



**Title/Subject:** Partnership Funding  
**Meeting:** Integration Joint Board  
**Date:** 16 June 2017  
**Submitted By:** Chief Officer  
**Action:** For Decision

## **1. INTRODUCTION**

1.1 The purpose of this report is to provide the Integration Joint Board (IJB) with the following information in relation to Partnership Funding; Integrated Care and Delayed Discharge Funds:

- Funding recommendations relating to proposals reviewed in accordance with the agreed Partnership Funding governance process, detailed within Appendix 1.
- A performance report for all Partnership funded initiatives, for the financial year 2016/2017, detailed in Appendix 2.

## **2. RECOMMENDATIONS**

The Integration Joint Board is asked to:

- 2.1 Approve allocations of Partnership Funding, as presented in Appendix 1; and
- 2.2 Note performance information relating to all initiatives funded via Integrated Care and Delayed Discharge Funds, for the period 2016/2017, contained in Appendix 2.

## **3. BACKGROUND**

- 3.1 Integrated Care (ICF) and Delayed Discharge (DD) Funds are currently allocated to Integration Authorities by the Scottish Government, to add value to existing core services, for the period 2015 to 2018. In line with Scottish Government guidance, issued in July 2016, funds are currently allocated and scrutinised in line with local evidence of need and strategic commissioning priorities.
- 3.2 From April 2018, ICF and DD funds will be included within NHS Forth Valley's recurring base budget. It should be noted that Scottish Government direction regarding the levers and priorities relating to future use of Partnership Funds may change. Local investment priorities will take cognisance of any formal notification of change and the IJB will be updated accordingly.



- 3.3 Tables 1&2 below, provide an end of year financial position for Partnership Funds, as at 31 March 2017. Figures provided are based on actual expenditure gathered within monitoring returns received after year end and reflect current expenditure to date. It should be noted that financial principles are in place to ensure that a consistent approach is taken to any variance in actual expenditure, against approved allocation. On this basis, the accumulative total of funding not drawn down as a result of application of the principles, is reported as 'resource for reallocation'. This process enables expenditure to be accurately tracked against approved allocation, however also results in regular fluctuation to the balance of funds available to commit.

*Table 1: Actual Expenditure against approved allocation 2016/2017*

	Resource available 2016/17	Approved Allocation 2016/17	Actual Expenditure 2016/17	Variance from allocation	Slippage c/fwd to 2017/18	Resource for reallocation
	£'000	£'000	£'000	£'000	£'000	£'000
Integrated Care Fund and Bridging	3,863	2,912	2,461	451	380	71
Delayed Discharges	894	894	877	17	17	-
<b>TOTALS</b>	<b>4,757</b>	<b>3,806</b>	<b>3,338</b>	<b>468</b>	<b>397</b>	<b>71</b>

*Table 2: Overview of financial position at 31 March 2017*

	2016/17			2017/18		
	Resource available	Actual Expenditure	Available to commit	Resource available	Current Projected Expenditure	Available to commit
	£'000	£'000	£'000	£'000	£'000	£'000
Integrated Care Fund and Bridging	3,863	2,461	1,402	3,798	3,372	426
Delayed Discharge Fund	894	877	17	864	509	355
<b>TOTALS</b>	<b>4,757</b>	<b>3,338</b>	<b>1,419</b>	<b>4,662</b>	<b>3,881</b>	<b>781</b>

## 4. PARTNERSHIP FUNDING INVESTMENT

- 4.1 During the past two months, the Partnership Funding Group (PFG) has considered investment with a total value of £335,056 and has recommended investment of £126,614. In line with Partnership Funding due governance process, all proposals have been scrutinised by the PFG and endorsed by the Strategic Planning Group prior to recommendations being presented to the IJB for approval. Recommendations are included within Appendix 1 of this report.

- 4.2 Three of the proposals considered by the PFG relate to recommendations previously agreed by the IJB. These are ALFY, Rapid Access Frailty Clinic and provision of enhanced home care via Healthcare Assistants. The PFG recognise that each of these proposals, which relate to Forth valley wide services, require to be progressed within the context of strategic developments being led by Leadership Groups within both Partnership areas.
- 4.3 In relation to the Rapid Access Frailty Clinic and Healthcare Assistants, it is recommended that discussion continues to ensure that the opportunity to progress in an integrated manner is fully realised. On this basis, it is proposed that the IJB are provided with further information and recommendations, on conclusion of these discussions. The PFG were satisfied with the implementation plan provided for ALFY and recommend that the initiative is progressed within the approved funding allocation and without recommendation of further funds requested, in relation to additional management resource.
- 4.4 The Board are asked to note that:
- arrangements have been put in place to extend the Discharge to Assess pilot as agreed at the meeting on 3 February, until the end of August 2017. The cost of this extension is £0.325m which will be met from the £1m allocation for Strategic Commissioning.
  - a bid to fund the implementation of the ADL Smartcare system was considered by the Leadership Team and agreed by the Chair and Vice Chair of the IJB. This is in line with process agreed by the IJB at the meeting on 31 March 2017. The cost of £53,000 to implement will also be met from the £1m allocation.

Further detail is included in the IJB Financial Report at agenda item 8.

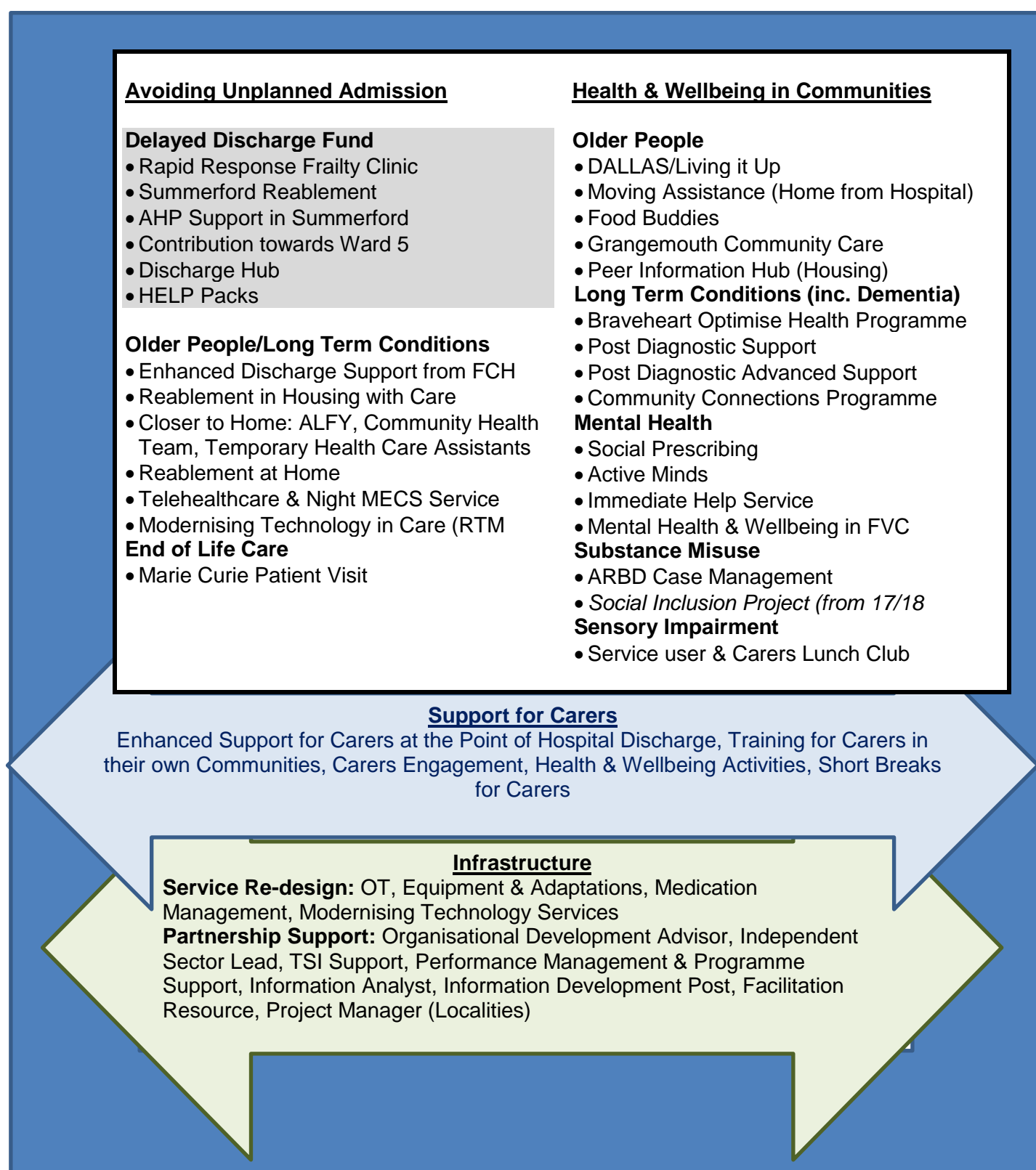
## **5. SIX MONTH PERFORMANCE REPORT**

- 5.1 In line with the agreed governance framework for Partnership Funds, the IJB receive a performance report on a six monthly basis. Appendix 2 provides an overview of each initiative's performance for the financial period, 1 April 2016 – 31 March 2017. Detailed performance has been scrutinised by the PFG. Further detailed information will be provided to the IJB in August, within Falkirk Health & Social Care Partnership's Annual report.
- 5.2 An integral component of performance monitoring relates to financial information that is provided by initiatives within quarterly returns. As noted within 3.3, actual expenditure is measured against approved allocation. To ensure that a consistent and transparent process is applied, the PFG have developed and adopted a set of financial governance principles. The principles describe how any variance in expenditure is accounted for, which includes slippage, underspends and overspends. In line with delegated authority, thresholds have been set to establish the process for requesting or noting change to anticipated expenditure and the appropriate due governance

process. The principles have been applied to all initiatives operation during and from 2016/2017.

- 5.3 During 2016/2017, a total of 48 initiatives have been active, relating to a total approved investment of £3,806 million. This has comprised of 11 new initiatives and 37 continuations. Figure 1 provides an overview of active initiatives and allocations approvals during 2016/2017, by investment priority. It should be noted that the Social Inclusion Project was approved during 2016/2017, but did not commence until 1 April 2017.

Figure 1



- 5.4 The distribution of actual expenditure across funding priority areas, during 2016/17, is illustrated in figure 2.

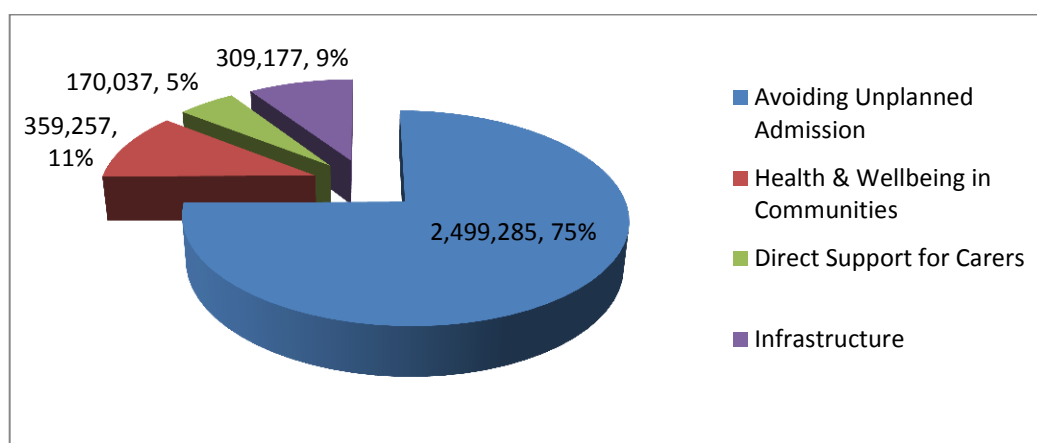


Figure 2

- 5.5 Following pro-active engagement with local partners, there has been an increase in activity supported within 'Health & Wellbeing in Communities'. This has not however, substantially increased the proportion of investment within the priority. Although initiatives are generally high in impact, they tend to be low in financial value. In addition, there remains an issue regarding the sustainability of services beyond the current Partnership Funding period. In some cases, this has acted as a deterrent to new entrants and potentially stifled innovation. Furthermore, proposals and enquiries have been received that potentially duplicate current service or without clear links to the whole system. This has influenced the recommendations being made by the PFG, as illustrated by two of the new proposals presented within Appendix 1.
- 5.6 During the coming months, the Integrated Care Fund Co-ordinator, with support from the Third Sector Interface, will work with local partners to ensure that there is a clear understanding of local HSCP priorities and need, and to maximise existing and new opportunities for collaborative working. This approach will also support the strategic commissioning work, approved by the IJB in March 2017.
- 5.6 The information presented within Appendix 2, has been drawn from quarterly monitoring returns. Of particular note:
- Closer to Home has moved to a model of preventing admission. Delivery was previously impacted by discharge pressures, which now shows signs of improvement with reference to packages of care provision to enable discharge. The Reablement at Home service also reports reduced pressure to support discharge and therefore an ability to provide more focus on preventing admission through community referral.
  - ARBD Case Management and OT, Equipment & Adaptations were previously noted as underperforming. Staff are now in place and both projects are making steady progress.
  - It is proposed that the Stakeholder Engagement post will be filled via recruitment through Falkirk Council's graduate apprentice scheme. The

focus of the post will be to develop the public presence of the HSCP through printed and web based information.

- The recruitment of the Localities Project Manager has been delayed pending conclusion of discussions regarding structure and support services.
- Performance information provided by initiatives has significantly improved. The Performance Support Officer continues to work with leads.
- Based on actual expenditure reported, the variance in actual spend against approved allocation is £0.468m. Reasons for the variance include:
  - Changes in staff resulting in slippage: Closer to Home (ALFY & Enhanced Community Team), Reablement at Home, Summerford & Grangemouth Community Care
  - Delays in recruitment or project start date: Localities Project Manager, Stakeholder Engagement
  - Late submission of request to draw grant: Mental Health & Wellbeing in Forth Valley College

5.7 In addition to quarterly monitoring, a more in-depth review of initiatives with a reablement focus is currently underway. This includes Reablement at Home, Reablement in Housing with Care, Enhanced Discharge from Falkirk Community Hospital, Summerford Reablement Beds, Telehealth and the Night MECS Service. This forms phase two of the evaluation process reported to the IJB in December 2016, regarding Closer to Home, the Rapid Access Frailty Clinic and the Discharge Hub.

5.8 Findings and recommendations arising from phase two evaluation, combined with information generated during phase one, have been shared with the Reablement Leadership Group. This group has been formed to plan and drive the implementation of a reablement ethos and service development, in a cohesive, integrated manner. The group are currently considering recommendations for presentation to an Officers group with representatives from the Leadership, Unscheduled Care and Strategic Planning Groups in late June.

## **6 CONCLUSIONS**

### **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 aligns and contributes directly towards local outcomes. The adoption of a strategic commissioning approach to working with Third Sector organisations will further support the delivery of IJB outcomes, in the medium to long-term.

### **Legal & Risk Implications**

No legal issues have been identified.

In relation to Partnership Funding, risk implications relate to individual initiative performance and compliance with Scottish Government requirements regarding use of partnership funds. The governance and monitoring process previously approved addresses any potential risk.

### **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.

### **Equalities Assessment**

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

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**Date:** 25 May 2017

### **List of Background Papers:**

Integrated Care Plan December 2014

IJB Papers regarding Partnership Funding:

- 7 October 2016
- 5 December 2016
- 2 February 2017
- 30 March 2017

Partnership Funding Group minute and scoring matrix

- 6 December 2016
- 9 January 2017
- 7 March 2017
- 18 May 2017

Strategic Planning Group minute

- 20 January 2017
- 17 March 2017

## Strategic Planning Group: Partnership Funding Group Project Summary and Recommendations

Funding Proposals: Recommendations – All funded services and posts are required to integrate within the Change Programme and be an integral part of the cohesive whole system approach

Project Name & Lead Agency	Amount and Term Requested	Project Summary	Strategic Alignment	Recommended Funding	Justification/Condition
Falkirk Connections  Cyrenian's	£40,217  14 Oct 17- 31 Mar 18	<p><b>Overview:</b> Employ 2 staff to develop a new service within the Falkirk area to deliver preventative community development work. The funding requested will enable the establishment of the service e.g. local needs assessment, volunteer recruitment and training. Delivery is not intended to commence until April 2018. The proposed service will comprise: A Befriending Coordinator who will manage a volunteer delivered, time limited, one to one service for over 65s. Referrals will come from third sector or statutory professions and aim to increase mobility, independence or support clients to mobilise within their community. This will reduce isolation and prevent hospital readmissions. A Community Navigator who will take referrals from GPs, Allied Health Professionals, Nurses etc, and work with individuals to link and signpost them to services, increasing community capacity. This will enable an opportunity for analysis of gaps in local provisions.</p>	<p><b>Self Management:</b> An asset based approach will enable people to identify how they can meet their own identified outcomes, through access to services within their own community, which will help improve and maintain their health and wellbeing. <b>Autonomy &amp; Decision Making:</b> People will be in control of their own support plans. Service user feedback will ensure that the service is developed in line with community need. <b>Community Based Supports:</b> Local networks and forums will be expanded for older people's services in Falkirk, to encourage cross referrals and increase community capacity.</p>	N/A	<p><b>PFG Recommendation:</b> The PFG noted positive aspects within proposals submitted by Cyrenians and RVS, in terms of addressing need within community and developing community capacity and provision.</p> <p>However, the group also noted potential duplication with existing service &amp; initiatives and lack of clear referral pathways. It is proposed that a pro-active commissioning approach is taken to community based initiatives, allowing existing projects and new entrants to review evidence of local need and consider service provision across the area. The intention being to ensure a well-targeted, sustainable response to need and to avoid duplication.</p>
Supporting your Recovery in Falkirk  RVS	£62,000  15 Jun 17 – 14 Jun 18	<p><b>Overview:</b> Employ 2 staff; a Service Manager and Coordinator to deliver a new Home from Hospital provision for older people in the Falkirk area. The RVS 'Home from Hospital' service, which has a proven track record in other areas intends to provide much needed practical and social support for people returning home from hospital after illness, surgery or accident for up to 8 weeks. This service can be followed up with a further 12 weeks of additional support at home as part of the RVS 'Supporting You at Home' Service for those older people who are in need of assistance in restoring their confidence and independence. The staff will establish the service within Falkirk, recruit and train 30 volunteers and deliver the service to 150 people in Grangemouth, Falkirk town and Denny.</p>	<p><b>Self Management:</b> Support people referred by self, carer or professional to regain confidence and independent after hospital discharge. <b>Safe:</b> Volunteers will provide regular safe and well checks, highlighting an issues of concern as appropriate. <b>Autonomy &amp; Decision Making:</b> Work with health and social care professional to complement any on-going care provision. <b>Community Based Supports:</b> Volunteers will be recruited, trained and supported to deliver service.</p>	N/A	<p>This will also align with the strategic commissioning review agreed by the IJB in March 17, which is currently being progressed.</p> <p>The PFG did not support proposals from Cyrenian's or RVS.</p>
Health Care Assistants  NHS Forth Valley	£92,925  1 Jun 17 – 31 May 18	<p><b>Overview:</b> In December 2016, the IJB approved a recommendation that short-term funding would be allocated to the Enhanced Community Team (ECT) component of Closer to Home, to fund bank Health Care Assistants (HCAs) to provide immediate home care for people at the point of discharge or to prevent admission to hospital. The IJB also stated that more integrated and sustainable solution be developed between Health and Social Work. It was also intended that the Discharge to Assess model would ease the demand for immediate support from discharge and the support has now shifted towards providing support predominantly to avoid admission. The proposal received relates to the employment of HCAs to the</p>	<p><b>Self-Management:</b> People are supported with personal care within their own home, which is appropriate to need and aligned with medical support. <b>Service User Experience:</b> Provision is provided through an team response to need requiring minimal transition between services. <b>Community Based Support:</b> People receive support within their own home and hospital admission is avoided where possible.</p>	N/A	<p><b>PFG Recommendation:</b> On receipt of the proposal, feedback was provided highlighting the IJB request that an integrated solution was requested. Discussion is now underway between service leads in ECT and Care at Home to review evidence of need and undertake an options appraisal regarding the appropriateness of the employment of health based HCAs to provide immediate home care compared to provision through the Care at Home service. Clarity is also</p>



## Appendix 1

		ECT on a permanent basis. Staff will be employed to support ECT nurses across the Forth Valley area, to provide short-term personal care, focussing on those with an escalating need. It is proposed that the HCA also undertake some basic nursing tasks, which are over and above tasks currently undertaken by carers within Care at Home service. Key benefit noted is co-location and joint working between nurses and HCAs.			needed regarding Care Inspectorate registration requirements for home care provision. The request for resource is Forth Valley wide, i.e. the total HCA cost is £185,847. Discussion is therefore required with Clackmannanshire and Stirling Partnership regarding their position and available funds to support this additional resource.
Rapid Access Frailty Clinic  NHS Forth Valley	N/A	<b>Overview:</b> In December 2016, the IJB agreed that on-going funding to the Rapid Access Frailty Clinic (RAFC) within Forth Valley Hospital, would be subject to the submission of a business case, outlining a revised model of delivery and taking into account learning from current provision. It was also agreed that the amended service should set within the context of an overarching Frailty model. Assurance was also to be provided that Partnership Funded resource will be dedicated to the intended provision. As a Forth Valley service, this development was to be taken forward in discussion with Clackmannanshire and Stirling Partnership. The proposal received sets out a 2 phase development plan for the RAFC. Phase 1, to reinstate a 5 day service comprising Geriatrician assessment, nursing practitioner and AHP support and to promote the service to community referrers. Phase 2 will then focus on developing the service through stronger links with community based services such as Closer to Home.	<b>Self Management:</b> People are able to manage their health conditions through access to diagnosis, advise and prompt referral when required. <b>Safe:</b> Consultant assessment informed decisions are taken to prevent and reduce admission to hospital. <b>Autonomy &amp; Decision Making:</b> Services users and their carers are able to participate in the development of treatment and care plans. <b>Service User Experience:</b> People have access to services timeously.	N/A	<b>PFG Recommendation:</b> The group requested confirmation that the approach has been cited and endorsed by the Leadership teams within both areas. It was noted that the proposal should be set within the context of on-going work in relation to Unscheduled Care and Frailty.
ALFY  NHS Forth Valley	£13,300  1 April 2017 - March 2018	<b>Overview:</b> Request for additional funds for senior nurse leadership in ALFY to ensure that the service develops as anticipated. ALFY staff are currently provided with management support via the ACP and Night Nursing Teams. Dedicated management resource would allow the progress toward implementing the single point of contact whilst also improving the existing public facing service. £13,300 would provide 0.25 FTE Band 7. It is intended that this contribution is matched by Clackmannanshire/Stirling Integrated Care Fund.	<b>Self Management:</b> People are able to manage their health conditions through access to advise, information and prompt referral when required. <b>Safe:</b> Professionals have access to community services on a 24/7 basis, ensuring that people can be directed to relevant services promptly. <b>Autonomy &amp; Decision Making:</b> Communities have access to reassurance and advice, whilst professionals can take decisions about people's care based on prompt response from community services. <b>Community Based Supports:</b> Staff are aware of third sector/community based supports as a point of referral or signposting. <b>Service User Experience:</b> People have access to services timeously.	N/A	<b>PFG Recommendation:</b> No additional funding is recommended.  This is a Forth Valley wide initiative. This recommendation is in line with the decision previously taken by Clackmannanshire/String Partnership.
<b>Continuation Projects</b>					
TSI Partnership Management  CVS Falkirk	£37,500  1 Oct 2017- 31 Mar 2018	ICF funding provides 1 manager and additional support resource to represent and develop capacity within third sector organisations in the Falkirk area, to become actively engaged in the development of integrated health and social care services. During 2016-17, the TSI Interface held 24 Third Sector Forum meetings, with 16 speakers and an average of 37 organisations	<b>Community Based Supports:</b> Third sector agencies within the Falkirk Council are able to contribute and be partners within the delivery of integrated health and social care services within local communities.	£37,500  1 Oct 2017-31 Mar 2018	<b>PFG Recommendation:</b> Funding is continued until 31 March 2018, in line with the current Partnership Funding Programme. This recommendation is based on on-going evidence regarding performance and

		attending per quarter, with a total of 74 organisations represented. Over the course of the year, 47 e-bulletins have been published and 11 special e-bulletins, promoting 30 consultations, 40 statutory events and 42 training opportunities. The Manager also has a central role in Partnership work, for example Participation and Engagement, Partnership Funding Group and has developed effective links with the CPP regarding progression of combined outcomes.			alignment with the strategic commissioning review.
Community Connections Alzheimer Scotland	£5,914 1 Oct 2017-31 Mar 2018	ICF funding provides sessional staff and various social activities for people with dementia and their carers, including Baristas Drop-in Café, Garden Club, Supper Club, Walking Group, Football Group and the new Brain Gym. Attendance at Baristas averages 24 each week, Garden Club has 68 people attending and Football Group has 34 people attending. Supper Club had 3 groups over Q4 with 20 people attending. Brain Gym had 10 sessions, with average of 10 people attending each session. 5 volunteers assist with the football group and the supper club.	<b>Self Management:</b> People with a diagnosis of Dementia, their carers and families are able to manage their conditions for longer. <b>Community Based Supports:</b> People have access to community based activities that help them maintain and manage their condition.	£5,914 1 Oct 2017-31 Mar 2018	<b>PFG Recommendation:</b> Funding is continued until 31 March 2018, in line with the current Partnership Funding Programme. This recommendation is based on on-going evidence regarding performance and alignment with strategic commissioning review.
Post Diagnostic Support Alzheimer Scotland	£58,000 1 Oct 2017-31 Mar 2018	ICF funding has provided 4 link workers (3WTE) who deliver Post Diagnostic Support to those with a new diagnosis of dementia and their family carers for a minimum of 12 months using the 5 pillar model of support. Their case load is 150 service users, with a waiting list of approximately the same size, and the waiting time has ranged from 5 to 8 months over the year. Funding for an additional post to deliver an 8 pillar model to more complex cases has also been agreed during this reporting year.	<b>Self Management:</b> People with a diagnosis of Dementia, their carers and families are able to manage their conditions for longer. <b>Autonomy &amp; Decision Making:</b> Services users, carers and their families are able to plan ahead and make informed decisions about their care plans.	£58,000 1 Oct 2017-31 Mar 2018	<b>PFG Recommendation:</b> Funding is continued until 31 March 2018, in line with the current Partnership Funding Programme. This recommendation is based on on-going evidence regarding performance and alignment with strategic commissioning review.
Immediate Help Service FDAMH	£16,200 1 Oct 2017-31 Mar 2018	ICF funding provides 1 member of staff to contribute to the delivery of an immediate access service for people who are experiencing a crisis associated with mental health resulting in a need of immediate support. During the previous 6 months, the service has supported 369 people, of which one third report current suicidal thoughts. Referrals are predominantly from GPs or self-referral.	<b>Self Management:</b> People have immediate access to support at times of crisis and are supported to manage their condition. <b>Community based support:</b> People are supported to access on-going support, post crisis, within the community to help minimise referral for formal provision.	£16,200 1 Oct 2017-31 Mar 2018	<b>PFG Recommendation:</b> Funding is continued until 31 March 2018, in line with the current Partnership Funding Programme. This recommendation is based on on-going evidence regarding performance and alignment with strategic commissioning review.
Active Minds Falkirk Community Trust	£9,000	The Active Minds project ended in February 2017. FCT have requested that they are able to access the £9,000 underspend to continue to provide a range of mental health based training for staff within FCT. This proposal is in line with the initial project outcomes, which intended to develop knowledge and capacity across staff teams to be more aware of mental health.	<b>Self Management:</b> FCT staff have a sound understanding of mental health issues, benefitting services users and also themselves. <b>Community Based Support:</b> People who access FCT have equity of access to all available provision and where necessary are provided additional support.	£9,000	<b>PFG Recommendation:</b> Approve request to use underspend, based on increased capacity and knowledge regarding mental health, across a range of FCT staff.

Project Name	Lead Agency	Start Date if Pre-ICF/DD	Alignment to Strategic Plan	Support for Carers	Performance	Comment	Approved End Date	Funding Recommendations
<b>Avoiding Unplanned Admission: Delayed Discharge</b>								
Closer to Home - ALEF	NHS			DIRECT		The number of calls resolved from public remains low. Service now in transition to public and professional contact point as agreed by IJB in December 2016.	Mar-18	Note implementation plan.
Closer to Home - Additional Care & Support	Falkirk Council			INDIRECT		Funding ceased on 31 March 2017, as approved by IJB in December 2016.	Ended	
Closer to Home - Enhanced Community Health Team	NHS			INDIRECT		Further integration with social work is required. Performance data quality is improving.	Mar-18	
Enhanced Discharge Support from FCH	NHS	CF 2013		DIRECT		Currently being reviewed in context of Reablement model. Remains key source of referral from FVR for people requiring extensive rehabilitation post discharge.	Mar-18	
Reablement in Housing with Care	Falkirk Council	CF 2012		DIRECT		Currently being reviewed in context of Reablement model. Service user outcomes are positive, however project remains small scale and therefore high cost.	Mar-18	
Reablement at Home	Falkirk Council	CF 2012		DIRECT		Currently being reviewed in context of Reablement model. Service user outcomes are positive. Focus required on community referral in addition to supporting discharge.	Mar-18	
OT, Equipment & Adaptations Redesign	Falkirk Council			INDIRECT		Project is now making progress following appointment of Project Manager.	Feb-18	
Marie Curie Patient Visit Service	Marie Curie	CF 2013		DIRECT		Ended - Funding ended during Q3, but has now been mainstreamed, as the project was successful.	Ended	
Telehealth / Telecare (combined)	Falkirk Council	CF 2012		DIRECT		Currently being reviewed in context of Reablement model. The Telecare Project performing well, contributing to safety & independence. The Overnight MECS service directly supports carers and admission avoidance.	Mar-18	
<b>Avoiding Unplanned Admission: Delayed Discharge</b>								
Rapid Response Frailty Clinic	NHS	CF 2014 / DD 2015		DIRECT		Service working towards amended model, integrated with community based service. Impact on admission avoidance high, patient numbers remains low.	Mar-18	Service development in progress.
Discharge Hub	NHS	CF 2014 / DD 2015		INDIRECT		Project well established and performing well in spite of on-going pressures. Performance recording and reporting still in development, but improving quarter by quarter. This team provides a vital role.	Mar-18	
HELP Packs	CVS Falkirk & District	PIF / DD 2015		DIRECT		Project ended in September 2016, in line with Clacks/Stirling decision and approved by IJB in August 2016.	Ended	
Summerford Reablement	Falkirk Council			DIRECT		Currently being reviewed in context of Reablement model. Facility in transition to increase provision of reablement & intermediate care.	Mar-18	
Care home placements	Falkirk Council			INDIRECT		Ended	Ended	
Contribution to FHC Ward 5	NHS			INDIRECT		Ended	Ended	
<b>Health &amp; Wellbeing in Communities</b>								
ARED Case Management Model	Forth Valley ADP					Staff now in place and project making progress. Initial service user outcomes expected in Q1 report for 17/18.	Dec-17	
Post Diagnostic Support	Alzheimers Scotland	CF 2013		DIRECT		Change to model to support more complex cases in place and positively impacting service users. Service should be considered within strategic commissioning work.	Sep-17	Recommend funding for original posts be extended to 31/03/2018.
Community Connections Programme	Alzheimers Scotland	PIF		DIRECT		Service user outcomes positive. Service should be considered within strategic commissioning work.	Sep-17	Recommend funding is extended to 31/03/2018.
Active Minds - FCT	Falkirk Community Trust					Funding ceased in February 2017, as approved by IJB in February 2017. Provision now mainstreamed within Active Forth programme. Request for ongoing staff development.	Ended	Recommend using underspend to continue mental health training for staff.
Braveheart Optimise Health Programme	Braveheart	PIF		INDIRECT		Project performing well, working in partnership towards personal outcomes. Project currently looking to secure external funds to continue project beyond Sep 17.	Sep-17	
Social Prescribing	FDAMH			INDIRECT		Project delivering very good outcomes for service users, with key referral source being GPs. Ability to upscale and mainstream is challenge and should be considered within strategic commissioning work.	Mar-18	
Dallas / Living it Up	NHS	CF 2012		INDIRECT		Although website is now well populated and registration is steady, there is limited ability to demonstrate local outcomes.	Sep-17	Recommend funding to continue to 31/03/2018.
FDAMH Immediate Help Service	FDAMH			INDIRECT		Service user numbers are very high, with self and GP referral. To be considered within strategic commissioning work.	Mar-18	
Grangemouth Community Care	GCC			INDIRECT		Issues re staff changes now resolved and progressing. GSC won award during 2016/17 for contribution to community.	Mar-18	
OTB Housing Options - Coming Out of Hospital	Outside the Box			INDIRECT		Project recently commenced. Performance information expected in Q1 17/18.	Mar-18	
OTB Peer Information Network - Information by and for older people	Outside the Box			INDIRECT		Project recently commenced. Performance information expected in Q1 17/18.	Mar-18	
FV College Wellbeing	Forth Valley College					Now established and progressing well. Performance information expected in Q1 17/18.	Mar-18	
FVSC Wellbeing Lunch Club	Forth Valley Sensory Centre			DIRECT		Now established. Initial performance information highlights very low take-up. Performance information expected in Q1 17/18.	Mar-18	
<b>Direct Support for Carers</b>								
Support for Carers	Central Carers Centre	CF 2012		DIRECT		Continues to perform well. To be considered within strategic commissioning work.	Mar-18	
<b>Infrastructure</b>								
Medication Management	Falkirk Council					Project ended. Short-term research. Recommendations from research being taken forward within services.	Ended	
OD Advisor	NHS	CF		INDIRECT		Post holder working across Partnership to support implementation of Workforce and Organisational Development plan.	Dec-17	
Modernising Technology in Care Services (RTM)	Falkirk Council	CF				Ended - Funding has ceased for this project. However, the Project Team are still in place, and the implementation of the system continues. Long-term, the cost savings derived from the system will pay for the running of it.	Ended	
Stakeholder Engagement	Falkirk Council	CF 2012		DIRECT		Post holder being recruited via graduate apprentice scheme.	Dec-17	
TSI Support	CVS Falkirk & District			INDIRECT		Post holder working effectively across Partnership to support third sector involvement and capacity.	Sep-17	Recommend funding to continue to 31/03/2018.
Independent Sector Lead	Scottish Care	CF 2013		INDIRECT		Post holder working effectively across Partnership to support independent sector involvement and capacity.	Mar-18	
Senior Information Analyst	ISD					Effective contribution being made to range of areas to support the Partnership in effective understanding and application of data.	Mar-18	
Integrated Care Fund Coordinator and Performance Management & Programme Support	Falkirk Council					Progress on-going. Post holder have extended remit as approved by IJB in March 2017.	Mar-18	

<b>Key</b>		DIRECT	INDIRECT				
	SP Alignment (proportion out of 5 outcomes)	Direct Support	Indirect Support	On Target / Performing	Action Required	Not Performing	Ended