

Agenda Item

10

Title/Subject: Partnership Funding
Meeting: Integration Joint Board
Date: 6 December 2019
Submitted By: Chief Finance Officer
Action: For Decision

1. INTRODUCTION

- 1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with:
- an overview of recommendations made by the Partnership Funding Group (PFG) and Strategic Planning Group (SPG) in relation to funding proposals
 - further information and recommendations arising from the review of initiatives currently supported
 - an overview on Partnership Funding Programme performance.

2. RECOMMENDATION

The IJB is asked to:

- 2.1. approve recommendations relating to applications for Partnership Funding, set out within Appendix 1.
- 2.2. approve recommendations arising from the review of initiatives currently supported by Partnership Funds, within Appendix 2.
- 2.3. note the performance across the Partnership Funding programme, within Appendix 3,
- 2.4. note proposed escalation process as outlined at 4.6 and 4.7.

3. FUNDING PROPOSALS

- 3.1. The PFG considered three proposals for Partnership Funds and two change forms on 2 October 2019. Recommendations made by the PFG were endorsed by the SPG on 4 October 2019. Details of the applications, change requests and funding recommendations are detailed within Appendix 1 and are summarised below:

Proposal	Recommendation
Tackling Inequalities & Improving Outcomes	Approve with conditions
Recovery Community	Approve with conditions
Falkirk Community Trust Inclusion Officers	No award

Change Request	Recommendation
Social Inclusion Project	Approve with conditions
Discharge Hub	Approve

- 3.2. The Social Inclusion Project (SIP) and Tackling Inequalities and Improving Outcomes (TIIO) will be provided by Signpost. The services provided by each project are similar. Service users often have chaotic lifestyles and require initial support to achieve basic safety and stabilisation. The client group is however different. TIIO is only available to people who are within the criminal justice system. In order to ensure consistency in provision, the service model has been amended to encompass a single management and monitoring structure. This also achieves efficiencies in resource required.
- 3.3. As SIP and TIIO are both relevant in the context of substance use services, due diligence with regard to governance and practice has been progressed in conjunction with the Alcohol and Drugs Partnership (ADP). As it is proposed that the service structure and delivery model is amended, specific award conditions will be applied. This request is also timeous as Signpost has experienced significant change during 2019, having lost a significant contract with the ADP via a tendering process. Based on IJB approval, Signpost will be required to provide a revised statement and evidence regarding organisational governance, management structure and support and supervision. Confirmation of relevant, up to date organisational policies will also be required.
- 3.4. The Housing Service has also expressed an interest in the SIP model being extended to support the implementation of the Housing First model. Housing First is part of the Rapid Rehousing Transition Plan. Discussion is ongoing to consider the viability of this option. Any additional resource will be supported by Housing. A combined monitoring framework is also being developed.
- 3.5. An overview of the Partnership Funding financial position is provided within the Chief Finance Officer's report. All recommendations relating to new proposals and change requests are affordable within the overall resource available and are in line with priorities of the Strategic Plan 2019/2022.

4. REVIEW OF CURRENT INITIATIVES

- 4.1. Between 29 May and 24 June 2019, a series of PFG assessment sessions were held with initiative leads. Leads were invited to present information about project progress against outcomes and transformational change achieved during the funded period. The sessions enabled an opportunity for

peer review, consideration of further opportunities for collaboration, and to identify any duplication and areas of improvement. The recommendations arising from the review were approved by the IJB in September 2019.

- 4.2. Where further work was required, initiative leads were contacted directly regarding the outcome of the assessment sessions. They were offered the opportunity to discuss recommendations and further information requirements by 30 October. Heads of Integration, Locality Managers and Service Managers have also been included within the review process. This has further enabled the PFG to consider how initiatives can change or evolve to support transformation. This includes ensuring that an integrated Home First ethos can be embedded across all services and is in line with the Falkirk Unscheduled Care Plan (as a separate agenda item).
- 4.3. As five of the initiatives currently operate pan Forth Valley, the Partnership Funding Co-ordinator has maintained regular contact with the Partnership Funding Manager in the Clackmannanshire and Stirling Partnership.
- 4.4. Following the submission of information by 30 October, information was circulated to the PFG and Heads of Integration, Locality and Service Managers for observation and comment.
 - 5 submissions were received. A further 4 initiatives have commenced focussed review work. It is proposed that an update on this work is presented to the IJB in March 2020.
 - 1 initiative did not provide further information by the 30 October.
 - The PFG met on 13 November to discuss submissions and updates regarding focussed work. Initiative leads and a Head of Integration also attended this session.
 - The recommendations arising were circulated to the SPG electronically for endorsement.
- 4.5. The approved Partnership Funding governance process states that where information or action is requested, if the request is not satisfied within a 6 month period, that an escalation process will be commenced. This process will start with information being provided to the Chief Officer.
- 4.6. A summary of recommendations are provided below and are detailed within Appendix 2.
- 4.7. **Enhanced Community Team (ECT)**

In order to further develop a sustainable service model that suits the needs of Falkirk, it is proposed that the ECT should work with representatives from Home First, Home Care and Frailty to develop a single service blueprint, working towards integrated provision that will both prevent admission to hospital and enhance timeous discharge. The outcome of this work will be presented to the IJB in March 2020.

- 4.8. **Night Nursing & Overnight MECS Service**
Discussion regarding out of hours services review has been progressed with initiative leads and Locality Managers. It is noted that there is significant scope for improved integrated practice across out of hours services to support timeous discharge and to avoid admission. Enhanced over night care is beneficial to the patient and also their carers. This is noted within the HSCP Delivery Plan to be progressed during 2020. Initial scoping of provision has been requested to establish coverage and gaps. A short/medium/long term improvement plan will be developed based on this information. Further information will be presented to the IJB in March 2020.
- 4.9. **Technology Enabled Care (TEC)**
Immediate review has not been progressed, however the PFG note that Leadership Funds have been secured to employ a TEC lead to support the development and implementation of a HSCP strategy. In the short and medium term, interdependent work streams include out of hours provision and Dementia support. Further information will be presented to the IJB in March 2020.
- 4.10. **Rapid Access Frailty Clinic (RAFC)**
No further information was provided by 30 October. Reminders were issued. In addition, monitoring information provided for Q1 & 2 was insufficient and final service costings have not been provided. There has been significant changes in staff in this area. It is proposed that, in line with Partnership Funding governance, that this issue is escalated. As this is a Forth Valley wide initiative, Clackmannanshire and Stirling Partnership will be informed of proposed action with a view to joint progress. Further information will be presented to the IJB in March 2020.
- 4.11. **Discharge Hub**
Discussion has progressed with initiative leads to consider how the current Discharge Hub resource can integrate with the Home First model. A working group should be established with multi-disciplinary representation. Consideration should also be given to the output of recent workshops facilitated regarding Delayed Discharge and within the context of Getting Forth Right. The Discharge Hub operates on a pan Forth Valley basis and therefore Clackmannanshire and Stirling Partnership should also be represented. The outcome of this work should be presented to the IJB in March 2020.
- 4.12. **Enhanced Discharge from Falkirk Community Hospital**
The current service model was established in 2013. Although the service remains valid in terms of supporting patients within FCH, the model no longer aligns with HSCP Strategic Plan in relation to supporting people within their own home or a homely environment. The PFG noted that there is an opportunity to redirect investment to enhance reablement within the community. By continuing investment of Partnership Funds in reablement at FCH, there is little scope for the service to contribute towards the Partnership's strategic direction and towards transformational change.

- 4.13. Continuity of service and care within the current FCH model was noted as being at risk should this investment be withdrawn immediately. However, the PFG recommend that a longer term exit strategy is prepared, in conjunction with the Falkirk HSCP Unscheduled Care Plan and the review of the community hospital model. Further information will be provided to the IJB in March 2020.
- 4.14. **AHP Capacity**
There is currently considerable PF investment (44% total resource) within the ReACH team. Clarity is required between OT roles and competencies within NHS and SWAS teams. Previous work was initiated to developed shared competencies (pre-integration) and process (Adapting for Change). It is proposed that this work should be re-established. This would support and further enable AHP resource to integrate and align with locality teams, ensuring that service users have fewer transitions between practitioners, avoid duplication in assessment and provision and to allow resource to be effectively deployed to cope with demand. The outcome of this work should be presented to the IJB in March 2020.
- 4.15. **Pharmacy**
The PFG note that there is significant benefit to be gained by integrating Pharmacy support within key areas of the Partnership, including Primary Care, Home Care and Care Homes. Current investment within Pharmacy has not been fully deployed due to a nationally acknowledged shortage on Pharmacy workforce, which has resulted in an inability to recruit staff to short-term contracts. It is proposed that further scoping activity regarding service improvement opportunities is progressed. A proposal will then be brought forward for consideration via the PF governance process for an amended service model. Recommendations regarding revised provision and resource requirements will be presented to the IJB in March 2020.
- 4.16. **Alcohol Related Brain Injury (ARBI)**
PFG noted that the information provided demonstrates effective progress within the service. The group asked to restate a request to the lead that the service should support people who have an existing ARBI diagnosis and are in residential care, as opposed to focussing only on 'new' referrals. Feedback will be provided to the lead.

5. PARTNERSHIP FUNDING PROGRAMME PERFORMANCE

- 5.1. All initiatives supported by Partnership Funds are required to submit quarterly monitoring returns. The returns include information about financial management as well as measurement against performance indicators, narrative about challenges and changes and also service user and carer feedback. An overview of current performance reported during the period 1 March to 30 October 2019 is provided at Appendix 3.

- 5.2. Appendix 3 also provides an assessment of current impact against the Strategic Plan. It should be noted that performance and impact are different. Initiatives can often demonstrate good performance as a single service, however when aligned with the wider system and strategic direction, the overall impact may be low.
- 5.3. The PFG review process has considered the impact of initiatives against the strategic direction of the Partnership. An overview of this assessment is provided within the performance overview. This is shown as current impact, improvement action and potential impact.
- 5.4. It is of note that most of the initiatives are demonstrating good performance as a singular service, however some no longer align, or can demonstrate an impact to the whole system or the Strategic Plan. This is highlighted within section 5 of this report.

6. CONCLUSION

- 6.1. This report provides recommendations made by the Partnership Funding Group and endorsed by the Strategic Planning Group regarding Partnership Funding.
- 6.2. Details of the recommendations are provided within Appendices 1 and 2. An overview of programme performance is also included within Appendix 3. It should be noted that information contained within the performance report links with the review of initiatives in relation to impact on the whole system and strategic direction of the Partnership.

Resource Implications

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

Impact on IJB Outcomes and Priorities

Partnership investment should align and contribute directly towards the delivery of the Strategic Plan. The adoption of a strategic commissioning approach to working with third and independent sector organisations will further support the delivery of IJB outcomes.

Legal & Risk Implications

Where a recommendation is being made that will result in service change and therefore impact of services users, their carers or the wider community, a disinvestment impact assessment will be undertaken. Periods of notice and transition will be provided to ensure adequate time is provided to take any mitigating action required.

Consultation

Individual initiatives are required to consult and engage with stakeholders during the development and implementation of all services. This forms a condition of award for partnership funding.

The Partnership Funding Group is a sub-group of the Strategic Planning Group and has responsibility for scrutinising current and new Partnership Funding investment. The group includes representatives from across Health, Social Care, Third and Independent Sectors. Service Users are also represented. All recommendation made by the group are presented to the wider Strategic Planning Group for endorsement, before presentation to the IJB for approval.

Equalities Assessment

Allocations of partnership funding directly contribute towards and align with the Strategic Plan and an initial Equalities and Poverty Impact Assessment (EPIA) has been completed. Further EPIA will be undertaken for areas of disinvestment.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Lesley MacArthur, Partnership Funding Co-ordinator
Date: 14 November 2019

Strategic Planning Group and Partnership Funding Group Project Summary and Recommendations

Project Name & Lead Agency	Project Summary	Strategic Alignment	Recommendation	Justification/Condition
<p>RESUBMISSION</p> <p>Tackling Inequalities & Improving Outcomes (TIIO)</p> <p>Community Justice/ Signpost</p>	<p>The Tackling Inequalities & Improving Outcomes Project aims to reduce health inequalities and improve the health and wellbeing of people in the criminal justice system by identifying and addressing the health-related factors that impede their access to, and ability to engage in, volunteering, training, further learning and employment. Many people in contact with our criminal justice services have multiple barriers to accessing and participating in employment. The barriers include poor physical health, mental health issues, substance misuse and poor access to health services appropriate to their needs. Almost every health problem, social issue and economic disadvantage is over-represented in the people who make up the criminal justice cohort. This Project aims to positively target those with a history of offending to afford them an opportunity for support. The Project will actively work with them in order to address the identified health inequalities and therefore improve their health and wellbeing outcomes.</p> <p>Funding is requested to continue a 1 year pilot funded by Scottish Govt. for 2 Health Care Assistants and admin support. This is a contribution towards TIIO, which also includes Keep Well Nursing resource, funded by Criminal Justice. Project intends to support 120 people in 19/20 and 150 in 20/21.</p> <p>NB: Through discussion between Signpost, Community Justice & the PFG, the service model has been amended. It is proposed that SIP and TIIO will now be jointly managed within a single management structure. This will achieved efficiencies in service cost. The service will also</p>	<p>Aligns with Health Inequalities priority within HSCP Strategic Plan 2019-2022.</p>	<p>Approve until 31 March 2021</p> <p>£97,040 (15 months)</p>	<p>The recommendation previously made by the PFG recognised the client group as being a priority for the Partnership, however required confirmation via the ADP Service review that this was the most efficient use of Partnership funds. The ADP review is ongoing.</p> <p>The model of provision was also queried in terms of levels engagement with health aspect provided via Keep Well Nurses, however further information highlights challenges in engaging the client group and reinforced need for support with basic needs, which are provided via Signpost staff.</p> <p>In recognition that there is currently a gap in provision for this client group, the PFG recommend that the project is funded until 31 March 2021, with condition of ongoing evaluation of the model and also consideration of the outcome of the ADP service review in ongoing service design and improvement.</p> <p>The PFG also noted that there remains an issue regarding sustainability beyond Partnership Funds. Community Justice Partnership should continue to consider options for future funding, based on successful project outcomes.</p>

Project Name & Lead Agency	Project Summary	Strategic Alignment	Recommendation	Justification/Condition
	be collectively monitored by PFG, Housing & Community Justice.			
FV Recovery Café ASC	<p>Request to fund 1FTE Development Worker is part of a dedicated team of six people who are professionally qualified and who have lived experience of recovering from substance misuse. The worker would be part of the team, but with a focus on Grangemouth Recovery Café, which opens for four hours every Sunday at Rainbow House, providing a safe place for any Forth Valley resident who is affected by, and is seeking to recover from substance misuse. The Café is one of three currently operating within the Falkirk area and there are four other cafes in the Stirling/Clackmannanshire areas.</p> <p>FVRC hosts weekly events and regular activities that support people in various stages of recovery from substance misuse. Attendance is purely voluntary and the FVRC has been developed to complement substance misuse treatment and support services, encourage involvement with mutual aid and to help realise a Recovery Oriented System of Care (ROSC) as advocated by Scottish Government and good practice.</p>	Aligns with Health Inequalities and Safe priorities within HSCP Strategic Plan 2019-2022.	<p>Approve 6 months funding to June 2020.</p> <p>Maximum £20,000</p>	<p>The PFG noted the success and impact of the recovery community within Falkirk.</p> <p>This funding request is for replacement funds for an existing post, currently funded by ADP until December 2019. Discussion is ongoing with the ADP regarding ongoing investment, however the PFG recommend that to ensure continuity of service that funding is awarded for a bridging period of until June 2020. This allocation will be reviewed in the context of ADP future funding planning and the outcome of the ADP service review.</p> <p>Confirmation will be provided to the IJB regarding final allocation in March 2020.</p>
Inclusion Officers Falkirk Community Trust	Employ x2 Health & Well Being Inclusion Officer's to address the gap in service provision that currently exists across older people and young people in accessing and participating in health & well being activities. The aim of this proposal is to stimulate, excite and motivate both older people in general and targeted younger people to take on a greater responsibility for their own health through a positive and socially interactive experience that can be created within a supported environment.		No award	<p>PFG recommend that the resource is not support in it's current format.</p> <p>A number of issues were raised including lack of evidence based information, lack of clear engagement with service users and therefore understanding of need.</p> <p>The PFG also felt that costs associated with accessing FCT services would potentially be a barrier to people who may have the greatest need.</p> <p>PFG is keen to support further partnership working</p>

Project Name & Lead Agency	Project Summary	Strategic Alignment	Recommendation	Justification/Condition
				with FCT, however suggest further discussion regarding the most effective use of Partnership Funds to support activity in line with HSCP priorities and outcomes for people.

Requests for Change

Organisation	Reason for change	Financial Implication	Recommendation
Signpost FV: SIP Project	<p>The Social Inclusion Project (SIP) is designed to deliver intensive 1:1 work to a distinct caseload of individuals who are not effectively engaging with support services. The SIP works with the most vulnerable, chaotic and socially excluded individuals who use drugs and alcohol in the Falkirk area.</p> <p>Given the profile of the target population, the SIP was designed to work with a maximum of 35 individuals at any one time. During 2018/19, SIP actually worked with an average of 59 individuals per month, with a maximum of 72 open cases in Quarter 4 2018/19. The increase in open cases directly reflects the increase in referrals into SIP: between 2015 when the project began to Quarter 4 2018/19, the SIP had a 61% increase in referrals per annum. Following this trajectory, a further 21% increase in referrals is forecast for 2019/2020.</p> <p>Whilst this is encouraging that services and service users find the SIP intervention valuable, the number of staff in SIP is no longer able to respond to the notably increasing demand. Current staffing is 1 x Coordinator and 1 x Project Worker funded by IJB and 1 0.8WTE support Worker funded by Falkirk Council Criminal Justice Dept. The proposal is for an additional 2 x Project Workers to manage the increased volume of service users and also to build in capacity, given the projected 21% increase in referrals during the forthcoming year.</p> <p>NB: Through discussion between Signpost, Community Justice & the PFG, the service model has been amended. It is proposed that SIP and TIIO will now be jointly managed within a single management structure. This will achieved efficiencies in service cost. The service will also be collectively monitored by PFG, Housing & Community Justice.</p>	<p>Approve until 31 March 2021</p> <p>£51,432 (15 months)</p>	<p>PFG recommend that 1 post is supported via Partnership Funds. Discussion has also been progressed with Housing Services regarding the use of the SIP model in the implementation of Housing First.</p> <p>Following initial exploration regarding capacity of service and HF target group, Housing has tentatively agreed to support the additional post. This is subject to confirmation of Care Inspectorate registration requirements and Signpost compliance, if required.</p>
NHS Forth Valley: Discharge Hub	Overspend due to pay awards	£10,650 2019/20	Approve.



Falkirk
Health and Social Care
Partnership

Partnership Funding

Update of additional Information provided at 30 October 2019

Partnership Funding Group: 13 November 2019

DRAFT

Partnership Funding Review Sessions 2019

This report provides a summary of the PFG considerations relating to projects where additional information or action was requested by 30 October 2019. The PFG considered this additional information at a meeting on 13 November 2019. Information on each project is noted in the report, with a summary of the recommendations from the May / June 2019 for ease, and the final recommendations. These have been presented to the SPG for endorsement, prior to presentation to the IJB.

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Initiative:	Closer to Home: ECT
Lead:	Clinical Nurse Manager, NHS Forth Valley
Area:	Forth Valley
Current End Date:	31 March 2020

Recommendations from PFG Review Session:

The PFG noted benefit in provision of short term enhanced services within community to avoid hospital admission and alignment with HSCP vision regarding supporting people to remain at home. It was however noted that current model of ECT team is potentially curtailed in being able to integrate effectively with local mainstream services e.g. provision of reablement home care, due to the area wide approach currently taken. A review of the structure of the ECT may offer opportunity in terms of local area development of the resource.

It is recommend that the ECT:

1. Consider Partnership specific delivery options, including model and resource requirement
2. Progress discussion with RAFC/Front Door leads to consider further collaboration and integrated working practice e.g. Frailty screening in community and links with OPAT.
3. Review referral pathway re options for SW referral, with diagnosis being undertaken by ECT CPN.

Proposals regarding a Falkirk specific model should be presented by 30 October 2019, with a view to implementing a revised model of service from 1 April 2020.

Diane Sharpe, Clinical Nurse Manager - Service Recommendations (extract from further info provided at 30/10/19):

Further investment is required to get the team to the position it can deliver its core objectives across the partnerships, to those in need. This would mean a more robust FV wide ECT with closer links to Ageing and Health department, this would help support locality delivery, while remaining resilient to the challenges of recruitment and retention, and the impact of leave, absence and vacancies that plague smaller teams.

Where capacity and future development of the team allows then the option to support discharge should be revisited to provide a wrap-around service reducing admissions, lengths of stay and delayed discharges.

PFG Recommendation 13 November 2019:

Bette Locke, Associate Director of Allied Health Professional and Diane Sharp, Clinical Nurse Manager were present to provide additional information and to inform the review process.

The PFG noted:

- The ethos of the ECT service aligns with the strategic direction of the Partnership in terms of providing GPs with an alternative to admission to hospital. There are a significant number of people who return to the service, however this is noted as a success as the person has been maintained within community.
- There remains some disparity of referrals between Partnership areas, with Falkirk referrals generally being lower than Clackmannanshire/Stirling.
- The PFG felt that the information provided did not directly reflect the request made for further information. No information was provided about service enhancement or redesign to provide a Falkirk focussed service, aligning with localities.
- It is estimated that in order to provide a fully effective, Falkirk based model, the size of the current team would require doubled (7 to 14).

- Further discussions would be required with Clackmannanshire & Stirling HSCP to seek views on any plans to amend the current service and financial implications.
- Opportunities for service enhancement include a closer interface with Home First, Home Care and Frailty.
- There is a high level of staff turnover within the team. The group queried whether this indicated that the model required amendment – this may include consideration of a step-up facility.

Recommendation:

In order to further develop a sustainable service model that suits the needs of Falkirk, ECT should work with representatives from Home First, Home Care and Frailty to develop a single service blueprint, working towards integrated provision that will both prevent admission to hospital and enhance timeous discharge. This should include:

- Medical Input within the ECT (which will help inform staff complement)
- Staffing structure
- Pathways and criteria for referral
- Revised service costings

The outcome of this work should be presented to the IJB in March 2020.

Initiative:	MECS Overnight Service & Night Nurse Service
Lead:	Team Manager, Falkirk Council & Clinical Nurse Manager, NHS Forth Valley
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

It is currently difficult to assess the impact of overnight provision in terms of reduced admissions, reduced carers stress etc. Furthermore, there is no oversight of the collective impact that the Night Nursing & MECS Overnight services have, or reporting of integrated working practice. On this basis, apart from anecdotal information, it is not possible to clearly understand the contribution made to the whole system. It is recommended that the Night Nursing and MECs Overnight services consider further joint working. Improvement is required in reporting systems to enable the collective provision of overnight care to be measured. In addition, it is recommended that the overnight MECs service is promoted broadly across services to ensure that all are aware of provision, including there no longer being a limit to provision for 4 weeks.

Proposals regarding a Falkirk specific model should be presented by 30 October 2019, with a view to implementing a revised model of service from 1 April 2020.

PFG Recommendation 13 November 2019:

Discussion regarding a wider review of out of hour services has been progressed with initiative leads and Locality Managers. It is noted that there is significant scope for improved integrated practice across out of hours services that will contribute towards the realisation of the Home First ethos in both avoiding admission and timeous discharge. This is noted within HSCP Delivery Plan to be progressed during 2020. It is proposed that to allow further analysis of current provision and areas of potential development and appropriate PF investment that initial scoping work should be progressed to establish service provision, coverage and gaps. A

short/medium/long term improvement plan will be developed based on this information.

Further information will be presented to the IJB in March 2020.

Initiative:	Support for Carers
Lead:	Centre Manager
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

It is recommended that a review is undertaken to consider the total resource provided to the Carers Centre and total service provision. It is proposed that this is taken forward by the lead monitoring officer for the carers Centre, with a completion timescale of December 2019, to enable confirmation of future funding to be in place by 31 March 2020.

Review overall funding package. To be progressed by HSCP lead.

Update:

The Carers Centre continue to provide a range of high quality services to support carers across the Falkirk area.

Review of funding package is currently outstanding, pending integrated service structure confirmation and identification of HSCP service lead.

Initiative:	Technology Enabled Care
Lead:	Team Manager, Falkirk Council
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

Whilst this is noted as a beneficial service, the information currently available regarding impact and longer term planning is limited. Improvement is required in measuring the impact of the service. Noting that the service has been supported via short term funds for 12 years, it is recommended that there is a wider discussion in the context of the development of the TEC strategy to consider future delivery, including options for mainstreaming. It is not currently clear how this service integrates with other provision, although clear that service user numbers demonstrate a demand for the service. It is recommended that this service be set and considered within the context of wider TEC work and strategy development is progressed.

Discussion required regarding mainstreaming options and alignment with TEC strategy to be progressed. Further information required by 30 October 2019.

PFG Recommendation 13 November 2019:

Immediate action in relation to the initial PFG recommendation has been delayed due to staff absence.

TEC is key priority and links to a number of areas of transformational change across the Partnership. Leadership Funds have been secured to employ a TEC lead to support the development a HSCP strategy. This will enable longer-term strategy and development. Interdependent work streams include the review of out of hours provision and Dementia support.

Further information will be presented to a future IJB.

Initiative:	Rapid Access Frailty Clinic
Lead:	Head of Clinical Governance, NHS Forth Valley
Area:	Forth Valley
Current End Date:	31 March 2020

Recommendations from PFG Review Session:

The PFG noted that the RAFC has made significant efforts to amend the initial model to suit the need of patients. This improvement process is ongoing. The general direction of travel is to shift resource from acute setting to community, thereby creating a more robust response to preventing people from accessing the front door or being admitted to hospital.

Formal approval is required regarding the forward plan for delivery and costings of this model. A proposal should be submitted to the PFG by 30 October 2019.

Update:

No further information was provided by 30 October. Reminders were issued. In addition, monitoring information provided for Q1 & 2 was insufficient and final service costings have not been provided. There has been significant changes in staff in this area.

It is proposed that, in line with Partnership Funding governance, that this issue is escalated. As this is a Forth Valley wide initiative, Clackmannanshire and Stirling Partnership will be informed of proposed action with a view to joint progress. Further information will be presented to the IJB

in March 2020.

PFG Recommendation 13 November 2019:

The PFG noted that:

- The service has not been compliant with requirements, despite reminders.
- Previous recommendations regarding RAFC have set out a direction to shift the offer from an acute setting to become embedded within community.
- Given the current position, it is proposed that the use of the resource is reviewed to align with the Home First model. This should be progressed in conjunction with discussion around the development of the Home First model and align with ECT and Home Care.

The PFG agreed that escalation is required.

An update will be presented to the IJB in March 2020.

Initiative:	Enhanced Discharge from Falkirk Community Hospital
Lead:	AHP Team Lead
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

Whilst noting the improvement in patient functional ability, there is no evidence to suggest that this model is transformational and in line with the ongoing development of HSCP approach to supporting people at home. The PFG noted that many of the patients accessing FCH are very frail and have complex needs. Most leave FCH with significant care requirements at home or to care home. The outcome of the review of Community Hospital should be considered prior to further recommendations regarding ongoing support for this resource. In the meantime, information should be gathered regarding patient destinations following discharge from FCH

Progress appraisal to refocus investment to deliver the Home First vision and link with IPC work

Heather Fraser, AHP Co-ordinator & Viv McCaig, AHP Team Lead: Service Recommendations (extract from further info provided):

The role of the Rehabilitation Support Worker is critical in providing safe, effective and efficient patient centred care within Falkirk Community Hospital In-patient wards the leads requested. Consideration should be given to the PF resource becoming core establishment with the Falkirk Community Hospital In-Patient Service.

The risks of not having Rehabilitation Support Workers in post were reported as:

- Delays in assessments being carried out and rehabilitation being started leading to a halt in functional recovery. This, in turn, will result in reduced functional ability and increased dependency, length of stay and requirement for home care and equipment.
- Home visits delayed or not being carried out due to limited staffing resulting in delays in discharge and increased risk of readmission.
- Falls prevention advice not being given leading to increased risk for patients and likelihood of readmission.
- Inadequate skill mix with AHP staff spending time on inappropriate work tasks.

PFG Recommendation 13 November 2019:

Bette Locke, Associate Director for Allied Health Professionals and Heather Fraser, AHP Co-ordinator were present to provide additional information and to inform the review process.

The PFG noted:

- The current service model is now dated and no longer contributes towards the Strategic Plan and the Home First ethos.
- The group felt that rehabilitation and reablement can't effectively be carried out in a hospital setting and should be provided at home or in intermediate care.
- Highest proportion of delays in discharge are within FCH. There is currently no evidence available to show the impact of this service on people's pathway. A high proportion of people progress from FCH to Care Home. The PFG therefore query whether targeting investment on reablement within a hospital setting is appropriate and supporting transformational change.
- Leads reported that FCH are currently supporting people with most complex needs, with people who have less complex needs now accessing Summerford.
- The model has not changed over the years funded. Leads report that within the current model, the Reablement Workers provide the best possible service in terms of people accessing reablement opportunities over 7 days and working with families, whilst enabling AHPs to focus on complex work.
- The ongoing review of the FCH model was noted. Prior to the outcome of the review, it is challenging to change components of current service.

On balance, it was noted that there was opportunity to redirect investment to enhance reablement within community. By continuing investment of Partnership Funds in reablement in FCH, there is little scope for the service to contribute towards the Partnership's strategic direction and towards transformational change.

Continuity of service and care within the current FCH model was noted as being at risk should this investment be withdrawn immediately. However, the PFG recommend that a longer term exit strategy is prepared, in conjunction with the review of the community hospital model.

Further information will be provided to the IJB in March 2020.

Initiative:	AHP Capacity
Lead:	AHP Co-ordinator
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

PF resources a significant component (over 40%) of AHP capacity within Falkirk. It is therefore reasonable to expect that this resource be deployed flexibly and to suit the priorities identified by the HSCP. During 18/19, AHP resource has been reported separately to enable the service to clearly articulate role and impact. This is an ongoing process, which requires some development to provide absolute clarity regarding integrated provision and avoidance of duplication.

An assessment of the workload and capacity of the funded resource should be undertaken, with information to be presented back to the PFG by 30 October 2019.

Heather Fraser, AHP Co-ordinator: Service Recommendations (extract from further info

provided):

The (PF) resource delivers a flexible, efficient and cost effective service within the Falkirk HSCP. Consideration should be given to the (PF) resource becoming core establishment with the ReACH Falkirk service.

PFG Recommendation 13 November 2019:

Bette Locke, Associate Director for Allied Health Professionals and Heather Fraser, AHP Co-ordinator were present to provide additional information and to inform the review process.

PFG noted:

- AHP operate on 4 week cycle to ensure equity of work/caseload across team. New patients are generally seen by 2 therapists. This is tailored to suit the assessed needs of the patient.
- If patient has been in residential setting, the AHP will follow-up in community, where more can be gained on reablement following discharge. AHP support patient for as long as there are reablement or rehabilitation goals. Patients are not referred to CC teams for this type of support, only if adaptations are required.
- All agreed that the ideal model would be for OTs to be able to develop a range of knowledge to be able to support patients across all areas of need.
- The group felt that although the DCAQ tool provided information about potential capacity and flow within the service, further information is required regarding service users accessing the service.
- Discussion regarding 'single point of contact' in Falkirk is ongoing. The intention would be to better co-ordinate and target resource. This would ideally apply to all community resources across NHS, SW and Third Sector agencies.

Clarity is required between OT roles and competencies within NHS and SWAS teams. This would help realise the opportunities of integrated working.

Previous work was initiated to developed shared competencies (pre-integration) and process (Adapting for Change). It was suggested that this work should be re-established.

This would support and further enable AHP resource to integrate and align with locality teams, ensuring that service users have fewer transitions between practitioners, avoid duplication in assessment and provision and to allow resource to be effectively deployed to cope with demand.

It is recommended that work is re-established to consider shared competencies and practice across NHS and SW OTs. In addition discussion should progress to consider and progress the interface between AHP resource and locality teams.

The outcome of this work should be presented to the IJB in March 2020.

Initiative:	FDAMH Services
Lead:	Service Manager
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

It is recommended that FDAMH continue to work with NHS and other agencies both in terms of service provision and referral process. There remains an issue in terms of NHS referring to FDAMH, but not accepting referrals directly from FDAMH (or any other third sector agency). Future commissioning of the service is intended to be via strategic commissioning process, from March 2021. FDAMH have also been asked to bring the reporting of all 4 services funded, together. It is anticipated that this will provide further detail about the journey of the patient, the impact and destination after exiting the service.

Establish single reporting framework by Q2 reporting**Update:**

Single reporting framework now in place.

Initiative:	Mental Health & Wellbeing in Forth Valley College
Lead:	Health & Wellbeing Support Officer
Area:	Falkirk
Current End Date:	30 June 2020

Recommendations from PFG Review Session:

The PFG felt that the project has achieved its initial purpose in relation to establishing and testing an enhanced support model for improved mental health & wellbeing in FVC. It was initially anticipated that the project would be supported for 1 year and then progressed within FVC mainstream provision, through provision of evidence to senior management that the project was effective. Year 2 funding was allocated to enable continued development of the service and gathering of further evidence to support sustainability. The project was short-listed for an award at the College Development Network, again highlighting its importance to student support. The PFG feel that FVC has a duty of care to students to provide additional support where required, particularly where the focus is to support mental health and wellbeing with the key driver being retention. It was noted that funding for this project is in its 3rd year and is enabling the college to implement on-line support packages and to mainstream this extended guidance role.

Although retention rates for students receiving support are good, it is difficult to measure whether this has improved as a result of the project. The high waiting list remains a concern. It is however acknowledged that a single worker has limited capacity to provide one to one support and be involved in other MH related awareness raising.

As previously reported, funding for this project will stop on 30 June 2020.**Update:**

Positive discussion progressed regarding sustainability of service, post end of award.

Initiative:	Discharge Hub
Lead:	Discharge Hub Co-ordinator
Area:	Forth Valley
Current End Date:	31 March 2020

Recommendations from PFG Review Session:

Whilst the PFG recognise the importance of avoiding delays to discharge and ongoing pressure regarding achieving national discharge targets, the group discussed the alignment of this investment with the HSCP vision in terms of prevention of admission/access via front door. There was a shared concern that the current model does not provide a response, patient centred approach with discharges predominantly being made to FCH. Further work is required to ensure that ward staff are initiating 'good conversations' with patients regarding discharge, from the point of admission.

Progress appraisal to refocus investment to deliver the Home First vision and link with IPC work

PFG Recommendation 13 November 2019:

Discussion has progressed with initiative leads to consider how the current Discharge Hub resource can integrate with the Home First model.

A working group should be established with multi-disciplinary representation. Consideration should also be given to the output of recent workshops facilitated regarding Delayed Discharge and within the context of Getting Forth Right. The Discharge Hub operates on a pan Forth Valley basis and therefore it would be beneficial for Clackmannanshire and Stirling Partnership to also be represented.

The outcome of this work should be presented to the IJB in March 2020.

PFG Recommendation 13 November 2019:

Initiative:	Pharmacy
Lead:	Associate Director of Pharmacy, NHS Forth Valley
Area:	Falkirk
Current End Date:	31 March 2020

Recommendations from PFG Review Session:

Whilst this project presents opportunities to improve process and achieve significant savings in prescribing, it is clear that the challenges regarding recruitment have prevented progress as was initially intended. There is a lack of clarity regarding funding streams and it is proposed that the Chief Finance Officer takes forward this discussion with Pharmacy colleagues. It is also recommended that the placement of the support is revisited and moved from FCH to potentially refocus on smaller tests of change within Summerford and/or another Care Home. Support within Care at Home should continue, although clarity is required about the current position of the medication policy.

Proposal re amended model to be provided by 30 October 2019.

Jean Logan, Associate Director of Pharmacy: Service Recommendations (extract from further info provided):

The lead presented views on service development with 3 options proposed. The preferred option is:

Option 2 Continue current service provision, while gathering further data to support continuous review and improvement. Redirect fixed term funding to alternative proposals.

The model of Care within Falkirk Community Hospital is under review and this will influence the

focus of the current pharmacy provision. A more targeted approach of medicines review for 'at risk' groups e.g. frailty, those with fall risks or people with dementia prescribed antipsychotics is being considered.

The Care at Home service will require training and support with implementation of the new medicines policy and the technician is already engaged in this activity which will require ongoing commitment given the fluid workforce.

Recommendations:

Option 1 could not be supported by Pharmacy given the fragility of the workforce at these staffing grades.

Option 2 would maintain current service until end of March 2020, at which point a proposal for a focussed and redesigned service would be presented to the partnership for consideration and implementation. This would be further supported by the pharmacotherapy service within GP practices which would start to address the medicine reviews within care homes from April 2020.

Option 3 would require some additional resource from the ICF to support a wider scoping exercise or would require a reduction in the current service to release staff to undertake this piece of work. There would be risk in recruitment to a further short fixed term post. There is potential to shift part of the current resource but this would risk destabilisation of the service progression achieved to date. This option would support care home review by pharmacotherapy service as in Option 2.

The pharmacy team support Option 2 as the preferred Option.

PFG Recommendation 13 November 2019:

Laura Byrne, Associate Director of Pharmacy, was present to provide additional information and to inform the review process.

The PFG noted:

- Pharmacy, including medication management, prescribing and review is a key priority for the Partnership and can make a significant contribution to vulnerable people at home and in community settings.
- Project leads are keen to explore opportunities for improvement and development to support GP workload, within Care at Home and intermediate care settings.
- The current resource supported by Partnership Funding is limited, however having a positive impact. This could be further developed.
- With assessment of risk, the group agreed that consideration would be given to the employment of staff of a permanent basis.

It is recommended that option 2 as noted above, is progressed. This will entail further scoping activity regarding service improvement opportunities. A proposal will then be brought forward for consideration via the PF governance process for an amended service model.

Recommendations regarding revised provision and resource requirements will be presented to the IJB in March 2020.

Initiative:	Alcohol Related Brain Injury
Lead:	Service Manager for Specialist Mental Health & Head of Mental Health Nursing
Area:	Falkirk
Current End Date:	31 March 2020

Recommendations from PFG Review Session:

The PFG noted that the service, in its current form, is relatively new. The Partnership Funding Co-ordinator will provide the new service manager with information re the initial service outcomes and objectives. This includes the objective to improve outcomes and reduce cost of care packages by supporting people in community rather than residential care. The number of people in residential care with ARBI is currently not known and should be explored. A revised performance framework should be established to measure the impact of the service within residential care.

Clackmannanshire & Stirling Partnership have recently requested a full report regarding the new service, which will inform their funding recommendation going forward. Liaison to continue between Fund Co-ordinators.

Lorraine Robertson: Service Recommendations (from further info provided):

The ARBI service is fully established, it is adhering to evident based practice. It is an integrated service that is meeting the needs of a complex, vulnerable and hard to reach group of people. The ARBI service has evidenced through the data provided that patients are benefiting from the service to remain within their own homes and reintegrate into the community.

PFG Recommendation 13 November 2019:

PFG noted that the information provided demonstrates effective progress within the service. The group requested that a request be restated to the lead that the service should support people who have an existing ARBI diagnosis and are in residential care, as opposed to focussing only on 'new' patients. Feedback will be provided to the lead.

Initiative:	Social Inclusion Project
Lead:	Service Manager
Area:	Falkirk
Current End Date:	31 March 2021

Recommendations from PFG Review Session:

The PFG noted that a review of substance service provision is being progressed via the ADP. The outcome of the review will help to highlight how SIP fits with wider provision. This may include bringing forward proposals to expand the service. In this event, consideration will be required about how the service is supported on a longer-term basis through mainstream funds.

Continue to monitor progress and improvement via monitoring returns.

PFG Recommendation 13 November 2019:

As per PFG funding recommendations presented to December 2019 IJB, the PFG have recommended that the SIP project is extended. Additional funds are proposed for 2 additional members of staff – 1 supported via Partnership Funds and 1 supported by Housing Services. The contribution from Housing Services will help the implementation of Housing First.

Summary of PFG Recommendations

Initiative	Information requested by 30 October 2019	PFG Recommendation 13 November 2019
Closer to Home: ECT	Review structure to align with localities	Facilitate discussion to further develop the ECT to provide sustainable, falkirk focussed model aligned to Home First. Recommendations to IJB in March 2020.
MECS Overnight Service & Night Nurse Service	Review all overnight provision	Commence initial scoping & link to review of out of hours care cited in Devillery Plan. Further info to future IJB
Technology Enabled Care	Review in line with development of TEC strategy	Progress development of TEC strategy to help inform investment of resource. Further info to future
Rapid Access Frailty Clinic	Proposal required re revised model	Escalate: No information provided. Update to IJB in March 2020
Enhanced Discharge from Falkirk Community Hospital	Progress Appraisal to refocus investment to deliver the Home first vision	Progress longterm exit strategy in line with FCH model review. Further info IJB in March 2020
AHP Capacity	Assess capacity requirements	Progress discussion re integrated locality based provision. Further info IJB in March 2020
Discharge Hub	Progress Appraisal to refocus investment to deliver the Home First vision	Recommendations re service integrated with Home First to IJB in March 2020
Pharmacy	Amend positioning of pilot from FCT	Recommendations re amended service to IJB in March 2020
Alcohol Related Brain Injury	Review with Clacks/Stirling on submission of full progress report	Further information satisfactory. Feedback to lead.

Project Name	Lead Agency	Allocation 19/20	Projected spend 19/20	Approved End Date	Current PI Performance	Compliance Flag	Compliance Issue	Outcome of PFG Reviews		
								Current impact to SP/DP	Recommended Improvement Action	Potential Contribution to SP/DP/TC
FORTH VALLEY WIDE										
Closer to Home - Enhanced Community Health Team	NHS Forth Valley	£343,950	£313,123	31-Mar-20				med	Integrate team within localities & Home First	high
Closer to Home - Night Service	NHS Forth Valley	£25,003	£48,945	31-Mar-20				med	Integrate over night care provision & Home First	high
ARBD Case Management Model	NHS Forth Valley	£75,000	£74,998	31-Mar-20				high	Satisfactory report demonstrating good progress	high
Rapid Response Frailty Clinic	NHS Forth Valley	£91,310	£91,310	31-Mar-20			Insufficient monitoring	med	Proposal required to confirm current provision	high
Balance of Frailty	NHS Forth Valley	£60,874	£60,874	31-Mar-20			.+ 6mths Outstanding proposal	low	Non compliant: Escalation required	high
Discharge Hub	NHS Forth Valley	£108,000	£107,991	31-Mar-20				low	Integrate with Home First	high
		£704,137	£697,241							
TEC										
Technology Enabled care	Falkirk Council	£194,014	£194,014	31-Mar-21				low	TEC Strategy (to be developed) to inform future	med/high
Carers										
Support for Carers	Carers Centre	£203,510	£203,510	31-Mar-21				high		high
Mental Health										
Immediate Help, Social Prescribing & Social Spark	FDAMH	£182,890	£182,890	31-Mar-21				high		high
Mental Health & Wellbeing in FVC	Forth Valley College	£56,652	£56,652	30-Jun-20				low	Mainstream within FVC core provision	med
Post Diagnostic Support & Comm Connections	Alzheimers Scotland	£178,680	£178,686	31-Mar-21				med	Review PDS models of support (5/8 pillar provision)	high
		£418,222	£418,228							
Health Inequalities										
Social Inclusion Project	Signpost	£75,963	£75,963	31-Mar-21				high		high
Social Inclusion additional post	Signpost	£1,500	£1,500	31-Mar-21				low	Not yet in post	high
Recovery Community Dev Worker	ASC	£8,500	£8,500	30-Jun-20				low	Continue discussion with ADP/Not in post	high
Community Link Work	CVS Falkirk	£87,892	£20,946	31-Mar-21				low	Not yet in post - hosts orgs identified: Strathcarron, FDAMH & Kersiebank Community Project	high
TIIO	Falkirk Council	£108,336	£63,196	31-Mar-21				low	Not yet in post. Review in line with ADP review	high
Capacity Building (Stronger Communities)	Falkirk Council	£141,935	£96,538	31-Mar-21				med	2 of 3 posts in place	high
		£424,126	£266,643							
Localities										
Denny YMCA	YMCA Denny	£25,000	£25,000	31-Mar-20			Clarification re building ownership prior to funding release	low		med
Living Right to the End	Strathcarron Hospice	£46,200	£46,200	31-Mar-21				high		high
MECS Night Service	Falkirk Council	£93,243	£95,721	31-Mar-21				med	Integrate over night care provision	high
Enhanced Discharge from FCH	NHS Forth Valley	£123,297	£98,038	31-Mar-21				low	PFG Review indicates little impact on delays in discharge	med
Summerford	Falkirk Council	£176,074	£176,074	31-Mar-21				high		high
Small Grants Scheme	Falkirk Council	£20,000	£20,000	31-Mar-20			Q2 return not provided	low	Review required	med
Pharmacy Support	NHS Forth Valley	£272,295	£63,158	31-Mar-21				med	Amended service proposal to IJB	high
AHP Capacity	NHS Forth Valley	£369,020	£360,689	31-Mar-21				med		high
		£1,125,129	£884,880							
Transformation										
Leadership Fund	HSCP	£2,390,168	£2,390,168	Separate Scheme				med	posts to be recruited	high
Independent Sector Lead	Scottish Care	£28,969	£28,969	31-Mar-21				med	impact difficult to measure	high
Third Sector Partnership Manager	CVS Falkirk	£80,500	£80,500	31-Mar-21				med	impact difficult to measure	high
Programme Support	HSCP	£67,500	£67,101	Permanent						
Facilitation Resource	HSCP	£5,000	£5,000	31-Mar-20				med		med
Training & Development	HSCP	£60,975	£60,975	31-Mar-20				low	Review of resource required	med
		£2,633,112	£2,632,713							
Total PF spend:		£5,702,250	£5,297,229							

Key

Action Required Not Performing Ended On Target / Performing Non compliance Compliance issue