This paper relates to Agenda Item 5

Title/Subject:	**Chief Officer Report**
Meeting:	**Integration Joint Board**
Date:	**7 October 2016**
Submitted By:	**Chief Officer**
Action:	**For Decision**

1. INTRODUCTION

1.1 The purpose of this report is to update members of the Integration Joint Board (IJB) on current developments within the Falkirk Health and Social Care Partnership to improve service delivery and care pathways that will enable people to remain in their own home as long as possible.

2. RECOMMENDATION

Members of the IJB are asked to:

2.1 note the progress with the whole systems work

2.2 consider the proposed integrated Management Structure at section 4.3 and remit the Chief Officer to implement

2.3 remit the Falkirk HSC Partnership Leadership team to review the Accounts Commission report and bring back a further report to the IJB.

3. BACKGROUND

3.1 The Board has previously agreed key areas of work should be undertaken:

- develop the local Delivery Plan
- develop a strategic whole system approach including a Frailty Pathway and a Discharge to Assess model
- develop a joint management structure across the partnership
- implement a Change Programme
- pilot of locality arrangements in the West Locality area
- develop the Financial Recovery Plan
- review Partnership Funding.

The Partnership Funding report is a separate agenda item and provides an update.

4. PROGRESS UPDATE

Progress has been made in all the areas as detailed in this and separate reports on the agenda.

4.1 Local Delivery Plan

The Chief Officer report to the August Board provided an update on the work to translate the Strategic Plan into a local delivery plan using 'logic modelling' methodology. The 3 logic models were presented to the Board for information.

The activities shown on the models are high level and represent multiple projects, programme and services. An online questionnaire has been issued to managers to score their services against agreed questions based on the RE-AIM framework. This will provide more comprehensive and detailed information on the demand, capacity and performance of these services that will inform our understanding of the whole system. This questionnaire is attached at Appendix 1 for information.

The logic modelling and feedback from the service questionnaire work will be used to inform further work within the context of a strategic whole systems map to develop a better understanding of services, including financial and workforce information across the Partnership. This latter work will be supported by colleagues from i-Hub and the LIST and ISD analysts.

Many of the building blocks for this 'whole system' are in place and for those funded through ICF and Delayed Discharge are subject to review as part of the partnership funding process.

4.2 Strategic Whole System Approach, including a Frailty Pathway and Discharge to Assess model

4.2.1 Frailty Pathway

In relation to the Frailty Pathway, work has commenced, led by the General Manager - Medical Directorate, to develop a frailty pathway aimed at ensuring the consistent and appropriate delivery of the Comprehensive Geriatric Assessment and rapid access to the appropriate health and social care service or appropriate place of care. It is anticipated the initial focus of the frailty pathway will be the acute hospital 'front door' with a phased approach to the community aspects of a frailty pathway within the next 12 months.

4.2.2 Discharge to Assess

Given the ongoing pressures to ensure no person is delayed in their discharge, it is important that the pace of change is accelerated to implement the Discharge to Assess model.

There continues to be significant efforts taken across the Partnership to support this activity. The Chief Officer is working closely with the General Manager of the Community Services Directorate, General Manager – Medical Directorate, members of the Falkirk Delayed Discharge steering group and Falkirk Council procurement team to address the current delays and to implement the

discharge to assess model. A verbal update will be provided at the Board meeting and actions include:

- Agreement that the Discharge to Assess action plan is developed by the Delayed Discharge Steering Group and progress reported through the Change Programme Board. This work will be overseen by the General Manager – Community Directorate.
- Falkirk Council Procurement and Care at Home colleagues have been actively engaging with the market to determine care at home services that can be put in place to support the model and to source packages of care for those currently delayed in their discharge.

4.2.3 **Reablement**

The adoption of a strategic approach to intermediate care has progressed within the context of the development of a whole system approach. During August 2016, two reablement workshops were facilitated. The sessions were well attended by staff from Health and Social Work, and also representatives from the Third and Independent Sectors, including the Carers Centre. The purpose of the two half day sessions was to:

- collectively agree a definition for reablement,
- define what these services should look like in Falkirk
- consider the evidence on what's currently working well,
- agree what change may be required to existing provision,
- develop actions to take forward change.

During the first workshop, collective agreement was reached that an appropriate definition for reablement is as follows:

'Reablement is about helping people to do things for themselves to maximise their ability to live life as independently as possible. Reablement supports the whole person – addressing their physical, social and emotional needs. It's an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a multi-disciplinary team with a shared reablement ethos, to over a limited period. It focuses on what people can do, rather than what they can't, and aims to reduce or minimise the need for on-going support after reablement. Reablement relies on the support of carers and families.'

It was noted that at this time, reablement within Falkirk is limited to small pilot services within Care at Home, Enhanced Discharge from Falkirk Community Hospital and Housing with Care. The current capacity in terms of patients accessing specific reablement services at any one time, is approximately 45. It was also noted that assessment, criteria and provision is variable between services and access is normally limited to people over the age of 65 years.

The group agreed that access to reablement should be based on the application of consistent criteria and individual assessment, however some limitations regarding reablement potential were noted including end of life care and some specific conditions.

During the second workshop, the group developed the areas for improvement identified during the first workshop and formed initial actions in order to embed

reablement as an ethos across assessment and provision. The group proposed that the actions identified be progressed in conjunction with the development of the frailty pathway and to be overseen by a project team and Programme Board.

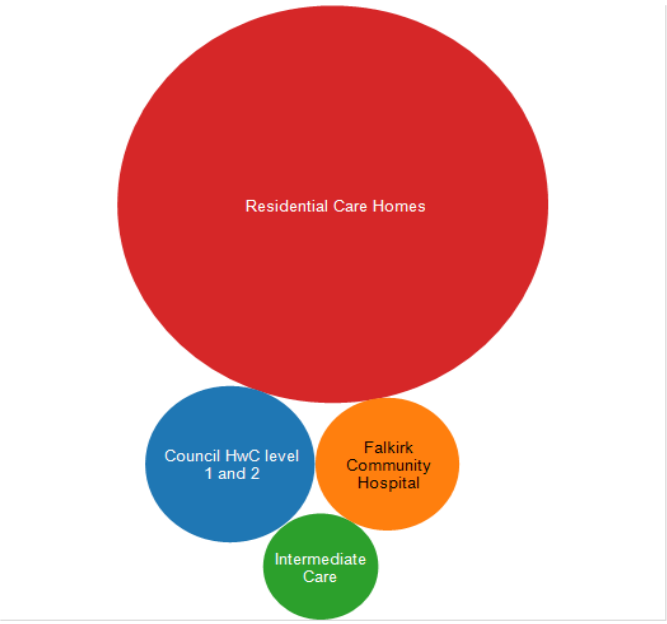
4.2.4 **Capacity Modelling**

Initial work has taken place in response to the Board's request for bed modelling to be completed in view of closure plans for Oakbank and Summerford House care homes and ward 5 at Falkirk Community Hospital. This has been completed by the ISD analysts working with the partnership with a focus on the short-term impact of the above closures.

This has provided an overview of residential and nursing care, community hospital beds, intermediate care and housing with care provision for older people in Falkirk council area. However, the data could support further more detailed analyses (including bed modelling), looking at needs further into the future. These would need to take account of planned service developments, such as the frailty Pathway and Discharge to Assess, as well as homecare and other community provision. This may also serve as a useful baseline against which to measure future service developments, incorporating re-provisioning of older people's services.

Also, the initial findings in relation to intermediate care may usefully feed into Intermediate Care (IC) Model developments. There is the potential too to explore further some of the differences between home-based and bed-based IC provision and service user pathways into, out of and between the various IC services.

Figure 1: This provides a summary of the current number of places of residential and intermediate care provision for older people in the Falkirk Council area (August 2016), as a comparative



Care at Home services have not been included however a detailed analysis of data is underway and will be incorporated in the overall picture of service provision.

In completing this work the analysts have brought together data from a variety of disparate sources. This has highlighted the range of provision and of data collection schemes. Work is currently underway, as part of the strategic whole system approach, which should make it easier to collate this data in future.

As has been previously reported to the Board, there is no single solution to the delayed discharge pressures and an integrated approach is essential to align our resources more effectively for improvement. With continued growing pressures the full co-operation and engagement of all partners is critical to the success of the Partnership in improving outcomes for people who are delayed in their discharge.

4.3 Joint Management Team Arrangements and Change Programme

The Board agreed the Chief Officer would provide an update to the Board on the proposal to establish a joint management structure. Discussions have been ongoing with the Chief Officer, Chief Finance Officer, General Manger – Community Services Directorate, General Manager – Medical Directorate, Head of Social Work Adult Services, Depute Chief Governance Officer, Head of Governance and Performance and Programme Manager. Although at the early stages, there has been initial discussion on exploring the opportunities to rationalise the structures and create some needed capacity as well as potential financial savings.

The main aim within these discussions is to ensure the new integrated management team arrangements are:

- fit for purpose
- have the capacity and authority to provide the necessary strategic and operational planning and leadership support to the Board
- make best use of a range of expertise and knowledge
- encourages collaborative working across the partnership.

As the work progresses to deliver the Strategic Plan and develop the business case for 2017/18 budget it is becoming clear that the current meeting infrastructure is unwieldy and cumbersome and is leading to duplication and misunderstandings re leadership of key areas of work. There is a cycle of meetings with largely the same personnel which is absorbing our limited resources.

Having reviewed the range of meetings and key work streams the proposed structure has been developed which is attached at Appendix 2. This fulfils the need for an interim integrated management structure to provide clear leadership across the ‘in scope’ services to provide assurance to the Board on the performance, financial management and the delivery of the Strategic Plan. The role of the Falkirk HSC Partnership Leadership Team includes oversight of finance and the budget recovery plan; performance management framework; risk strategy and register; OD and HR and HSCP services.

This structure subsumes some of the current meetings and includes a new overarching Programme Board to provide leadership and oversight of key transformation projects including the West Locality Integrated Team Pilot, Frailty Pathway, Discharge to Assess, Reablement and key change programmes to deliver savings.

This would be supplemented by quarterly pan Forth Valley Senior Management meetings and the ongoing pan-Forth Valley working groups on key area. This will subsume the remaining work of the Forth Valley Programme Board

The proposal is to establish a fortnightly meeting of the Falkirk HSC Partnership Leadership Team. On alternate weeks the HSCP service Transformation Programme Board will meet. The Programme Board will oversee the change programme that underpins the delivery of the Strategic Plan.

The Change Programme will include oversight of the following areas of work:

- Frailty Pathway
- Discharge to Assess
- West Locality Integrated Team Pilot
- Reablement
- Whole Systems Approach
- Locality Planning
- Adult Social Work Services Change Programme.

4.4 **West Locality Integrated Team Pilot**

The Project Team has met and extended the membership to include GP representation. Consideration has been given to the operational management structure, and project support arrangements required to ensure there is clarity on the posts required prior to proceeding through recruitment processes.

4.5 **IJB Financial Budget and Recovery Plan**

The Leadership group has been meeting regularly to monitor the Recovery Plan and is now beginning work to develop the budget strategy for 17/18. An update on the budget position is detailed in the report at agenda item 6.

At the IJB meeting in August Board members agreed additional financial investment to meet the funding pressures, namely the costs of keeping the winter contingency bed capacity at Falkirk Community Hospital Ward 5 being open from April to approximately mid-August at an estimated cost of £0.392m. The Board were advised that it was envisaged the ward would close around mid-August 2016 before reopening, as part of planned winter capacity arrangements in November 2016. This did not happen as planned and Ward 5 remains open.

In addition, the Board requested that a fully costed model for Summerford be developed and submitted to the October meeting, including the need to offset the budget saving previously agreed by Falkirk Council. This was in response to Board concerns about the potential impact on delays in discharge of the planned closure of the beds in Oakbank and Summerford.

5. Engagement

5.1 Community

Preparations for an Older People's Day 2016 are underway for a drop-in event. This will take place on Friday 30 September 2016 from 10am - 2pm at the Forth Valley Sensory Centre.

In efforts to support older people and their carers the aim is to bring together a broad range of support organisations on the day. Along with stalls from various organisations who offer services, support and information to older people, there will be blood pressure checks and sessions for Otago, a gentle exercise programme designed to prevent falls by improving balance and strength. Solicitors for Older People Scotland (SOPS) will be in attendance, with information on Power of Attorney and the services they offer.

5.2 Employees

A range of employees form health, social care, Third and Independent sector have been involved over recent months in a range of work including the Logic Model, Delayed Discharge and Reablement workshops. In addition there has been Adult Services Social Work specific service based improvement workshops held in June 2016.

The recruitment process for the Partnership OD Advisor in ongoing and a verbal update will be provided to the Board. This post will have a key role in taking forward the Falkirk Partnership OD and Workforce Plan, including a programme of employee engagement. This will also be supported by a communication plan aligned to the work set out at section 4.

6. RESPONSES

6.1 Health and Sport Committee

Chief Officers across Scotland received a request from the Health and Sport Committee stating Integration Authorities are a key area of interest for the Committee over the course of the five year parliamentary session and requested the completion of a survey by 17 August 2016. The submitted survey is attached at Appendix 3 for information.

The key areas addressed within the survey are in relation to the:

- budget setting process
- treatment of the share of the £250m and local approach and progress against implementation of the living wage by 1 October 2016
- plans for the shift of resources from institutional to community based care. The submission has a range of more detailed responses in relation to delayed discharge and workforce planning.

7. PUBLICATIONS

7.1 The Accounts Commission published a report on 22 September 2016 on Social Work in Scotland. The summary report is attached at Appendix 4 for information.

The key messages from the report are:

- Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

- Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and IJBs continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (16–21 per cent increase).

- The integration of health and social care has made governance arrangements more complex, but regardless of integration, councils retain statutory responsibilities in relation to social work services. Elected members have important leadership and scrutiny roles in councils. It is essential that elected members assure themselves that service quality is maintained and that risks are managed effectively. Elected members have a key role to play in a wider conversation with the public about service priorities and managing people's expectations of social work and social care services that councils can afford to provide in the future. The Scottish Government also has an important role to play in setting the overall context of the debate.

- With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

7.2 There are a number of key recommendations for IJB's and Councils to consider. It is proposed that further work is remitted to the Falkirk HSC Partnership Leadership Team to review and bring back a further report to the IJB.

8. CONCLUSIONS

8.1 A strategic approach is required to address the range of issues that result in the current pressures faced and in realising the potential opportunities to work collaboratively to improve outcomes for service users and carers in Falkirk.

8.2 It is proposed that this is addressed through a 3 year plan as part of a wider Change programme underpinning the delivery of the Strategic Plan.

Resource Implications
The Chief Finance Officer will continue to report through the IJB Financial Budget and Recovery Plan.

There remains commitment from all partners to ensure the Partnership meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and the ongoing commitment will be confirmed in a report to the December Board on the Support Service agreement.

Impact on IJB Outcomes and Priorities
The delivery plan, change programme and infrastructure are being designed to deliver the outcomes described in the Integration Scheme and Strategic Plan.

Legal & Risk Implications
Risk issues will be considered as required.

Consultation
As the programme is developed staff, communities and stakeholders will be consulted in the development of the plans.

Equalities Assessment
There will be appropriate consideration of the equalities implications and equalities impact assessments will be completed as the programme develops.

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Approved for submission by: Patricia Cassidy, Chief Officer

Author – Suzanne Thomson, Programme Manager
Date: 19 September 2016

List of Background Papers:
Appendix 1 : Falkirk HSCP Logic Modelling Survey
Appendix 2 : Falkirk HSCP Structure Chart
Appendix 3 : Health and Sports Committee Integration Survey 2016
Appendix 4 : Audit Scotland Summary Accounts Commission Report Sept 2016

Falkirk HSCP Survey V3

1. Welcome to the HSCP survey

Dear Colleague

In order for Falkirk's Health and Social Care Partnership (HSCP) to forward plan and monitor and evaluate the achievement of its five strategic outcomes, the Integration Joint Board (IJB) need consistent and accurate service information about each service area and project currently being delivered.

This survey has been sent (or forwarded) to you as you manage one or more of Falkirk HSCP's services/projects and have the appropriate mix of strategic and operational knowledge of the provision.

We would be very grateful if you could take the time to complete the attached survey about each of the services/projects that you manage.

We would appreciate if you can answer as many of the questions within the survey as possible. You ideally require to know:

- **your annual service budget (inc. staff costs);**
- **the number of service users/service throughput in 2015-2016; and,**
- **if possible, the estimated need for your service (e.g. numbers requiring support or with the medical/social condition(s) you address in your locality) or to provide a contact who might have this information.**

The survey will be quicker to complete if you can have these figures to hand prior to starting the survey.
<u>Please complete the survey even if you cannot access the above data.</u>

The survey has been set up so you amend your answers before you submit it but not after you have submitted it.
The deadline for submission is XXXX

The survey should take you approximately 25 minutes to complete and the information will be used for forward planning and ongoing monitoring and review of the range of service needed to achieve Falkirk HSCP's Strategic Outcomes.

If you have any issues or problems with the survey please contact:
lesley.macarthur@falkirk.gov.uk

Many thanks for your ongoing support.

Falkirk HSCP Survey V3

2. Project/service general information

* 1. Please provide the name of your project or service

* 2. Please state your job title and a brief description of your role ?

Job Title

Brief description of role

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3. Service hours

3. Please provide operating hours for your project/service?

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4. Strategic outcomes targeted

* 4. Which of the following HSCP strategic outcomes does your project/service **predominantly** contribute to? [Tick more than one if approrpiate]

- [ ] People are safe/safeguarded
- [ ] Promoting self-management
- [ ] Providing community-based care and support services
- [ ] Ensuring autonomy and decision making
- [ ] Providing positive service user experiences
- [ ] None of the above

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5. Service user outcomes

* 5. From the list below please tick up to three **priority** outcomes that your project/service aims to achieve/deliver for service users?

- [ ] Improve physical, mental health and well-being
- [ ] Increased participation in/uptake of health enhancing activities/behaviours/services [e.g. physical activity/ healthy eating]
- [ ] Keep those at risk/vulnerable safe/protected/free from harm
- [ ] Harm/risk reduction [e.g. reducing alcohol/substance misuse/self harm]
- [ ] Support those in crisis
- [ ] Reablement
- [ ] Rehabilitation
- [ ] Enhance self management for those with long-term conditions /NCDs/health issues
- [ ] Individuals [who are able/wish to] feel supported to / can return home [post treatment/support]
- [ ] More individuals [who are able/wish to] live independently at home
- [ ] Carers are supported [inc. training /respite]
- [ ] Reduced isolation
- [ ] Reduced poverty/ impact of poverty or improved income maximisation/financial management
- [ ] Increased employability
- [ ] Vulnerable individuals have high quality advocates/advocacy
- [ ] Individuals have accommodation appropriate to their needs

Other (please specify)

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6. Service improvement outcomes

* 6. From the list below please indicate up to three priority service improvement outcomes that your project/service aims to deliver [within its own service or across HSCP services]?

- [ ] Robust governance/compliance
- [ ] Enhanced leadership
- [ ] Enhanced commissioning /procurement
- [ ] Improved professional knowledge, skills & practice
- [ ] Developing multi-skilled/integrated teams
- [ ] Improved service quality and safety
- [ ] Improved risk identification/management
- [ ] Embedded improvement processes
- [ ] Enhanced discharge processes
- [ ] New or improved treatment/support pathways developed
- [ ] Patient/carers engaged in service redesign/improvement
- [ ] Improved use of health technology/tele-health care
- [ ] Improved IT
- [ ] Enhanced data sharing /protection
- [ ] Improved performance management/scrutiny/audit
- [ ] Improved monitoring /evaluation/continuous improvement
- [ ] Improved /developed single shared assessment
- [ ] Improved case management
- [ ] Improved outcome -focused anticipatory care planning
- [ ] Increased co-production of care plans/treatment/support
- [ ] Improved community based support for LT /other health conditions
- [ ] Improved use/promotion of community based health-improvement services /social prescribing by other professionals
- [ ] Improved access to equipment /aids
- [ ] Improved access to/adaptation of appropriate homes/accommodation
- [ ] Other (please specify)

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7. Project age, setting and sector and setting

* 7. How long has your project/service been in operation?

- ◯ 5 years or more
- ◯ 3-4 years
- ◯ 2 years
- ◯ 1 year
- ◯ Not yet started
- ◯ Other (please specify)

* 8. Which sector is your project/service led from?

- ◯ NHS
- ◯ Social Work - Local Authority
- ◯ Third /voluntary sector
- ◯ Housing (Local Authority)
- ◯ Housing (RSL)
- ◯ Independent
- ◯ Other (please specify)

* 9. Which setting is your project/service predominantly based in?

- ◯ Hospital
- ◯ Primary Care
- ◯ Community
- ◯ Work-place
- ◯ Housing [Local Authority]
- ◯ Housing [RSL]
- ◯ Other (please specify)

* 10. Which of the following agencies/sectors are your KEY partners in delivering this service/project?

- [ ] NHS
- [ ] Social work /Local Authority
- [ ] Third/Voluntary sector
- [ ] Individual/patients
- [ ] Carers
- [ ] Housing [Local Authority]
- [ ] Housing [RSL]
- [ ] Independent sector

Other (please specify)

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8. Similar projects/services

* 11. Are there other projects/services offering the same/similar support in the HSCP area?

- ( ) Don't know
- ( ) No
- ( ) Yes

If yes (please specify which services/where)

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9. Project/service target groups

* 12. Which of the following would you describe as the KEY target group for your service?

- ( ) Individuals/patients
- ( ) Carers
- ( ) Staff/professionals
- ( ) Other (please specify)

* 13. Which of the following would you describe as ADDITIONAL target groups for your service?

- [ ] Individuals/patients
- [ ] Carers
- [ ] Staff/professionals
- [ ] No additional target groups
- [ ] Others not listed above (please specify)

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10. Health issues targeted

* 14. Which of the following health issues/conditions are you specifically targeting?

- [ ] No specific conditions
- [ ] CVD
- [ ] CVA/Stroke
- [ ] Diabetes
- [ ] Mental health
- [ ] Dementia
- [ ] Arthritis
- [ ] COPD
- [ ] Cancer
- [ ] Inactivity
- [ ] Frailty
- [ ] Other(s) (please specify)

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11. Age group and locality targeted

* 15. What age group do you provide services to?

- [ ] 18 - 64
- [ ] 65+
- [ ] Young people transitioning to adult services
- [ ] No specific age group(s)
- [ ] Other (please specify)

* 16. Which geographical areas/locality does your service/project cover?

- [ ] All HSCP areas
- [ ] NHS Forth Valley wider area
- [ ] Falkirk Council area
- [ ] Falkirk Locality
- [ ] Denny, Bonnybridge, Larbert, and Stenhousemuir Locality
- [ ] Grangemouth, Bo'ness and Braes Locality
- [ ] Other (please specify)

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12. Project/Service reach

* 17. What was the annual throughput [number ofpeople in receipt] of your service/support in 2015-16? If you cannot provide this please write 'data not available' below.

* 18. Do you currently/usually have a waiting list for your service?

- ◯ Yes
- ◯ No

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13. Reaching those who need your service

* 19. How confident are you that you can **reach** all those in **need** of your particular service/support ?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
○	○	○	○	○

* 20. How confident are you that you can **attract/reach** all members of your target group(s) in need regardless of age, race/ethnicity, gender, socio-economic status and other important characteristics such a health literacy

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
○	○	○	○	○

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14. Unmet need/ reasons

* 21. Which, **if any,** groups/clients are hard to **reach** for your project/service?

- [ ] We are reaching all those in need including those also in inequalities groups
- [ ] Those not viewed as having priority needs/not prioritised due to agreed criteria
- [ ] Those in certain localities
- [ ] Those in certain age groups
- [ ] Those from certain ethnicities/faiths
- [ ] LGBT individuals
- [ ] Those with additional physical /emotional needs/disabilities
- [ ] Those economically excluded
- [ ] Those with limited health literacy
- [ ] Other - Please specify additional groups or tell us about those your service struggle to reach

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15. Confidence in achieving outcomes

* 22. How confident are you that your project/service will improve intended **outcomes** across different subgroups including those most at risk/ most deprived?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
○	○	○	○	○

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16. Addressing areas of limited impact

23. If not confident or only somewhat confident that you can improve outcomes for those most in need/most deprived what can you do to address this?

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17. Barriers faced

24. Do you have any barriers that limit you projects/services ability to reach/deliver for those in need of your support/service?

- ◯ Yes
- ◯ No
- ◯ Don't know

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18. Details of barriers

25. Please list up to three key barriers that your project/service faces?

Barrier 1:

Barrier 2:

Barriers 3:

26. How do you plan to overcome these barriers?

Barrier 1:

Barrier 2:

Barriers 3:

27. How confident are you that you can overcome all these barriers?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
◯	◯	◯	◯	◯

Please add anything additional that you wish to explain the above rating

28. Will adressing these barriers impact on the demand for other HSCP projects services

- ◯ Yes
- ◯ No
- ◯ If yes please specify which project(s)/service(s) and how?

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19. Evidence for your service/project

* 29. How confident are you that the key activities in your service are evidence based?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
◯	◯	◯	◯	◯

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20. Areas that need better evidence

30. What areas of your project/service could be better informed by evidence?

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21. Service strengths and weaknesses

31. More generally what are the main strengths of your service? [List up to three]

Strength 1

Strength 2

Strength 3

32. More generally what are the main weaknesses of your service? [List up to three]

Weakness 1

Weakness 2

Weakness 3

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22. Innovation and piloting

33. Are there currently any specific projects/service interventions/innovations that you are testing/piloting?

- ◯ No
- ◯ Yes
- ◯ If yes please specify

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23. Output data collected

* 34. Which of the following output measures do you collect for your service/project in each operational year? Tick all that apply

	Yes	No	Not relevant to/possible for my service
No and source of referrals to your project/service	○	○	○
No of onward referrals from project/service and agency/project referred onto	○	○	○
No of unique service users [e.g. no of individuals attending/using service]	○	○	○
No of treatments/ support sessions/similar/provided	○	○	○
Adherence/level or attendance at sessions or appointments/ No's completing treatment	○	○	○
No of DNAs/ dropouts	○	○	○
Reasons for DNAs/dropout	○	○	○

Any additional information you wish to add?

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24. Outcome measures collected

* 35. Which of the following project /service outcome measures do you collect for your target groups [e.g. individuals/ carers /staff] ? Tick all that apply

	Yes	No	Not relevant to my service
Service user satisfaction measures	○	○	○
Measures of knowledge changes	○	○	○
Measures of skill changes	○	○	○
Measures of changes in confidence/self efficacy	○	○	○
Measures of changes in physical health	○	○	○
Measures of changes in mental health/wellbeing/emotional health	○	○	○
Measures of changes in functional ability	○	○	○
Measures of perceived personal safety	○	○	○

If you use measures other than those stated above please detail?

Falkirk HSCP Survey V3

25. Timeframes for follow up

* 36. Over which timeframes do you collect the key outcome data for your service/project in each operational year? Tick all that apply

	Yes for all outcomes	Yes for some outcomes	No	Not relevant to/possible for my project/service
Individuals' status/outcomes immediately post intervention/discharge	○	○	○	○
Individuals' status/outcomes 1 month post intervention	○	○	○	○
Individuals' status/outcomes 3 months post intervention	○	○	○	○
Individuals' status/outcomes 6 months post intervention	○	○	○	○
Individuals' status/outcomes 12 months post intervention	○	○	○	○

Any additional information you wish to add?

* 37. What systems do you use to record the primary/service specific data that you collect ? Please tick all that apply.

- [ ] SWISS
- [ ] MIDIS
- [ ] eWARD
- [ ] TOPAS
- [ ] Project specific recording tool/system
- [ ] Other[s] (please specify)

Falkirk HSCP Survey V3

26. Nature of measures

* 38. Which of the following statements best describe your project/service? Tick only one response

- ◯ ALL our measures are self reported [e.g. service users report these change themselves via questionnaires/forms]
- ◯ ALL our measures are objective [e.g. changes in individuals are confirmed/verified by others through functional tests/ confirmed by carers/ observed by a health professional]
- ◯ Many of our measures are objective but some are self reported
- ◯ Most of our measures are self reported but a few are objective

Any other comments you wish to add?

* 39. How confident are you that your project/service monitoring data are robust?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
◯	◯	◯	◯	◯

Falkirk HSCP Survey V3

27. Planned improvements /evidence links

40. Please detail any improvements in outcome measurement, data collection or analysis you would wish to make?

41. Please provide a link to the evidence that the project/service has achieved its outcomes or indicate who can provide this data?

* 42. Are you aware of any unintended outcomes from your service [e.g. creating demand in other services or creating dependancy on services /support]?

- ◯ We are unaware of any
- ◯ Yes

If yes please specify

Falkirk HSCP Survey V3

28. Statutory or contracted services

* 43. Is your project/service a statutory service?

- ◯ Yes
- ◯ No
- ◯ Don't know

* 44. Is your project/service contracted out to one or more providers/delivery agent?

- ◯ Yes
- ◯ No

Falkirk HSCP Survey V3

29. Different provider/sites

45. Is your service delivered by individuals from different professions/ with differing skill sets ?

- ◯ Yes
- ◯ No
- ◯ Add any additional information you wish

* 46. Is you service delivered across more than one site [e.g. multiple health, community centres or school or individuals' homes]?

- ◯ Yes
- ◯ No

Falkirk HSCP Survey V3

30. No of sites service is delivered over

47. Over/in how many other sites is your service delivered?

Falkirk HSCP Survey V3

31. Consistency of delivery

* 48. How confident are you that the varied sites/ professions consistently follow the agreed evidence base/procedures?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident	Not relevant to our service
○	○	○	○	○	○

Falkirk HSCP Survey V3

32. Project/service sustainability and cost and reach

* 49. How confident are you that your project/service will be maintained beyond this financial year?

Not at all confident	Not very confident	Somewhat confident	Very confident	Completely confident
○	○	○	○	○

* 50. Do you have a plan for project/service sustainability?

- ○ Yes
- ○ No
- ○ Don't know

Falkirk HSCP Survey V3

33. Estimated need

* 51. Can you estimate the number of people in<u>need</u> of your project/service in the localities you serve?

- ○ Yes we have a confident estimate of that population and can currently provide it to you
- ○ Yes we have a confident estimate of that population but cannot currently provide it to you
- ○ Yes we have a rough estimate and can currently provide it to you
- ○ Yes we have a rough estimate but cannot currently provide it to you
- ○ No we cannot make such an estimate

Falkirk HSCP Survey V3

34. Numbers in need of project/service or contact for these

52. Please provide the number in need of your service

* 53. Can you provide an estimate of the % of those in need [detailed above] that are **currently in receipt of** your support/services?

- Yes
- No
- If yes please provide estimate?

Falkirk HSCP Survey V3

35. Contact for estimates of need/reach

54. Please indicate who could provide the estimate of the number of people in need of your service in your localities and a contact number/email for them

Falkirk HSCP Survey V3

36. Funding, budget, cost per head/ ROI/CBA

* 55. Do you have more than one funder?

- No
- Yes

If yes please state how many funding partners you have :

56. What is your project/service's annual budget including staff?

* 57. Do you know your cost per service user or equivalent cost benefit/ROI figure?

- ◯ Yes and I can currently provide it
- ◯ Yes but I cannot currently provide it
- ◯ No

Falkirk HSCP Survey V3

37. Cost benefit /ROI figure or contact

58. Please provide your cost per user/ ROI figure?

Falkirk HSCP Survey V3

38. Contact for cost benefit/ROI

59. Please indicate who could provide your cost per user or Cost benefit/ROI figure and their contact email/number

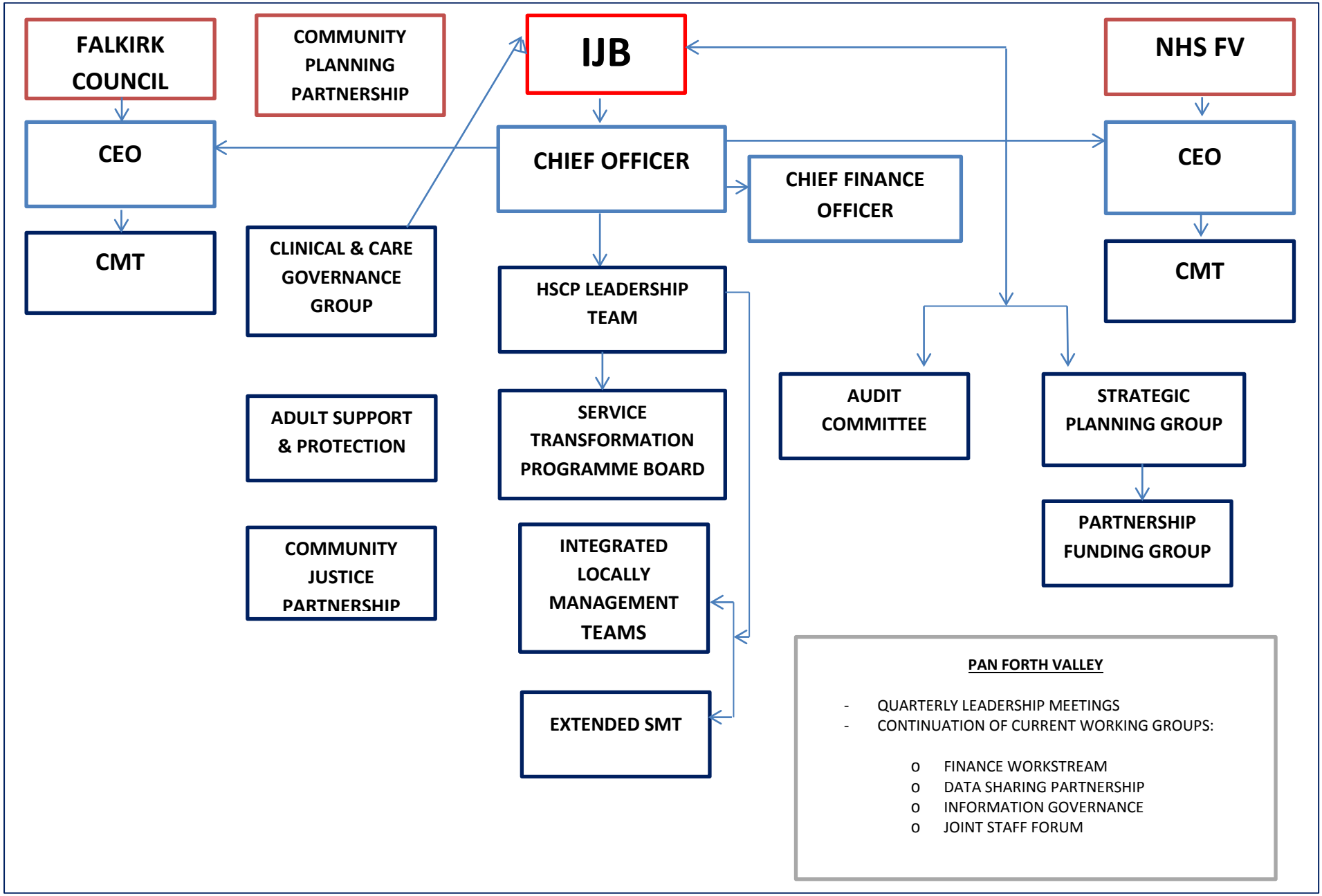
Falkirk HSCP Survey V3

39. End of survey

60. If you have anything else you would like to tell us about your project/service please do so below?

Thank you very much for completing this survey

APPENDIX 2 - FALKIRK IJB REPORTING STRUCTURE SEPTEMBER 2016



Appendix 3

Health and Sport Committee Integration Authorities Survey 2016

Integration authorities will be a key area of interest for the Health and Sport Committee over the course of the five year parliamentary session. The Committee has recently agreed its work programme for autumn 2016. The Committee is keen to explore three key areas in relation to integration authorities:

- Budget setting
- Delayed discharges
- Social and community care workforce

The following questions are designed to allow the Committee to understand each of these aspects. Integration authorities are encouraged to supplement answers to increase committee understanding. The Committee will follow up answers which are unclear.
It would be much appreciated if your integration authority could respond to the questions detailed in this survey by **Wednesday 17 August 2016**. Please can responses be emailed to **HealthandSport@parliament.scot**

If you require any further information regarding this survey please contact:

Rebecca Macfie, Senior Assistant Clerk, Health and Sport Committee, Tel: 0131 348 5247 rebecca.macfie@parliament.scot

Budget Scrutiny: Integration Authorities

The Committee has chosen to consider the integration of health and social care as part of its consideration of the Scottish Government's budget. The following questions are designed to explore the budget setting process for 2016-17 and how budget allocation reflects the priorities set out in the performance framework.

1. Which integration authority are you responding on behalf of?

   Falkirk Integration Joint Board

2. Please provide details of your 2016-17 budget:

Falkirk IJB	**£m**
Health board	106.444
Local authority	61.466
Set aside budget	24.155
Total	**192.065**

   Note: excludes £8.013m of Partnership Funding flowing through NHS Board included in IJB initial budget total of £200.078m.

3. Please provide a broad breakdown of how your integration authority budget has been allocated across services, compared with the equivalent budgets for 2015-16.

£m	**2015-16**	**2016-17**
Hospital	24.675	24.155
Community healthcare	40.253	39.725
Family health services & prescribing	68.443	66.719
Social care	59.409	61.466
Total	**192.780**	**192.065**

   Note: 2016/17 Social Care budget includes £4.540m of funding from Integration Fund (the £250m budget allocated for social care). On a like for like basis the total 2016/17 budget would equate to £187.525m.

4. The 2016-17 budget allocated £250m for social care. Please provide details of the amount allocated to your integration authority and how this money has been utilised.

   An update on the use of these funds is contained within the IJB Financial Report and Budget Recovery Plan update presented to the IJB on 5 August 2016.

Budget setting process

5. Please describe any particular challenges you faced in agreeing your budget for 2016-17

The process detailed within the Falkirk Health and Social Care Partnership Integration Scheme and a comprehensive, transparent and collegiate due diligence process assisted greatly with 2016/17 budget setting. Although there remain matters to address going forward this provided a solid foundation for agreeing initial budgets.

6. In respect of any challenges detailed above, can you describe the measures you have put in place to address these challenges in subsequent years?

The Falkirk Health and Social Care Partnership Integration Scheme Integration Scheme details the process to be used.

7. When was your budget for 2016-17 finalised?

The IJB budget was set at the IJB meeting of 24 March 2016.

8. When would you anticipate finalising your budget for 2017-18?

The Integration Scheme details the process to be used and interface with Local Authority and NHS Board budget setting. However the finalisation of the budget is largely dependent on the timing of financial settlements to Local Authorities and NHS Boards so it is difficult to be definitive at this point in time. The treatment of the Integration Fund within the 17/18 Scottish budget will be particularly important for IJBs given the significant cost of implementing the living wage.

Integration outcomes

9. Please provide up to three examples of how you would intend to shift resources as a result of integration over the period of your Strategic Plan:

The partnership would intend to align future expenditure with the Strategic Plan and the local outcomes detailed and the evidence contained within the Joint Strategic Needs Assessment. As part of the local delivery plan being developed to implement the Strategic Plan detailed financial planning will be required.

This process has already begun with a review of projects and services supported by Partnership Funding streams. The outcome of this Partnership Funding review was presented to the IJB on 3 June 2016 meeting.

10. What efficiency savings do you plan to deliver in 2016-17?

These are as detailed in the budget setting papers which were presented to the IJB meeting on 24 March 2016.

11. Do you anticipate any further delegation of functions to the integration authority? (If so, please provide details of which services and anticipated timescales)

Further delegation of functions is not anticipated in the short term but will be kept under review.

Performance framework

12. (a) Please provide details of the indicators that you will use to monitor performance and show how these link to the nine national outcomes
    (b) If possible, also show how your budget links to these outcomes

National Outcome	Indicators	2016-17 budget
People are able to look after and improve their own health and wellbeing and live in good health for longer	▪ % of adults able to look after their own health very well or quite well	
People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	▪ % adults supported at home who agree that they are supported to live as independently as possible ▪ % of people admitted from home to hospital during the year, who are discharged to a care home ▪ Proportion of last 6 months of life spent at home or in community setting. ▪ % of adults age 65+ with intensive needs (10+ hrs) receiving care at home	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	▪ % of adults supported at home who agree that they had a say in how their help, care or support was provided. ▪ % of adults supported at home who agree that their health and care services seemed to be well co-ordinated. ▪ % of adults receiving any care or support who rate it as excellent or good ▪ % of people with positive experience of care at their GP practice. ▪ Expenditure on end of life care	
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	▪ % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life ▪ Rate of emergency admissions for adults ▪ Proportion of care services graded ‘good’ or	

National Outcome	Indicators	2016-17 budget
	better in Care Inspectorate Inspections	
Health and social care services contribute to reducing health inequalities	▪ Premature mortality rate	
People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	▪ % of carers who feel supported to continue in their caring role.	
People who use health and social care services are safe from harm.	▪ % of adults supported at home who agree they felt safe ▪ Emergency (all) bed day rate per 1,000 population ▪ Readmissions to hospital within 28 days of discharge ▪ Falls – rate per 1000 patients 65+	
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	▪ % of NHS staff who say they would recommend their workplace as a good place to work	
Resources are used effectively and efficiently in the provision of health and social care services.	▪ % of adults supported at home who agree that their health and care services seemed to be well co-ordinated ▪ Readmissions to hospital within 28 days of discharge ▪ % of total health and care spend on hospital stays where the patient was admitted in an emergency ▪ Older people's (65+) home care costs (expenditure) per hour. ▪ Bed Days Occupied by Delayed Discharge	

National Outcome	Indicators	2016-17 budget
	Patients per 1000 Population aged 75+ ▪ %of people who are discharged from hospital within 72 hours of being ready	

Delayed Discharges

In relation to delayed discharge the Committee is interested in three areas. The extent to which the IJB is able to direct spending, how much money is available to tackle delayed discharge and how well it is being spent to eradicate the problem.

1. As an Integrated Authority what responsibility do you have for tackling the issue of delayed discharges?

   The Integration Joint Board receives regular reports on Delayed Discharge and this remains an area of priority for the Board.

   A Falkirk Delayed Discharge Steering Group is in place to monitor operational performance and find solutions.

2. What responsibility do you have for allocating expenditure including additional sums allocated by the Scottish Government to tackle delayed discharges?

   The relevant expenditure is contained within in-scope functions and the Set Aside budget therefore the responsibility for deploying these resources lies with the IJB.

3. How much was spent in 2015-16 on tackling delayed discharges? If necessary this answer can be based on your shadow budget for 2015-16.

   £0.867m was specifically spent on actions to address delayed discharge. However many other supplementary streams of work, activity and resource are focussed on effective prevention, admission avoidance and supporting rehabilitation and reablement.

4. What is the total funding (in 2016-17) you are directing to address the issue of delayed discharges? Please provide a breakdown of how much money has been received from each of the following for this purpose:

   a. NHS board
   b. Local authority
   c. Other (please specify)

   Resources which form the payments to the IJB have been allocated in line with the functions detailed within the integration scheme. Some of these functions will contain costs of services aimed at reducing unplanned admission, supporting safe and effective discharge and rehabilitation and reablement which will collectively minimise the incidence of delayed discharge.

5. How was the additional funding allocated by the Scottish Government to tackle delayed discharges spent in 2015-16? How will the additional funding be spent in the current and next financial years?

The review of Partnership Funding and investment programme was presented to the June 2016 IJB meeting and is detailed in the Partnership Funding report. It is important to view this investment as an element of a wider programme aimed at delivering the priorities of the Strategic Plan.

Falkirk Partnership's allocation of the Delayed Discharge Funding for the three years 2015-2018 is £0.864m per annum. In addition, the Scottish Government had provided non-recurring funding to the Falkirk Partnership in 2014/2015 and there was a small carry forward of £33k into 2015/2016 financial year. Therefore, the total available Delayed Discharge resource during 2015/2016 was £0.897m.

The projects funded through the Delayed Discharge resource in 2015/16 were:

- *Rapid Response Frailty Clinic*
- *Discharge Hub & Leaflets*
- *HELP Packs*
- *Summerford Reablement*
- *AHP Support in Summerford*
- *Contribution towards Ward 5*
- *Care Home Placements.*

Further proposals regarding use of Delayed Discharges funding in 2016/17 were presented to the 5 August IJB meeting within the Chief Officer Report and the Integration Joint Board Financial Report and Budget Recovery Plan Update.

Planned deployment of Delayed Discharge funding in the next financial year will be linked to the development of a strategic whole systems approach including a Frailty Pathway and Discharge to Assess model; anticipatory care planning and short term additional winter capacity across health and social care to support flow through the system.

6. What impacts has the additional money had on reducing delayed discharges in your area?

There is ongoing review of Partnership Funded projects. The data published in the ISD annual report 2015/16 shows an 18% decrease on the previous year in bed days occupied by delayed discharge patients in Falkirk compared to the 9% reduction nationally. The investment in the Delayed Discharge projects has supported this reduction in bed days for example, the discharge hub has enabled more focus on discharge process for both standard and complex delays.

7. What do you identify as the main causes of delayed discharges in your area?

Availability of care home places for people assessed as requiring a care home remains an issue affecting delayed discharge performance and has been for some significant time. The requirement for interim places and the

use of policy on choice continues to be a challenge. Prevention of admission services and discharge to assess services are still in the early stages of development.

There is an increasing number of referrals for care package, both as new referrals (those not previously in receipt of care before their admission to hospital) and those who have been in receipt of care prior to their hospital admission and need their service re-started, sometimes increased. In addition the service also receives referrals for those people who are living at home. Providing these packages of care has been more challenging in recent months against the background of difficulties in recruiting staff to care posts and the increased demand for services as a result of demographic changes.

8. What do you identify as the main barriers to tackling delayed discharges in your area?

The Integration Joint Board Work receives regular reports on Delayed Discharge Progress. This includes the Delayed Discharge Action Plan which has a focus on addressing four key issues that were impacting on delayed discharge performance. These are:

- *There are a number of services which are currently being delivered which are having an impact on small numbers in the population but are not yet having the impact required across the area to reduce ED attendances or acute admissions*
- *There are patients in hospital whose pathway is delayed for a variety of reasons or if not formally delayed in their discharge, their length of stay in hospital could have been shorter*
- *There are a number of patients whose discharge becomes delayed as they fall within the scope of the Adults with Incapacity Act*
- *The right balance and range of care options is not available in Falkirk to support early discharge and avoid admission.*

9. How will these barriers to delayed discharges be tackled by you?

The Chief Officer presented a report to the IJB on 5 August 2016. The Board approved a shared vision and aspiration to take a 'whole system approach' to address each element of the patient pathway to improve outcomes for people and performance in relation to delays in discharge, The approach will include:

- *Development of patient pathways using the Frailty model and Comprehensive Geriatric Assessment (link to current work by Geriatricians and Physicians)*
- *Home is Best: Introduction of Discharge to Assess Model this will ensure that people are assessed in their own homes immediately on discharge home and tailored packages of care and support are put in place and reviewed regularly. There is evidence from elsewhere in the UK that this should improve outcomes, reduce delays in discharge and length of stay.*
- *Review of data on patient flow and bed modelling*
- *Commissioning to improve flexibility/ review and sustainability*

- *Standardising and improving assessment and review across the whole system*
- *Develop a comprehensive Re-ablement model and review intermediate care provision.*
- *Explore retaining Summerford to develop the Intermediate Care Model in advance of developing a new facility utilising the current l capital commitment.*

Many of the building blocks for this 'whole system' are in place and are being reviewed as part of the Partnership Funding review and can be realigned to deliver this model.

10. Does your area use interim care facilities for patients deemed ready for discharge?

    The Partnership has intermediate and short-term assessment beds provided over 3 bases in the area.

11. If you answered yes to question 10, of those discharged from acute services to an interim care facility what is their average length of stay in an interim care facility?

    The average assessment period is 6 weeks.

12. Some categories of delayed discharges are not captured by the integration indicator for delayed discharges as they are classed as 'complex' reflecting the fact that there are legal processes which are either causing the delay (e.g. application for guardianship orders) or where there are no suitable facilities available in the NHS board area. Please provide the total cost for code 9 delayed discharges for 2015-16? What is your estimate of cost in this area in the current and next financial years?

    Using the direct costs of a community hospital ward and applying this to the Occupied Bed Day's for Code 9 patients the cost for 2015/16 is estimated at £0.553m. We would, however, suggest that extreme caution should be applied in interpreting this estimate as it does not represent a fully realisable cost should these occupied bed days reduce.
    Current intelligence suggests a similar level of OBD's for 2016/17 and therefore a similar level of cost.

Social and Community Care Workforce

In relation to the social and community care workforce the Committee is interested in the recruitment of suitable staff including commissioning from private providers and the quality of care provided.

1. As an Integration Joint Board what are your responsibilities to ensure there are adequate levels of social and community care staff working with older people?

   This responsibility is addressed through the Strategic Plan, Integrated Workforce Plan and through associated workforce planning and OD activities. This will ensure staff working across all sectors, including the Third and Independent Sectors, have access to and are supported in their personal development suited to the roles and future care delivery. An integrated approach to workforce planning has started will be taken forward to address these areas of responsibility.

   There is ongoing work to create employment opportunities. For example the Social Work service has a programme to promote care services as a career option for younger people. This is through the Modern Apprentices (MA's) programme with placements in our care homes, day centres, MECS and Housing with Care reablement services.

   A Joint Staff Forum has been established.

2. Are there adequate levels of these social and community care staff in your area to ensure the Scottish Government's vision of a shift from hospital based care to community based care for older people is achieved? If not, please indicate in what areas a shortage exists.

   Work is ongoing within the Partnership to develop a full understanding of our workforce demographic and ensure that a resource management model is agreed to support integration.

   There remain challenges with recruitment and retention to Care at Home services both within the Council and Independent sectors, which is in line with some other Partnership areas.

3. Other than social and community care workforce levels, are there other barriers to moving to a more community based care?

   We have experienced particular challenges with recruitment and retention to posts, funded through for example the Integrated Care Fund, due to the short-term nature of the funding and the wider context for staff moving posts in the current economic climate.

4. What are the main barriers to recruitment and retention of social and community care staff working with older people in your area?

As above.

5. What mechanisms (in the commissioning process) are in place to ensure that plans for the living wage and career development for social care staff, are being progressed to ensure parity for those employed across local authority, independent and voluntary sectors?

   The Living Wage commitment sets out plans to improve wages for those working in social care by ensuring that all employees providing direct care and support are being paid the "Living Wage", an amount of £8.25 per hour from 1 October 2016. The Living Wage is a voluntary rate which employers choose to commit to paying. It goes beyond legal requirements to pay the National Minimum Wage (now called the "National Living Wage").

   Mechanisms are being agreed to see that the living wage commitment covers all purchased services and applies to all hours worked.

   The commitment will however not only lead to an increase in the cost of wages for providers but will see them incur other employer costs and the costs associated with maintaining pay differentials. In addition, it is also recognised that providers who operate across England, Wales and Northern Ireland as well as Scotland may have increased costs to maintain equal pay across their organisation.

   We are currently confirming the current status of all providers to ascertain where they are at in terms of current pay rates. This will support the work required to ensure available resources to raise wages to the Living Wage are targeted. Meetings and discussions with providers are also active to explore how best we can collaboratively work towards the living wage objective and improve workforce matters.

   Our discussions to date tell us that the transparency of the mechanisms adopted will be important if we are to get providers engaged in a positive manner. Undertaking new procurement processes is not a mechanism, at this time, attracting support.

   There is also the need to agree the mechanisms for how collaborative agreements (such as the Scotland Excel National Framework Agreement for Care Homes for Adults with Learning Disabilities) will be taken forward.

   The mechanisms adopted need to reflect a diversity of circumstance, be affordable in the context of available resources, be transparent and suitably sophisticated to protect existing agreements from the need to undertake new procurements.

6. What proportion of the care for older people is provided by externally contracted social and community care staff?

In terms of home care for older people some 400,000 hours of care are delivered annually by externally contracted social and community care staff. This is approximately a 70% share of the total care delivered.

7. How are contracts monitored by you to ensure quality of care and compliance with other terms including remuneration?

   We have a dedicated team embedded within Falkirk Council's Central Procurement Unit that monitors and manages our social care contracts. The team have in place contract management plans to ensure compliance, to support innovation and where required (e.g National Care Home Contract) complete regular remuneration checks.

   In addition to the Central Procurement Unit, within the homecare service there is a Resource Team who regularly review service users whose care is provided by external providers and ensure that the level, quantity and quality of service meets required standards and the individual's needs.

Summary

Social work in Scotland

ACCOUNTS COMMISSION

Prepared by Audit Scotland
September 2016

The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

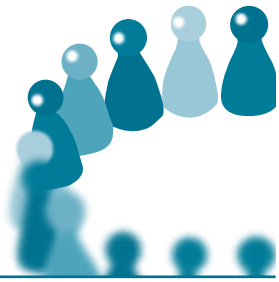
Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about/ac

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

Summary



Background

In 2014/15, councils' net spending on social work services was £3.1 billion. Services for older people made up around 44 per cent of this spending, and services for children and families around 28 per cent. A range of other services make up the remainder. Just over 200,000 people work in social work and social care, around one in 13 people in employment in Scotland. In addition, there are 759,000 unpaid carers aged 16 and over in Scotland, 17 per cent of the adult population, and 29,000 young carers under 16. Carers UK estimated the value of unpaid care in Scotland to be £10.8 billion, more than three times current social work net spending.

Scottish councils' social work departments provide and fund essential support to some of the most vulnerable people in society. They supported and protected over 300,000 people in 2014/15, around 70 per cent of whom were aged 65 and over. Social work provides a wide range of services (Exhibit 1). These aim to improve the quality of people's lives and help them to live more independently.

Exhibit 1

Social work and social care services

Social work provides a variety of services to protect and support people in three client groups.

Children's services	Adult services	Criminal Justice services
Support for families	Residential care	Offender services
Child protection	Care at home	Providing social enquiry reports
Adoption services	Day care	Supervision of community payback and unpaid work
Kinship care	Hospital discharge coordination	Supporting families of prisoners
Fostering	Adult support and protection	Supervision of offenders on licence
Child care agencies	Mental health and addiction services	
Looked-after young people	Dementia and Alzheimer's services	
Day care	Supporting people with disabilities	
Residential care	Services to support carers	

Cont.

Children's services	Adult services	Criminal Justice services
Child and adolescent mental health	Provision of aids and adaptations	
Supporting child refugees	Re-ablement services	
Supporting trafficked children	Supported living	
Support for young people involved in offending behaviour	Supporting refugee families	
Support for children with disabilities and their families	Supporting victims of people trafficking	
	Intermediate care	

Source: Audit Scotland

The full audit report is available to download *Social work in Scotland* with four supplements to accompany the report:

- Supplement 1 presents the findings of our survey of service users and carers.
- Supplement 2 lists advisory group members, who gave advice and feedback at important stages of the audit. It also describes the detailed audit methodology, the roles and responsibilities of the key social work organisations and social work legislation.
- Supplement 3 describes the governance and scrutiny arrangements in each of our fieldwork councils, providing an illustration of the variety and complexity of arrangements across Scotland.
- Supplement 4 is a self-assessment checklist for elected members.

Current approaches to delivering social work services will not be sustainable in the long term. There are risks that reducing costs further could affect the quality of services. Councils and Integration Joint Boards (IJBs) need to work with the Scottish Government, which sets the overall strategy for social work across Scotland, to make fundamental decisions about how they provide services in the future. They need to work more closely with service providers, people who use social work services and carers to commission services in a way that makes best use of the resources and expertise available locally. They also need to build communities' capacity to better support vulnerable local people to live independently in their own homes and communities.

Councils have adopted a number of strategies to achieve savings; they have tightened eligibility criteria so that fewer people receive services and targeted funding to people in greatest need. For example, the proportion of people aged 65 and over receiving homecare has fallen from just under 70 per 1,000 in 2006

to just over 50 per 1,000 in 2015. They have also achieved significant savings in the cost of homecare and care homes through commissioning and competitive tendering. Costs for these services have fallen in real terms by 7.2 per cent and 10 per cent respectively between 2010/11 and 2014/15.

Although councils want to deliver more preventative services, there has been a limited shift to prevention, different models of care or better tapping into the support available from the wider community. There has been little in the way of fundamental change in the way councils deliver services. Many councils have taken an opportunistic or piecemeal approach to change, often to meet financial challenges or as the result of initiative funding by the Scottish Government.

Councils and IJBs need to instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area to meet statutory responsibilities, given the funding available and the future challenges. Elected members need to engage with communities in a wider dialogue about council priorities. At a higher level, there is a key role for the Scottish Government as they set policy and councils need to work with the Scottish Government, COSLA, the Scottish Local Government Partnership, Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements.

Currently, opportunities for people who use social work services and carers to be involved in planning services are limited. There is scope for councils and IJBs to do more to work with them to design, commission, deliver and evaluate services to achieve better outcomes. Service providers also have an important role to play in contributing to commissioning and councils need to do more to work with them to design services based around user needs.

Councils and their community planning partners need to do more to promote and empower communities. This includes working with them to design, commission, deliver and evaluate services to achieve better outcomes, and to build capacity to allow communities to do more to support themselves.

Councils' social work departments are facing significant challenges because of a combination of financial pressures caused by a real-terms reduction in overall council spending, demographic change, and the cost of implementing new legislation and policies. If councils and integration joint boards (IJBs) continue to provide services in the same way, we have estimated that these changes require councils' social work spending to increase by between £510 and £667 million by 2020 (a 16–21 per cent increase).

Since 2011/12, councils' total revenue funding has reduced by 11 per cent in real terms. Over the same period, councils' social work spending increased by three per cent in real terms and now accounts for almost a third of overall council spending. The financial and service challenges facing social work include:

- reductions in councils' budgets
- difficulties social care service providers have in recruiting and retaining suitably qualified staff, particularly homecare staff and nursing staff

- implementing a wide range of legislation and policy changes aimed at improving services, better supporting carers and improving outcomes for people (estimated to cost between £170 million and £181 million per year by 2020)

- creating integration authorities responsible for the governance, planning and resourcing of adult social care services, as required under the Public Bodies (Joint Working) (Scotland) Act 2014. (The Act also allows councils to integrate other areas of activity, such as children's health and social care services and criminal justice social work)

- paying the Living Wage to adult care workers in private and third sector organisations contracted to provide services (estimated to cost an additional £199 million per year by 2020)

- meeting increased demand associated with demographic change, particularly people living longer with health and care needs (estimated to cost an additional £141 to £287 million per year by 2020).

Each IJB is required to produce a strategic plan that includes strategies for all the services delegated to it. Strategies are set out in various ways depending on the health and social care arrangements in each council. While the plans for integrated services were well developed, they are new and untested.

The integration of health and social care has resulted in complex and varied governance arrangements for social work services. Elected members have key leadership and scrutiny roles, and it is important that they receive training and guidance on the operation of the new governance arrangements. Councils and IJBs need to ensure that the governance and scrutiny of social work services are appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change.

Council representation on IJBs is usually four or five senior elected members, generally including the leader of the council and a senior opposition member. This means that a small subset of elected members of the council and members of the local NHS board will be responsible for social work governance and scrutiny within the IJB and its committees. There is a risk that the majority of elected members could feel excluded from social work decision-making and scrutiny. There is also a risk that this arrangement leaves responsibility for governance and scrutiny with a small number of very busy elected members.

Each IJB is required to produce a strategic plan that includes strategies for all the services delegated to it. It is important that there are clear links between the planning of those services that are integrated and those that are not, for example, the transition from children's services to adult services or between children's services and criminal justice. Planning for these transitions needs to be well coordinated to ensure a seamless service without overlaps or gaps in services, particularly where responsibility is shared between the IJB and the council.

Elected members may find that their role changes, but they remain the key decision-makers for social work services on behalf of their constituents and they ensure effective scrutiny, governance and strategic oversight of the new arrangements. It is essential that elected members assure themselves of the quality of social work services and ensure councils manage risks effectively at a

time of great change. With increasing financial pressures, councillors may face a difficult challenge in managing people's expectations, but they have a crucial role in doing so and providing leadership for their communities.

With integration and other changes over recent years, the key role of the chief social work officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively.

Councils must appoint a chief social work officer (CSWO) who is responsible for professional leadership of the social work service. The CSWO should have access to the chief executive and other senior managers, councillors and social work officers. The role of the CSWO has changed significantly in recent years and there are risks that CSWOs may have too many roles and have insufficient status to enable them to fulfil their statutory responsibilities effectively.

CSWO annual reports are also important in providing a high-level summary of the performance of social work functions during a particular year. It is essential that they are subject to effective scrutiny by elected members. However, we did not find evidence of detailed scrutiny of the report or challenge at these meetings.

What needs to happen

Councils and IJBs should instigate a frank and wide-ranging debate with their communities about the long-term future for social work and social care in their area. They should work with the Scottish Government, COSLA (or the Scottish Local Government Partnership (SLGP)), Social Work Scotland and other stakeholders to review how to provide social work services for the future and future funding arrangements. Councils also need to work more closely with service providers, people who use social work services and carers to commission services in a co-operative way that makes best use of the resources and expertise available locally.

Councils and IJBs should ensure that the governance, scrutiny and management of risks within social work services is appropriate and comprehensive across the whole of social work services, and review these arrangements regularly as partnerships develop and services change. Councils should demonstrate clear access for, and reporting to, the council by the CSWO, in line with guidance and ensure the CSWO has sufficient time and authority to enable them to fulfil the role.

Summary
Social work in Scotland

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