand for health is expected to grow at c 3.5% each year.
- Demand for social care is expected to grow at 4% each year.

Managing this requires changes in the way health and social care services are delivered. If the system does not change, an increase in investment of £1.8bn would be required over the next five years.

The Financial Framework sets out the future shape of health and social care expenditure which is based on a gradual rebalancing of expenditure towards care delivery outwith a hospital setting. Five specific areas of reform activity have been identified:

- Shifting the balance of care
- Regional working
- Public health and prevention
- Once for Scotland
- Annual savings plans – the operational delivery of productivity and efficiency savings

Targets for savings have been attached to each of these areas by the Scottish Government. The potential impact for Falkirk continues to be worked on.

## Health

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The Scottish Government required NHS Boards to produce three year financial plans for the first time in 2019/20. This flowed from the Scottish Government's Medium Term Financial Framework which stated that Health Boards will no longer be required to break even at the end of each financial year and instead will be required to break even over a three year period. The Scottish Government will publish guidance in December 2019 to inform next year's plans.

In October 2019 Audit Scotland published their NHS in Scotland 2019 report. That report highlighted a number of key messages, including:

- In 2018/19, 42% of the Scottish Government budget was spent on Health.
- Without reform a £1.8bn shortfall in funding for Health is predicated by 2023/24, against an expected increase in spend of £20.6bn for the same period.
- Demand for hospital care continued to increase (including number of A&E attendances, and people waiting for inpatient and outpatient appointments). Health Boards struggled to meet key national standards, with two out of eight achieved. The report acknowledges that in some areas, for example waiting times, increase in demand is masking improvement.
- Temporary staffing costs remain significant as a result of recruitment and retention issues, sickness absence and pressures to meet waiting times targets.
- The pace of change to address reform, particularly through health and social care integration has been too slow. The Scottish Government should develop a new strategy for health and social care that identifies priorities to support large scale, system-wide reform for 2020 onwards. Cultural change may be required to accept new ways of working.
- Much more work is required to engage with local communities and co-design changes to services.
- The development of a national, integrated health and social care workforce plan is overdue.

## National trends in demands and activity for acute services in 2018/19

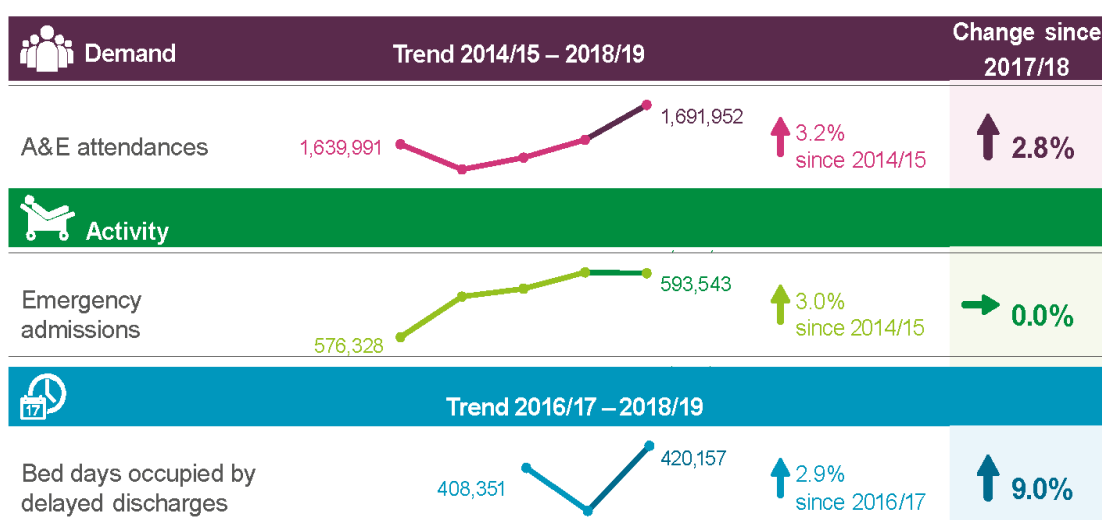


Table 2: [Audit Scotland NHS in Scotland 2019](#)

## Local Government & Integration Joint Boards

Audit Scotland published their annual report - Local government in Scotland: Financial Overview 2017/18. This report focussed on Local Government but also provided an overview of Integration Joint Boards for the same period.

The report highlights the reductions in local government funding, noting a 6.9% reduction in real terms since 2013/14. The pressure on funding is unlikely to reduce and therefore councils will be expected to continue to make savings and find new ways to meet service demand. This clearly has an implication for the IJB. The importance of medium term financial planning is emphasised in the report.

Funding for IJBs increased in 2017/18 by 1.4% in real terms, mainly through additional Scottish Government funding to the NHS. The report suggests that it could be expected that the difference between what the NHS allocated to IJBs and what it receives for acute services will grow over time, as the aim of integration to shift resources to the community is delivered.

The report highlights that in 2017/18, 20 out of 30 IJBs would have reported deficits without year end support from partners and so it is clear that there are underlying financial sustainability issues. Prescribing costs and adult social care costs were cited as key factors.

The estimated funding gap for IJBs for 2018/19 was £248m. This represents 3% of income, as opposed to the local authority funding gap projections of 2% of income. These financial pressures make it difficult for IJBs to improve services.

The Audit Scotland overview report for 2018/19 is expected to be published soon and is expected to include a more indepth review of IJBs.

the majority of IJBs have underlying financial sustainability issues

## Local Context

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The IJB's Strategic Plan is informed by a Strategic Needs Assessment (SNA) carried out for the Falkirk area. This assessment helps to focus attention on the service redesign and transformation work that will be required in the medium term.

In December 2018 the HSCP published its refresh of the [Strategic Needs Assessment](#) (SNA).

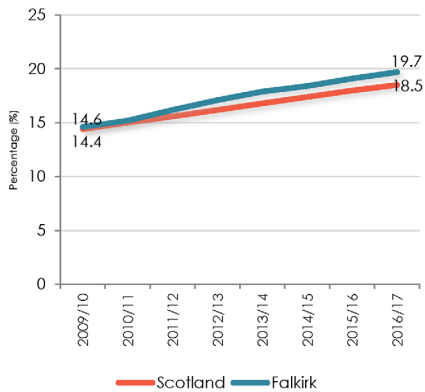
Some points to highlight from the SNA include:

- estimates suggest the population of Falkirk has increased by 1.6% over the last 3 years
- the size and age structure of the Falkirk population is projected to experience significant change between now and 2041 with the number of individuals aged 75+ expected to almost double.
- population growth for Falkirk does not appear to have continued at the rate expected in the 2012 NRS Population Projections.
- the population is expected to include increasing numbers of individuals with multiple long term conditions.
- all cause mortality rates for age range 15-44 years old have increased for the most deprived area but in the least deprived area the rate has been declining. Nationally there have been reductions in both areas. This suggests that health inequalities within Falkirk are widening.
- in the period 2004 to 2014, there was an increase in the numbers of deaths from suicide with most of the increase happening in the later part of that period. Across Scotland, in the same period, there was a reduction. The percentage of people prescribed drugs for anxiety/depression or psychosis is also higher in Falkirk than the Scottish average.
- whilst deaths due to alcohol conditions in Falkirk have declined, drugs related deaths have almost tripled over the last decade.
- there is an ageing workforce with many staff potentially nearing retirement. There is an anticipated shortfall in newly qualified GPs and it is notable that GPs often retire prior to state retirement age.

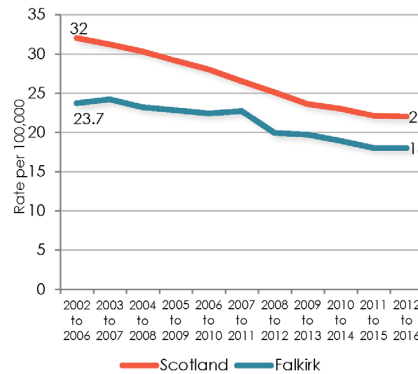
All of the findings raised in the SNA have the ability to impact on the financial sustainability of the IJB and its partners.

## Strategic Needs Assessment

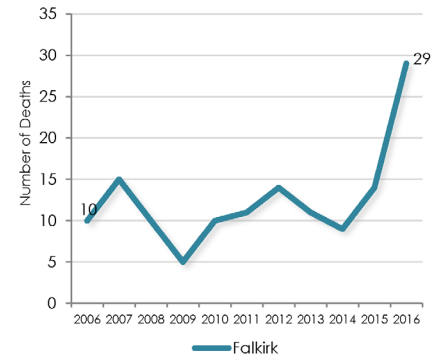
**Percentage of people prescribed drugs for anxiety / depression / psychosis 2011/12 – 2016/17**



**Alcohol-related Deaths All alcohol conditions**

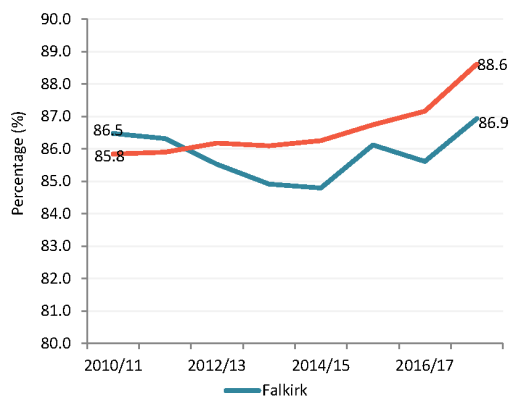


**Drug-related deaths, Falkirk 2006-2016**

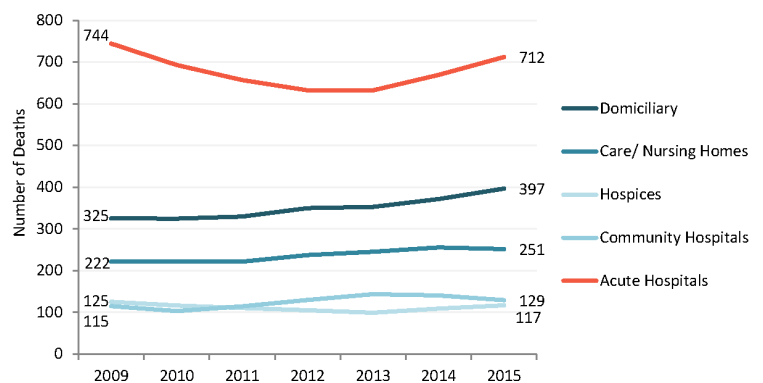


**Tables 3, 4 & 5: Falkirk HSCP [Strategic Needs Assessment Refresh 2018](#)**

**Percentage of last six months of life spent at home or in a community setting, Falkirk and Scotland**



**Number of Falkirk resident deaths by location, 2008 to 2016, 3-year rolling average**



**Tables 6 & 7: Falkirk HSCP [Strategic Needs Assessment Refresh 2018](#)**

## FINANCIAL CONTEXT AND PLANNING ASSUMPTIONS

### NHS Forth Valley Financial Plan

In March 2019 Forth Valley Health Board approved the five year revenue financial plan for 2019/20 to 2023/24. The plan has a focus on delivering better value by driving out waste, inefficiencies and unwarranted variation, whilst improving quality of services and outcomes. The plan highlights the Boards good track record of financial management but recognises the increasing challenge in meeting financial pressures in a sustainable, recurring way. This issue is shared with NHS Boards nationally. The plan sets out the need for a new approach to reform based on a longer term strategic vision with a focus on efficiency and improving value across the whole system.

The Scottish Government have allowed some flexibility in the financial planning for NHS Boards. This means that Boards must break even over a three year period. The projected out-turn for NHS Forth Valley is shown in the diagram below:

#### Projected out-turn 2019-20 to 2021-22

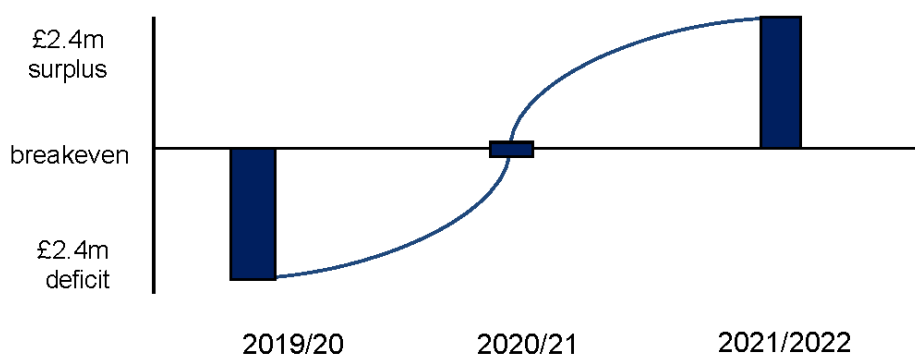


Table 8: NHS Financial Plan

NHS FV have adopted a corporate project management office approach to manage a number of significant projects designed to generate savings, quality improvements and outcomes. Estimates of the efficiency gaps for Forth Valley Health Board are summarised below:

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	Total £m
Gap	19.214	7.124	9.776	11.055	12.943	<b>60.112</b>

Table 9

Work is continuing with NHS colleagues to confirm the assumptions made in the NHS financial plan in respect of Integration Authorities. Once confirmed, a view will be taken about any changes that may need to be made to reflect the integration agenda.

## Falkirk Council Medium Term Financial Plan

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Falkirk Council's Executive received an updated medium term financial plan for the Council in October 2019. This plan should be read alongside the Council's five year business plan which focusses on Council of the Future workstreams:

- Enabled communities
- Services of the future
- Transformational enablers
- Digital
- Entrepreneurial services

The plan updates the projected gaps for each of the next five financial years, based on the most up to date information available. Estimates of the gaps are set out below

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m	Total £m
Gap	20.337	13.902	12.600	12.006	18.867	<b>77.712</b>

**Table 10**

The Council's medium term financial plan assumes significant savings from the IJB over the period. The 2019/20 funding from Falkirk Council is £65.971m. £10.8m is 16.4% of the current budget. Given the Scottish Government projection that social care demand will rise by 4% over the next five years, delivery of this quantum of savings will be extremely challenging.

## 2019/20 Budget and Forecast

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The latest forecast outturn for Falkirk IJB is £3.539m overspent. Whilst this overspend is predominantly on health services, there is growing pressure on home care services as well. Reports to the IJB have previously highlighted that overspends across the IJB tend to be on more traditional and bed based models of care. This gives the IJB an opportunity to make the shift in care as envisaged by the Scottish Government.

A risk sharing agreement for 2019/20 has not been agreed although discussions are ongoing. The outcomes of that agreement will need to be fed into the plans of the IJB, Forth Valley Health Board and Falkirk Council. A summary of the financial plans of the partners is set out below. However, these will need to be revisited following completion of the risk sharing agreement work.

## Key Assumptions Used

A summary of the key assumptions used to estimate future costs and funding is provided in the tables below:

	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Cost Drivers:</b>					
Social Care Pay Inflation	3%	3%	3%	3%	3%
Social Care Provider Inflation	2%	2%	2%	2%	2%
National Care Home Contract	tbc	tbc	tbc	tbc	tbc
Health Pay Inflation	3%	1.5%	1.5%	1.5%	tbc
Prescribing Inflation	5.24%	5.24%	5.24%	5.24%	tbc
General Inflation (Social Care)	2.3%	2.3%	2.3%	2.3%	2.3%
General Inflation (Health)	2.0%	2.0%	2.0%	2.0%	tbc
Demographics (Social Care)	0.5%	0.5%	0.4%	0.2%	0.2%
Demographics (Health)	0.2%	0.3%	0.4%	0.4%	tbc
<b>Funding:</b>					
LA Funding Reduction	-1.25%	-1.5%	-1.5%	-1.5%	-1.5%
NHS Funding Increase	1.8%	1.5%	1.5%	1.5%	tbc
Additional Social Care Funding	1.6%	1.6%	1.6%	1.6%	1.6%

**Table 11**

The assumptions above are based on the best information available at this time. Work is planned to review these in more detail and create a sensitivity analysis to inform future reports.

A key risk area is the assumption on provider inflation for social care. Negotiations for this area are at an early stage. However, early indications suggest that providers may look for a sum in excess of that currently budgeted for. This could add a significant sum to the financial pressures for 2020/21.

Negotiations are also ongoing in respect of the National Care Home Contract. This is another area which could have a big financial impact, dependent on the outcomes of the negotiation.



## Reserves Position

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the framework for the integration of health and social care in Scotland. The Act empowers an IJB to hold reserves subject to an agreed reserves strategy. Falkirk IJB has an approved reserves strategy.

The main purpose of holding reserves for the IJB is to:

- Provide a contingency to cushion the impact of emerging or unforeseen events or genuine emergencies (general reserve).
- Set aside amounts for initiatives that extend beyond one year or as a contingency for specific situation (earmarked reserve).
- Key point to note from the Falkirk IJB strategy are:
- The levels of earmarked and general reserves and their purpose will be agreed as part of the annual budget setting process.
- The application of general reserves should be approved by the IJB.
- The Chief Finance Officer has a responsibility to ensure that earmarked funds are spent in line with their purpose.
- In 2019/20, a recommended level of general reserves of £0.440m was set for the IJB (approximately 0.2% of the 2019/20 budget).

The anticipated reserves position at the end of the financial year 2019/20 is set out in Appendix 1 and summarised below:

	01/04/19 £m	31/03/20 £m
General Reserve	0.316	0.316
Housing Revenue Account	0.202	0.202
Capital	0.078	-
Earmarked Reserves	6.342	5.232
<b>Total</b>	<b>6.398</b>	<b>5.750</b>

Table 12

The biggest earmarked reserve balances are for Partnership Funding and Leadership Funding.

## Partnership Funding

There is recurring funding of £2.744m for Partnership Funding each year. In March 2018 the IJB approved a three year investment plan for Partnership Funding. Changes to that programme are considered as part of the approved governance process for Partnership Funding. To date, £3.380m has been committed for the fund for 2019/20, albeit forecast expenditure is £2.945m.

In addition to the Partnership Funding Programme, which encompasses what was previously known as the Integrated Care Fund and Delayed Discharge Fund, Dementia Innovation Fund and the Carers Act monies are now also cited within the overall Partnership Funding framework, ensuring a robust and transparent mechanism is in place to identify where these funds can have the most impact across the Partnership and in line with strategic priorities.

A number of workstreams are underway to ensure that a strategic commissioning approach can be applied to Partnership Funding. This will ensure that the funds are invested to provide the biggest impact. These include:

- Mental Health Strategic Commissioning Group – looking at current provision along with available prevalence and performance data and local and national priorities to identify gaps and duplication across the spectrum of community based mental health provision. This work will inform that services are strategically commissioned to better support this growing area of need. The group also takes into consideration the priorities associated with ringfenced funds including Action 15 and Choose Life, to ensure leverage and maximum impact towards both national and local priorities. This group includes representatives from Health, Social Care and Third Sector.
- Dementia Innovation Fund Group – multi agency group working alongside formation of the local Dementia Strategy, to consider the most effective use of funds to support services users, their carers and families via 4 key priorities; Community Assets, Respite, Education & Awareness and Technology Enabled Care.
- Carers – linked with the Carers Act Implementation Group, this work is considering how best to support unpaid carers by considering the information generated from Carers Support Plans. The commissioning work directly contributes to the delivery of the local Carers Strategy.

## Leadership Funding

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The Leadership Fund was set up to enable effective and timeous allocation of resources to respond to need, effect action, increase pace of change and improvement within key priority areas aligned with the Strategic Plan.

It has previously been agreed that one of the Heads of Integration posts would be funded from this source. In November 2019 a significant level of investment in staffing resources required to support delivery of the Strategic Plan and transformation change across the Partnership, was agreed through the approved governance process. As a result, approximately £0.720m of this fund is now committed, albeit much of the spend is unlikely to take place in 2019/20. A balance of approximately £1.2m is available on a non recurring basis.

## PROJECTED SPEND AND RESOURCES

This section sets out the projected expenditure and resources for the IJB based all the information available at the time of writing. This includes the assumptions previously set out. It may legitimately be expected that additional funding will be received by the IJB as the period progresses, due to the way in which the Scottish Government allocates health resources in particular. However, it is likely that these resources will be ringfenced for specific purposes.

The main cost pressures and funding assumptions for the IJB are set out in Appendix 2 and summarised below:

Projections	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Expenditure	232.660	236.796	243.842	248.460	253.230
Funding	(225.636)	(232.258)	(239.195)	(243.697)	(248.344)
<b>Shortfall</b>	<b>7.024</b>	<b>4.538</b>	<b>4.647</b>	<b>4.763</b>	<b>4.886</b>

Table 13

These figures agree with those in the NHS and Council financial plans. The MTFP is based on the information available at the time of writing and can be affected by National Government budget decisions. In previous years the Scottish Government has either put restrictions on Local Authorities and NHS Board in terms of the reduction they could make to payments passed to the IJB or has provided additional grant funding to the partners at a late stage in the budget settlement negotiations. At this stage it is not known if restrictions will be in place for 2020/21 and beyond, or if any specific funding will be forthcoming. This information will not be known until after the budget settlement which is now likely to be known in January 2020.

One area of difference between partner plans is that no sum has been built into the NHS plan for demographic pressures which would impact on the IJB. The financial plan for the NHS Board includes demographic growth ranging from 0.2% to 0.4% for the Health Board functions. Further consideration will be given to the need for building such an assumption into the IJB MTFP.

Due to the limitations of data held across the Partnership, it is not possible at this time to provide information which links activity data to financial impact. This is a risk in that the financial impact of activity linked with increasing demographics in the older age brackets, cannot be estimated with confidence. This will be an area that both the IJB and the partners will have to work on as management information systems become more sophisticated.

## MEETING THE FINANCIAL PRESSURES

The redesign of health and social care services is a complex and sensitive area. Most often these services are either required due to a crisis, or to help people to maintain standards of living. As such, the services provided are incredibly important to, and valued by, service users, their families, carers, and communities. These services are also important to the dedicated staff who deliver them, who take pride in making a positive difference to people's lives. In addition, there are challenges as a result of the increasing demand on services and the funding restrictions facing the public sector.

It is as a result of the challenges outlined, that service redesign and transformation is more necessary now than ever before. Failure to plan effectively for the challenges ahead could have a negative and lasting impact on all stakeholders, including service users and staff.

### Partnership Delivery Plan

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For 2019/20, the Partnership prepared a Business Plan. The Business Plan set out the significant workstreams for Adult Social Care in order to meet both demographic and financial challenges in the coming years. The report to the IJB recognised that the business plan would have to be revisited and reviewed to ensure full coverage of services and that the benefits of integration are realised.

For 2020/21, the Partnership has drafted a Delivery Plan which sets out the main workstreams to be taken forward. The Delivery Plan reflects the proposals already agreed in the Business Plan but the approach has been broadened to bring in some health services and provide more detail on each of the workstreams.

The IJB has previously noted the requirement to adopt a 'Home First' principle across the system as the default response within both acute and community settings. Consistent with the Home First principle is the Promoting Independence approach, involving a number of key interventions:

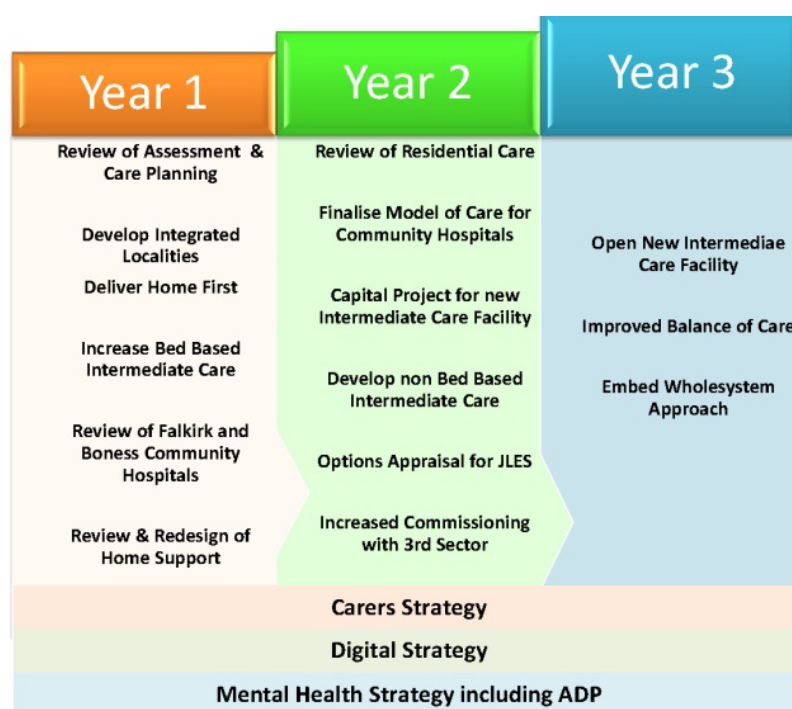


There is recognition that this whole systems approach means that there are complex interdependencies and that work needs to be scheduled in a logical and incremental way. The Delivery Plan aims to ensure this approach is taken. The interdependencies in the system are set out in the diagram below:



The workstreams identified in the Delivery Plan have been the result of a series of sessions with Heads of Integration, Locality Managers and Service Managers to ensure a widespread understanding of the priorities of the Partnership and the tasks that will be taken forward.

The achievement of high quality service and financial performance will be through the HSCP Strategic Plan and Delivery Plan for 2019-2022. This builds on the principles of integrated health and social care services for Falkirk Communities. The diagram below sets out the key steps that are required to facilitate a move from bed based care to more care at home and in the community.



These steps fit into the model of care that the Partnership has been developing with IPC, as previously agreed by the IJB. The focus of the delivery plan has to be transformational with the aims of reducing demand and reducing costs.

These challenging and ambitious pieces of work are necessary to modernise and improve service delivery and address the demand and financial pressures.

The partnership recognises that timescales for the transformational change set out in the Delivery Plan need to be realistic but understands the challenge of achieving annual financial balance.

To support the delivery plan we need to adopt a whole system approach to ensure we:

- have the right level of support in the community to enable people to live longer at home
- have pathways of care to support frail elderly people in the community to avoid unnecessary hospital admissions (step up / step down care)
- adopt the 'Home First' approach to support care in the community and prompt discharge from hospital
- review all community bed based care
- review all models of care in community hospitals
- review residential care and admissions to care homes
- improve care pathways for long term conditions

The following enabling activities are necessary:

- The HSCP must adopt an ethos of Promoting Independence through "Living Well Falkirk"
- Workforce Engagement and Involvement.
- Workforce Development Plan
- Review and Redirection of Partnership Funding
- Collaborative Working with all partners
- Data confidence and HQ support
- Public Engagement.
- Implementation of Carers strategy
- Digital / tec strategy
- Mental Health and Wellbeing strategy

The HSCP faces a challenge to meet potential increase in demand through more effective use of resources and improving the models of care to improve wellbeing. This requires a focus on individual

outcomes, exploring personal strengths and supports to co-design support and promote independence.

### Services to continue to be managed by NHS Forth Valley

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It is recognised that a significant number of services will continue to be managed by NHS Forth Valley, with the transfer to the Partnership expected to be a phase 2 or 3. These areas include:

- Primary Care
- Mental Health
- Prescribing

### Primary Care

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Primary Care transformation is delivered by:

- Implementing the Primary Care Transformation Improvement Plan
- Putting in place different professional roles in general practice to meet peoples primary care needs
- Putting in place a range of community self-support services that appropriately redirect people from the GP
- Implementing the Transformation of Community Nursing Services and Reablement Services

### Mental Health

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The National Mental Health Strategy as set out in the Delivery Plan addresses areas such as:

- Commissioning
- Service Provision
- Dementia
- Suicide
- Performance
- Workforce

### Prescribing

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A new Medicines Resource Group has been set up in Forth Valley specifically to consider Primary Care prescribing. In addition, NHS Forth Valley have committed to providing project management support to this area. To date, a number of priority activities have been established including:

- A review of the top 30 cost pressures in prescribing.
- Identification of the top 10 medicines which are high cost/low volume to work with acute specialists to support disinvestment where limited clinical value is evident.
- An indepth review of the formulary, using data and evidence to challenge practice – this will require some spend to save funding.

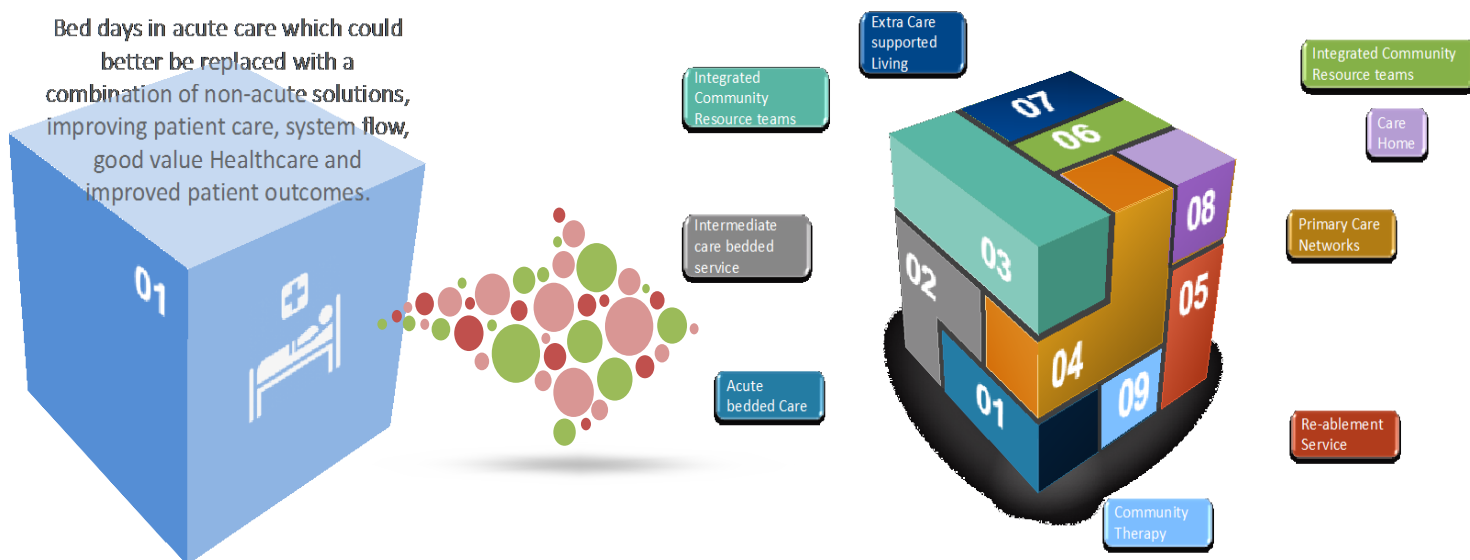
- Review of unwarranted variation across GP practices and consideration of the best approach to tackle this, including opportunities to streamline prescribing processes as part of the roll out of the pharmacotherapy service.

A detailed plan is being prepared to help establish the savings deliverable for 2020/21 and beyond. It is anticipated that this will be available in time for consideration of the 2020/21 budget.

## Set Aside

IJBs and Health Boards are required to fully implement delegated hospital budget and set aside budget requirements in line with the statutory guidance produced by the Scottish Government. This requirement was also a feature of the Ministerial Strategic Group's proposals which will be used to evaluate progress in delivering integration. Falkirk IJB's self evaluation against proposals related to the Set Aside work was "not yet established".

The Scottish Government's Medium Term Financial Framework includes an assumption of efficiencies from reduced variation in hospital care, including 50% reinvestment in the community to sustain improvement. Full implementation of the set aside arrangements is a critical step in shifting the balance of care from acute to community settings.



Source: Buchan Associates

NHS Forth Valley and the Falkirk and Clackmannanshire and Stirling IJBs have commissioned Buchan Associates to develop a baseline capacity model for the 10 specialities within set aside, review future scenarios and identify future capacity. Following on from this, a monitoring mechanism will be established, taking into account financial impacts, and an accountability and risk sharing model developed.

This work will be presented to the IJB for consideration in 2020.



## SAVINGS SUMMARY

The table below provides a summary of the savings identified to date for 2020/21. Work is continuing to identify how the activities set out in the Delivery Plan will impact on the IJB over years 2 to 5 of the MTFP. Colleagues in NHS Forth Valley are working on plans to address the financial gaps in 2020/21 and beyond. An update will be provided to the IJB.

A summary of the savings prepared for Adult Social Care for 2020/21 is included as Appendix 3.

	2020/21	2021/22	2022/23	2023/24	2024/25
<b>Funding Gap:</b>					
Health	3.933	1.447	1.555	1.671	1.795
Social Care	3.091	3.091	3.091	3.091	3.091
Total	<b>7.024</b>	<b>4.538</b>	<b>4.647</b>	<b>4.763</b>	4.886
<b>Delivery Actions in the Delivery Plan:</b>					
Assessment & Planning	0.950				
Locality Planning	0.650				
Specialist Services	0.300				
Income Generation	0.300				
Set Aside	TBC				
Prescribing	TBC				
Community Hospitals Review	TBC				
<b>Savings Identified:</b>					
Health	TBC				
Social Care	2.200				
Total	TBC				
<b>Remaining Gap:</b>					
Health	TBC				
Social Care	0.891				
Total	<b>TBC</b>				

Table 14

## CAPITAL

Whilst assets and capital investment remains the responsibility of the Partners, the IJB has strategic planning responsibilities which impact on how, and from what buildings, services are delivered. There must therefore be a close working relationship to ensure the Partnership can make the best use of the assets it has available and be fully involved in all investment discussions. It is clear that within the public sector there are opportunities for co-location which will enable and facilitate closer partnership working, as well as potentially save money.

The IJB has previously requested the development of a capital strategy and this work has not progressed yet. However, there are a number of significant projects which will be taken forward over the life of the Delivery Plan and Strategic Plan which may impact on capital investment, namely:

- Design of the intermediate care facility
- Review of the community hospitals
- GP premises review
- Co-location of integrated services
- Day services review
- Joint loan equipment store review

The current approved capital investment programme for Adult Social Work is set out below.

	£m
MECS	0.246
Independence Centers and Changing Places Facilities	0.250

**Table 15:**

Falkirk Council will approve an updated capital programme in 2020. A bid has been submitted for £0.200m for upgrades to Adult Social Work properties.

The Falkirk Council capital programme has previously included budget for two key projects –Day Centre Review - c£1.1m and Intermediate Care Facility c£3.7m. To date Falkirk Council has continued to protect these budgets for spend in Adult Social Work.

Investment in NHS facilities is managed in a very different way and is subject to Scottish Government approval. The work to review the community hospitals may impact on the NHS capital programme.

## RISK

The budget setting process invariably involves a degree of risk. This may be the result of changes in key assumptions or unplanned events which can cause a financial pressure. In considering medium term financial plans, it is widely acknowledged that the figures and assumptions are less reliable as they move further into the future. For this reason, it is important that the MTFP is refreshed as more accurate information becomes available.

Falkirk IJB has its own Strategic Risk Register and services retain their own operational risk registers. As services are integrated, work will be undertaken to combine the operational risk registers into a Partnership wide register, ensuring interdependencies are recognised and mitigated.

The Strategic Risk Register recognises that funding and demographic pressures could result in a failure to deliver the Strategic Plan. Given the current environment the IJB is operating in, this risk has been assessed as high.

Other key risks which could create significant financial pressures include:

- Failure to transform services and adopt a whole systems approach. This could lead to silo working and simply moving financial pressures around the system.
- Pressure on beds within both the acute hospital and community hospitals continues with occupancy reaching record levels. This drives costs in health budgets and impacts on demand for social care.
- Demand and cost pressures for home care have increased significantly over the last two years in particular. Failure to mitigate this demand, and commission care effectively could result in fewer people receiving the care they need, impacting on performance across the system.
- Falkirk HSCP has a mix of internal and external care providers for both residential and non-residential care. This has advantages in that it provides some flexibility in a sector which can be precarious. However, the Partnership is vulnerable to inflationary uplift demands from external care providers. In some cases such rates can be negotiated nationally, for example the National Care Home Contract. However, these negotiations have not concluded for 2020/21. Should an agreement not be reached, local and potentially more expensive rates will need to be agreed.
- The prescribing budget has overspent for a number of years due in part to rising demand, new medicines and short supply issues. Some local decisions can be made to help address the financial pressures. However, the costs of drugs and new drugs are national decisions which can impact on local budgets.

The IJB will receive updates on these areas through regular finance and performance reports, as well as updates to the Strategic Risk Register.

**FALKIRK HEALTH AND SOCIAL CARE PARTNERSHIP**

**PROJECTED RESERVES POSITION FOR 2019/20 AS AT 31/10/19**

	OPENING BALANCE 01/04/2019	TRANSFERS IN	PROJECTED TRANSFERS OUT/SPEND	PROJECTED CLOSING BALANCE 31/03/2020
	£m	£m	£m	£m
General Reserve	0.316	-	-	0.316
Housing Revenue Account	0.202	-	-	0.202
Capital Grant	0.078	-	(0.078)	-
Sensory Strategy	0.050	0.009	(0.010)	0.049
Services for Survivors	0.112	-	(0.112)	-
Dementia Innovation Fund	0.200	0.100	(0.025)	0.275
British Sign Language Plan	0.011	0.005	(0.002)	0.014
Choose Life	0.023	-	-	0.023
Integration Funding	0.630	-	(0.200)	0.430
Partnership Funding	2.350	2.744	(2.945)	2.149 *
Leadership Funding	1.390	1.000	(0.550)	1.840 *
Alcohol & Drugs Partnership	0.063	-	(0.063)	-
PC & MH Transformation Funds	0.478	-	(0.478)	-
Transforming Urgent Care	0.245	-	-	0.245
Mental Health Innovation Fund	0.064	-	-	0.064
GP Out of Hours Fund	0.143	-	-	0.143
GP Sub Committees	0.024	-	(0.024)	-
Unscheduled Care	0.140	-	(0.140)	-
Primary Care Improvement Fund	0.419	-	(0.419)	-
	<b>6.938</b>	<b>3.858</b>	<b>(5.046)</b>	<b>5.750</b>

\* Figures based on project allocations; there may be some variation for actual spend.  
Spend profile may change based on further applications to the funds.  
A fuller review of these funds will be included in the next report to the IJB.

## APPENDIX 2

HEALTH SERVICES					
	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Recurring Expenditure Budget:					
NHS Forth Valley (including Set Aside)	104.454	107.069	108.676	110.305	111.961
NHS Forth Valley FHS Funding	41.580	41.580	41.580	41.580	41.580
Integration Funding	10.055	10.055	10.055	10.055	10.055
	<b>156.089</b>	<b>158.704</b>	<b>160.311</b>	<b>161.940</b>	<b>163.596</b>
In Year Expenditure Pressures:					
Pay Awards	1.464	0.813	0.825	0.838	0.850
Prescribing Inflation	1.837	1.946	2.061	2.185	2.316
General Inflation	0.393	0.295	0.299	0.304	0.308
	<b>3.694</b>	<b>3.054</b>	<b>3.185</b>	<b>3.327</b>	<b>3.474</b>
Recurring Pressures Carried Forward (2019/20)	2.855	-	-	-	-
<b>Anticipated Spend on Health Services</b>	<b>162.638</b>	<b>161.758</b>	<b>163.496</b>	<b>165.267</b>	<b>167.070</b>
	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Recurring Funding Budget:					
NHS Forth Valley (including Set Aside)	102.930	107.070	108.676	110.306	111.961
Pay Consequentials	1.525	-	-	-	-
NHS Forth Valley FHS Funding	41.580	41.580	41.580	41.580	41.580
Integration Funding	10.055	10.055	10.055	10.055	10.055
	<b>156.090</b>	<b>158.705</b>	<b>160.311</b>	<b>161.941</b>	<b>163.596</b>
NHS Base Uplift	1.853	1.606	1.630	1.655	1.679
Pay Consequentials (18/19 - 20/21)	0.762	-	-	-	-
	<b>2.615</b>	<b>1.606</b>	<b>1.630</b>	<b>1.655</b>	<b>1.679</b>
<b>Anticipated Health Funding</b>	<b>158.705</b>	<b>160.311</b>	<b>161.941</b>	<b>163.596</b>	<b>165.275</b>
<b>Anticipated Funding Gap for Health Services</b>	<b>(3.933)</b>	<b>(1.447)</b>	<b>(1.555)</b>	<b>(1.671)</b>	<b>(1.795)</b>

ADULT SOCIAL CARE SERVICES					
	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Recurring Expenditure Budget	65.971	70.022	75.038	80.346	83.193
In Year Expenditure Pressures:					
Pay Awards	0.835	0.863	0.892	0.922	0.954
Provider Inflation	1.227	1.341	1.391	1.398	1.485
General Inflation	0.012	0.011	0.011	0.013	0.013
Demographics	0.350	0.400	0.400	0.400	0.400
Other Movements	1.627	2.401	2.614	0.114	0.115
	<b>4.051</b>	<b>5.016</b>	<b>5.308</b>	<b>2.847</b>	<b>2.967</b>
<b>Anticipated Spend on Social Care Services</b>	<b>70.022</b>	<b>75.038</b>	<b>80.346</b>	<b>83.193</b>	<b>86.160</b>
	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m	2024/25 £m
Recurring Funding Budget	65.971	66.931	71.947	77.254	80.101
Uplift	0.960	5.016	5.307	2.847	2.968
<b>Anticipated Council Funding</b>	<b>66.931</b>	<b>71.947</b>	<b>77.254</b>	<b>80.101</b>	<b>83.069</b>
<b>Anticipated Funding Gap for Adult Social Care Services</b>	<b>(3.091)</b>	<b>(3.091)</b>	<b>(3.091)</b>	<b>(3.091)</b>	<b>(3.091)</b>

SUMMARY OF IJB POSITION					
Total Expenditure Projection	232.660	236.796	243.842	248.460	253.230
Total Funding Projection	225.636	232.258	239.195	243.697	248.344
<b>FUNDING SHORTFALL</b>	<b>(7.024)</b>	<b>(4.538)</b>	<b>(4.647)</b>	<b>(4.763)</b>	<b>(4.886)</b>

## Partnership Savings Proposals

Ref	Saving Description	Savings Amount £m	Risk	Equality & Poverty Impact Assessment	Notes
<b>Assessment &amp; Care Management</b>					
1920/1	Review of existing care packages: Younger Adults	0.500	Amber	Low	
1920/2	Review of existing care packages: Low Level Supports for Older Adults	0.250	Amber	Low	
1920/3	Review of external home care packages	0.200	Amber	Low	
<b>Specialist Services</b>					
1920/4	Review of residential provision; links to Thornton Gardens	0.300	Amber	Low	
<b>Locality Planning</b>					
1920/5	Shifting the balance of bed based care within Adult Social Work (residential care budget)	0.500	Amber	Low	
1920/6	Day Care Review – Older Adults	0.150	Amber	Low	
<b>Home First</b>					
1920/7	Home Care Review	-	Amber	Low	No saving has been included in this work as any improvements in efficiency will, at this stage, be reinvested in improvements to services delivered in the community.
<b>Income Generation</b>					
1920/8	Inflationary Uplift to Charging	0.300	Green	Low	
	<b>TOTAL</b>	<b>2.200</b>			



Falkirk  
Health and Social Care  
Partnership

# Falkirk Health & Social Care Partnership

## **Delivery Plan 2019 - 2022**

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## Summary of Delivery Plan

Vision	Strategic Plan Priorities	Delivery Actions
<p><i>“to enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities”</i></p> <p><b>OUTCOMES</b></p> <p><b>Self-Management</b></p> <p><b>Safe</b></p> <p><b>Experience</b></p> <p><b>Strong Sustainable Communities</b></p>	1. Deliver local health and social care services, including Primary Care, through enabled communities and workforce	1.1. Adopt and implement the Home First Approach 1.2. Assessment & Planning will be person centred and asset based. 1.3. Locality Planning will be based on community needs assessments. 1.4. HQ Function will support and provide a framework for improvement.
	2. Ensure carers are supported in their caring role	2.1. Carers Strategy Implementation
	3. Early intervention, prevention and harm reduction that: <ul style="list-style-type: none"> <li>improve people’s mental health and wellbeing</li> <li>improve support for people with substance use issues, their families and communities</li> <li>reduce the impact of health and social inequalities on individuals and communities</li> </ul>	3.1. Specialist Services
	4. Make better use of technology to support the delivery of health and social care services	4.1. Develop and delivery TEC Strategy
<b>Enabling Activities</b>		
Adopt an Ethos of Promoting Independence – Home First and Living Well		
Public Engagement		
Workforce Engagement, Involvement and Development Plan		
Review and Redirection of Partnership Funding		
Support and Collaborative Working with all Partners		
Data Confidence and HQ Support		

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.1 Adopt and Implement the Home First Approach**

Priority Outcome	Action	Performance Measures	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>Integrated locality based teams and approaches are in place</b>	<ul style="list-style-type: none"> <li>Implement an Integrated Home First Service for Falkirk</li> <li>Ensure frailty assessment in community is the norm</li> <li>Enable the right short term support at home through agile community care and support</li> <li>Coordinate community support with less duplication and a more efficient support model</li> <li>Deliver effective community model of care including effective response services, recovery, reablement, &amp; community support</li> <li>Ensure timely access to specialist rehabilitation</li> <li>Develop an approach to formal supports that is 'realistic' and personal outcome focussed</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Delayed Discharges</li> <li>Reduced length of stay in hospital</li> <li>Reduced number of admissions to care homes</li> <li>MSG Targets</li> </ul>	<ul style="list-style-type: none"> <li>6 Essential Actions for Unscheduled Care</li> <li>Falkirk HSCP Unscheduled Care Plan</li> <li>NHSFV Getting Forth Right</li> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>Aspire Strategy</li> </ul>	Head of Integration  Home First Manager	Year 1 December 2019
	<ul style="list-style-type: none"> <li>Develop an Enhanced Community Response Team</li> </ul>	<ul style="list-style-type: none"> <li>Reduced hospital admissions</li> <li>Reduced attendances at ED</li> </ul>	<ul style="list-style-type: none"> <li>6 Essential Actions for Unscheduled Care</li> <li>Falkirk HSCP Unscheduled Care Plan</li> <li>NHSFV Getting Forth Right</li> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>Hospital at Home</li> </ul>	Head of Integration  Locality Manager (West)	March 2020

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**
**1.1 Adopt and Implement the Home First Approach**

Priority Outcome	Action	Performance Measures	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>Implement Winter Plan</li> </ul>	<ul style="list-style-type: none"> <li>Reduced winter exception reports</li> <li>Sustained flow through acute services</li> <li>Reduced number of contingency beds used</li> <li>Staff Flu immunisation uptake</li> <li>Safe staff rotas over festive break</li> <li>All BC plans and escalation plans are updated</li> </ul>	<ul style="list-style-type: none"> <li>Scottish Government Planning for Winter</li> <li>NHS FV Winter Plan 2019-2020</li> </ul>	Head of Integration  Director of Acute Services	April 2020
	<ul style="list-style-type: none"> <li>Increase the capacity in Summerford Intermediate Care Facility including a Review of Admission Criteria</li> </ul>	<ul style="list-style-type: none"> <li>Increased use of intermediate care beds</li> <li>Reduced admissions to Care homes</li> <li>Reduced admissions to Community Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>6 Essential Actions for Unscheduled Care</li> <li>Falkirk HSCP Unscheduled Care Plan</li> <li>NHSFV Getting Forth Right</li> <li>IPC Living Well Falkirk/Promoting Independence</li> </ul>	Head of Integration  Home First Manager  Operations Manger  Summerford Manager	December 2019
	<ul style="list-style-type: none"> <li>Intermediate Care New Build Capital Project</li> </ul>	<ul style="list-style-type: none"> <li>Project Plan Timescales</li> </ul>	<ul style="list-style-type: none"> <li>HSCP Capital Plan</li> </ul>	Head of Integration Home First Manager HQ Representative	April 2022

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**
**1.1 Adopt and Implement the Home First Approach**

Priority Outcome	Action	Performance Measures	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>Community Hospitals Review</li> </ul>	<ul style="list-style-type: none"> <li>Improved Balance of Care Percentage for Falkirk</li> <li>Reduced number of bed based care</li> <li>Percentage resource transfer for bed based care to community based care</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>NHSFV Getting Forth Right</li> </ul>	IJB Chief Officer  NHS FV Director of Facilities and Infrastructure	October 2020
	<ul style="list-style-type: none"> <li>Review of Integrated Out of Hours provision to ensure responsive cost effective services</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Delayed Discharges.</li> <li>Reduced length of stay in hospital</li> <li>Reduced number of admission to care homes</li> </ul>	<ul style="list-style-type: none"> <li>6 Essential Actions for Unscheduled Care</li> <li>Falkirk HSCP Unscheduled Care Plan</li> <li>NHSFV Getting Forth Right</li> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>Responder Services/TEC</li> <li>Future Role of EDT</li> </ul>	Locality Manager (Central)	October 2021
	<ul style="list-style-type: none"> <li>Implement a Wholesystem approach to care provision across Falkirk</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Delayed Discharges</li> <li>Reduced length of stay in hospital</li> <li>Reduced number of admission to care homes</li> <li>Reduced attendances at ED</li> <li>Increased number of reablement care plans</li> <li>Increased number of third sector/voluntary services supporting service delivery</li> <li>Sustainable demand on</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>NHSFV Getting Forth Right</li> </ul>	Heads of Integration	April 2021

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.1 Adopt and Implement the Home First Approach**

Priority Outcome	Action	Performance Measures	Strategies & Initiatives to Deliver Change	Lead	Timescale
		homecare services <ul style="list-style-type: none"> <li>Increased number of assessments evidencing the person and asset based support</li> <li>Increased use of SDS Direct payments</li> </ul>			
	<ul style="list-style-type: none"> <li>Develop Non Bed Based Intermediate Care</li> </ul>				
	<ul style="list-style-type: none"> <li>Home Support Service Redesign &amp; Workforce Development</li> </ul>	<ul style="list-style-type: none"> <li>Reduced gap between service prescription and delivery</li> <li>Improve attendance rates</li> <li>Improved rostering to match service demand</li> <li>Development of reablement care planning</li> <li>Criteria for external and internal provision applied</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well Falkirk/Promoting Independence</li> </ul>	Head of Integration Homecare Review Team	September 2020
	<ul style="list-style-type: none"> <li>External service engagement plan</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable balance between external and internal home support provision</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>Outcomes Focussed Commissioning</li> </ul>	Head of Integration	September 2020

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.2 Assessment & Planning will be Person Centred and Asset Based**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>Review Strategy</b>	<ul style="list-style-type: none"> <li>Review of team structures and roles</li> </ul>	<ul style="list-style-type: none"> <li>A team structure that supports staff and service delivery</li> <li>Improved Quality of assessments</li> <li>Increased frequency of supervision</li> <li>Preparedness for inspections</li> <li>Reduced waiting times for assessment</li> <li>Reduced pending lists</li> <li>Reviews carried out timeously</li> <li>Embedding of SDS</li> </ul>	<ul style="list-style-type: none"> <li>Community Led Support</li> <li>Living Well Falkirk Websites/Hubs</li> <li>Rolling Training Programme for Assessment and Planning Staff</li> <li>Continuous Implement/Self Evaluation Framework</li> <li>Performance Management Data</li> </ul>	Head of Integration  Service Manager  Locality Manger (Central)  Locality Manger (West)  AN Other	October 2020
	<ul style="list-style-type: none"> <li>Review of job descriptions</li> </ul>	<ul style="list-style-type: none"> <li>Job descriptions that reflect the roles and responsibilities of the post holder and values of the HSCP</li> </ul>		Head of Integration  Service Manager	October 2020
	<ul style="list-style-type: none"> <li>Implementation of LiquidLogic System</li> </ul>	<ul style="list-style-type: none"> <li>Successful implementation of new system</li> <li>Utilisation of functionality to gather information from other partners</li> </ul>	<ul style="list-style-type: none"> <li>Training Programme</li> <li>Ongoing Support and Quality Assurance</li> </ul>	Heads of Integration	May 2020
	<ul style="list-style-type: none"> <li>Redesign of internal residential care provision</li> </ul>	<ul style="list-style-type: none"> <li>Improved Balance of Care Percentage for Falkirk</li> <li>Reduced number of bed based care</li> <li>Percentage resource</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well/Promoting Independence</li> </ul>	Head of Integration  Service Manager Residential and	October 2021

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.2 Assessment & Planning will be Person Centred and Asset Based**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
		transfer for bed based care to community based care		Registered Services Manager	
	<ul style="list-style-type: none"> <li>Review of Care Packages</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of person centred care will see a positive impact on budget and an increase in community resources.</li> </ul>	<ul style="list-style-type: none"> <li>Embedding strength based social work practices.</li> </ul>	Head of Integration	
	<ul style="list-style-type: none"> <li>Review of Brokerage</li> </ul>	<ul style="list-style-type: none"> <li>Consistent application of procurement, commissioning and charging.</li> </ul>	<ul style="list-style-type: none"> <li>Financial Performance.</li> </ul>	Head of Integration Chief Finance Officer Senior Service Manager	March 2020
	<ul style="list-style-type: none"> <li>Review Process of Multi Agency ASP Assessments</li> </ul>	<ul style="list-style-type: none"> <li>Meeting procedural timescales</li> <li>Gathering and acting on service user and carer feedback</li> </ul>	<ul style="list-style-type: none"> <li>Multi Agency Self Evaluation and audit across full ASP process</li> <li>Audit of IRD activity</li> <li>ASP Committee</li> <li>Multi-agency training</li> <li>Performance management information</li> <li>Multi-agency risk assessment and chronology</li> <li>Improved case conference practice and protection planning</li> <li>Improved use of</li> </ul>	Head of Integration Service Manager ASP Lead	October 2020

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.2 Assessment & Planning will be Person Centred and Asset Based**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
			independent advocacy		



**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.3 Locality Planning will be based on community needs assessments**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>Development of fully Integrated Locality Teams</b>	<ul style="list-style-type: none"> <li>Appoint full cohort of locality managers.</li> <li>Develop locality management structure/teams.</li> <li>Develop locality workforce plans.</li> <li>Embed the principles of community led support.</li> <li>Embed the principles of integration.</li> </ul>	<ul style="list-style-type: none"> <li>Co-located integrated teams.</li> <li>Single point of access</li> <li>Implementation of lead professional care co-ordination</li> <li>Improved communication systems within and outwith the teams</li> <li>Rapid Response</li> <li>Reduction in duplication</li> <li>Evidence “team around the person” in decision making</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>Good conversations</li> <li>Outcomes focussed practice</li> <li>OD/training re: <ul style="list-style-type: none"> <li>Culture</li> <li>Values</li> <li>team visit</li> <li>roles &amp; responsibilities</li> </ul> </li> <li>infrastructure e.g: <ul style="list-style-type: none"> <li>IT</li> <li>Buildings</li> <li>HR</li> <li>Finance</li> <li>Business Support</li> </ul> </li> </ul>	Locality Managers	September 2021
	<ul style="list-style-type: none"> <li>Work with children’s services to develop a stronger response to children in transition.</li> </ul>	<ul style="list-style-type: none"> <li>Financial performance.</li> <li>Earlier joint working.</li> <li>Children and their families feel better supported through transition.</li> </ul>	<ul style="list-style-type: none"> <li>Building on the work of the transitions pilot.</li> </ul>	Head of Integration Head of Children’s Services	September 2021
	<ul style="list-style-type: none"> <li>Develop Locality Based Community Led Support working with NDTI</li> <li>CLD Reviews</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of community led projects supporting localities</li> <li>Reduced dependency of statutory services</li> <li>Living Well Centre in each locality</li> <li>Development of contact</li> </ul>	<ul style="list-style-type: none"> <li>IPC Living Well Falkirk/Promoting Independence</li> <li>Community engagement and co-production</li> <li>Good conversation training for contact centre staff</li> <li>Review of initial good</li> </ul>	Locality Managers	September 2020

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.3 Locality Planning will be based on community needs assessments**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
		centre initial response	<ul style="list-style-type: none"> <li>conversation paperwork</li> <li>Development of evidence and learning framework</li> <li>Gathering citizen stories</li> </ul>		
	<ul style="list-style-type: none"> <li>Develop Locality Plans</li> </ul>	<ul style="list-style-type: none"> <li>Locality plan for each locality</li> </ul>	<ul style="list-style-type: none"> <li>Community engagement</li> <li>Setting up locality planning groups</li> <li>Involving stakeholders</li> </ul>	Locality Managers	April 2020
<b>Primary Care Transformation is delivered</b>	<ul style="list-style-type: none"> <li>Implement Primary Care Transformation Improvement Plan</li> <li>Put in place different professional roles in general practice to meet peoples primary care needs</li> <li>Put in place a range of community self-support services that appropriately redirect people from the GP</li> <li>Implement Transformation of Community Nursing Services and Reablement Services</li> </ul>	<ul style="list-style-type: none"> <li>PCIP approved and agreed by SG.</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care Improvement plan</li> </ul>	General Manager Primary Care of Mental Health	
	<ul style="list-style-type: none"> <li>Refresh Housing - Refresh Contribution Statement</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to appropriate housing for all</li> <li>Make best use of technology to help people stay at home</li> <li>Make the most of the build environment to meet needs</li> </ul>	<ul style="list-style-type: none"> <li>Local Housing Strategy</li> <li>Strategic Plan 2019-20</li> </ul>	Head of Housing & Communities  Senior Service Manager	December 2019

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.3 Locality Planning will be based on community needs assessments**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
		<ul style="list-style-type: none"> <li>Housing options available for homeless people</li> </ul>			
<b>Empower communities to support themselves</b>	<ul style="list-style-type: none"> <li>Develop and embed Community Led Support model</li> <li>Test and embed community hubs to enable early access to support and advice</li> <li>Involve unpaid carers where possible in the full service user journey</li> <li>Enable the public to access information and navigate the local systems of support when needed</li> <li>Ensure 'home first' approach is the norm at times of health and care transition</li> <li>Develop a partnership approach to volunteering</li> </ul>		<ul style="list-style-type: none"> <li>Balance of Care 20/20 Vision</li> <li>IPC Living Well Promoting Independence.</li> </ul>	Locality Managers	
	<ul style="list-style-type: none"> <li>Develop locality based Health Improvement Initiatives</li> </ul>	<ul style="list-style-type: none"> <li>Improved health and wellbeing of Falkirk citizens</li> <li>Reduce health inequalities</li> <li>Increase use of TEC for managing LTC</li> <li>Support continued roll out of Primary Care Improvement Plan</li> </ul>	<ul style="list-style-type: none"> <li>Promote self-management and independence</li> <li>Work in partnership with Health Improvement Team</li> <li>Develop prevention and early intervention strategies</li> <li>Use of social media</li> </ul>	Health Improvement Lead Service Manager Locality Managers	March 2021

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.4 HQ Function will support and provide a framework for improvement**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>An Integrated Workforce Plan is developed and implemented</b>	<ul style="list-style-type: none"> <li>Review Partnership Integrated Workforce Plan</li> <li>Finalise the profile of HSCP workforce to inform the integrated Workforce Plan</li> <li>Develop and implement an Integrated Workforce Plan</li> <li>Develop approaches to recruit and retain workforce</li> <li>Develop Senior Management Team to Show Qualities of Excellent Leadership &amp; Change Capability Initially via the Animate Programme.</li> </ul>	<ul style="list-style-type: none"> <li>Highly functioning teams</li> <li>Commonality of values</li> <li>Service change and delivery progressing</li> </ul>		Head of Integrations  Service Manager Training & Development	March 2020
	<ul style="list-style-type: none"> <li>Quality Assurance Review</li> </ul>	<ul style="list-style-type: none"> <li>Baseline of existing quality assurance arrangements</li> <li>Develop and monitor service users experience, safety and quality of services measures</li> <li>Demonstrate the impact and effectiveness of services</li> </ul>	<ul style="list-style-type: none"> <li>HSCP Strategic Plan</li> </ul>	Senior Service Manager	October 2020
<b>An Integrated Learning and Development Plan is developed and implemented</b>	<ul style="list-style-type: none"> <li>Complete Partnership skills matrix and training needs assessment</li> <li>Develop and promote accessible programme of training</li> <li>Encourage and support</li> </ul>			Service Manager Training & Development  OD Lead NHS FV  Heads of Integration	April 2020

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.4 HQ Function will support and provide a framework for improvement**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<p>workforce to progress personal and professional development</p> <ul style="list-style-type: none"> <li>Ensure the workforce have access to information about, and are involved in, service developments and improvements Organisational Development Strategy and Plan</li> <li>Staffing &amp; Engagement Conference</li> <li>Workforce Planning</li> </ul>			HR OD Lead Falkirk Council	
<b>Effective communications messages and arrangements are in place</b>	<ul style="list-style-type: none"> <li>Develop a communications plan for the Partnership</li> <li>Ensure clear and well communicated access points to services and supports are available</li> <li>Develop public messages and awareness raising programmes on a range of topics for people, communities and staff</li> <li>Review and refresh Participation and Engagement Plan</li> <li>Co-ordinate consultation and engagement and provide feedback about how input has been used</li> </ul>	<ul style="list-style-type: none"> <li>Communication Plan is developed</li> <li>Participation and engagement plan is refreshed</li> </ul>		Service Manager Communications Officer	

**Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities**

**1.4 HQ Function will support and provide a framework for improvement**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>Effective systems are in place to facilitate communication between services and partners</b>	<ul style="list-style-type: none"> <li>Develop systems and process to enable effective communication and sharing of information</li> <li>Ensure there is appropriate information governance in place across the Partnership</li> <li>Improve use of technology to help people access information and services</li> <li>Promote Living Well Falkirk</li> <li>Ensure information on Living Well Falkirk is up-to-date</li> <li>Explore how to make better use of social media across Partnership Set up Appropriate Support Structures to Drive and Enable Transformation</li> </ul>	<ul style="list-style-type: none"> <li>Participation and engagement strategy</li> <li>Communication plan is developed</li> <li>Information governance</li> </ul>		Senior Service Manager  Heads of Integration  Business Manager	

## Priority 2: Ensure Carers are Supported in their Caring Role

### 2.1 Carers Strategy Implementation

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>Implement Carers Strategy</b>	<ul style="list-style-type: none"> <li>Embed adult carer support plans within standard practice</li> <li>Improve coordination of the services that support carers</li> <li>Support the development of informal networks within communities</li> <li>Develop the use of technology and Technology Enabled Care to support carers</li> <li>Ensure Partnership workforce is carer aware and able to respond to carers' needs</li> <li>Embed effective data collection across the Partnership Reduce Impact of Caring on Health &amp; Wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of carers who feel supported to continue in their caring role.</li> </ul>	<ul style="list-style-type: none"> <li>Provision of advice, support and training.</li> <li>Delivery of health and wellbeing activities.</li> <li>Provision short breaks</li> <li>Development of creative ways to support carers.</li> </ul>	Carers Centre Service Managers	Ongoing/ Continuous
<b>Carers are engaged and informed</b>	<ul style="list-style-type: none"> <li>Review and improve the ways that carers are involved in service design and develop how we gather feedback, for example through engagement with the Carers Forum</li> <li>Explore and develop how we reach hidden carers, for example engaging with organisations that will help us reach black and ethnic minority carers</li> </ul>		<ul style="list-style-type: none"> <li>Understand service landscape for carer support</li> <li>Further development of Respite and Creative Breaks.</li> <li>Participate in national and local activities to increase diversity of support options and commissioning.</li> </ul>	Carers Centre Service Managers	Ongoing/ Continuous

## Priority 2: Ensure Carers are Supported in their Caring Role

### 2.1 Carers Strategy Implementation

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>Ensure Partnership systems and processes are understood and accessible for carers</li> <li>Improve the visibility and accessibility of support for older carers</li> </ul>				
<b>Services for carers are commissioned based on evidenced need</b>	<ul style="list-style-type: none"> <li>Market Shaping – Build on Respite, Creative Breaks, and new Commissioning Approaches.</li> <li>Delivery of Breaks from Caring</li> </ul>	<ul style="list-style-type: none"> <li>Increase in Respite providers/breaks</li> <li>Commissioning of new types of provision</li> <li>Increase in uptake of SDS Option 1 and 2 breaks The total number of carers accessing short breaks</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of ACSPs leading to referrals for short breaks and other carer supports.</li> <li>Increase diversity of delivery, led by carer experience.</li> <li>Increase opportunities for community-based short break options.</li> </ul>	Carers Centre Service Managers	Ongoing/ Continuous
<b>Emergency Planning</b>		<ul style="list-style-type: none"> <li>Number of emergency plans within Anticipatory Care Plans</li> </ul>	<ul style="list-style-type: none"> <li>National review of EPIC to be embedded locally.</li> <li>My Anticipatory Care Plan to be rolled out across the Partnership.</li> <li>Continued use of tools and resources, such as ENABLE Tool.</li> </ul>	Carers Centre Service Managers	Ongoing/ Continuous
<b>Preventative Support</b>		<ul style="list-style-type: none"> <li>Number ViewPoint app users</li> <li>Number of carers being supported by universal services and support (Carers Census)</li> </ul>	<ul style="list-style-type: none"> <li>Develop ViewPoint app with young carers</li> <li>Ensure appropriate application of eligibility criteria for preventative support</li> </ul>	Carers Centre Service Managers	Ongoing/ Continuous  Annual reporting through Carers Census



## Priority 2: Ensure Carers are Supported in their Caring Role

### 2.1 Carers Strategy Implementation

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
			<ul style="list-style-type: none"> <li>Ensure all available support options are considered, e.g. community-based, targeted and formal supports</li> </ul>		
<b>Workforce Development</b>		<ul style="list-style-type: none"> <li>Number of staff across the sector accessing updates/briefing sessions/training</li> </ul>	<ul style="list-style-type: none"> <li>Continue to raise awareness of carers across Falkirk HSCP/NHS.</li> <li>Continue to develop training opportunities for staff across Falkirk HSCP / NHS to ensure we carry on supporting carers to maintain their caring role.</li> <li>Design online and face-to-face training materials for staff, and deliver these appropriately.</li> </ul>	Carers Centre Service Managers	December 2020

### Priority 3: Focus on early intervention, prevention and harm reduction

#### 3.1 Specialist Services

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>National Mental Health Strategy is implemented</b>	<ul style="list-style-type: none"> <li>Development of Community Mental Health Teams and Learning Disability Teams</li> </ul>	<ul style="list-style-type: none"> <li>Full integration of specialist teams</li> <li>Improved work flow between specialise and locality teams</li> <li>Develop a mental health performance framework</li> <li>Improve performance in achieving national targets for mental health services</li> </ul>	<ul style="list-style-type: none"> <li>Pathway review</li> <li>Review of criteria of specialist teams</li> <li>Team building for mental health team</li> <li>Crisis response for complex learning disability and mental health cases</li> <li>Mental Welfare Commission report on autism and complex care needs</li> <li>Coming Home</li> <li>The Keys to Life Implementation Framework and Priorities 2019-2021</li> </ul>	Head of Integration  Locality Manager (West)  Clinical Nurse Manager  Service Manager	October 2021
	<ul style="list-style-type: none"> <li>Commissioning               <ul style="list-style-type: none"> <li>Develop a Mental Health Commissioning Plan</li> <li>Embed whole systems method of commissioning services with appropriate governance and monitoring</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Meeting the actions defined by the action plan</li> </ul>		Head of Integration  General Manager Primary Care & Mental Health	
	<ul style="list-style-type: none"> <li>Service Provision               <ul style="list-style-type: none"> <li>Explore and establish better referral pathways and processes</li> </ul> </li> </ul>			Head of Integration  General Manager Primary Care &	

**Priority 3: Focus on early intervention, prevention and harm reduction**

**3.1 Specialist Services**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>▪ Increase the range of early intervention and prevention activity</li> <li>▪ Identify deficits in provision for particular groups, including substance use</li> <li>▪ Identify people who are not engaged in services and what support they require</li> <li>▪ Develop the use of e-Health solutions to manage mental health services capacity and demand</li> <li>▪ Develop a tiered approach to provision that diverts people from ED whose needs can be met elsewhere</li> <li>▪ Reduce Police time spent accompanying vulnerable people to hospital</li> <li>▪ Standardise the process for Care Programme Approach (CPA) across the system where clinically appropriate</li> </ul>			Mental Health	

**Priority 3: Focus on early intervention, prevention and harm reduction**

**3.1 Specialist Services**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>Dementia                             <ul style="list-style-type: none"> <li>Implement an integrated dementia service</li> <li>Review and put in place a range of community based dementia support</li> </ul> </li> </ul>			Head of Integration  General Manager Primary Care & Mental Health	
	<ul style="list-style-type: none"> <li>Suicide                             <ul style="list-style-type: none"> <li>Implement the National Suicide Strategy</li> <li>Ensure strategic awareness of trends within the Falkirk area</li> <li>Review and develop crisis provision for vulnerable people and their families/friends</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Monitor actions set out in the strategy action plan</li> </ul>		Head of Integration  General Manager Primary Care & Mental Health	
	<ul style="list-style-type: none"> <li>Workforce                             <ul style="list-style-type: none"> <li>Develop the mental health workforce</li> <li>Plan and support the introduction of the Primary Care Development plan</li> <li>Undertake workforce planning for community and mental health services</li> </ul> </li> </ul>			Head of Integration  General Manager Primary Care & Mental Health	

**Priority 3: Focus on early intervention, prevention and harm reduction**

**3.1 Specialist Services**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>ADP Drugs Related Deaths Taskforce</li> <li>Review ADP Services                             <ul style="list-style-type: none"> <li>Review of ADP Governance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>National Drug Related Deaths Delivery Plan</li> <li>Alcohol and Drug Partnership Delivery Plan</li> </ul>		Head of Integration  Clinical Nurse Manager Service Manager	April 2020
<b>Alcohol and Drug Partnership will align with local evidenced need</b>	<ul style="list-style-type: none"> <li>Support people with Alcohol Related Brain Injury (ARBI)                             <ul style="list-style-type: none"> <li>Ensure that current programmes are supporting people to maximise their potential within their own communities</li> <li>Develop treatment services specifically to support people at home, and their families</li> <li>Ensure we are diagnosing people with ARBI and then offering appropriate support to recover</li> </ul> </li> <li>Raise awareness of the causes and effects of ARBI and that these are treatable</li> </ul>	<ul style="list-style-type: none"> <li>Local action plan based on National Alcohol and Drug Partnership Delivery Plan</li> <li>Local Action plan based on National Drug and Alcohol strategy</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and Drug Partnership Delivery Plan</li> <li>National Drug and Alcohol strategy</li> </ul>	Head of Integration/Chair of ADP  Clinical Nurse Manager Service Manager	April 2020
	<ul style="list-style-type: none"> <li>Challenge harmful perceptions of norms within our communities                             <ul style="list-style-type: none"> <li>Ensure the message of 'no alcohol no risk' during pregnancy is consistently</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Local action plan based on National Alcohol and Drug Partnership Delivery Plan</li> <li>Local Action plan based on National Drug and Alcohol strategy</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and Drug Partnership Delivery Plan</li> <li>National Drug and Alcohol strategy</li> </ul>	Head of Integration/Chair of ADP  Clinical Nurse Manager	April 2020

### Priority 3: Focus on early intervention, prevention and harm reduction

#### 3.1 Specialist Services

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<p>communicated by all services as a way of preventing Foetal Alcohol Spectrum Disorder</p> <ul style="list-style-type: none"> <li>Be clear and consistent in our messages of minimising risk in terms of consumption of alcohol and drugs</li> <li>Support the extension of social norms to other key group's e.g. young people in YOI, women, older people etc.</li> <li>Review the impact of social norms programmes in a variety of settings and groups</li> </ul>			Service Manager	
	<ul style="list-style-type: none"> <li>Address the stigma of seeking support</li> <li>Promote and Provide opportunities for recovery               <ul style="list-style-type: none"> <li>Seek to prevent Foetal Alcohol Spectrum Disorders (FASD) and to understand the needs of young people affected FASD</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Local action plan based on National Alcohol and Drug Partnership Delivery Plan</li> <li>Local Action plan based on National Drug and Alcohol strategy</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and Drug Partnership Delivery Plan</li> <li>National Drug and Alcohol strategy</li> </ul>	<p>Head of Integration/Chair of ADP</p> <p>Clinical Nurse Manager</p> <p>Service Manager</p>	April 2020

### Priority 3: Focus on early intervention, prevention and harm reduction

#### 3.1 Specialist Services

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>JLES</b>	<ul style="list-style-type: none"> <li>Review the model of JLES to ensure</li> </ul>	<ul style="list-style-type: none"> <li>No of People supported out of hospital through the delivery of equipment</li> </ul>	<ul style="list-style-type: none"> <li>Review of JLES</li> </ul>	Service Manager	February 2020
	<ul style="list-style-type: none"> <li>JLES Options Appraisal</li> </ul>			Head of Integration	February 2020
<b>Gender Based Violence</b>				Head of Integration Operations Manager	December 2019
<b>Re-provision of Rowans into the Thornton Gardens</b>		<ul style="list-style-type: none"> <li>Improved work flow between specialised and locality teams</li> </ul>	<ul style="list-style-type: none"> <li>Review of criteria of specialist teams</li> <li>Review of Team Structure</li> </ul>	Locality Manager Clinical Lead	October 2021
<b>Sensory Team</b>	<ul style="list-style-type: none"> <li>Review the function and role of the Sensory Support Team to ensure consistent delivery of statutory functions across the locality model</li> </ul>	<ul style="list-style-type: none"> <li>General performance management information</li> <li>Monitor statutory reporting mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Will form part of the development of Locality Model</li> </ul>	Service Manager	October 2020
<b>Learning Disabilities</b>	<ul style="list-style-type: none"> <li>Enable the workforce to be skilled and confident in identifying and responding to health inequalities issues</li> <li>Embed health inequalities identification and provision of additional / targeted support services or signposting</li> <li>Develop collective thinking, planning and delivery between HSCP and CPP partners</li> </ul>			Health Improvement Lead Locality Managers	

**Priority 3: Focus on early intervention, prevention and harm reduction**

**3.1 Specialist Services**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>Work with partners to understand and effectively use data evidencing health and social inequalities</li> <li>Support specific targeted initiatives such as Housing First</li> <li>Develop awareness raising programmes about health inequalities for people, communities and staff</li> <li>Test and develop Community Link Work programme within locality areas, as part of the Primary Care Transformation Programme</li> <li>Develop resilience and capacity within locality areas</li> <li>Support the development of community and third sector organisations</li> <li>Improve knowledge about the impact of lifestyle choices and develop consistent approach to Health Improvement messages</li> </ul>				



**Priority 3: Focus on early intervention, prevention and harm reduction**

**3.1 Specialist Services**

Priority Outcome	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
Partners will work together to address the determinants of health and social inequalities	<ul style="list-style-type: none"> <li>Reduce social isolation and loneliness                             <ul style="list-style-type: none"> <li>Scope how resources are currently used within localities</li> <li>Develop the existing resource on key information for staff</li> </ul> </li> <li>Support community networks and support people to access these</li> </ul>			Health Improvement Lead Locality Managers	

## Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services

### 4.1 Digital TEC Strategy

Priorities	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
<b>A HSCP Technology Enabled Care (TEC) Strategy will be developed and implemented</b>	<ul style="list-style-type: none"> <li>Establish a multi-agency TEC strategic group</li> <li>Understand current use of TEC across partnership</li> <li>Engage with people, carers and communities about the use of TEC</li> <li>Develop and implement Partnership strategy through a Partnership action</li> </ul>	<ul style="list-style-type: none"> <li>Citizens supported through technology and their carers are more independent               <ul style="list-style-type: none"> <li>Feel safer</li> <li>Feel enabled</li> <li>Overcare is reduced.</li> <li>Urgent care is reduced</li> <li>Need for long term care is reduced</li> </ul> </li> </ul>			
<b>Access to TEC in localities will be widened</b>	<ul style="list-style-type: none"> <li>Identify and build-on what already works well and develop options for tech solutions within localities</li> <li>Ensure wide partner engagement, including Forth Valley College &amp; Economic Development</li> <li>Establish locality based, multi-agency Hub model with access to a range of services without a consultation/appointment</li> <li>Support development of skills and confidence in use of TEC at home</li> </ul>	<ul style="list-style-type: none"> <li>Citizens supported through technology and their carers are more independent               <ul style="list-style-type: none"> <li>Feel safer</li> <li>Feel enabled</li> <li>Overcare is reduced.</li> <li>Urgent care is reduced</li> <li>Need for long term care is reduced</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Technology assessment and provision is embedded in health and social care pathways and processes</li> <li>Embed earlier and wider application of Technology Enabled Care assessment into core models of care including closer to home, ACP, dementia, LTC and LD pathways.</li> <li>Expand the range of technology and associated benefits to and beyond the current citizens supported by Telecare.</li> <li>Technology assessment and provision is embedded in health and social care pathways and processes</li> </ul>		

## Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services

### 4.1 Digital TEC Strategy

Priorities	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
	<ul style="list-style-type: none"> <li>Develop and support volunteer roles to support TEC in communities, including intergenerational education opportunities with young people</li> </ul>		<ul style="list-style-type: none"> <li>Embed earlier and wider application of Technology Enabled Care assessment into core models of care including home first, ACP, dementia, LTC and LD pathways</li> </ul>		
<b>TEC enabled infrastructure will be developed</b>	<ul style="list-style-type: none"> <li>Conclude options appraisal about a digital upgrade</li> <li>Upgrade central phone systems to provide additional functionality</li> <li>Improve staff use of technology and access to digital records across the Partnership</li> <li>Develop TEC solutions focussing on access to service, prevention and reassurance</li> </ul>	<ul style="list-style-type: none"> <li>Citizens supported through technology and their carers are more independent               <ul style="list-style-type: none"> <li>Feel safer</li> <li>Feel enabled</li> <li>Overcare is reduced</li> <li>Urgent care is reduced</li> <li>Need for long term care is reduced</li> </ul> </li> </ul>			
<b>TEC enabled workforce will be supported</b>	<ul style="list-style-type: none"> <li>Identify workforce training requirements</li> <li>Develop and implement skills development programme as component of the Integrated Workforce Plan</li> </ul>		<ul style="list-style-type: none"> <li>Design a tiered learning and development programme</li> <li>Identify I&amp;d needs using data and personal development plans (PDPS)</li> <li>Managers/organisations to set out expectations of staff to be used in PDPS and appraisal</li> </ul>		

**Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services**

**4.1 Digital TEC Strategy**

Priorities	Actions	Performance Measure	Strategies & Initiatives to Deliver Change	Lead	Timescale
			<ul style="list-style-type: none"> <li>Staff take personal responsibility for using reflection /supervision to update knowledge and skills</li> <li>Implement awareness raising plan – starting with Locality Managers</li> </ul>		

**Agenda Item**  
**Falkirk Council**

**Title:** Falkirk Integration Joint Board Business Case 2020/21

**Meeting:** Falkirk Council

**Date:** 4 December 2019

**Submitted By:** Chief Officer, Falkirk Integration Joint Board

**1. Purpose of Report**

- 1.1. The purpose of this report is to present the business case for the Falkirk Integration Joint Board for 2020/21. The business case is a summary of information from the IJB's Delivery Plan and Medium Term Financial Plan. The IJB's Delivery Plan and the Medium Term Financial Plan will be considered by the IJB on 6 December 2019. The business case may therefore be amended to reflect the outcome of that consideration. The IJB will receive a verbal update on the discussion of the business case by Council. The Health Board will consider an updated business case in January 2020.
- 1.2. This report sets out the key activities which will need to be undertaken by the Partnership in order to achieve the necessary savings identified through the Medium Term Financial Planning work and cope with the projected increase in demand.

**2. Recommendation**

Falkirk Council is asked to:

- 2.1. consider the information contained within the Business Case and provide feedback to the IJB.

**3. Background**

- 3.1. The Integration Scheme of the Falkirk IJB sets out how Falkirk Council and NHS Forth Valley will work together to integrate services. The scheme has a Finance section which outlines the mechanism for agreeing the payments from both partners to the IJB. Section 8.3 of the scheme covers the requirement for a business case to be presented by the IJB to the partners as part of the negotiation process.
- 3.2. The business case is based on the information available at the time of writing and can be affected by National Government budget decisions. In previous years the Scottish Government has either put restrictions on Local

Authorities and NHS Board in terms of the reduction they could make to payments passed to the IJB or has provided additional grant funding to the partners at a late stage in the budget settlement negotiations. At this stage it is not known if restrictions will be in place for 2020/21 and beyond, or if any specific funding will be forthcoming. This information will not be known until after the budget settlement which is now likely to be January or February 2020.

- 3.3. The Integrated Resources Advisory Group (IRAG) produced Finance Guidance which set out in more detail the recommended contents of the business case, highlighting that the business case for the IJB should be based on the Strategic Plan.

#### 4. Financial Performance to Date

- 4.1. The latest financial projection for the IJB for 2019/20 is summarised in the table below:

	£m
Budgets delegated to Falkirk Council (non HRA)	0.684
Budgets delegated to NHS Forth Valley	1.394
<b>Projected Overspend</b>	<b>2.078</b>
Budgets Delegated to Falkirk Council (HRA)	-
Budgets Delegated to Falkirk Council (Capital)	-
Set Aside Budget	1.461
<b>Total Outturn</b>	<b>3.539</b>

- 4.2. The main areas resulting in the overspend are:

- Community hospitals
- Mental health inpatient services
- Set aside – bank and agency spend
- Primary care
- Prescribing
- External home care
- Non identification and/or delivery of savings

- 4.3. As highlighted in the recent Annual Report by the external auditors, the risk sharing agreement for financial year 2019/20 has not been agreed between the Council and the Health Board. NHS Forth Valley have indicated that they want the IJB to use its reserves to contribute 50% of the NHS overspend (c£1.4m). NHS Forth Valley require a recovery plan to address the overspend and agreement with Falkirk Council on risk sharing before requesting a decision from the IJB.

- 4.4. The projected overspend on external home care has been highlighted during the year as a risk but the latest projections now require a recovery plan to be

developed. This is being worked on with colleagues in the service with the hope that some of the pressures can be mitigated for the year end. Where this is not the case, there is not an agreement in place as to how this gap will be bridged.

## 5. Falkirk Council Funding Proposal

- 5.1. Falkirk Council are assuming a funding reduction of 1.25% for 2020/21, increasing to 1.5% for 2021/22 onwards. However, there is not a direct link between the settlement for the IJB and the funding assumed for the Council. Estimates of the funding, projected spend and resultant financial gap are shown in the table below:

	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Funding	66.931	71.947	77.254	80.101
Projected Spend	(70.022)	(75.038)	(80.346)	(83.193)
<b>Funding Gap</b>	<b>(3.091)</b>	<b>(3.091)</b>	<b>(3.091)</b>	<b>(3.091)</b>

- 5.2. The funding gap in 2020/21 assumes that the 2019/20 financial overspend projected is not a recurring pressure and is addressed in 2019/20 through a recovery plan.

## 6. NHS Funding Proposal

- 6.1. NHS FV are assuming a baseline uplift of 1.8% for 2020/21, reducing to 1.5% for 2021/22 onwards. This funding assumption has been used to calculate the settlement for the IJB. Estimates of the funding, projected spend and resultant financial gap are shown in the table below:

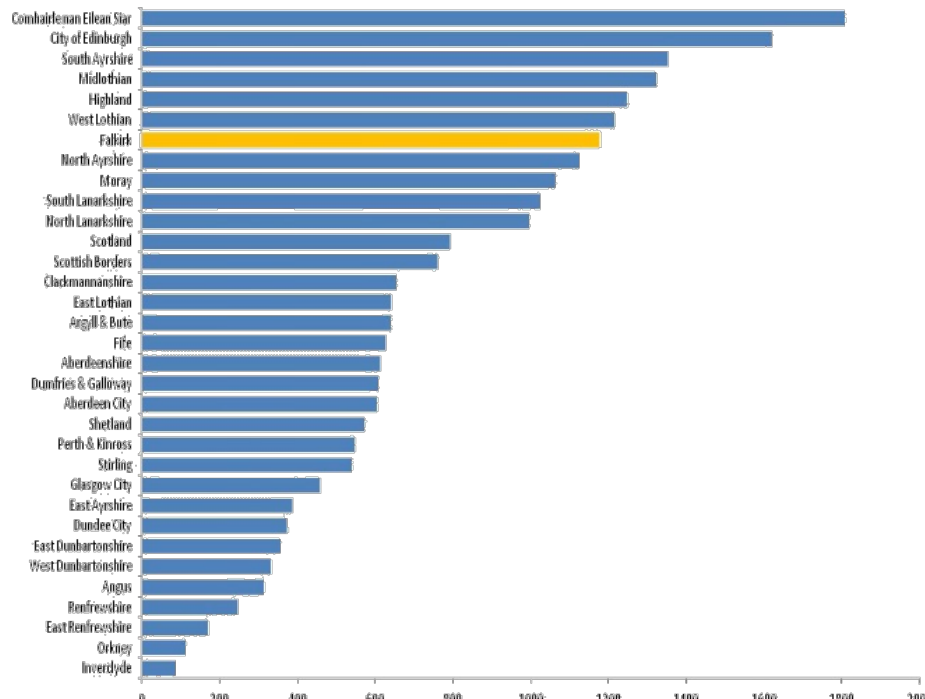
	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Funding	158.705	160.311	161.941	163.596
Projected Spend	(162.638)	(161.757)	(163.495)	(165.265)
<b>Funding Gap</b>	<b>(3.933)</b>	<b>(1.446)</b>	<b>(1.554)</b>	<b>(1.669)</b>

- 6.2. The funding gap in 2020/21 assumes that the 2019/20 financial overspend projected is a recurring pressure. This amounts to £2.855m. Work continues to understand the drivers behind this amount and the extent to which it can be met from recurring means. However, a prudent approach has been taken at this point and the full sum has been included.

## 7. Operational Performance

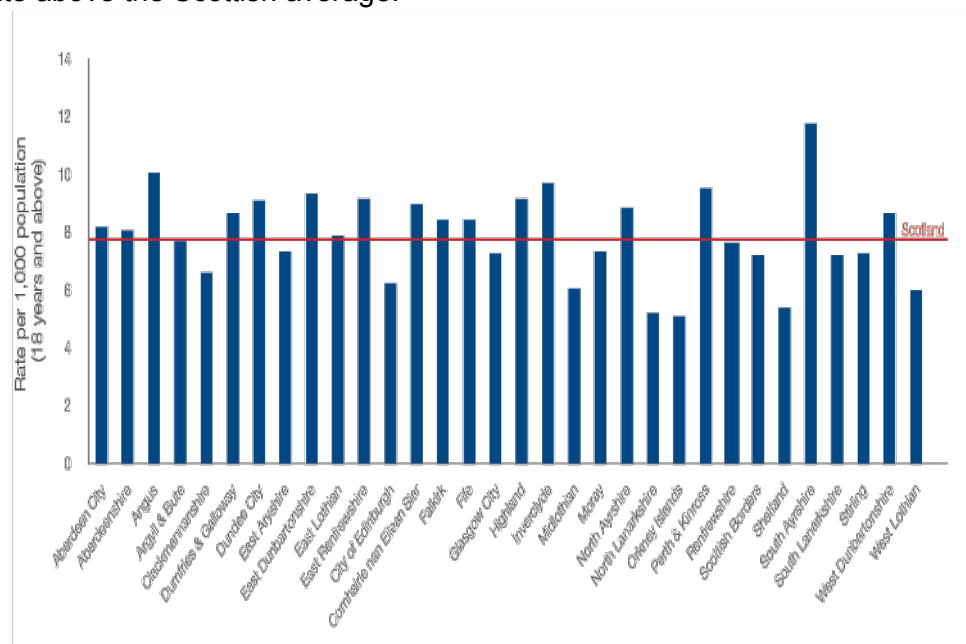
7.1. The tables below show performance in a number of areas and demonstrate the challenge facing the IJB and partners

7.2. Table 1 shows Falkirk's performance on delayed discharge bed day rate compared to the rest of Scotland



**Table 1:** Delayed discharge bed day rate per 1,000 population (Age 75+) – 2018/19

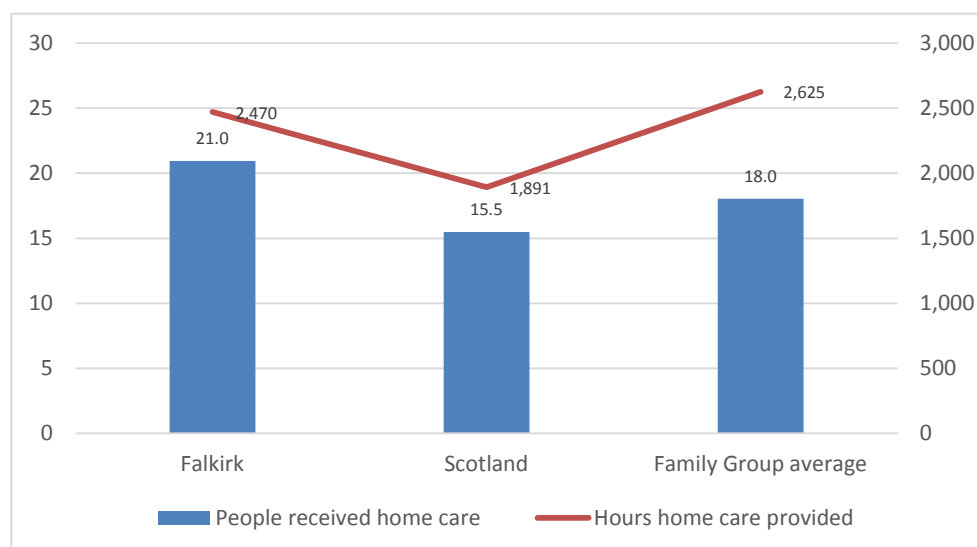
7.3. Table 2 shows the rate per 1000 of the population supported in care homes across Scottish Local Authorities. The red line denotes the Scottish average. Falkirk has a rate above the Scottish average.



**Table 2:** People supported in care homes (residents ages 18+) rate per 1,000 population at 31 March 2018



- 7.4. Table 3 shows the care home hours provided per 1000 of the adult population comparing Falkirk with Scotland and the comparative group. Falkirk provides a higher number of care hours to a higher proportion of the adult population than the Scottish average and comparator authorities.
- 7.5. Falkirk needs to review the models of care and support to meet the anticipated rise in demand as a result of the projected increase of the over 75 population.



**Table 3:** People receiving home care & home care hours provided rate per 1,000 adult population, Jan-Mar 2018

## 8. Development of a Delivery Plan

- 8.1. As set out in the Introduction section of this report, the business case summarises information contained in the IJB's Delivery Plan. This Delivery Plan will go to the IJB in December for approval. The Delivery Plan builds on the activities set out in the Business Case which the IJB approved for 2019/20. However, as the Partnership has developed, this work has been refined and a series of workstreams identified. These are set out in section 9 of this report.
- 8.2. The IJB has previously noted the requirement to adopt a 'Home First' principle across the system as the default response within both acute and community settings. Consistent with the Home First principle is the Promoting Independence approach, involving a number of key interventions:



- 8.3. There is recognition that this whole systems approach means that there are complex interdependencies and that work needs to be scheduled in a logical and incremental way. The Delivery Plan aims to ensure this approach is taken. The interdependencies in the system are set out at Table 4 below.
- 8.4. The workstreams identified in the Delivery Plan have been the result of a series of sessions with Heads of Integration, Locality Managers and Service Managers to ensure a widespread understanding of the priorities of the Partnership and the tasks that will be taken forward.



**Table 4**

- 8.5. The achievement of high quality service and financial performance will be through the HSCP Strategic Plan and Delivery Plan for 2019-2022. This builds on the principles of integrated health and social care services for Falkirk Communities. The diagram below at table 5 sets out the key steps that are required to facilitate a move from bed based care to more care at home and in the community.
- 8.6. These steps fit into the model of care that the Partnership has been developing with IPC, as previously agreed by the IJB. The focus of the delivery plan has to be transformational with the aims of reducing demand and reducing costs.

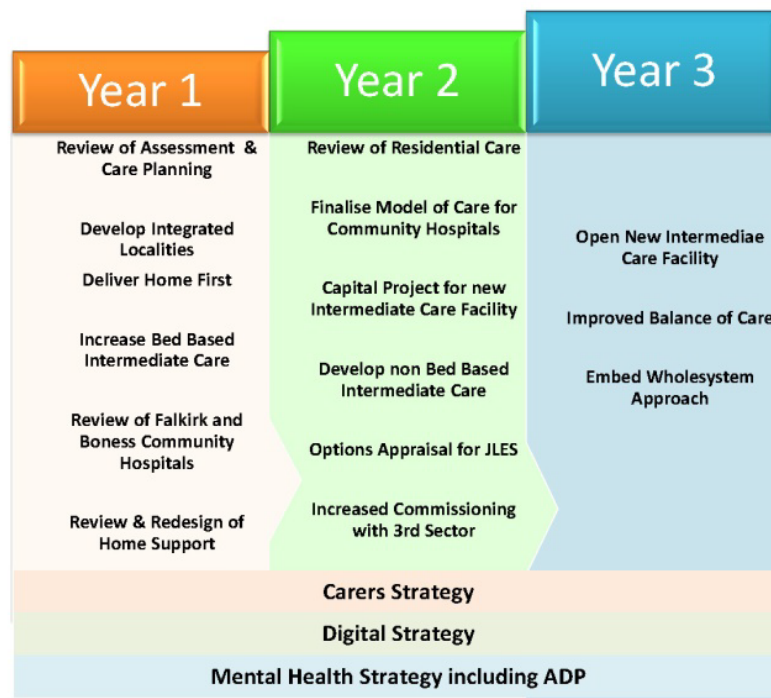


Table 5

## 9. Service Change and Transformation

9.1. The partnership recognises that timescales for the transformational change set out in the Delivery Plan need to be realistic but understands the challenge of achieving annual financial balance.

9.2. To support the delivery plan we need to adopt a whole system approach to ensure we:

- have the right level of support in the community to enable people to live longer at home
- have pathways of care to support frail elderly people in the community to avoid unnecessary hospital admissions (step up / step down care)
- adopt the 'Home First' approach to support care in the community and prompt discharge from hospital
- review all community bed based care
- review all models of care in community hospitals
- review residential care and admissions to care homes
- improve care pathways for long term conditions

9.3. The following enabling activities are necessary:

- The HSCP must adopt an ethos of Promoting Independence through "Living Well Falkirk"
- Workforce Engagement and Involvement.
- Workforce Development Plan
- Review and Redirection of Partnership Funding
- Collaborative Working with all partners

- Data confidence and HQ support
- Public Engagement.
- Implementation of Carers strategy
- Digital / tec strategy
- Mental Health and Wellbeing strategy

- 9.4. The HSCP faces a challenge to meet potential increase in demand through more effective use of resources and improving the models of care to improve wellbeing. This requires a focus on individual outcomes, exploring personal strengths and supports to co-design support and promote independence.

## 10. Achieving Financial Balance

- 10.1. The Business Case previously presented to Council set out the key actions that are required to deliver financial balance for adult social work:

- Review of assessment & care planning
- Review of care packages
- Redesign of residential care
- Improved efficiency of home care & realignment of the internal and external resource
- Review of day care provision

- 10.2. The actions listed above remain the most appropriate way to address financial challenges within adult social work. In order to achieve financial balance across the Partnership, work will also need to be undertaken to address pressures in:

- Prescribing
- Complex care
- Acute services (Set Aside)
- Community hospitals

- 10.3. Colleagues in NHS Forth Valley are currently working on plans for prescribing and Set Aside which will be presented to a future meeting of the IJB. A review of the community hospitals has been agreed but the extent to which that will generate savings in 2020/21 is unclear at this stage. However, improvements in care delivery in the community should reduce any need for contingency beds within the community hospitals which has been one of the reasons for overspend.

- 10.4. A summary of the saving proposals for the Partnership is included at Appendix 1. This summary focusses on 2020/21. A summary of the overall position is shown below:

	2020/21 £m
Savings Requirement:	
Adult Social Work	3.091
Health	3.933

<b>Total Savings Requirement</b>	<b>7.024</b>
Savings Identified:	-
Adult Social Work (see Appendix 1)	2.200
Health	TBC
<b>Total Savings Identified to Date</b>	<b>2.200</b>
Savings Shortfall:	2.855
Adult Social Work	0.891
Health	3.933
<b>Total Shortfall</b>	<b>4.824</b>

- 10.5. Given the Social Work Adult Services budget in the main contributes toward staffing and service delivery costs for people in need of care and support, further reductions at this time would require us to reduce services over and above those that are expected to reduce as a consequence of a review (i.e. those projected saving outlined in Appendix 1).
- 10.6. Depending on the level of disinvestment we may need to consider targeting our resources toward delivery of our statutory duties only. This would have an impact on our ability to redesign services to ensure earlier intervention and ongoing lower level costs for care, which would help make services more sustainable for the future. For example, addressing socio economic and health inequalities, improves longer term outcomes for people and in turn ensures they live healthier lives with lower reliance on services.
- 10.7. There is on-going work to shift the model of Social Work from the current care management model to a model of strengths based systemic practice; however this change in practice will take some time to bed in. It is anticipated that the combination of this change in practice and development of the locality model will generate some efficiencies going forward. However, this model is also predicated on having a strong base of lower level community assets to build upon.
- 10.8. The Integrated Locality teams will develop local community based supports through working with local groups, carers and third sector to address locally identified need. This will align with the 'Enabling Communities' workstream and as part of Falkirk Community Planning Partnership.
- 10.9. The teams will work in a collaboratively to co-design and co-produce the supports required to create strong sustainable communities.

## **11. Health Improvement / Prevention**

- 11.1. The HSCP will develop a programme of local prevention activity to build on the work of the new public health body to work with communities to address local health inequalities and promote health and wellbeing.

## **12. Use Of Technology**

- 12.1. The HSCP will explore how it can better use digital and technological solutions to provide care ranging from health monitoring, medicine prompts to extending the use of the Living Well Falkirk site and brand to promote wellbeing.

## **13. Income Generation**

- 13.1. The main area of income generation for the Partnership is the provision of chargeable services. For such services, service users are asked to make a contribution towards the cost of their care. Decision making on service user contributions for Adult Social Care remains with Falkirk Council, not the IJB. However, the Partnership can make recommendations to the Council.
- 13.2. Service user contributions are a complex area, subject to varying rules and restrictions. For example, following implementation of the Carers' Act the Council waives contributions for Carers, albeit the service user may have to make a contribution.
- 13.3. The Partnership was planning to undertake a full review of charging for non-residential services during 2020/21. This would focus on two important strands of work:
- A review of the infrastructure required to move to a full financial assessment process, in line with many other local authorities. This would include system changes and potentially additional staffing resource.
  - A review of the charging policy itself, including consideration of disregards for calculating user contributions and income maximisation principles to ensure charging is fair and proportionate.
- 13.4. However, the First Minister has recently announced plans to abolish social care charging for non-residential care, if the SNP are re-elected in 2021. In light of this announcement, there will need to be further consideration on the input of significant resources to this strand of work. I
- 13.5. For 2020/21, an inflationary uplift on non-residential charging has been assumed, resulting in additional income of approximately £0.300m.

## **14. Capital Planning**

- 14.1. Whilst assets and capital investment remains the responsibility of the Partners, the IJB has strategic planning responsibilities which impact on how, and from what buildings, services are delivered. There must therefore be a close working relationship to ensure the Partnership can make the best use of the assets it has available and be fully involved in all investment discussions. It is clear that within the public sector there are opportunities for co-location which will enable and facilitate closer partnership working, as well

as potentially save money.

- 14.2. The IJB has previously requested the development of a capital strategy and this work has not progressed yet. However, there are a number of significant projects which will be taken forward over the life of the Delivery Plan and Strategic Plan which may impact on capital investment, namely:

- Design of the intermediate care facility
- Review of the community hospitals
- GP premises review
- Co-location of integrated services
- Day services review
- Joint loan equipment store review

- 14.3. The current approved capital investment programme for Adult Social Work for 2020/21 is set out below.

	£m
MECS	0.246
Independence Centers and Changing Places Facilities	0.250

- 14.4. Falkirk Council will approve an updated capital programme in 2020. A bid has been submitted for £0.200m for upgrades to Adult Social Work properties.
- 14.5. The Falkirk Council capital programme has previously included budget for two key projects –Day Centre Review - c£1.1m and Intermediate Care Facility c£3.7m. To date Falkirk Council has continued to protect these budgets for spend in Adult Social Work.
- 14.6. Investment in NHS facilities is managed in a very different way and is subject to Scottish Government approval. The work to review the community hospitals may impact on the NHS capital programme.

## 15. CONCLUSIONS

- 15.1. The aim of this business case is to set out the proposals for savings delivery in 2020/21, in the context of the 3 year Strategic Plan and Deliver Plan. The business case sets out the challenges facing the Partnership both in terms of finances and the level of change and transformation taking place.
- 15.2. Savings options have been presented for Adult Social Work only at this stage. These savings options reflect the aspirations of the Partnership and link back to the outcomes in the Strategic Plan.
- 15.3. This business plan the assumptions in the business plan have been developed and agreed with Partners but are subject to ongoing review and refinement.

**Resource Implications**

The resource implications are considered in the body of the report.

**Impact on IJB Outcomes and Priorities**

The report sets out the savings which can be achieved whilst the Partnership works to deliver the outcomes and priorities of the Strategic Plan.

**Legal & Risk Implications**

Previous reports to the IJB have set out risk in delivering the programme of transformation, including the capacity of the management team to deliver operational services, delivery efficiencies and implement significant service changes. The recent agreement of Leadership Funding to appoint critical support roles should mitigate the risks.

The challenge of delivering the transformation programme at a time of rising demographics and associated demand, as well as financial constraints should not be underestimated. Failure to implement the Delivery Plan could result in poor performance and increasing financial pressures.

**Consultation**

Requirements for consultation on the proposed savings programme will require to be considered.

**Equalities Assessment**

An equalities assessment will require to be prepared for each of the savings proposals. However, an initial consideration has noted the savings impact as “low”, as all services provision is ultimately based on an assessment of an individual’s need.



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Author: Amanda Templeman, Chief Finance Officer

Date: 26 November 2019

**Appendices:****List of Background Papers:**

None



## APPENDIX 1: Partnership Savings Proposals

Ref	Saving Description	Savings Amount £m	Risk	Equality & Poverty Impact Assessment	Notes
	Review of existing care packages: Younger Adults	0.500	Amber	Low	
	Review of existing care packages: Low Level Supports for Older Adults	0.250	Amber	Low	
	Review of external home care packages	0.200	Amber	Low	
	Review of residential provision; links to Thornton Gardens	0.300	Amber	Low	
	Shifting the balance of bed based care within Adult Social Work (residential care budget)	0.500	Amber	Low	
	Day Care Review – Older Adults	0.150	Amber	Low	
	Home Care Review	-	Amber	Low	No saving has been included in this work as any improvements in efficiency will, at this stage, be reinvested in improvements to services delivered in the community.
	Inflationary Uplift to Charging	0.300	Green	Low	
	<b>TOTAL</b>	<b>2.200</b>			