



Title/Subject: Chief Officer Report
Meeting: Integration Joint Board
Date: 1 June 2018
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 (HSCP).

2 RECOMMENDATION

The IJB members are asked to:

- 2.1** note the content of the report.
- 2.2** approve the definition and responsibilities of hosting as a starting point for discussions with Clackmannanshire & Stirling IJB as set out in section 4 of this report.
- 2.3** request the Chief Officer continue the work with the Chief Officer from Clackmannanshire and Stirling IJB and the NHS Chief Executive to develop the terms of agreement for consideration at the IJB meeting in September.
- 2.4** request the Chief Finance Officer to bring back a costed proposal for support services as outlined in section 5.
- 2.5** delegate the Chair, Vice-Chair, Chief Officer and Chief Executives to approve the final Annual Performance report as set out in section 11 of this report.
- 2.6** consider a proposal to develop and IJB Information Bulletin as outlined in section 11.

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.

4 INTEGRATION ARRANGEMENTS

4.1 A paper prepared by the Chief Executives of NHS Forth Valley and Falkirk Council is on the agenda at item 10.

4.1.1 The paper outlines NHS Forth Valley's ongoing commitment to integration and to further implementation of the operational arrangements to the HSCP. However the paper does not provide a breakdown of the Falkirk elements of the budget, staffing or administrative resource or detail of the senior management structure. This information is necessary to enable progression with the development of locality teams and to job size the locality management posts. The paper does not include all of the in scope services as outlined in the paper to the IJB on 1 December 2017. Further discussions are required to agree how these will be managed.

4.1.2 As indicated in the Chief Officer report in April 2018, the capacity of the HSCP is currently over stretched; the partnership has no direct allocated support or senior management resource from the health board. In other health board areas the former Community Health Partnerships (CHPs) transferred wholesale into the new HSCPS along with all of their resources. In NHS Forth Valley the former CHPs transferred into the new Community Services Directorate (CSD) on 1 April 2016. The majority of community health care services and resource continue to be managed by the CSD.

4.1.3 It remains unclear what the NHS Board's plans are for this Directorate. Two years after the establishment of the IJB, Falkirk HSCP has much fewer community based health services and resources and is less integrated than the former CHP it was designed to replace. It is a concern that the continued debate about integrating services is distracting from the core purpose of the IJB and HSCP to improve health and wellbeing outcomes. Other IJBs are realising the opportunities for innovation that the new public body provides in ways that neither the NHS nor Local Authority can achieve on its own.

4.2 Hosting Arrangements

Most services which are delegated can be operationally managed by the IJB specifically for the population of the HSCP. There are, however, a number of services which are provided on a Forth Valley wide or specialist basis by NHS Forth Valley or one of the HSCPS, which must be delegated in accordance with the Public Bodies (Scotland) Act 2014.

4.2.1 The functions delegated to the IJB have already been agreed in the Integration Scheme. The Falkirk scheme was approved by the IJB in October 2015 and by the Scottish Ministers in December 2015. In order to make progress to the next phase to integrate the operational management arrangements, a formal agreement between the IJBs is required regarding the hosting of delegated services which are provided across both the Falkirk and the Clackmannanshire and Stirling areas.

4.2.2 The agreement will confirm the services to be hosted and which IJB will undertake the hosting. The agreement will also confirm the broad standards of engagement and performance management that will be put in place to ensure that the host IJB

undertakes its hosting responsibilities in a way that involves the IJBs receiving services in a fair and reasonable way.

- 4.2.3 Members of the IJB are asked to consider and approve the hosting definition and responsibilities to enable the Chief Officer to progress discussions with the Clackmannanshire and Stirling IJB Chief officer and NHS colleagues to develop a draft agreement for approval at the next meeting. This is a similar approach to that taken by NHS Grampian and NHS Ayrshire & Arran for hosting arrangements.

4.3 Definition of Hosting

In this context a service is defined as being hosted if it is planned and/or delivered by one IJB for its own population and for the populations of the other IJB. The hosting IJB will be the lead in relation to strategic planning and/or service delivery and will be accountable to the other IJB for the delivery of agreed outcomes which will be determined through the strategic planning and commissioning processes of the IJBs.

4.4 Hosting Responsibilities

It is important that IJBs undertake their hosting responsibilities in a fair and reasonable manner. In doing so the IJBs agree the following principles:

- An IJB hosting a service will provide regular information to all IJBs on the standards of service being provided for their respective service user populations.
- An IJB hosting a service will not make changes to a service out with the strategic planning process. If operational changes are necessary that may have an impact on the quality and cost of the service these will be agreed with the Chief Officer or nominated representative of the other IJBs.
- An IJB hosting a service will manage the resources allocated to the service effectively and efficiently and work in partnership with the other IJBs to achieve agreed efficiency savings or other financial targets.
- An IJB hosting a service will ensure that all agreed performance targets and standards are achieved. If such standards cannot be achieved the Chief Officers of the other IJBs, or their nominated representatives, will be involved in, and agree the action to be taken to move towards achievement.
- An IJB hosting a service will fully involve the Chief Officer of the other IJB or their nominated representatives in the strategic planning process for the service concerned. In doing so the hosting IJB will respond to the need for service change to meet the identified needs of the population of the IJBs.
- An IJB hosting a service will comply with agreed clinical governance standards and participate in the NHS Grampian clinical and care governance processes.
- An IJB hosting a service will provide regular reports to the other IJB on the performance of services, current and emerging strategic planning issues, and the conduct of the planning process. These reports will be at least every six months within a programme agreed by the Chief Officers.

- An IJB hosting a service will operate an open book policy in relation to the financial management of the hosted service.
- The IJBs receiving a hosted service will work with the host IJB in the spirit of partnership to develop strategic plans and to support the resolution of significant operational issues that may have an impact on the quality and cost of the service.

4.5 Budgets for Hosted Services

The budgets for the hosted services will be set and agreed in time for each new financial year. The IJBs and NHS Forth Valley will work in partnership during 2018/19 to develop an understanding of how the budgets should be allocated to ensure equality of outcome.

5 SUPPORT SERVICES AGREEMENT

- 5.1** At the April IJB meeting the Board approved a proposal that a corporate support agreement is developed by the Chief Executives and Chief Officer for consideration at this meeting. Falkirk Integration Scheme requires that a corporate support services agreement is established as detailed in the extract below.

5.2 Corporate Services Support

Table 1: Extract from the Falkirk Integration Scheme

4.2 In the Shadow Year, the Parties will identify the corporate services currently utilised to carry out the Integration Functions and agree (a) how any or all of those will be provided to the Integration Joint Board to support it to discharge its duties under the Act, and (b) how the costs of those corporate services will be funded.

4.3 The Parties will ensure that representatives from relevant corporate support services are involved in this process, including representatives from finance, legal/governance, information governance, equalities, performance management/data analysis, human resources, risk management, community engagement and strategic planning.

4.4 Prior to the establishment of the Integration Joint Board, the Parties will identify any corporate services required to allow the Integration Joint Board to discharge its functions and agree (a) how any or all of those will be provided to the Integration Joint Board, and (b) how the costs of those corporate services will be funded. The Parties will ensure that representatives from relevant corporate support services are involved in this process, including representatives from finance, legal/governance, information governance, equalities, performance management/data analysis, human resources, risk management, community engagement and strategic planning.

The Parties will provide the corporate services agreed pursuant to paragraphs 4.2 and 4.3 to the Integration Joint Board, and the provision of such support will be reviewed annually by the Parties and Integration Joint Board to ensure that the necessary support is being provided.

- 5.2.1 The capacity requirements of the HSCP, including planning, performance, improvement, business support, community engagement and workforce development will require a more formalised arrangement to move at the pace required to deliver transformation.
- 5.2.2 There is growing national and local demand and expectation being placed on the Integration Joint Board and HSCP. This is providing evidence of the level of support that the IJB requires to meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014. The level of support provided by partners to date is acknowledged, however it is recognised there are capacity pressures within respective partners that has highlighted the informal approach to date is not sustainable. The HSCP needs appropriate dedicated capacity to ensure the pace of change and ability to respond to growing demand expected by the Board.
- 5.2.3 An outline of the support services requirements is provided at Appendix 1. The Chief Finance Officer will work with colleagues to draw up a funded proposal for consideration at the next meeting.

6 SERVICE DEVELOPMENTS

6.1 Redesign of Day Services For Younger Adults Update

The Board has agreed to a programme of work that will redesign day services for younger adults. This is in line with the outcome of consultation and engagement work with people who use services, their carers and staff. Additionally the redesign work will reflect Self-Directed Support principles to empower and enable service users to have choice and control over the design of their own support and develop alternative community based services.

6.1.1 Progress since the last update to the Board in April includes:

- Reviews and re-assessments of service users' packages of care are ongoing. There are approximately 20 service users who have identified opportunities to use their existing care differently e.g. access more community based activities, rather than in-house provision. It is anticipated this will have taken place by the end of May.
- Community based activities are established and operational in the Camelon area, with day service staff supporting service users. Hours of support are flexible and enable and support service users to realise that they no longer need to use a building based day service but can have control over their personal outcomes. This promotes and supports personal independence and social inclusion.
- Camelon service is due to close on 30 June 2018.
- Meeting has taken place with the Care Inspectorate to review Dundas's current registration requirements. This will facilitate the service to incorporate supporting service users with a learning and physical disability.

- Alterations and modifications are underway in Oswald Avenue and meetings have taken place with Falkirk Council, Architect and Building Maintenance Services.
- Formal consultation has taken place with staff at Camelon and Bainsford. HR supported these meetings with each employee and the trade unions have been fully consulted.

6.2 Believe and Achieve Event

Falkirk HSCP hosted this public event on 23 April 2018. The purpose of organising “Believe and Achieve” was to demonstrate how many opportunities there are for people with a disability and their carers in Falkirk to take part in. On the day there were 22 exhibitors who were present and a further 3 who provided leaflets. These covered a range of services from Falkirk Community Trust, Third Sector organisations and local groups and services.

6.2.1 The event was publicised through:

- posters sent to every carer of a person who attends a local authority day centre
- posters distributed to every provider of supported living and care homes.
- discussed at managers meetings to be cascaded
- advertised on intranet via banner
- exhibitors advertised through their own networks

6.2.2 The total number of people who attended was 179, inclusive of event staff and exhibitors. Feedback from the event was positive and the graph below reflects the responses of 51 people who filled in an evaluation form:



6.2.3 Feedback from exhibitors was extremely positive. They felt that this gave them an opportunity to directly discuss opportunities with people and promote themselves. Another outcome was that, even before the event officially began, exhibitors began networking which will hopefully mean better awareness of each other and successful signposting of people who could potentially use their services.

7 HSCP CHANGE PROGRAMME

7.1 Priority Setting Framework

Since the last update to the Board in April 2018, work to develop a priority setting framework to be applied to homecare services has been taken forward. This includes:

- Report to the Leadership Team
- Workshop held on 2 May 2018 with members of the Homecare Review Group, Homecare Performance Reporting Group and managers in homecare and community care services.
- Workshop held on 11 May 2018 with members of the Strategic Planning Group.

7.1.1 Part of the framework is to put forward options for investment and disinvestment which would help to inform the direction of travel for the homecare service. As it is difficult to measure benefits in numerical and consistent ways, criteria are being developed to help to provide a framework to assess the benefits of the options. To assess the benefits, evidence can be put forward to show how well each option meets the criteria.

7.1.2 The focus of the workshops was to seek views on the focus of the framework and to begin to consider criteria to be used to inform decision-making. The indicative timescales to apply the framework and report to the Homecare Review group is December 2018 and the Board will receive regular updates.

7.2 Primary Care Improvement Plan and Transformation Programme

This is on the agenda as a separate report at item 15.

7.3 Intermediate Care

Intermediate care capacity at Summerford House has increased to 20 placements. The additional capacity follows completion of upgrading of the physical environment to deliver compliance with safety requirements. The cost of the upgrade has been met from Falkirk Council funds. Demand as reflected in occupancy levels has increased in line with the increased supply of placements.

7.3.1 As has been addressed in earlier reports to the Board, the facility upgrade does not offer a long term solution to provision of bed based intermediate care. The facility does not offer, and cannot feasibly be adapted to contemporary building and Care Inspectorate standards. The Summerford upgrade is a stepping stone to an alternative future, either early completion of a new build capital project, or accelerated transition to intermediate care provided in the patient / service user's home, shifting provision to the community.

8 DELAYED DISCHARGE

8.1 The Delayed Discharge update is included in the Performance Framework Report as a separate agenda item.

8.1.1 A Delayed Discharge development session is being organised for 6 June 2018. This will be facilitated by Brian Slater, Head of Partnership Support, Scottish Government. Invitations have been issued to the members of the Unscheduled Care Programme Board, Falkirk Delayed Discharge Steering Group, clinicians and HSCP staff. The outputs from this session will be reported to a future meeting.

9 IJB FINANCIAL UPDATE

9.1.1 The Leadership Team has been meeting regularly, with separate meeting arrangements in place to cover financial issues. An update on the financial position is detailed as separate agenda items 6 and 7.

10 SERVICE PLANNING

10.1 Falkirk HSCP Strategic Plan

A report outlining the review the Strategic Plan is a separate agenda item 12.

10.2 Regional Planning

The Scottish Government Regional Planning Team has circulated information to Partnerships. This material can be used in development sessions/seminars with management teams and IJB and NHS Board members to appropriately update on the work to-date.

10.2.1 A pdf presentation slide pack that has been prepared for use by and across West of Scotland partner organisations that sets out the work to-date and the draft design for a regional model of care is attached at Appendix 2 for information.

11 IJB GOVERNANCE

11.1 IJB Self-Evaluation

There have been 12 completed responses to the self-evaluation issued to Board members which will be discussed at the next Board Development Session.

11.2 IJB Annual Performance Report 2017 – 2018

The Public Bodies (Joint Working) (Scotland) Act 2014 obliges the Integration Authority to prepare a Performance Report for the previous reporting year and for this to be published by the end of July. This means that the IJB will need to prepare and publish an Annual Performance report 2017 – 2018 by 31 July 2018.

- 11.2.1 As the Board do not meet until 7 September 2018, arrangements to sign-off the report for publication need to be considered. It is proposed that the draft report will be circulated to the IJB members for comments in July, with the final agreement to publish delegated to the Chair, Vice-Chair, Chief Officer and Chief Finance Officer. The final report will be presented to the Board in September for information.

11.3 Locality Planning Workshop: 11 April 2018

A Board development session was held to provide Board members with an update on the locality planning work to date and the links to Community Planning. A summary report of the development session will be circulated to Board members for information.

11.4 IJB Reporting Requirements

The Board are advised of a recent decision that was taken by Falkirk Council for the Chief Officer to provide the Council with an information and progress report a minimum of twice each year. This recognises that with the introduction of the IJB, which has responsibility for Social Work Adult Services, and previously reported to the Executive, there is limited information now shared with elected members, with the exception of those who are on the IJB or members of scrutiny, which mainly scrutinises performance. The intention will be to produce reports that contain performance and service development updates collated from previous reports presented to the IJB.

- 11.4.1 The Board are asked to note the IJB reporting requirements as follows:

- Falkirk Council – 2 x year
- Falkirk Council Scrutiny Committee (External) - 2x year
- Community Planning Executive Group - 2 x year
- Community Planning Strategic Board – 2 x year.

11.5 IJB Bulletin

The Board are invited to consider a proposal to develop an Information Bulletin. These would be used to update IJB Board members on areas of ongoing interests which would not be expected to be dealt with through the Board's formal governance and decision-making processes. The Bulletin would be an additional and important recording mechanism for the IJB to be kept updated on issues as well as being a useful reference document. In line with IJB reports, these would be published on the Falkirk HSCP webpages.

- 11.5.1 A sample Information Bulletin is attached at Appendix 3 for information and consideration, and to demonstrate how the Bulletin could be used. This contains information on the Audit Scotland report *What is integration? A short guide to the integration of health and social care services in Scotland* published in April 2018.

11.6 Public Records (Scotland) Act

Under the requirements laid down in Part 1 of the Public Records (Scotland) Act 2011, the IJB is now one of the public authorities required to prepare a records management plan (RMP) setting out arrangements for the management of the authority's records. The IJB is therefore required to submit the plan to the Keeper of the Records of Scotland for agreement. The National Records of Scotland (NRS) has already published a model RMP and issued guidance about the form and content of plans to which an authority must have regard.

- 11.6.1 The IJB has been advised that in November 2018 the Keeper intends to invite Falkirk IJB to submit their plan by March 2019. There is an option to negotiate on the proposed timescale and this will be considered. Work has begun on the records management plan and we will engage with the Keeper's assessment team as this develops for information and assistance.

12 CONCLUSIONS

The report summaries the range of work being taken forward on a collaborative and strategic approach that will continue to address the range of issues facing the partnership and to improve outcomes for service users and carers in Falkirk.

Resource Implications

The Chief Finance Officer will continue to report through the IJB budget 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

The IJB is required to be compliant with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Falkirk IJB Integration Scheme.

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

Author – Suzanne Thomson, Programme Manager Falkirk HSCP

Date: 30 May 2018

PURPOSE

The purpose of this report is to provide an outline of the support service requirements for the Falkirk HSCP. It is recognised however that as the Partnership develops and more NHS services transfer over, the support service requirements will need to evolve to respond adequately to meet these responsibilities.

BACKGROUND

The Chief Officer report to the April 2018 IJB highlighted that there is no dedicated staff resource for key areas such as planning, performance and risk management. These areas have to date been provided by Partners and there is evidence that these resources are under sustained pressure. This pressure and the scarcity of such resources is having a detrimental impact on work being taken forward. Issues around capacity and support have previously been raised with the IJB.

The IJB agreed that a costed proposal for additional support services should be developed and brought to the IJB for approval. This piece of work has been delayed whilst confirmation of the transfer of services from NHS Forth Valley has been developed and agreed. This recognises that in order to maintain delivery of services, and deliver change, support and management capacity will also need to transfer.

PRINCIPLES FOR SUPPORT SERVICE ARRANGEMENTS

A set of principles have been developed for support service arrangements. The purpose of these arrangements is not to create a bureaucracy or replicate teams unnecessarily. Rather these principles will ensure that resources are available to allow delivery of the Strategic Plan and associated legislative responsibilities on the IJB as a Public Body. The principles are set out below:

1. The purpose of dedicated resources for use by the Partnership is not with a view to replicating the support services in place in Partners organisations. Where appropriate, it is envisaged that staff currently providing supporting services by a Partner will transfer to the Partnership.
2. Dedicated resources for use by the Partnership will only be put in place where workload demands make it essential.
3. Where services are provided by Partners, i.e. the Partnership has no dedicated resource of its own, the Partners will agree named roles and an allowance of time for the Partnership. This will be built into a succinct service level agreement setting out the work requirements and the outputs required.
4. Where services are provided by Partners, the named individual will be expected to attend relevant meetings and be visible to Partnership staff as appropriate. This will be included in the service level agreement.
5. Where a dedicated resource is identified for the Partnership, this resource may be used across the Partnership, and not confined to one Partner or the other. However, it is recognised that staff will bring their own areas of knowledge and

expertise. This approach will help the Partnership to be more resilient and to break down some of the barriers that exist between the Partners due to the current structures.

6. Where a dedicated resource is identified for the Partnership, it is recognised that this resource will work with similar professionals across the Partnership, liaising and collaborating where appropriate.

PARTNERSHIP RESOURCE REQUIREMENTS

A preliminary review has been undertaken to consider each of the broad areas of support required by the Partnership and whether this support should be a dedicated Partnership resource or use of existing partner resources. The results of the preliminary review are set out in the table below:

Support Area	Use of Existing NHS resource	Use of LA resource	Dedicated Partnership Resource
<i>Planning, Innovation and Change Management</i>			
Planning Officers			✓
Communications Officer			✓
Locality Programme Co-Ordinator			✓
Community Capacity Building Officers			✓
Risk	✓	✓	
<i>Performance, Systems & Quality</i>			
Performance Officers	✓	✓	✓
Systems Support	✓	✓	✓
Quality Improvement Officers	✓	✓	✓
Data Strategy			
<i>Workforce</i>			
Professional Development			✓
Training Officer			✓
HR Officer	✓	✓	✓
<i>Governance</i>			
Governance Support	✓	✓	
Complaints, FOIs, SAR	✓	✓	
Information Governance	✓	✓	
<i>Finance</i>			
Partnership Funding Co-ordinator *			✓
Partnership Funding Support *			✓
Accountancy Support	✓	✓	
Procurement	✓	✓	
<i>Other Support</i>			
ICT	✓	✓	
Internal Audit	✓	✓	
Business Support/Administration	✓	✓	✓
* currently temporary funded			

As set out in the principles, where resources are to be provided by the partners, named individuals will be identified and a service level agreement drafted. This will help to provide clarity for parties involved. The IJB will be kept informed of progress with this.

The areas that require a dedicated partnership resource are Planning, Innovation and Change Management. The demands for the IJB in both these areas are onerous. It is recognised that the Partnership will need to deliver wide ranging changes to service delivery that will require a central resource to support operational managers. Dedicated Planning and Performance teams will reduce demand on Service Managers and allow them to focus on operational service delivery whilst being able to influence and inform service planning and development.

Successful and rapid delivery of significant change, for example Localities and locality plan development will be dependent on appropriate planning and performance resource being in place.

A number of the posts in the “Dedicated Partnership Resource” column are already in place, for example the Partnership Funding Co-ordinator and the Partnership Funding Support role. For other areas, posts may not be developed, for example the Professional Development resource may be a service that is “bought in” initially.

NEXT STEPS

Work will focus on the following areas:

- Defining the Planning Team requirements. This will require confirmation of the NHS planning resource that will transfer along with operational services.
- Defining the Performance Team requirements. This will require confirmation of the NHS performance resource that will transfer along with operational services.

FUNDING

Once the teams have been defined, the costs can be calculated. Consideration will then be given to funding the teams. The purpose of Partnership Funding is to promote and establish integrated practice and to achieve the outcomes of the local Strategic Plan. Some of the posts which will be required as part of the Planning and Performance teams were noted as areas of future development within the 3 year Partnership Funding investment plan. As ever, the use of this funding would be subject to the Partnership Funding governance process.

Where Partnership Funding is not available, consideration will be given to other funding sources, for example Leadership Funds. A costed proposal will be presented to the IJB.

Falkirk IJB Development Session

Locality Planning

Wednesday 11 April 2018



Falkirk Health and Social Care Partnership

ONE PLACE:

Improving Services Together

Locality Planning across Falkirk


Fiona Campbell
Head of Policy, Technology & Improvement
11 April 2018

Christie Commission Principles:

6 Years On

Principles which inform the shape of public services

- * Reform must empower individuals and communities in the design and delivery of services
- * Public service providers must work in partnership to integrate service provision and thus improve outcomes
- * Prioritise expenditure that prevent negative outcomes
- * Whole system of public service must be more efficient and reduce duplication



COMMISSION ON THE FUTURE DELIVERY OF PUBLIC SERVICES

Provisions of the Community Empowerment (Scotland) Act 2015



Community Empowerment (Scotland) Act 2015

- * National Outcomes
- * Currently being reviewed Community Planning
- * Shared enterprise
- * Locality Planning
- * Community Asset Transfer
- * Participation Requests
- * Participatory budgeting

Community Planning

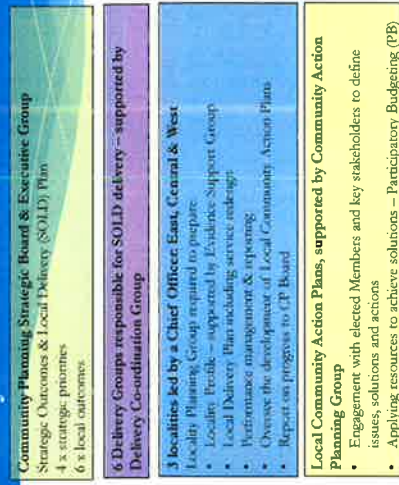
- * All partners have a duty to:
 - * Co-operate with other partners when carrying out community planning;
 - * Take account of local outcome improvement plans (LOIPs) in carrying out their functions;
 - * Contribute to such funds, staff and other resources the CPP considers appropriate to improve local outcomes in the LOIP and secure participation of community bodies in community planning
 - * Support shared leadership and collective governance duty for some partners
 - * Facilitate community planning
 - * Take reasonable steps to ensure CPP conducts its functions effectively and efficiently

***Falkirk Strategic Outcomes & Local Delivery (SOLD) is our LOIP**

Locality Planning Framework

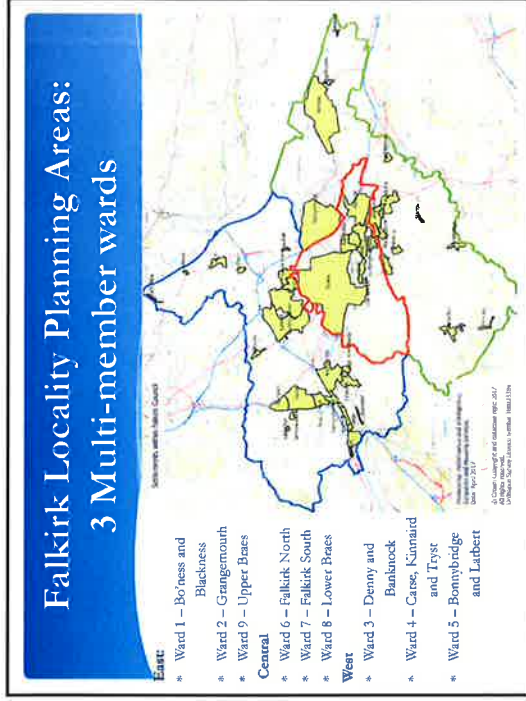
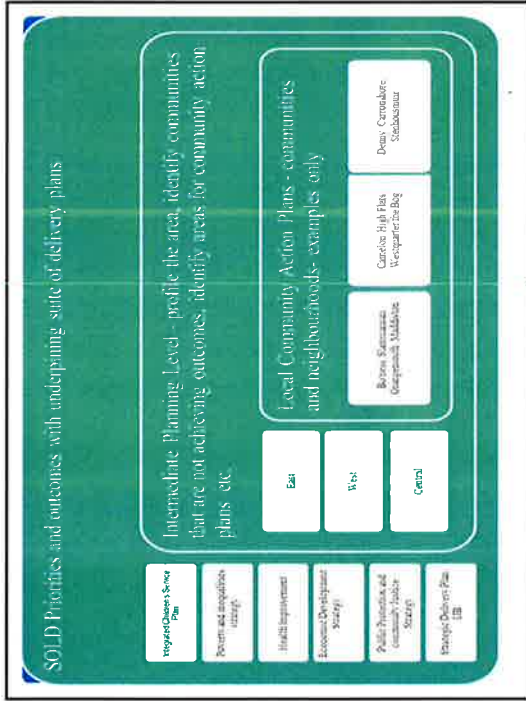
- * Requirement to prepare and publish a locality plan for each locality identified by it virtue of section 9 (3) i.e. areas of disadvantage or other areas as the CPP sees fit
- * Locality plans must set out:
 - * Outcomes to which priority is being given within that locality
 - * Description of the proposed improvement
- * Community Planning Partnership (CPP) must:
 - * Consult & co-produce
 - * Take account of the needs and circumstances of persons residing in the locality to which the plan relates.

Community Planning including Locality Plans – 4 Level Framework



Strategic Outcomes and Local Delivery (SOLD) Plan

- * **Vision**
 - * The Place to Be
- * **4 Priorities**
 - * Mental health and well being
 - * Maximising job creation and employability
 - * Minimising the impact of substance misuse
 - * Addressing the impact of poverty on children
- * **6 Outcomes**
 - * Our area will be a fairer and more equal place to live
 - * We will grow our economy to secure successful businesses
 - * Our children will develop into resilient, confident and successful adults
 - * People live full, independent and positive lives within supportive communities
 - * Our area will be a safer place to live
 - * Our population will be healthier



Community Action Planning

1. How does it work?
2. Locality Profiles
3. The role of the Locality planning Group
4. Co-production of Community Action Plans
5. Community Asset Mapping
6. Opportunities & Challenges
7. Integrating Locality Plans with Delivery Plans

Eastern Locality Progress

Locality Planning Group established in November 2017

- * Consideration of evidence
- * Data & information
- * Locality consultation
- * Community intelligence
- * Issues paper & context statement to inform a process on constructive challenge:
 - * Have we got 'best' evidence
 - * Community Action Planning
 - * Making sense of local assets
 - * Board report in May 2018

Primary Care Improvement Plan

- ▶ The collaborative implementation of the new GMS contract in Scotland should be set in the context of the HSCP Primary Care Improvement Plan. Plans must determine the priorities based on population healthcare needs, taking account of existing service delivery, available workforce and available resources.

Primary Care Plan Key Priorities

- ▶ Existing work to develop and test new models of care has shown benefits from the effective deployment of other professional staff working within a wider MDT aligned to general practice. The priority between 2018 and 2021 will be on the wider development of the services detailed

Vaccination Transformation Plan
Pharmacotherapy services
Community Treatment and Care Services
Urgent Care (advanced practitioners)
Additional Professional Roles
Community Links Workers

Key Requirements of the Primary Care Improvement Plan:

- ▶ To be developed collaboratively with HSCPs, GPs, NHS Boards and stakeholders
- ▶ To detail and plan the implementation of services and functions listed as key priorities, with reference to agreed milestones over a 3 year time period;
- ▶ To give projected timescales and arrangements for delivering the commitments and outcomes in the priority areas and in particular to include intended timescales for the transfer of existing contractual responsibility for service delivery from GPs,
- ▶ To provide detail on available resources and spending plans
- ▶ To outline how the Multidisciplinary Team (MDT) will be developed at practice and cluster level
- ▶ Initial agreement for the Primary Care Improvement Plan secured by 1 July 2018

Primary Care Transformation

- ▶ Planting the seeds of change
- ▶ Creating a Multidisciplinary Workforce
 - Primary Care Mental Health Nurse Capacity in 7 Falkirk West Practices
 - Care Home Support from Community Nurses and Pharmacists
 - Technology Support for Home Blood Pressure Monitoring
 - Pharmacy Support in Practice for Pain Management and Mental Health
 - Out of Hours Primary Care Transformation
 - – Scaling up the role of Advance Nurse Practitioners
 - Practice Administration Collaborative – workflow optimisation and signposting
 - Post Diagnostic Dementia and Autistic Spectrum Disorders Support

Developing the role of Clusters

Cluster Formation

- ▶ 9 clusters across FV, 5 in Falkirk Partnership
 - Falkirk Town
 - Slamannan & The Braes
 - Bo'ness/Grangemouth
 - Stenhousemuir/Larbert
 - Denny/Bonnybridge
- ▶ Each practice has a nominated PQL
- ▶ One CQL per cluster
- ▶ Formal meetings
- ▶ Initially about meeting, working together, sharing ideas, learning about each other
- ▶ CQL's – developing skills

Cluster work

- ▶ Led by quality issues raised by practices
- ▶ Often audit first to 'find the problem'
- ▶ Some topics so far
 - Improving 'signposting' in practices
 - Efficient communication between GP and DN
 - Auditing Palliative care work – KIS quality
 - Auditing quality of discharge letters
 - Review of GP care plans in Nursing Home Patients

Clusters going Forward

- ▶ Key resource to monitor health care
- ▶ Highlight areas of concern
- ▶ Ensure all practices are providing high quality care
- ▶ Support for practices who are struggling
- ▶ Advise GP Sub on progress of new contract

Falkirk Health and Social Care Partnership Locality working

- Alison Cooke - Service Manager
- Marlyn Gardner - Service Manager



Purpose of localities

“Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities and individuals to inform service redesign and improvement”

Localities Guidance: The Scottish Government, 2015



Work already in progress/completed

- 3 locality areas agreed
- List analysts providing demographic information per locality area
- Budget analysis
- Scoping of services & staff resource in each locality area
- Consideration of structural models
- Workshop event with GPs



Engagement events with frontline staff

Locality working in the Falkirk HSCP — development sessions

- 4 meetings of key leaders in each of the 3 localities by Feb 2018
- Opportunity to build locality networks
- Understand each others roles/functions/responsibilities
- Respond to a series of questions/tasks from each locality perspective

Listen; create; evolve



Frontline implementation

- Identify what we are **already doing well** in partnership and build on it
- Provide opportunity for **good quality local dialogue**
- Think proactively about **early wins** – start small with things which are desirable & achievable in the local context – **success breeds success**
- **Mutual respect** should include recognising what each partner brings to the table as well as what needs to change
- Integration is not led exclusively by one group or another, but by those who have a focus & ability to deliver solutions – **solution-led**

Locality working needs to build **organically** & to an extent **opportunistically** (*All hands on deck; 2013*)



Tasks/questions for locality development groups (1)

- What do we do well now?
- How do we best involve service users and carers in developing locality working?
- What community assets/resources are available in your locality?
- What outcomes does your locality aim to achieve?
- How can we facilitate more regular frontline worker interaction/dialogue/joint working?



Tasks/questions for locality development groups (2)

- How will your locality link with/include current specialist services such as the integrated LD team?
- How will you locality link with the SOLD plan and Community Planning Partnership?
- What infrastructure is required to advance more integrated working in your locality?



Who was involved in the development sessions?

- Community Care Team Managers
- Community nurses
- Community psychiatric nurses (older people)
- Home care managers
- Carers Centre
- GP locality co-ordinators
- CVS



Good practice examples

- Joint working on a case by case basis
- Single Shared Assessment (SSA)
- Liaison meetings (Meeks Road)
- Carers support groups
- Improved communication pathways (direct dials)
- Development of directory of community resources/services



Areas for further development

- Infrastructure to support locality working (IT & creative use of buildings)
- Interface with SOLD plan localities
- Engagement with service users and carers
- Development of locality plans for each of the 3 localities
- Consideration of structural models



Outcomes/Priorities

Strategic Outcomes

- Self-Management
- Autonomy and Decision Making
- Safe
- Service User Experience
- Community Based Support



Locality priorities

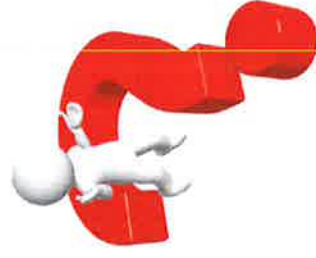
East	Central	West
Specialist housing	Social isolation/loneliness	Carer engagement
Mobilising community support networks	Dementia	Joined up responses/better coordination in times of adversity
Joined up responses/better coordination in times of adversity	Mental Health - Mild to Moderate	Crisis accommodation for service users going through adult protection process
Dementia services	Alcohol/Drug	Day-time activity for people with dementia
	Homelessness	Befriending

Next steps

- Keep momentum going via on-going locality meetings at the front line
- Localities Implementation Group to be set up including HR; Finance; buildings management colleagues
- Service Managers to convene a briefing session with Falkirk wide teams e.g. LD team; MH team; hospital team

Support to be given to locality groups to draft locality plans

Questions?



Future Developments

Patricia Cassidy
Chief Officer

Localities: our opportunity

to work together to deliver locally based services that have a positive impact on the health and well-being of individuals, families and communities, that deliver the best possible outcomes for everyone

Localities have been described as the engine room of integration

SG Locality Planning Guidance 2015

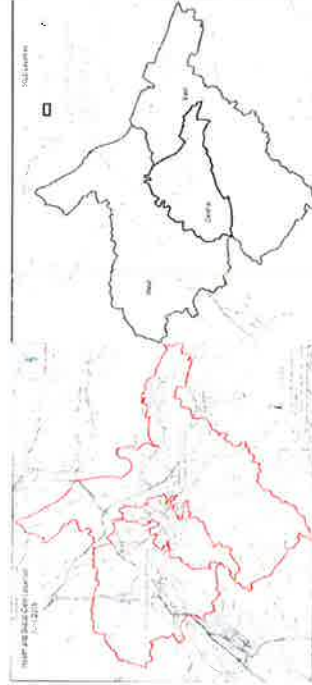
Localities must:

- Support the principles that underpin collaborative working to ensure a strong vision for service delivery is achieved. Robust communication and engagement methods will be required to assure the effectiveness of locality arrangements.
- Support GPs to play a central role in providing and co-ordinating care to local communities, and, by working more closely with a range of others - including the wider primary care team, secondary care and social care colleagues, and third sector providers - to help improve outcomes for local people.
- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care."

Comparison of Localities

Health & Social Care Localities

SOLD Localities



Locality Capacity

Integrated Teams including:-

- Community Care workers including OT's
- Registered Home Care Service and staff
- Care at Home Service commissioned on locality basis
- District Nurses
- Reach Team – Occupational Therapists/Physio Therapists

Locality Capacity

Linked to:

- GP practices and clusters
- Practice Nurses
- Community Dentists, Optometrists
- Health Improvement
- Community Organisations
- Faith Groups, Sports Clubs
- Third Sector

Community Planning Partnership



Key requirements

- establish the necessary locality management structure to give us the leadership capacity
- community engagement and participation is critical
- build on the wealth of community initiatives and resources available
- build on our skilled and committed workforce
- continue Locality Planning Groups
- develop HSCP Locality Plans for each area



Workshop Discussion

What can locality planning help us deliver for communities?

How can we better integrate Locality Planning – thinking “Christie”?

- Agreeing areas for collaboration
- Shared parts of the process
- Utilising resources in the most efficient and effective way



Christie Commission Principles

Principles which inform the shape of public services

- Reform must empower individuals and communities in the design and delivery of services
- Public service providers must work in partnership to integrate service provision and thus improve outcomes
- Prioritise expenditure that prevent negative outcomes
- Whole system of public service must be more efficient and reduce duplication





Falkirk
Health and Social Care
Partnership

Falkirk
Integration Joint Board

Information Bulletin Volume 1: 2018/2019



Introduction

This Information Bulletin has been designed to update Integration Joint Board (IJB) members on areas of ongoing interests which would not be expected to be dealt with through the formal IJB governance and decision-making processes. The Bulletin is an additional and important recording mechanism for the IJB which is easily accessible and will be a useful reference document.

Any general enquiries regarding the Information Bulletin should be directed to Suzanne Thomson, Programme Manager via email: suzanne.thomson@falkirk.gov.uk or telephone: 01324 504021.

Content

Publications

- Audit Scotland Report April 2018

Page 3

Subject: Audit Scotland Report: April 2018
Meeting: IJB Information Bulletin
Date: 1 June 2018
Submitted By: Programme Manager

1. INTRODUCTION

- 1.1. The purpose of the bulletin is to advise Board members of the publication of the [Audit Scotland Report: What is integration? A short guide to the integration of health and social care services in Scotland.](#)

2. RECOMMENDATION

The IJB is asked to:

- 2.1. note the content of the report.

3. BACKGROUND

- 3.1. Audit Scotland published their first report on health and social care integration in December 2015, just as Integration Authorities (IA's) were established. The recently published guide summarises some key information from that report on the background of health and social care integration in Scotland and outlines how Integration Authorities are structured and function.

4. AUDIT SCOTLAND REPORT

- 4.1. The report covers the following sections:
1. Introduction
 2. A brief history of integration in Scotland
 3. The aim of health and social care integration
 4. Map of integration authorities
 5. Integration authorities and planning of services
 6. Structure of IJB's
 7. IJB model
 8. IJB Membership
 9. Our recent health and social care reports

5. CONCLUSIONS

- 5.1. The report notes that across Scotland IA's are very different in terms of their size, resources and local context. However all are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults.
- 5.2 There are no implications for the Board arising from this Bulletin.

Approved for submission by: Patricia Cassidy, Chief Officer

Author: Suzanne Thomson, Programme Manager

Date: 22 May 2018