

Title/Subject: Chief Officer Report
Meeting: Integration Joint Board
Date: 2 February 2018
Submitted By: Chief Officer
Action: For Noting

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 (HSCP).

2. RECOMMENDATION

The IJB members are asked to:

- 2.1 note the content of the report
- 2.2 note that a report on the development of Integrated structures will be brought to the next meeting of the IJB
- 2.3 note that an update report on Clinical Care Governance will be brought to the next meeting of the IJB.

3. BACKGROUND

- 3.1 The Board has previously agreed key areas of work that should be undertaken and the report provides an update on a range of activity.
- 3.2 Progress continues to be made in all the areas as detailed in this report, although there are emerging issues with capacity to respond to the known demands and new areas of work.

4. HSCP LEADERSHIP TEAM

4.1 Development of an Integrated Structure and Support Services Arrangements

Work has continued since the last meeting, led by the Director of Nursing. There are ongoing discussions with the Chief Executives, Chief Officer and Director of Nursing in the development of the integrated structure. A further report will be presented to the next Board meeting.

4.2 Clinical and Care Governance

The Strategic Plan sets out the vision to improve outcomes for people in Falkirk. The delivery of the plan requires the strengthening and development of collaborative partnerships and a robust Clinical and Care Governance (CCG) infrastructure. The CCG will provide assurance to the IJB on the quality and safety of services and to ensure continuous improvement through learning from external inspections, complaints, near misses and adverse events.

- 4.2.1. The CCG group was set up as agreed by the IJB at its meeting on 24 March 2016 and chaired by the former Chief Social Worker. Since the retirement of the former CSWO several discussions have taken place about an NHS proposal to hold a joint Forth Valley wide CCG group. The newly appointed CSWO and the Chief Officer have continued to assert the requirement for a separate CCG for Falkirk IJB.
- 4.2.2. There are ongoing discussions with the Chief Social Work Officer, Medical Director and the Chief Officer to develop the CCG and to finalise a programme of meetings. Internal Auditors have recently completed an audit of CCG and their report will be discussed at the next Audit Committee on 16 March and thereafter to the IJB meeting in April. In the interim the group will develop and implement an action plan to address any required management actions.
- 4.2.3. A report will be submitted to the next meeting of the Board to provide a full update for members of the IJB.

5. SERVICE DEVELOPMENTS

5.1 Homecare and Community Care Contract

- 5.1.1 The tenders for the Homecare and Community Care Contract have been returned and are currently being evaluated by officers. The response to the tender is positive and the process is on track for the new contract to commence April 2018.
- 5.1.2 Approval to award the contract will be concluded through Falkirk Council's Contract Standing Orders. This will require, on conclusion of the evaluation process that the proposed contract award is included in the contract award list issued to members of the Executive.
- 5.1.3 It is intended to bring a report to a future meeting of the IJB to confirm the outcome of the tender and outline the process for contract mobilisation and ongoing management.

5.2 Redesign of day services for younger adults update

The service continues to work with service users, their carers and employees to support them through change to the model of Day Services. The Board are asked to note the following key areas of activity:

5.2.1. **Service users**

- A Community Care Worker will begin employment on 12 February. Their remit will include working with existing service users who do not have an allocated worker and review individuals community care assessments and eligibility. This will provide continuity and support to service users, parents and carers during this period of change.
- All existing service users will be reassessed under the new eligibility criteria and their package of care reviewed

5.2.2. **Employees**

- Meetings are taking place with staff with HR colleagues and Trade Unions in attendance. The main aim of these scheduled meetings are to update staff on the current redesign of day services, outline the next steps moving forward and to give the opportunity of a Q&A session to enable and assist with any concerns they may have during this period of redesign.
- The move towards offering more support within the community than currently happens will involve a programme of support and development for staff and this will be subject of discussion with the staff group and trade unions.

5.2.3. **Providers**

- There are a number of service users who live in supported living accommodation with private providers. Over the next few months these service users packages of care will be reviewed and there will be engagement with their providers.

5.2.4. **Buildings**

- Day services will continue to be provided at Dundas Resource Centre and Oswald Avenue with consideration given to necessary refurbishment. This will include extending a personal care area in Oswald Avenue to incorporate another over head tracking hoist
- Work is underway to develop closure plans for Bainsford Day Service and Camelon Cottage. It is anticipated that both services will close in the summer/autumn 2018. However, it may be that it is more beneficial to relocate the smaller service sooner due to the staffing structure and the unsustainability of the service moving forward.

5.3 **GP Practices**

There is a continuing challenge to recruit GPs and issues are emerging from a couple of GP practices across Forth Valley regarding their long term sustainability. The Medical Director is proactively working with colleagues to support the practices and will update the board at a future meeting.

5.4 **New General Medical Services (GMS) Contract**

- 5.4.1 A joint policy statement by the Scottish Government and the British Medical Association on the new GMS contract was published on 17 November, 2017. The statement outlines the key changes to the contract which are intended to be introduced under a phased approach effective from 1 April 2018 if the profession is supportive of the proposals.

- 5.4.2 The proposed changes are designed to make the profession attractive to new entrants and to facilitate a refocusing of the GP role as an “*expert medical generalist*”. The new contract continues to assume that GPs will maintain independent contractor status.
- 5.4.3 Key highlights are outlined below:
- 5.4.4 ***Phase 1 - from 1st April 2018***
A new funding formula (referred to as the GP workload formula) will replace the current Scottish Allocation Formula (SAF) to calculate individual Practice Global Sum levels. The new formula reflects the number of consultations per patient taking into account their age, sex and deprivation status. The new formula places more weight on age and deprivation and significantly less weight on remoteness and rurality than the current SAF. In order to ensure there is no financial detriment arising from the introduction of the new formula Practice income will initially be protected. This will require an additional £23m investment in the global sum nationally. In terms of the impact on the 55 Practices within Forth Valley, 40 (73%) will receive an increase in their Global Sum and 15 (27%) will require protection.
- 5.4.5 Service redesign will commence in a bid to reduce GP workload, effectively releasing GP time to focus on undifferentiated presentation, complex care, whole system quality improvement and leadership. This redesign work marks the start of a 3 year transition period which will include service development through the vaccine transformation programme and the creation and expansion of a primary care multi-disciplinary team (MDT) to free up GP capacity. It is envisaged that the MDT will include pharmacotherapy, musculoskeletal physiotherapy, mental health and community link workers aligned with practices and all directly employed by NHS Boards. Each Health and Social Care Partnership will be expected to submit a Primary Care Improvement Plan outlining how the MDT will be delivered by the end transition period.
- 5.4.6 Revised premises directions will be introduced as part of a long term (25 year) programme to shift towards a model where GPs no longer provide/own their premises. This is expected to reduce risk for contractors and remove barriers to entry. This will be facilitated by the creation of a new GP Premises Sustainability Fund (£10m available per year from 2018 to 2021).
- 5.4.7 ***Phase 1 continued - from 1st April 2019***
A new minimum earnings expectation will be introduced which will ensure that no full time GP partner earns less than £80,430 (before superannuation deductions).
- 5.4.8 A new data collection exercise will be introduced to capture workforce information and details of practice expenses and GP income in order to inform phase 2.
- 5.4.9 ***Phase 2 - From 1st April 2020***
It is suggested that further stability will be achieved through the introduction of assured income and pay progression for GP contractors. This will be achieved through direct reimbursement of practice expenses and the introduction of an income range comparable to that of hospital-based consultants.

- 5.4.10 Phase 1 was subject to a national GP poll which ran from 7 December 2017 until 4 January 2018. The BMA's Scottish GP Committee (SGPC) took the decision on 18 January 2018 to implement the proposed new GP contract for Scotland. This was backed by 71.5% of participating GPs, while 28.5% were opposed.

5.5 Transition Planning Update

- 5.5.1 Transitions is the period when young people develop from children to young adults. This is not a single event, such as leaving school, but a growing-up process that unfolds over several years which involves significant intellectual, emotional and physical changes. During this period young people progressively assume greater autonomy in many different areas of their levels and are required to adjust to different expectations, places, routines and experiences.
- 5.5.2 Young people with additional support needs have the right to be valued as individuals and lead fulfilling lives. They have the right to contribute to the economy, access and participate in their communities and benefit from an inclusive society. For young people to do this successfully they need the right support to make the transition into young adulthood.
- 5.5.3 There are professional considerations associated with the move from children's to adult services. These include identifying and achieving positive destinations in education or employment, managing housing changes, reviewing healthcare needs, managing risk and providing information.
- 5.5.4 Those responsible for planning and delivering support for children and young people with additional support needs are:
- Paediatric and adult health
 - Children and families and adult social work services
 - Education – secondary, further and higher
 - Housing services
 - Employment and training services
 - Third sector organisations
 - Public sector services
 - Scottish Government.
- 5.3.5. Effective co-ordination of transition planning and support at a local level is critical, particularly for those with learning disabilities or multiple complex needs. The lack of joined up working between professionals is the biggest challenges in effectively supporting transitions. Where effective partnership working does exist, it makes a significant difference in the transitions experience for young people.
- 5.3.6. Young people with additional support needs and their families, find the transition to adult life particularly challenging. These challenges are exacerbated by:
- Insufficient planning
 - Unclear pathways
 - Organisational barriers
 - Limited options.

- 5.3.7. Extensive consultation has taken place with young people, carers, parents, services and various relevant organisations to identify the challenges which exist in Falkirk and how we can work better together to improve the transitions process. Senior management from social work, health and social care, education and housing are committed to providing the necessary support and workforce development agenda forward.
- 5.3.8. Falkirk will adopt the Principles of Good Transitions which provides a framework that is part of the commitment for the Fairer Scotland for Disabled People Delivery Plan. The framework provides an approach to transitions which can be shared by all professionals at strategic and operational levels, linking up the legislative areas and different professional concerns.
- 5.3.9. Learning from good practice elsewhere, the most successful approaches to support co-ordinated transitions are transitions co-ordinators and local transitions networks.
- 5.3.10. A temporary Transitions co-ordinator post is being created, jointly funded by Children's Services and Adult Services and a local transitions network will be established with appropriate representation.

6. HSCP CHANGE PROGRAMME

6.1 Priority setting framework

Following the briefing session for Board Members on 3 November 2017 there have been further discussions with the Chief Officer and Chief Finance Officer on the proposed scope of the research. A paper is being developed for discussion with the Leadership Team, including an implementation plan and timescales, and the potential role for the Strategic Planning Group. This will be reported to the IJB at a future meeting.

6.2 Primary Care Transformation Programme

An update is provided as a separate agenda item.

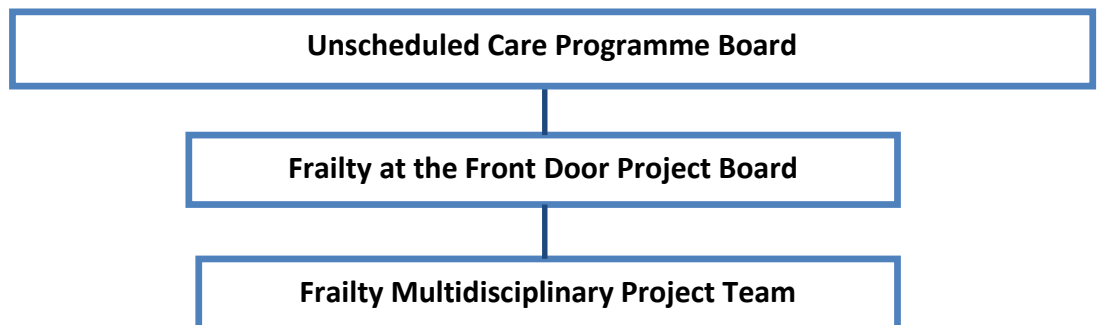
6.3 Frailty at the Front Door Collaborative

- 6.3.1 The Frailty at the Front Door collaborative aims to develop and optimise the processes to rapidly and reliably identify people with frailty, provide early Comprehensive Geriatric Assessment and ensure the person experiences coordinated care and support suited to their individual needs with a focus on support at home or in a homely setting where possible.
- 6.3.2 The Frailty at the Front Door collaborative launch event, hosted by Healthcare Improvement Scotland (HIS), took place on 7 December 2017. All five sites taking part in the collaborative attended the launch which discussed the programme aims and interventions, support networking and improvement skills, and agreed ways of future collaboration and communication.
- 6.3.3 The launch event provided reassurance that in NHS FV we are where we should be at this stage of the collaborative. Project planning documentation, including a project charter is in place that formally defines the project and outlines what the

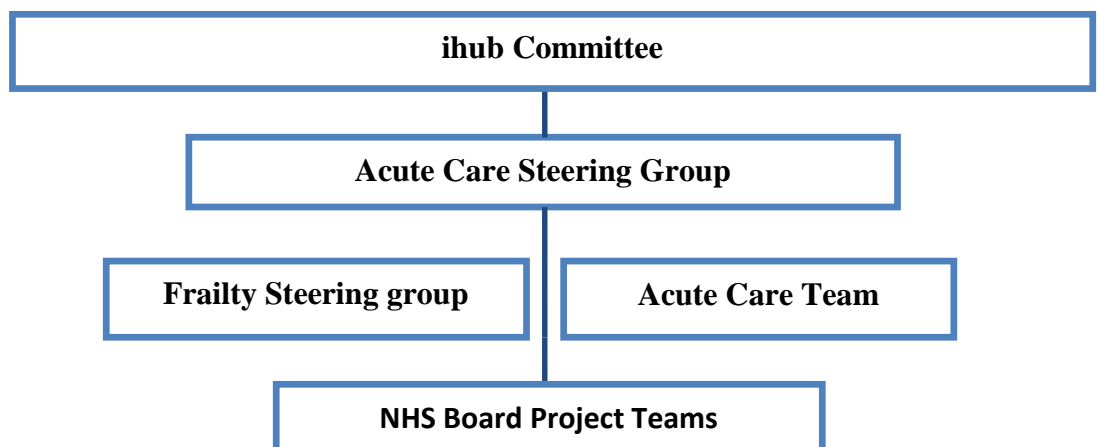
project hopes to achieve. Next steps are to collect baseline data from existing processes in place to determine our current position. The day also helped the project team to identify strengths in terms of organisational senior leader sponsorship to champion and support this project, the diversity of project team which includes members from health and social care, dedicated QI support and resources, and a commitment to improve. It also helped to identify potential obstacles as a result of current processes, and raised areas for clarification, such as local governance and reporting structures.

- 6.3.4 The second local Frailty at the Front Door Project Board meeting took place on 8 January 2018. The main focus of this meeting was to develop a change idea to implement screening for frailty on arrival at the front door for people over 75 years old, using the frailty screening tool developed by HIS. Still to be established prior to testing this approach is who will take on the role of screening patients and identifying those who are frail. The local measurement framework was agreed and the project board now has representation from Information Services. Baseline data will start to be collected over the week commencing 8 January 2018.
- 6.3.5 To ensure the effective delivery of the collaborative the following governance arrangements will be in place, pending the role of the Frailty Programme Board which is to be clarified.

Local governance arrangements



HiS governance arrangements



- 6.3.6. The first site visit from the project team at HIS is scheduled for 31 January 2018. The purpose of this visit is to offer boards an opportunity to participate in a clinical walk round to walk through the current patient pathway for patients living with frailty from point of contact until discharge. At the time of preparing this report, the structure of the walk round and local attendees is still to be confirmed. There will be a post-walk meeting which will include wider representation to feedback on what has been heard and observed during the walk round, confirm the main issues discussed, and to agree any actions, timeframes and responsible persons.

7. DELAYED DISCHARGE

- 7.1 The Delayed Discharge update is included in the Performance Framework Report as a separate agenda item.
- 7.2 The Scottish Government has been working with the Partnership to review the current arrangements and actions being taken around delays in discharges. A report has been prepared and is being used as the basis for ongoing improvement activity. This is being overseen by the Falkirk Delayed Discharge Steering Group, chaired by the General Manager – Community Services.

8. IJB FINANCIAL UPDATE

- 8.1 The Leadership Team has been meeting regularly and an update on the budget position is detailed in the IJB Financial Report as a separate agenda item.

9. SERVICE PLANNING

9.1 Winter Plan

The plan focuses on the period from November 2017 to March 2018 and represents a whole-system approach. A number of key actions are being delivered by all partners in support of managing peaks in demand and activity, including the winter planning period 2017/18, under the following areas of activity: Preventing admissions and supporting discharge; Specific arrangements for the festive period; Preventing and responding to surges in demand; and, Specific arrangements for GP Out of Hours.

To ensure appropriate Senior Management support and focus throughout the winter planning period there is a weekly teleconference focussing on data that supports a review of the previous week and look forward to the week ahead. A number of key indicators are monitored on a weekly basis to inform operational management and local work to implement improvement actions. These are detailed in the Plan. Additionally, in order to learn fully from experiences this winter, and to prepare for winter 2018-19, it is proposed to hold a winter plan debrief session in April 2018 with key stakeholders.

It is acknowledged that during the festive period and early January, demand was particularly intense, partly due to an upsurge in flu cases. The planned contingency beds identified in the winter planning arrangements were opened to help deal with this demand, alongside the additional community based winter arrangements.

9.2 Regional Planning

An update on the regional planning work will be reported to the next meeting of the IJB.

10. IJB GOVERNANCE

10.1 IJB Self-Evaluation

The Board previously agreed to a proposal by the Chair to complete a Board self-evaluation exercise. This has now been issued to members with a request for completion by 16 February 2018. The results will be collated into a report for the Chair, Vice Chair and Chief Officer, thereafter a summary report with recommendations will be presented to a future Board meeting.

11. PUBLICATIONS

11.1 [Everyone Matters: 2020 Workforce Vision Implementation Plan 2018-20](#) The Scottish Government published this Implementation Plan on 8 December 2017.

11.1.1 This is the fifth annual plan which outlines the key priorities and actions for delivering the Everyone Matters: 2020 Workforce Vision, which is the national workforce policy for those involved in the delivery of healthcare in Scotland. The vision was first published in 2013 with input from 10,000 people across NHS Scotland including trades unions, professional organisations and partners in the delivery of care.

11.1.2 This final Implementation Plan provides an update on some of the progress made towards achieving the vision and also details the actions expected from national government and local Health Boards around consolidating the good work already achieved and further supporting the key, long-term priority areas during 2018-2020:

- **Healthy organisational culture** – creating a healthy organisational culture in which NHS Scotland values are embedded in everything we do, enabling a healthy, engaged and empowered workforce
- **Sustainable workforce** – ensuring that the right people are available to deliver the right care, in the right place, at the right time
- **Capable workforce** – ensuring that all staff have the skills needed to deliver safe, effective, person-centred care
- **Workforce to deliver integrated services (across health and social care)** – developing a workforce across NHS Boards, local authorities and third party providers to deliver integrated services (across health and social care)
- **Effective leadership and management** – leaders and managers lead by example and empower teams and individuals to deliver the vision

- 12.1.3. NHS Forth Valley have consistently delivered on the year-on-year actions related to the previous implementation plans and have an ongoing local action plan which details all of the activity underway; e.g. implementation of the iMatter staff experience continuous improvement model. The range of work involved is also fundamental to implementing the NHS Forth Valley Workforce Strategy and is monitored via the Board Staff Governance Committee and the Area Partnership Forum.
- 12.1.4. Work has now commenced at a government level to begin a national consultation on what a Health and Social Care Workforce Vision should look like, reflecting national policy and the local partnership and integrated services landscape. This Vision, once developed will outline how we intend to support our integrated workforce beyond 2020.

11.2 National Workforce Development Plan Part 2 A framework for improving workforce planning for social care

- 11.2.1 The Health and Social Care Workforce Plan has three distinct parts. Part 1, published in June 2017 focusses on NHS Scotland. Part 2 considers ways to address the challenges facing social care workforce planning and Part 3, due out later this year, following General Medical Council contract negotiations will focus on primary care.
- 11.2.2 This incremental approach has been designed to enable different systems to take stock and move together towards a second full Health and Social Care Workforce Plan in 2018. Future editions of the Plan are expected to have greater capacity to address the size and diversity of health and social care workforce, and its workforce planning needs, clarifying how this needs to be done nationally, regionally and locally.
- 11.2.3 The social care workforce unlike that for the NHS, has many different employers in local government and in the third and independent sectors. Volunteers and unpaid carers also play an important role as part of local assets and support to the employed workforce.
- 11.2.4 Looking to the future, the Plan reflects that Integration Authorities will need to be able to draw on a more integrated and multidisciplinary workforce. The current workforce and our approach to recruitment and retention, training and education will need to be supported to respond to that challenge. Part 2 is designed to support the integration journey by giving a national focus to workforce planning in a dynamic environment, at a time of local innovation and service redesign. It sets out recommendations which are expected to start to dismantle any systemic barriers to effective, integrated, local workforce planning.
- 11.2.5 It has been anticipated that the agenda will evolve with Part 2 being described as laying out the first steps in a process which aims to enable the many organisations involved in commissioning, delivering and supporting services to work together over time to help deliver a whole system approach to workforce planning for health and social care.

- 11.2.6 Part 2 acknowledges some of the distinct challenges in the social care sector. These include:
- the complexity of service provision and commissioning;
 - the ramifications of the dominant market dynamic;
 - the distinct challenges within rural and urban areas;
 - the current financial environment and resource constraints;
 - the substantial changes taking place in service delivery; and
 - the impact of social and technological change on demand for services and on workforce skill requirements and supply.
- 11.2.7 It outlines specific areas within this context that have been identified as initial priorities for action, including the need to improve the evidence base for workforce planning, the need to engage partners across the sector in planning activity and the need for workforce planning tools that are developed with the sector for the sector.
- 11.2.8 In addition, Part 2 highlights a number of existing workforce challenges that are priorities for action now. These include:
- recruitment and retention
 - improved opportunities for career progression and
 - addressing skill needs through improvement to training and education.
- 11.2.9 **Key Recommendations**
Delivery of recommendations and improved national and local workforce planning across health and social care sector is recognised as only being achieved through extensive partnership working. This means engagement between the Scottish Government, COSLA, Scottish Social Services Council, Care Inspectorate, Integration Joint Boards and other key partners and stakeholders including, critically, employers in the third and independent sectors.
- 11.2.10 The National Workforce Planning group established under Part 1 of this Workforce Plan is expected to play a role as a key vehicle for engagement with many of these partners.

12 **CONCLUSIONS**

A strategic approach will continue to address the range of issues that result in the current pressures faced. This will realise the potential opportunities to work collaboratively to improve outcomes for service users and carers in Falkirk.

Resource Implications

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

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 future report to the Board on the Support Service agreement and a draft integrated structure.

Impact on IJB Outcomes and Priorities

The ongoing work, delivery plan, change programme and infrastructure are designed to deliver the outcomes described in the Integration Scheme and Strategic Plan.

Legal and Risk Implications

Through updating the Model Publication Scheme the Board is fulfilling the legal requirements set out in the Freedom of Information (Scotland) Act 2002.

Consultation

Stakeholders will be involved as required.

Equalities Assessment

There will be appropriate consideration of the equalities implications and equalities impact assessments as required for work noted in this report.

Approved for submission by: Patricia Cassidy, Chief Officer

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Date: 24 January 2018

List of Background Papers: