**Falkirk
Health and Social Care
Partnership**

Title/Subject:	**Integration Update**
Meeting:	**Integration Joint Board**
Date:	**25 June 2018**
Submitted By:	**Chief Executive, NHS Forth Valley**
Action:	**For Noting**

1.   INTRODUCTION

1.1   This report builds on the work involving both Chief Officers to delegate operational management arrangements reported by Professor Wallace to the Integration Joint Board in December 2017. The report at the request of the Chief Executive of Falkirk Council also responds to the outstanding internal audit recommendations, namely:

- sets out the responsibilities of the Integration Joint Board, NHS Forth Valley (the Health Board) and Falkirk Council (the Local Authority) including risk management arrangements as described in legislation, and
- provides clarity on the Chief Officer's role

1.2   In summary, the report is intended to outline the ongoing Health Board commitment to integration and the progress being made to implement the operational arrangements for those Health Board functions in scope as determined by the Integration Scheme. Further work will be undertaken in due course to address the provision of mutual assurance based on the principles set out in this paper.

2.   RECOMMENDATION

The IJB is invited to:

2.1   note the responsibilities of the IJB, Health Board and Local Authority (and how they relate to each other) including risk management arrangements as described in legislation

2.2   note the clarity on the Chief Officer's role as described in legislation

2.3   note intention to delegate Health Board operational management arrangements and corresponding staffing structure

2.4   note the work underway by the Health Board to inform corporate support to the IJB

Falkirk Council   **NHS Forth Valley**

2.5   request future updates to oversee the Health Board's delegation timetable

3.   BACKGROUND

3.1   The purpose of integration is to create Health and Social Care Partnerships that deliver integrated services for the local population. Integration means that over the next few years GPs, hospitals, health workers, social care staff and others will increasingly work side by side to share information and take a more coordinated approach to the way services are delivered to improve health and wellbeing outcomes.

3.2   In 2016, the Health Board and the Local Authorities (within Forth Valley) delegated the integration functions as set out in the Integration Scheme for each of the Integration Joint Boards (IJBs) in accordance with the Public Bodies (Scotland) Act 2014. At the stage of agreeing the Scheme in 2015 the scope of the health services that would be operationally managed by the Chief Officers within the health and social care partnerships had not yet been agreed.

3.3   This paper sets out the Health Board's commitment to integration and to further implement the operational arrangements to support the delivery of health and social care within the Falkirk Health & Social Care Partnership. This commitment would align with those services already delegated, notably: adult social care services and the Health Board community mental health and learning disability services.

4.   Integration

IJB, Health Board and Local Authority Responsibilities

4.1   The Integration Joint Board (IJB) is a separate legal entity made up of councillors, Health Board non executive directors and other members of the Health Board where there are insufficient non executive directors. These are the voting members of the IJB. The IJB receives professional advice from a range of people notably the Chief Officer, Chief Finance Officer and a number of key stakeholders (carer, service user, and third sector representatives, CSWO, GP and doctor, Nurse and staff side representatives). The IJB sets the strategic direction of the delegated functions (through the Strategic Plan), directs the Health Board/Local Authority to provide services as per the Strategic Plan and allocates budget.

4.2   The 2014 Act does provide for the Health Board and the Local Authority, acting jointly, to seek a replacement of the Strategic Plan in certain circumstances. In this way the Health Board and Local Authority together have significant influence over the IJB and they are jointly accountable for its actions.

4.3   The IJB in its oversight role for the Health and Social Care Partnership reviews performance against the Strategic Plan and has the ability to issue directions to the

Health Board and Local Authority that drive delivery of the priorities as outlined in this Plan. As a statutory body distinct from the constituent authorities, the IJB has a role in monitoring and reporting on how the Local Authority and Health Board account for delivery of the delegated functions. These relationships and how they relate to each other are illustrated in Diagram 1:

Body corporate or Integration Joint Board model

The IJB is jointly accountable to the NHS board and the council through its membership, the integration scheme and the strategic plan.

Accountability
Functions and resources
Resources and directions to deliver services
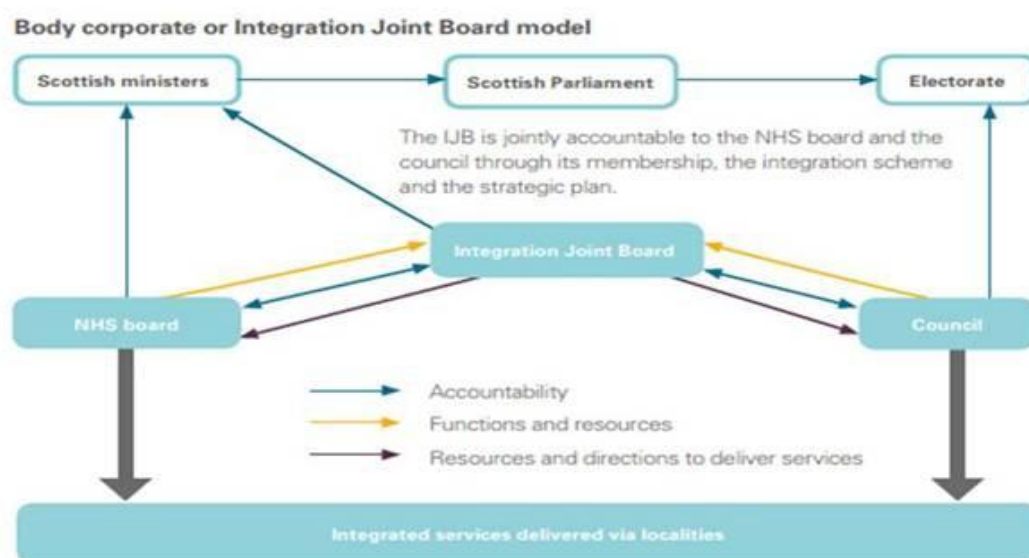
Integrated services delivered via localities

Diagram 1 - Reference: Audit Scotland 2016

A Chief Officer and Chief Finance Officer provide support for the IJB, but they are employed by either the Local Authority or Health Board and seconded to the IJB. Corporate support to the IJBs is shared by the Health Board and Local Authority to avoid duplication and/or additional costs. To date, the Health Board provide a range of corporate support functions, notably: administration/governance and legal advice, finance, risk and performance management support, communications and professional (Medical Director, Nurse Director and AHP Strategic Lead) advice and most recently the Health Board agreed to provide GDPR/data protection support.

4.4   In summary, the IJB shall be responsible for monitoring the delivery of services by the Health Board under the auspices of the Chief Officer and separately the Chief Officer and her Leadership Team who will be responsible for the operational management and delivery of the services delegated. The Chief Officer in turn will report to the Health Board Chief Executive who remains ultimately accountable for the care/service delivery and governance related to staff (their employees), information and finance.

Chief Officer

4.5   Chief Officers have a dual role, they are directly accountable to the:

- IJB for all of its responsibilities, these include: providing advice on strategic planning, establishing and supporting the strategic planning group, producing the annual performance report, ensuring directions are being carried out and recommending changes and reviewing the strategic plan in line with legislation
- Chief Executives of the Health Board and Local Authority for the delivery of integrated services in line with the relevant policies and procedures of the both parties.

4.6 The Chief Officer will be responsible for some of the Health Board services in their operational role as an officer of the Health Board. Where the Chief Officer does not have an operational role, the Integration Scheme requires that they are given the support and 'line of sight' to provide assurance to the IJB that the Health Board is delivering services appropriately in accordance with Directions and the Strategic Plan. The Chief Officer is a senior member of the Health Board Senior Leadership Team.

Risk Management Arrangements

4.7 The Chief Officer will be responsible for establishing the IJB's Risk Management Strategy and developing the IJB risk reporting arrangements. There should be regular reporting on risk management to the IJB. The Health Board and Local Authority should identify and manage within their own risk management arrangements and include any risks they consider to have been retained under the integration arrangements. The Health Board and Local Authority should continue to report risk management arrangements to their existing committees, including the impact of the integration arrangements. Risks that relate to the IJB should be escalated by the Chief Executives of the Local Authority and Health Board.

4.8 The Chief Officer will be responsible for maintaining the IJB's Risk Register and it is recommended that the risk register should include the key risks inherent in integration, notably: governance, financial, information and performance management arrangements.

4.9 The Health Board and Local Authority shall work with the IJB to harmonise existing risk strategies and provide risk management administration support.

4.10 The Chief Internal Auditor was copied into this paper and his opinion is outlined below:

'*My overall view is that this paper provides clarity around the respective roles of the IJB and parent bodies which is the key issue for us; this addresses the first part of our recommendation. The second element of our recommendation involved the issue of assurances and in particular, year-end assurances. Whilst these are still to be resolved, my view is that there is no way to address assurance until the fundamental principles of accountability, as outlined in this paper, have been agreed. Therefore we*

would suggest that assurance be taken once this paper has been formally agreed, albeit making sure that there is a timetable for resolution'

5. **Delegation of the Health Board Functions to each of the Integration Joint Boards**

5.1 The Health Board acknowledges the delay to delegate functions. However it is determined to move forward in partnership with the Local Authority to deliver integration for the local population. The Health Board Chief Executive will support the Chief Officer and oversee the delegation of operational management arrangements. This will build on the successful delegation of operational responsibilities for Community Mental Health and Learning Disability functions which was completed in February 2017.

5.2 The Health Board has agreed with the three Local Authorities to a phased implementation (phase 1 will be completed by Sept 2018, phase 2 will involve hosting arrangements and will be completed no later than March 2019) to support operational management delegation. Work related to phase 1 delegation led by the Health Board Chief Executive supported by Chief Officers and key Health Board senior managers including HR and Finance from both the Health Board and Local Authorities is well underway. It is proposed that the delegated operational management responsibilities will be aligned wherever possible to co-produced Locality Structures in each of the Partnerships. These structures will be considered and approved in due course by the Health Board, Local Authorities and IJBs and will involve staff side in any proposed organisational change.

5.3 The Health Board Chief Executive in directing the delegation of operational management including workforce and management resources will be responsible for managing the risks associated with changes to line management arrangements. Appendix 1 describes those Health Board functions to be delegated (phase 1), the line management support and the budgets which will be operationally managed by the Chief Officers from September 2018.

5.4 Both Chief Executives acknowledged that whilst an integrated structure was their goal, they accepted that Health Board delegation of operational management should progress to then enable the Chief Officer time to propose a structure based on localities. Proposals would then be consulted upon in line with both organisations organisational change polices.

5.5 Phase 2 will address exceptions i.e. where services are configured on a Forth Valley wide basis and some work has already begun to complement phase 1 delegation. Agreement will be required to ensure optimal operational delivery for these services. Arrangements for these will be informed by the principles. Appendix 2 sets out those functions that are proposed to be hosted. This will include a review of Public Health/Health Improvement with a view to considering how these services alongside community development services can be aligned to localities, whilst recognising that this function also encompasses work related to children and young people. Appendix

3 sets out the proposed hosting principles. The Health Board Chief Executive will begin discussions with all three local authorities once phase 1 is completed.

5.6   In the meantime, the Health Board given sustainability issues in a number of practices will manage primary care including Public Dental Services and similar to Unscheduled Care, the Chief Officers will play a key role and have a line of sight through the Health Board Programme Board structure. A review of this arrangement will take place in 18 months; this will enable the Health Board to oversee the new General Medical Services (GMS) contract implementation in partnership with the IJBs.

5.7   Alongside the work of the Unscheduled Care Programme Board whose membership includes both Chief Officers will be a review that supports improvements in Acute Services. This work, led by the Health Board Chief Executive will review the future scope of the acute hospital footprint as part of a whole system review and utilisation of the Health Board's current overall estate including Community Hospitals. This work will involve members of the Health Board's Senior Leadership Team.

5.8   The work to support plans to reconfigure the Health Board's Acute Hospital Services involves colleagues in Scottish Government and the Golden Jubilee, the output of which will be presented to the Health Board for approval and reported to the IJBs in due course.

6.   Corporate Support to the Integration Joint Board

6.1   The Health Board will continue to prepare a joint performance report (bringing together Local Authority and Health Board information for the nationally agreed six integration measures). The assurance report will compare over time performance and benchmark each of the IJBs against national data. The Chief Officer in this regard will present the report to provide assurance and/or interventions to the IJB.

6.2   To date the Health Board provides a range of corporate support functions, notably: administration/governance and legal advice, finance, risk and performance management support, communications and professional (Medical Director, Nurse Director and AHP Strategic Lead) advice) and most recently the Health Board agreed to provide access to a Data Protection Officer to the IJB in response to the General Data Protection Regulation.

6.3   A separate corporate support costed report will be presented to a future IJB meeting. In the meantime the support described above will continue.

7.   Conclusions

7.1   It is intended that the paper provides assurance to the IJB on the commitment to support the Health and Social Care Partnerships deliver community-based, integrated

services that provide best value, best care and best experience for the people of Forth Valley.

7.2   Work involving the Chief Officers, Chief Financial Officers supported by the Health Board's HR is well underway to meet the commitment to delegate operational management for Phase 1 by 1st September 2018 and to complete Phase 2 no later than the end of March 2019.   Chief Officers will be supported during this transition to ensure a smooth transfer of operational management.

7.3   The IJB should also note the significant and ongoing work to develop the integrated management arrangements to support the delegation of services. This will include staff side engagement. Staff side engagement through the Health Board will continue to be led by the Health Board Chief Executive with regular updates through the Area Partnership Forum and each Joint Staff Forum.

7.4   Support from colleagues from Scottish Government to help the IJB progress integration aspirations held by everyone may be something that we give due consideration to.   Further updates on the work being progressed by Chief Officers, Chief Financial Officers and HR colleagues will be shared at subsequent IJB meetings.

Resource Implications
The paper proposes no additional budget allocation, staff will continue to operate in their current roles aligned wherever possible to the co-produced Locality Structures of each Partnership. A dedicated senior manager and lead professionals (nurse and doctor) will be resourced from existing Health Board resources. These individuals will report directly to the Chief Officer.

Impact on Strategic Plan Priorities and Outcomes
Developing operational management arrangements for services in-scope is core to transforming health and social care.

Legal & Risk Implications
The Health Board will continue to manage risks associated with the delegation of operational arrangements and escalate issues and/or risks associated this work.

Consultation
The work to support the further operational management delegation has been developed by the Health Board Chief Executive, supported by Chief Officers and key Health Board senior managers, including HR and Finance from both the Health Board and Local Authorities. A weekly meeting (meeting began on 1 June) chaired by the Health Board Chief Executive is supporting this transition. Staff side engagement will continue to be led by the Health Board Chief Executive and Employee Director with regular updates through the Area Partnership Forum and each Joint Staff Forum.

Equality and Human Rights Impact Assessment
Due regard will be given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

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Approved for Submission by: Cathie Cowan, Chief Executive

Author – Cathie Cowan
Date: 21 June 2018

List of Background Papers: The papers that may be referred to within the report or previous papers on the same or related subjects.

Appendix 1 –   Health Board Functions to be Delegated
Appendix 2 -   Proposed Functions to be Hosted
Appendix 3 -   Proposed Hosting Principles

PHASE 1 INTEGRATION SERVICE PROFILE
Version 3

No.	Service Profile	Pages
1.	District Nursing Services	
2.	Community Mental Health Nursing Services (Adult)	
3.	Learning Disabilities Community Residential Services	
4.	Rehabilitation Care Group including Adult Speech and Language Therapy	
5.	Community Hospital Inpatient Services	

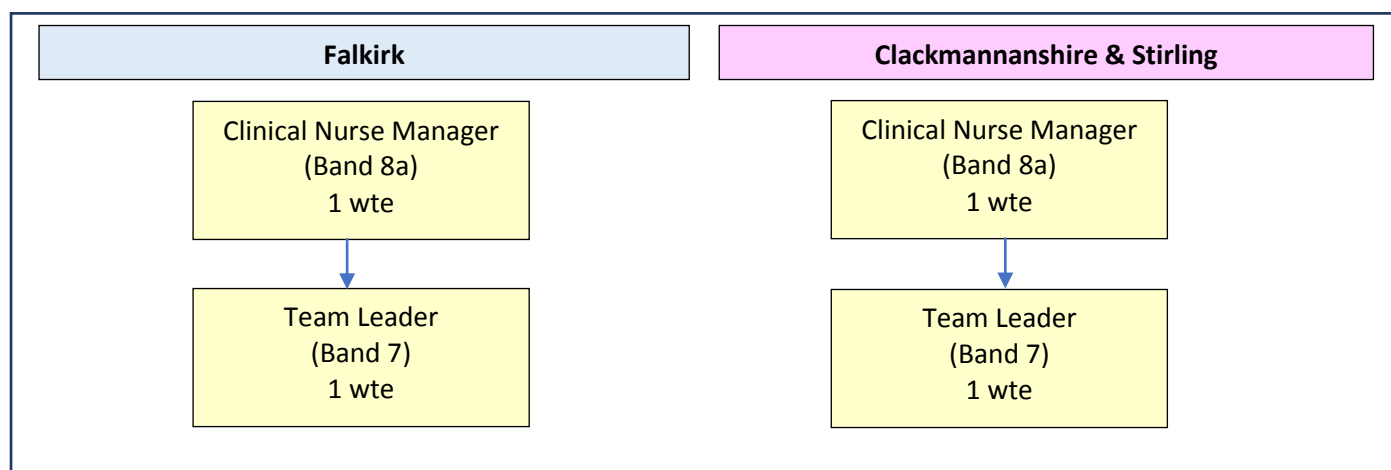## 1. Service Profile: District Nursing Services

Description of Service

The District Nursing Service plays a crucial role within the primary healthcare team. They visit people within their own homes or in residential care homes, providing increasingly complex care for patients and supporting family members

District Nurses support people to remain in their own home by

- Utilising collaborative, holistic assessment processes, educating and supporting patients/ carers in self-care and management
- Using asset-based approaches to service development, which recognises resources within the community
- Focussing on re-ablement, rehabilitation and recovery
- Providing open and accessible communication pathways
- By working in partnership with local authority to enable more adults to remain in their own homes
- Identifying individuals with LTC that are more likely to require hospital admission and anticipating and mitigating against this by use of ACP approaches
- Increased support during times of crisis, acute illness and end of life care in collaboration with partners, including third sector
- Contribute to the development of effective IT systems that will enable the sharing of appropriate information across services
- Work to develop a single point of access/ referral for service users to prevent duplication and maximise effective use of resource
- The District Nursing Team provides a 7-day service which includes a separate Night Nursing team which operates as a single Forth Valley Wide Team.
- The Closer to Home Enhanced Community Team operates as a single Forth Valley wide service currently funded through Partnership Funds by both Integration Joint Boards.

Current Operational Management Arrangements: DISTRICT NURSING SERVICE

Falkirk	Clackmannanshire & Stirling
Clinical Nurse Manager (Band 8a) 1 wte	Clinical Nurse Manager (Band 8a) 1 wte
↓	↓
Team Leader (Band 7) 1 wte	Team Leader (Band 7) 1 wte

Budgets & Workforce

Service	Future Year Annual Budget Total IJB £	Future Year Annual Budget C/S IJB £	Future Year Annual Budget F IJB £	Future Year WTE Establishment Total IJB	Future Year WTE Establishment C/S IJB	Future Year WTE Establishment F IJB
District Nursing Services	7,462,167	3,473,759	3,988,408	163.74	74.18	89.56

The services included in Phase 1 are as follows:

- District Nursing: Falkirk (MG) and Clackmannanshire & Stirling (LG)
- Treatment room: Falkirk (MG) and Clackmannanshire & Stirling (LG)

FALKIRK DISTRICT NURSING	HC	WTE
F DN CLINICAL NURSE MANAGER B8A	1	1.00
F DISTRICT NURSE P7	2	2.00
F DISTRICT NURSE P6	19	15.78
F DISTRICT NURSE P5	64	48.69
F TREATMENT ROOM NURSE M5	7	4.92
F DISTRICT NURSING ASSISTANT P2	8	5.56
CSD PHLEBOTOMY ASSISTANT 2	5	3.47
TOTALS	**106**	**81.42**

CLACKS & STIRLING DISTRICT NURSING	HC	WTE
S & C DN CLINICAL NURSE MANAGER B8A	1	1.00
S & C DISTRICT NURSE P7	5	4.60
S & C DISTRICT NURSE P6	17	16.25
S & C DISTRICT NURSE P5	52	45.47
S & C TREAMENT ROOM NURSE P5	2	1.40
S & C TREAMENT ROOM NURSE M5	2	0.64
S & C DISTRICT NURSING ASST P3	1	0.28
S & C DISTRICT NURSING ASST P2	7	3.67
TOTALS	**87**	**73.31**

The following services are not included at this juncture.   Further discussion regarding hosting in Phase 1 still to take place

- OOH Night Nursing
- Closer to Home

OOH NIGHT NURSING SERVICE	HC	WTE
OOH NIGHT REG NURSE P6	1	0.60
OOH NIGHT REG NURSE P5	12	6.92
OOH NIGHT NURSING ASSIST P2	8	5.15
TOTALS	21	12.67

CLOSER TO HOME	HC	WTE
S & C CLOSER TO HOME P2	6	5.00
S & C CLOSER TO HOME NURSE P6	3	3.00
TOTALS	9	8.00

2. Service Profile: COMMUNITY MENTAL HEALTH NURSING SERVICES (OLDER ADULT)

Description of Service

The Community Mental Health Team for Older Adults (CMHT(OA)) provide specialist mental health assessment, diagnosis and treatment interventions for people over 65 years and for people under 65 years with memory impairment. Assessments are provided in the patient's own home, out-patient clinics, Day Therapy Unit and other community settings including care homes. A range of disciplines work within the team, including medical staff, occupational therapists, psychologists and nursing staff including CPN's, Healthcare Support Workers, Dementia specialist nurses, CBT nurse therapist and care home liaison nurse. The service has close links with and accepts referrals from local authority partners, third sector providers, GP's, Acute and Community Hospitals, REACH and district nursing. There is a strong history of successful partnership working with these services.

The service is based at Falkirk Community Hospital, Stirling Community Hospital and Clackmannan Community Healthcare Centre. CPN's, Occupational Therapists, Day Therapy Unit and Consultant Psychiatry are co –located in each of the team locations. CPN's work in sectorised teams aligned to specific GP practices.
The Dementia Outreach Team is a specialist crisis response team which operates as a Forth Valley Wide Service.

Current Operational Management Arrangements: CMHT NURSING SERVICES (OLDER ADULT)
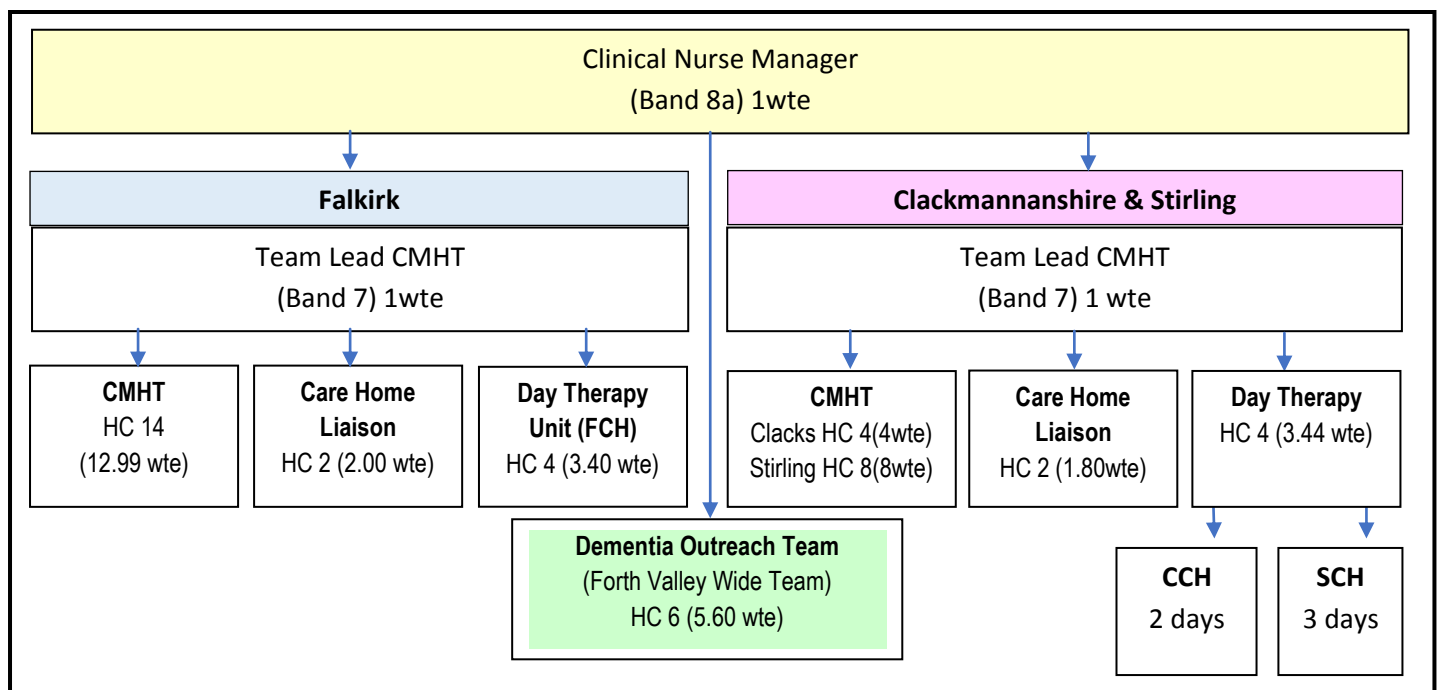
Budgets & Workforce

Service	Future Year Annual Budget Total IJB £	Future Year Annual Budget C/S IJB £	Future Year Annual Budget F IJB £	Future Year WTE Establishment Total IJB	Future Year WTE Establishment C/S IJB	Future Year WTE Establishment F IJB
Community Mental Health for Older People	1,906,817	804,981	1,101,836	46.11	18.96	27.15

The services included in Phase 1 are as follows: Clinical Nurse Manager manages all CMHT services

- CMHT: Falkirk: Clackmannanshire and Stirling
- CMHT: Care home liaison: Falkirk and Clackmannanshire and Stirling
- CMHT: Day Therapy: Falkirk: Clackmannanshire and Stirling

FALKIRK CMHT	HC	WTE
CMHTE F REG MH NURSE BAND 7 (INCL DH)	4	4.00
CMHTE F REG MH NURSE BAND 6	3	2.19
CMHTE F REG MH NURSE BAND 5	5	4.80
CMHTE F NURSING ASST MH D3	2	2.00
TOTALS	14	12.99
FALKIRK DAY THERAPY UNIT (FCH)	HC	WTE
DAY THERAPY UNIT F MH NURSE 5	2	1.80
DAY THERAPY UNIT F MH NURSE ASST D2	2	1.60
TOTALS	4	3.40
FALKIRK HOME LIAISON	HC	WTE
F CARE HOME LIAISON MH NURSE BAND 7	1	1.00
F REG MH NURSE BAND 6	1	1.00
TOTALS	2	2.00

CLACKS CMHT	HC	WTE
CMHTE C REG MH NURSE BAND 7	1	1.00
CMHTE C REG MH NURSE BAND 6	1	1.00
CMHTE C REG MH NURSE BAND 5	1	1.00
CMHTE C NURSING ASST MH D3	1	1.00
STIRLING CMHT	HC	WTE
CMHTE S REG MH NURSE 7 (INCL PG)	2	2.00
CMHTE S REG MH NURSE 6	2	2.00
CMHTE S REG MH NURSE 5	3	3.00
CMHTE S NURSING ASST MH D3	1	1.00
TOTALS	8	8.00
DAY THERAPY UNIT CLACKS & STIRLING	HC	WTE
REG MH NURSE BAND 5	2	2.00
MH NURSING ASST BAND 2	2	1.44
TOTALS	4	3.44
STIRLING CARE HOME LIAISON	HC	WTE
CMHTE S REG MH NURSE 6	2	1.80
TOTALS	2	1.80

The following services are not included but are managed by the same Clinical Nurse Manager
- Dementia Outreach Team (Forth Valley Wide Team) – Hosted service
- OPS Hospital Liaison

OPS HOSPITAL LIAISON	HC	WTE
REG MH NURSE 7 (INCL ES)	1	1.00
REG MH NURSE 6	3	3.00
TOTALS	4	4.00

DEMENTIA OUTREACH TEAM	HC	WTE
CMHTE REG MH NURSE BAND 6	2	2.00
CMHTE REG MH NURSE BAND 5	2	1.80
CMHTE NURSING ASSISTNAT MH BAND 3	2	1.80
TOTALS	6	5.60

3. Service Profile: LEARNING DISABILITY COMMUNITY RESIDENTIAL RESOURCES

Description of Service

The Community Residential Resources provide accommodation and support across five locations as follows:-

Service Name	Type of service provision	Service users
Ercall Road (2A + 2B) Falkirk	Care Home	8
Alanmor (2 + 2A) Falkirk	Housing Support	7
Arnothill (14 + 14A) Falkirk	Housing Support	5
Randolph Road Stirling	Housing Support	5
St.Blane's Stirling	Housing Support	4

Current Operational Management Arrangements

COMMUNITY RESIDENTIAL REOURCE MANAGER
(Band 7) 1WTE (HC 1)

LOCAL SERVICE MANAGER
(Band 6) 1WTE (HC 1)

TEAM LEADERS
(Band 5) 6 WTE (HC 6)

SUPPORT WORKERS
(Band 2) 32.87 WTE (HC 42)

Falkirk			Clackmannanshire & Stirling	
ERCALL ROAD 2A & 2B HC19 (15.14 WTE)	ALANMOR 2 & 2A HC9 (7.41WTE)	ARNOTHILL 14 & 14A HC6 (4.92 TE)	RANDOLPH ROAD HC 8 (6.60 WTE)	ST BLANE'S HC 7 (5.80 TE)

Budgets & Workforce

Service	Future Year Annual Budget Total IJB £	Future Year Annual Budget C/S IJB £	Future Year Annual Budget F IJB £	Future Year WTE Establishment Total IJB	Future Year WTE Establishment C/S IJB	Future Year WTE Establishment F IJB
Community LD Residential Resources	980,153	477,409	502,744	57.39	27.95	29.44

WORKFORCE

COMMUNITY RESIDENTIAL RESOURCE	HC	WTE
CRR Manager Band 7	1	1.00

ERCALL ROAD	HC	WTE
2 Ercall Rd NURSE TEAM MANAGER BAND 6	1	1.00
2 Ercall Rd LD NURSE TEAM LEADER B 5	1	1.00
2 Ercall Rd LD NURSING ASST BAND 2	10	7.47
2A Ercall Rd LD NURSE TEAM LEADER B5	1	1.00
2A Ercall Rd LD NURSING ASST BAND 2	6	4.67
TOTALS	19	15.14

CLACKS & STIRLING DISTRICT NURSING	HC	WTE
LD NURSE TEAM LEADER BAND 5	1	1.00
LD NURSING ASST BAND 2	7	5.60
TOTALS	8	6.60

ALANMOR	HC	WTE
Alanmor REG LD NURSE BAND 5	1	1.00
Alanmor LD NURSING ASST BAND 2	8	6.41
TOTALS	9	7.41

CLACKS & STIRLING DISTRICT NURSING	HC	WTE
St Blane's REG LD NURSE BAND 5	1	1.00
St Blane's LD NURSING ASST BAND 2	6	4.80
TOTALS	7	5.80

ARNOTHILL	HC	WTE
Arnothill REG LD NURSE BAND 5	1	1.00
Arnothill LD NURSING ASST BAND 2	5	3.92
TOTALS	6	4.92

4. Service Profile: REHABILITATION CARE GROUP including Adult Speech and Language Therapy

Background and Context

The Allied Health Professions (AHP) Rehab Care Group (RCG) is a Forth Valley wide community rehabilitation service which provides assessment and rehabilitation to adults over 16 years of age.

The care group provides a range of services:

1. **Community Rehabilitation**
- ReACH South(Falkirk) and ReACH North(Stirling/Clacks) provide:
  - Multidisciplinary community rehabilitation to predominantly but not exclusively, older adults
  - Domicillary Physiotherapy and some uni-disciplinary Occupational Therapy input to specific patient groups
- ReACH Forth Valley provides specialist, mainly neurological multidisciplinary rehabilitation, to adults. It includes early supported discharge service for stroke, spasticity management service as well as vocational rehabilitation and technology solutions, including environmental control service
- ReACH teams also provide both inpatient rehabilitation within Falkirk, Stirling and Clacks Community Hospitals and specialist inpatient rehabilitation within brain injury ward FCH
- ReACH also provides generalist rehab to patients and specialist neurological outpatient service as part of Rehab centre, FVRH
- Community Weekend Service

2. **Integrated Intermediate Care Services**
- Reablement services
- Rehab at home
- Intermediate care beds
- Therapeutic day care

3. **Rehabilitation Element Within Other Services**
- Enhanced community team, as part of Closer to Home
- Rapid Access Frailty Clinic
- Physiotherapy On call within the Acute Care Group

4. **Speech and Language Therapy** - Forth Valley wide adult service (Acute inpatients including neonatal, community hospital inpatient, community and outpatients) delivered as a single service.

5. **Services that are Out of Scope for Health and Social Care Integration**
- Working Health Services and Fit for Work: Prison Healthcare

A single point of referral ensures the patient is seen by the right person, in the right place in a timely manner. Services are delivered locally where possible, working to meet the needs of patients of varying complexity with access to the expertise of Forth Valley wide specialist teams where appropriate. The values of the NHS 20:20 Vision are embedded in and shape service delivery, helping people to live longer healthier lives at home, or in a homely setting, with a focus on prevention, anticipation and supported self management.

The care group delivers rehabilitation and reablement services, and has a crucial role in preventing admission and facilitating discharge from hospital. There is a strong history of successful partnership working with Social Services and the 3rd sector. A model of multi disciplinary teams working in an interdisciplinary manner is well established. Demand for services has increased year on year - by 30% over the last three years. A clinical management structure and the flexibility afforded by a Forth Valley wide service has allowed safe ongoing adaptation and development to meet this changing need. The development of technology and technological solutions to support self management and interventions is lead from within the Rehab Care Group.

Professional and clinical management and leadership arrangements

The RCG has a well established and effective Forth Valley wide approach to professional and clinical leadership. It is managed as a Forth Valley wide service under a single AHP manager. There are 3 AHP clinical coordinators who have remits for Forth Valley North, Forth Valley South and all Adult Speech and LanguageTherapy.

Each carries a professional or clinical caseload of varying size dependent on management responsibilities. Clinical Coordinators are sited one each in Falkirk, Stirling and in FVRH, ensuring availability for staff when required and an ability to respond in a timely way to issues when they arise. Clinical Coordinators are supported by clinical team leads, each with operational management responsibilities for services within a distinct geographic area or site as well as clinical and professional expertise. A senior staff group comprising the AHP manager, coordinators and team leads ensures an area wide but efficient approach to leadership and governance with all professions and localities represented. Each has strong links with the wider profession in Forth Valley allowing a joined up approach to such things as the interpretation of national and professional guidance when required. All carry clinical remits. Together they agree priorities and actions across the care group, and provide strategic direction for specific issues related to improvement and development, supported by the Associate Director for AHP's. This pan Forth Valley approach to clinical and professional leadership supports and ensures equity is maintained for staff and for people accessing community rehab services. It is efficient and reduces duplication. It enables a timely response to issues, concerns or trends.

Current Operational Management Arrangements

Rehabilitation Care Group Manager	Manages AHP Services within Acute and Rehab Care Groups, also has responsibility for all services to the Community Hospitals
AHP Clinical Co-ordinator North: Clackmannanshire & Stirling	Has clinical and professional responsibility for AHP community services in the North of Forth Valley as well as area wide ReaCH FV. Also has responsibility for AHPs working in Stirling Community Hospital and Clackmannanshire CCHC inpatient facilities. Additionally manages AHP OTs working in Rheumatology
AHP Clinical Co-ordinator Speech and Language Therapy	Has clinical and professional leadership responsibility for delivery of all adult Speech and Language Therapy Services (SLT) to the Acute and Community settings. Also key link for AHPs into Prisons and AHP's working in Stroke, both in the Acute and Community Hospitals. Close professional work with SLT co-ordinator in Children's Services
AHP Clinical Co-ordinator South: Falkirk	Has clinical and professional leadership for AHP community services in the South of Forth Valley. Also has responsibility for AHPs working in FCH and Bo'ness Hospital inpatient facilities and also the Rehabilitation Centre at FVRH. Additionally managers all Health Professionals in the Discharge Hub

What works well

- The **flexibility of a Forth Valley wide perspective on service delivery**, the development of a robust Single Point of Referral, the development of clinical staff duty systems and also the ability to move staff according to patient need and service pressures. Devolving services to more local management would bring a risk in that this flexibility would be lost and waiting times would potentially increase, with a loss of equity for patients accessing these services and some need for duplication of resource.
- **Attendance** is consistently good
- **Complaints** are low
- The **use of electronic patient records** across the care group has improved continuity of patient care and has enhanced communication between health professionals. It has also enabled reinforcement of key clinical messages by Health Care Professionals.
- **Data** is recorded and reported in a robust manner allowing analysis of activity data, trends and waiting times within teams and across the care group.
- Within the Rehabilitation Care Group there is a constant turnaround of staff at Band 5 level. However, the rotations offered at this level are some of the most popular within NHS FV. There is a high retention of more senior staff within the Care Group, with many of the staff having been in post for a number of years. This promotes stability and has allowed continual redesign to occur with **staff that are engaged** with changing needs of the Care Group.

Administrative and clinical support arrangements for the Rehabilitation Care Group

The Care Group operates a Single Point of Referral (SPR). The SPR receives all Care Group referrals and directs them to the part of the service that best meets the patient's needs, minimising confusion and maximising efficiency.   SSTS is undertaken at a care group level and attendance management is reported monthly to the CSD. The management and clinical leadership structure described above ensure a care group wide approach to supervision, reviews and mandatory training activity data and waiting times reporting. This is also reported as a care group to the CSD. Health and Safety and the management of Risk Assessments and Adverse Events is collated and managed across the care group. Learning and actions from these are shared via the leadership group and cascaded via team meetings.

Finance

Service	Future Year Annual Budget Total IJB £	Future Year Annual Budget C/S IJB £	Future Year Annual Budget F IJB £	Future Year WTE Establishment Total IJB	Future Year WTE Establishment C/S IJB	Future Year WTE Establishment F IJB
ReACH	2,800,085	1,321,396	1,478,689	69.95	33.01	36.94

Workforce

SALT: ANNE-MARIE IRVING	HC	WTE
Anne Marie Irving	5	2.90
AHP REHAB SPEECH THERAPIST 8B(AMI)	1	1.00
AHP REHAB SPEECH THERAPIST 8A	1	0.80
AHP REHAB SPEECH THERAPIST 7	1	0.60
AHP REHAB SPEECH THERAPIST 6	1	0.20
AHP REHAB ADMIN D3	1	0.30
Carol Easdon	6	3.60
AHP REHAB SPEECH THERAPIST 7	2	1.00
AHP REHAB SPEECH THERAPIST 6	2	1.40
AHP REHAB SPEECH THERAPIST 5	2	1.20
Evelyn Messeder	5	1.96
AHP REHAB SPEECH THERAPIST 7	1	0.60
AHP REHAB SPEECH THERAPIST 6	4	1.76
AHP REHAB SPEECH THERAPIST 5	2	1.20
TOTALS	16	8.46

NORTH REHABILITATION CARE GROUP	HC	WTE
DONALD MCLEAN	1	1.00
Anne Williamson	8	6.68
AHP REHAB PHYSIO 7 (aw)	1	0.60
AHP REHAB GENERIC ASSIST 4	1	1.00
AHP REHAB OT 5	1	1.00
AHP REHAB OT 6	1	1.00
AHP REHAB OT 7	1	0.58
AHP REHAB PHYSIO 6	2	1.50
AHP REHAB GENERIC ASSIST 3	1	1.00
TOTALS	9	7.68

DONALD MCLEAN	HC	WTE
Gail Tripney	12	9.97
AHP REHAB PHYSIO 7 (GT)	1	1.00
AHP REHAB PHYSIO 7	1	0.50
AHP REHAB OT 7	1	1.00
AHP REHAB PHYSIO 6	3	1.92
AHP REHAB OT 5	2	2.00
AHP REHAB PHYSIO 5	2	1.80
AHP REHAB GENERIC ASSIST 4	1	0.81
AHP REHAB ADMIN D3	1	0.95
TOTALS	12	

DONALD MCLEAN	HC	WTE
FORTH VALLEY WIDE SPECIALIST ReACH TEAM		
Mary Henretty	20	16.57
AHP REHAB SPEECH THERAPIST 7	1	0.80
AHP REHAB OT 7	2	1.40
AHP REHAB PHYSIO 7	2	1.60
AHP REHAB NURSE 6	1	1.00

SOUTH REHABILITATION CARE GROUP	HC	WTE
HEATHER FRASER	1	1.00
Donna Ainslie	18	12.86
AHP REHAB PHYSIO 7 (DA)	1	1.00
AHP REHAB PHYSIO 7	3	2.10
AHP REHAB OT 7	1	0.58
AHP REHAB OT 6	3	1.70
AHP REHAB PHYSIO 6	5	3.10
AHP REHAB PHYSIO 5	1	1.00
AHP REHAB OT 5	1	1.00
AHP REHAB GENERIC ASSIST 4	1	0.50
AHP REHAB GENERIC ASSIST 3	1	1.00
AHP REHAB ADMIN D3	1	0.88
TOTALS	19	13.86

HEATHER FRASER	HC	WTE
Nicola Henderson	19	16.67
AHP ACUTE DIETITIAN 7 (NH)	1	1.00
AHP REHAB PHYSIO 7	1	0.60
AHP REHAB OT 7	1	0.56
AHP REHAB CLOSER TO HOME OT 6	1	1.00
AHP REHAB PHYSIO 6	3	2.60
AHP REHAB OT 6	4	3.80
AHP REHAB OT 5	2	2.00
AHP REHAB PHYSIO 5	2	1.60
AHP REHAB GENERIC ASSIST 4	3	2.51
AHP REHAB GENERIC ASSIST 3	1	1.00
TOTALS	19	16.67

HEATHER FRASER	HC	WTE
Vivienne Mccaig	10	7.58
AHP REHAB PHYSIO 7 (VM)	1	1.00
AHP REHAB OT 7	2	1.10
AHP REHAB PHYSIO 6	1	1.00
AHP REHAB OT 5	3	2.00
AHP REHAB PHYSIO 5	1	1.00
AHP REHAB PHYSIO ASSIST 3	1	1.00
AHP REHAB PHYSIO ASSIST 2	1	0.48
TOTALS	10	7.58

AHP REHAB OT 6	3	2.60
AHP REHAB SPEECH THERAPIST 6	1	0.40
AHP REHAB PHYSIO 6	3	2.40
AHP REHAB OT 5	1	1.00
AHP REHAB GENERIC ASSIST 4	4	3.56
AHP REHAB ADMIN D3	2	1.81
TOTALS	20	16.57

DONALD MCLEAN	HC	WTE
Sineaid Chadwick	9	7.58
AHP REHAB OT 7 (SC)	1	0.60
AHP REHAB OT 6	2	1.50
AHP REHAB PHYSIO 7	1	0.58
AHP REHAB PHYSIO 6	1	1.00
AHP REHAB PHYSIO 5	3	2.50
AHP REHAB OT 5	2	2.00
TOTALS	19	

Note:

Service Manager	Departmental manager	Service
Shiona Hogg	Anne Marie Irving	**NHS Forth Valley Wide Adult Speech and Language Therapy Team** Covers the whole of NHS Forth Valley. Anticipated that this would be a **hosted** service
	Donald McLean	**Clackmannanshire and Stirling Partnership ReACH teams** [Managers: Anne Williamson and Gail Tripney]
	Donald McLean	Coordinator for the R**eACH Forth Valley Wide Specialist Team** [manager Mary Henretty] anticipated that this would be a **hosted** service as Forth Valley wide responsibilities
	Donald McLean	Sineaid Chadwick is AHP team lead for **Community Hospital based AHP's** in intermediate care covering Stirling and Clackmannanshire. Anticipated that this group would work into the Stirling Care and healthVillage aligned to the ReAch team
	Heather Fraser	**Falkirk Partnership ReACH teams** [Managers: Donna Ainslie & Nicola Henderson]
	Heather Fraser	AHP team lead for **Community Hospital based AHP's** in intermediate care covering Falkirk

5. Service Profile: COMMUNITY HOSPITAL INPATIENT SERVICE

Description of Service

All Community Hospitals operate on a Forth Valley wide basis as part of a whole system integrated approach. In particular Stroke Rehabilitation has been provided from SCH and Specialist Neuro Rehabilitation from FCH. In practice patients with a postcode have, where possible, been transferred from FVRH to the hospital closest to their home and social networks, it is intended that this continues.

All four Community Hospitals provide a range of services mainly to older people, people with long term conditions, physical and/or mental frailty (cognitive impairment). This includes palliative care, Hospital based long term complex care, rehabilitation. Medical support to the inpatient services is provided through a mix of Advanced Nurse Practitioners, GP mainstream services and Portfolio GPs.

The medical staffing profile and budget for the inpatient services is held by the Community Services Directorate.

Three of the four Community Hospitals, excluding Bo'ness, have access to on site Physio and OT provided by assistants and qualified staff. All other services including pharmacy are provided on either a referral eg dietetics, or by timetabled visits such as pharmacy.
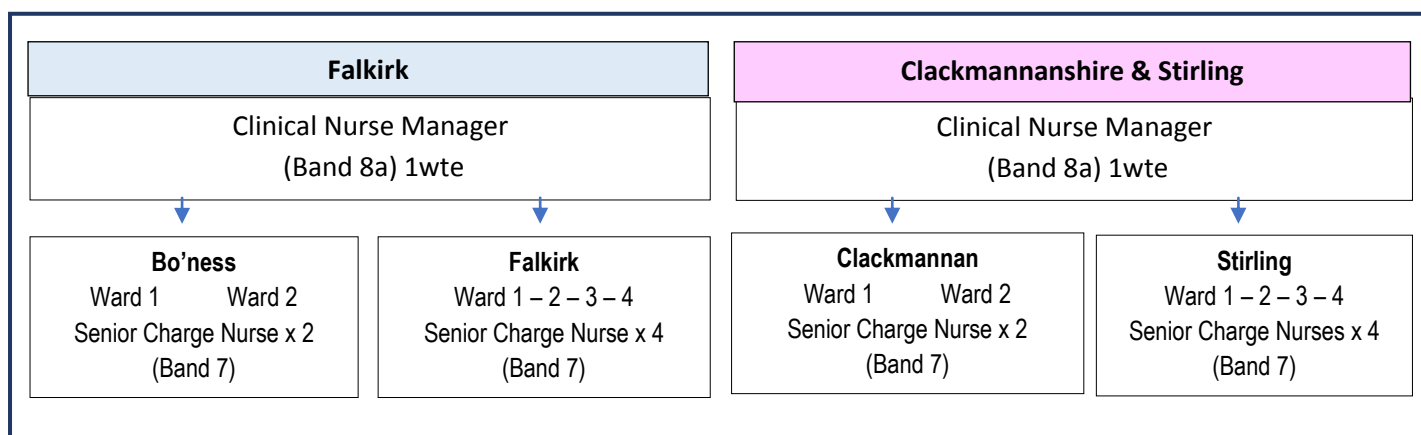
Work is underway to revisit the acute hospital footprint as part of wider estates review to support a growing demand in acute/hospital services, this review will take into account how we utilise community hospitals to support integrated pathways of care that take account of the six essential actions described in the unscheduled care programme led by the Medical Director.

Table 1   Community Hospital Service Profile

Site	Ward	Bed Numbers	Function
Clackmannan Community Campus	1	25	▪ Frail Elderly/Rehab
	2	20	▪ Old Age Psychiatry
Stirling Community Hospital	1	12	▪ General Function
	2	18	▪ Old Age Psychiatry
	3	25	▪ Rehab/Stroke
	4	26	▪ Rehab
Falkirk Community Hospital	1	24	▪ Rehab/Neurology
	2	24	▪ Rehab
	3	24	▪ Rehab
	4	16	▪ Cognitive Impairment
Bo'ness Community Hospital	1	20	▪ General Function

	2	16	▪ Old Age Psychiatry

Current Operational Management Arrangements: COMMUNITY HOSPITAL INPATIENT SERVICES

Falkirk	**Clackmannanshire & Stirling**
Clinical Nurse Manager (Band 8a) 1wte	Clinical Nurse Manager (Band 8a) 1wte

Bo'ness Ward 1 Ward 2 Senior Charge Nurse x 2 (Band 7)	**Falkirk** Ward 1 – 2 – 3 – 4 Senior Charge Nurse x 4 (Band 7)	**Clackmannan** Ward 1 Ward 2 Senior Charge Nurse x 2 (Band 7)	**Stirling** Ward 1 – 2 – 3 – 4 Senior Charge Nurses x 4 (Band 7)

Budgets & Workforce: COMMUNITY HOSPITAL INPATIENT SERVICES

Service	Future Year Annual Budget Total IJB £	Future Year Annual Budget C/S IJB £	Future Year Annual Budget F IJB £	Future Year WTE Establishment Total IJB	Future Year WTE Establishment C/S IJB	Future Year WTE Establishment F IJB
Community Hospital (inpatient services)	10,857,289	5,295,517	5,561,772	295.33	148.13	147.20

WORKFORCE

Falkirk Community Hospital Inpatient Service	HC	WTE
Clinical Nurse Manager Band 8a	1	1.00

Clackmannan & Stirling Community Hospitals	HC	WTE
Clinical Nurse Manager Band 8a	1	1.00

Falkirk Community Hospital Ward 1	HC	WTE
Ward 1 Senior Charge Nurse Band 7	1	1.00
UNIT 1 FCH REG NURSE 6	2	2.00
UNIT 1 FCH REG NURSE 5	12	9.60
UNIT 1 FCH NURSING ASST 3	2	2.00
UNIT 1 FCH NURSING ASST 2	16	14.05
TOTALS	33	28.65

Clackmannan Ward 1	HC	WTE
Ward 1 Senior Charge nurse Band 7	1	1.00
WD 1 CCHC REG NURSE 6	1	1.00
WD 1 CCHC REG NURSE 5	12	11.07
WD 1 CCHC NURSING ASST 3	4	3.49
WD 1 CCHC NURSING ASST 2	13	11.49
TOTALS	31	28.05

Falkirk Community Hospital Ward 2	HC	WTE
Ward 2 Senior Charge Nurse Band 7	1	1.00
UNIT 2 FCH REG NURSE 6	1	1.00
UNIT 2 FCH REG NURSE 5	12	11.00
UNIT 2 FCH NURSING ASST 3	3	2.80
UNIT 2 FCH NURSING ASST 2	19	16.43
TOTALS	36	32.23

Clackmannan Ward 2	HC	WTE
Ward 2 Senior Charge Nurse Band 7	1	1.00
WD 2 CCHC REG MH NURSE 5	10	9.33
WD 2 CCHC MH NURSING ASST 2	14	11.09
TOTALS	25	21.43

Falkirk Community Hospital Ward 3	HC	WTE
Ward 3 Senior Charge Nurse Band 7	1	1.00
UNIT 3 FCH REG NURSE 6	1	1.00
UNIT 3 FCH REG NURSE 5	12	11.80
UNIT 3 FCH NURSING ASST 2	18	15.28
TOTALS	32	29.08

Stirling Ward 1	HC	WTE
Ward 1 Senior Charge Nurse Band 7	1	1.00
WD 1 SCH NURSING ASST	6	5.07
WD 1 SCH REG NURSE 5	8	5.95
WD 1 SCH REG NURSE 6	1	1.00
TOTALS	16	13.02

Falkirk Community Hospital Ward 4	HC	WTE
Ward 4 Senior Charge Nurse Band 7	1	1.00
UNIT 4 FCH REG NURSE B5	5	4.20
UNIT 4 FCH REG MH NURSE D5	4	3.80
UNIT 4 FCH NURSING ASST B2	9	7.68
UNIT 4 FCH MH NURSING ASST D2	4	3.00
TOTALS	23	19.68

Stirling Ward 2	HC	WTE
Ward 2 Senior Charge Nurse Band 7	1	1.00
WD 2 SCH REG MH NURSE 5	10	9.40
WD 2 SCH MH NURSING ASST	12	10.80
TOTALS	23	21.20

Bo'ness Hospital Ward 1	HC	WTE
Ward 1 Senior Charge Nurse Band 7	1	1.00
WD 1 BONESS REG NURSE 6	1	1.00
WD 1 BONESS REG NURSE 5	12	10.40
WD 1 BONESS NURSING ASST 2	14	12.13
TOTALS	28	24.53

Stirling Ward 3	HC	WTE
Ward 3 Senior Charge Nurse Band 7	1	1.00
WD 3 SCH NURSING ASST	14	13.09
WD 3 SCH REG NURSE 5	10	9.85
WD 3 SCH REG NURSE 6	1	1.00
TOTALS	**26**	**24.94**

Bo'ness Hospital Unit 2	HC	WTE
Ward 2 Senior MH Charge Nurse Band 7	*1*	*1.00*
WD 2 BONESS REG MH NURSE 5	*10*	*9.20*
WD 2 BONESS MH NURSING ASST 2	*11*	*10.60*
TOTALS	*22*	*20.80*

Stirling Ward 4	HC	WTE
Ward 4 Senior Charge Nurse Band 7	1	1.00
WD 4 SCH REG NURSE 6	1	1.00
WD 4 SCH REG NURSE 5	17	13.33
WD 4 SCH NURSING ASST 3	3	3.00
WD 4 SCH NURSING ASST	16	13.67
TOTALS	38	32.10

PHASE 2 – LEAD PARTNERSHIP

- Addiction Services (ADP)

- AHP outwith hospital service (being looked at as part of phase 1)

- Psychological Therapies (includes children and young people services)

- Specialist Mental Health Services including AHPs (being looked at as part of phase 1)

- Night Nursing Service

- Complex Care (Continence, Tissue Viability, Marie Curie)

- £5.672m/ 57.80 WTE

- £4.925m/ 103.40 WTE

- £1.954m/ 23.54 WTE
- £3.776m/ 92.8 WTE

- £0.468m/ 8.52 WTE

- £5.123/ 42.58 WTE

PRINCIPLES FOR HOSTING

- INTERESTS OF SERVICE USERS

- PROTECTS AND IMPROVES SAFETY/ QUALITY

- MAKES BEST USE OF RESOURCES

- MAINTAINS SERVICE SUSTAINABILITY

- ATTRACTIVE TO RECRUITMENT/ RETENTION

- MIXED CHILDREN. ADULT SERVICE

- SIZE OF SERVICE (economies of scale)

- FORTH VALLEY IDENTITY – DIFFERENT MODELS; DIFFERENT OUTCOMES

- WHERE SERVICES ARE SUBJECT TO NATIONAL TARGETS