



Agenda Item

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Falkirk Health and Social Care Partnership Update

Falkirk Council

Title: Falkirk Health and Social Care Partnership Update
Meeting: Falkirk Council
Date: 19 September 2018
Submitted By: Chief Officer, Falkirk Integration Joint Board

1. Purpose of Report

- 1.1 The purpose of this report is to provide an update on Falkirk Integration Joint Board (IJB) activity since the Council meeting in February, when Council considered the IJB's business case for 2018/19.
- 1.2 In May 2018, Council requested twice yearly updates from the Falkirk IJB on matters of interest to Council.

2. Recommendation

- 2.1 **Council is asked to note the report.**

3. Background

- 3.1 Council agreed on 15 May 2018 *"that the Chief Officer provide an information and progress report a minimum of twice per year in order that elected members are kept up to date with the changes and developments within the service."*
- 3.2 This first update report covers the period from February 2018 when the Council considered the IJB's Business Case. This set out planned work for 2018/19. This report will also set out progress made in delivering work streams and will highlight matters of interest to Falkirk Council.

4. Falkirk Integration Joint Board

- 4.1 The Falkirk Integration Joint Board (IJB) is responsible for overseeing the planning, management and delivery of all relevant functions within scope of health and social care integration. This involves the delegation of functions and services by Falkirk Council and NHS Forth Valley and these services are delivered through the Falkirk Health and Social Care Partnership (HSCP).
- 4.2 The IJB controls an annual budget of approximately £208m, and the Board decides how resources are used to achieve the objectives of the Falkirk Integrated Strategic Plan 2016-19.

- 4.3 The plan describes how the Falkirk HSCP will continue to make changes and improvements to health and social care services for all adults. The plan details how the Partnership will prioritise services in response to the key issues for the Falkirk area and is supported by a Joint Strategic Needs Assessments (JSNA). The Strategic Plan directly links with SOLD outcome five delivery plan.
- 4.4 Work has started to review the Strategic Plan, with reports considered by the IJB and Strategic Planning Group. A refreshed plan will be produced for the period 2019-2022

5. Falkirk Health and Social Care Partnership Update

Progress with integration

- 5.1 On 1 April 2016 the operational responsibility for Adult Social Care services transferred to the IJB and all decisions relating to those services have been taken by the IJB, or it's Chief Officer, via the IJB's Leadership Team.
- 5.2 In February 2017 the operational responsibility for the Integrated Mental Health team and Integrated Learning Disability team transferred to the IJB. There is ongoing commitment by NHS Forth Valley to integration and to further implement operational arrangements to the HSCP.
- 5.3 At the December 2017 meeting of the IJB, the Chief Executives of Falkirk Council and NHS Forth Valley were asked to submit a joint paper detailing the plans for further integration. This was to reassure the IJB regarding the pace of change.
- 5.4 At subsequent meetings, the IJB has received reports setting out progress to achieve further integration. However there are diverging views on the following areas:
- role of the Chief Officer
 - governance of in-scope services
 - management structures
 - hosted services.
- 5.5 At the Special IJB meeting held on 25 June 2018, the Board received two reports from the Chief Executives, setting out respective partner positions. It was considered important to set this out in separate reports to ensure that the IJB was properly informed of the discussions that have taken place and why agreement has not been reached on the plans for further integration.
- 5.6 The areas set out at section 5.4 need to be clear and agreed in order to mitigate the substantial risks associated with the transfer of services. It was the Council's expressed view that until these areas are clarified the opportunities and benefits associated with integration cannot be recognised and the pace of transformation will continue to be slow. This will continue to pose a risk to the reputation of the Forth Valley NHS Board, the Council and the IJB.

- 5.7 Since then, the Chief Executive, NHS Forth Valley, has continued to chair meetings with the two HSCP's to progress these areas. A development session with the Board took place on 7 September and a report will be presented to the IJB at its meeting on 5 October.

Home Care Inspection Report

- 5.8 The Homecare service is a registered care service with the Care Inspectorate and an annual inspection took place during May 2018. The inspection process took into account a range of evidence, including a self-evaluation, information and intelligence received on performance from 66 questionnaires by people who use the service, conversations with staff, and direct observation of support being provided in peoples' homes. The inspection report noted that no complaints had been upheld since the last inspection. The report also found that no requirements or recommendations made at the last inspection remained outstanding at the time of the current inspection.
- 5.9 The report recognised that the service was working towards improving the consistency of the service and noted a slight increase in the levels of consistent staffing experienced by people. This slight increase in the levels of consistent staffing notwithstanding, the inspection team found 24 out of the 66 questionnaires returned raised concern about the amount of different staff who were providing their service. The inspection team made a requirement that the service must improve on consistency and reliability in who is giving the care. The findings on consistency and reliability are counterbalanced in the report by positive observations about people's overall experience of care. The inspection team reported that people told them they were happy with the care they received from staff providing their care and support. Overwhelmingly people told the inspection team that staff treated them with dignity and respect. It was noted that staff were said by people to be skilled, kind and caring.
- 5.10 The inspection team made a second requirement that the service must develop and implement internal auditing systems that deliver effective oversight and monitoring of all aspects of the service. This requirement reflected the findings of the inspection team that there was insufficient monitoring of the service. In regards staffing the report made a range of positive observations. They found for example that training available for staff was comprehensive and responsive and that there were good links with health colleagues, meaning training could be organised where service users had new or complex health conditions. On quality of staffing the report pointed to improvement opportunities regards making some areas of good practice more consistent across the whole service.
- 5.11 The [report](#) was published on 31 July 2018. The grades awarded to services at inspection describe how well those services are performing against Care Inspectorate quality themes and statements. The grades have fallen again this year in all three of the inspected areas, namely Care and Support, Management and Leadership and Staffing and are:
- Care and support 2 – Poor
 - Management and Leadership 2 – Poor
 - Staffing 3 - Adequate

- Environment - not assessed.

The implementation of new, outcomes based national health and social care standards forms part of the context for the inspection.

- 5.12 The service has submitted an Improvement Plan to the Care Inspectorate and will take forward the necessary actions. This will be overseen by the Homecare Review Group, chaired by the Chief Officer. The actions which are being taken to address the issues raised in the Care Inspectorate's report include:

- improving staff working patterns and rotas to increase staff availability at the times when people want to have service provided
- redesign of our scheduling, better aligning staff resource to localities
- moving towards all our staff becoming personal carers, increasing the availability of personal care
- improve continuity through better use of information from our electronic scheduling system.
- improving communication with service users around changes to their service which may prove necessary.

- 5.13 In all of the above improvement work we are implementing progress through close partnership working with staff and their Trade Unions and with our colleagues in the Care Inspectorate.

National Health and Social Care Standards

- 5.14 Work has taken place in the Partnership to implement new human rights based National Health and Social Care Standards from 1 April 2018. The objectives of the new standards are to drive improvement, promote flexibility and encourage innovation in how people are supported and cared for. Each Standard is underpinned by five principles: dignity and respect, compassion, be included, responsive care and support and wellbeing. These principles are not standards or outcomes but rather reflect the way that everyone should expect to be treated. All services and support organisations, whether registered or not, should use the Standards as a guideline for how to achieve high quality care.

Falkirk HSCP Annual Performance Report

- 5.15 The Partnership published an [Annual Performance Report 2017-18](#) in line with statutory requirements on 31 July 2018. It reports on performance against the Partnership's local outcomes as required by the legislation, and highlights achievements throughout the year, with some case studies included. Partnerships are expected and encouraged to include relevant information beyond the minimum required, to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities.
- 5.16 The Performance Report will be reported to the Scrutiny Committee (External) on 4 October 2018 as part of the Council's scrutiny arrangements.

Service Updates

- 5.17 The IJB reports, including the Chief Officer report, and the Annual Performance report highlight a range of service issues, redesign and new developments. Extracts from these reports that will be of interest to the Council are set out below.

5.18 **Living Well Falkirk**

In partnership with ADL Smartcare and the University of Newcastle, Falkirk HSCP has implemented *Living Well Falkirk*. This is an online tool for people who live in the Falkirk area and who want information, support or help with everyday living. The tool gives people choice and control by sharing a wide range of information about local and national health and social care services.

Living Well Falkirk allows people to connect in to local groups and services and so helps them to live independently and do the things that they want to do. There is information about local fitness classes, local charities supporting a range of physical and mental health conditions, as well as how to access equipment privately or through the Joint Loan Equipment Store. People can also use it on behalf of someone they live with or who they help care for. If assistance is needed in using the tool, staff at local libraries are able to help.

The Living Well Falkirk website is now live www.falkirk.gov.uk/livingwell and over 200 employees across all agencies have been trained in its uses and are equipped to direct people to the online self assessment and in some cases guide them through it. This initiative will support a reduction in waiting times for some interventions, for example assessments leading to equipment provision, as people are enabled directly to access simple solutions.

5.19 **Redesign of day services for younger adults**

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 reflects 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. Through reviews and reassessments a number of service users have identified opportunities to use their existing care differently e.g. access more community based activities, rather than in-house provision.

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 day centre closed on 30 June 2018 with Bainsford day centre to close by Autumn 2018.

Social Work Adult Services will continue to work with service users, their carers and employees as it is recognised that change is difficult and stressful and will work to alleviate stress and anxieties moving forward throughout this redesign of our current in-house services.

Falkirk HSCP hosted a 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.

5.20 Good Transitions – Improving Transitions Planning

Young people with additional support needs and their families told us how we can improve the way we support them as they move from children’s to adult services. The work found optimism about the future and enthusiasm around how good transitions can be achieved and a realistic appraisal of the work that will be required.

For young people with additional support to do this successfully they need the right support to make the transition into young adulthood. Good transition planning is of central importance to the achievement of their personal outcomes. This involves coordination within and across services including education, children’s social work, the Health and Social Care Partnership, health, housing, employment services and the third sector.

The Partnership has adopted the Principles for Good Transitions to guide service delivery and practice and signal our commitment to excellence in transition planning. The Partnership has agreed to identify resources to create a strategic role to co-ordinate transition planning, implement the improvement actions and to create a Transitions Steering Group, including the terms of reference for this group.

5.21 Changing Places Toilet Facilities

Within the Falkirk Partnership area we are making progress towards having on Changing Places Toilets [CPT] available at a range of locations. A stakeholder group, chaired by the Head of Social Work Adult Services, has brought together family carers, Occupational Therapy, Falkirk Delivers and the Community Trust to take this forward.

The provision of CPT facilities has been identified as a gap, which leads to denial of dignity. People are feeling compelled to abandon planned time away from their homes, having no choice but to return there to attend to their personal care needs. Alternatively they and their carers are required to deal with personal care needs in non adapted facilities.

The group has made good progress over the year, including:

- the Community Trust has completed work on installation of a facility at the Mariner Centre
- a facility at Grangemouth Sports Complex is nearing completion

- Forth Valley College have agreed to open their facilities for use by the wider community
- the Social Work Service is taking steps to open some facilities, for example at Oswald Avenue Day Service, for use by the wider public
- the Council's Locality Hubs are being designed with the need for CPT included as standard
- engaging with the private retail sector to make available CPT facilities.

By empowering people who have higher levels of personal care need to be involved in their communities, new provision will support the Partnership outcomes of self management, fair and positive experience, and access to community support. The proposal supports the objectives of the Review of Day Services for Younger People which can only deliver the shift towards more community based support if the necessary physical infrastructure is in place.

5.22 Delayed Discharges

The partnership continues to have a focussed approach to prevent unplanned admissions to hospital as well as identifying the reasons for people being delayed in their discharge home. This work is led by the Delayed Discharge Steering Group which oversees the delivery of an improvement plan that ensures there is a collective ownership of the targets and improvement action plan.

5.23 Carers Act Implementation

From 1 April 2018, the Carer's (Scotland) Act 2016 extends and enhances the rights of unpaid carers. The Act aims to ensure that carers are supported more consistently, so they can continue to care if they wish, and are able to do so in good health and with a life alongside their caring responsibilities.

The IJB and Partnership, has over the course of 2017/2018 overseen and directed the preparations for the implementation of the Carers Act. A Carers Act Implementation Group was established. This has membership from across the HSCP, Falkirk Council and importantly carers and carers' representative groups. Through effective engagement and co-production the group ensured that the requirements of the Act and its introduction have been realised. A work programme to meet the additional ongoing requirements of the Act for 2018/2019 has been developed.

5.24 Support at Home (Home Support and Supported Living) Contract

The contract commenced on 1 April 2018 for a period of 2 years to 31 March 2020, with an option to extend for up to a further 24 months. The total estimated annual value of the contract for all lots is £25m. The estimated value over the 4 years (including extension period) is therefore estimated at £100m.

The framework will provide for all new support at home and supported living services commissioned by homecare and community care teams. It is intended that all existing support arrangements will remain in place and will not be affected by this framework, except in those circumstances where service users or either contracting party wish to make alternative arrangements.

The new contract provides an opportunity to work collaboratively with a smaller number of providers. This will enable stronger processes for contract and performance management to be developed.

The objectives of enhanced collaboration are to:

- increase provider capacity, reducing delays in provision of care packages
- support locality planning
- implement operational efficiencies, reducing service delivery costs
- ensure levels of care are reviewed to deliver personalisation and improved outcomes.

This approach will also enable commissioners to develop stronger partnership working with the providers, to build more effective relationships. This will play a key role in increasing an understanding of the influences on service delivery, help to identify training needs and mobilise new and improved operating procedures. It will also enable new technology to be more efficiently implemented. Effective joint working with successful providers will be central in taking forward:

- reablement
- SDS and outcomes approach
- individual budgets
- integrated working.

5.25 Frailty at the Front Door Collaborative

NHS Forth Valley is one of five partnerships participating in the Frailty at the Front Door Collaborative, facilitated by Healthcare Improvement Scotland and the iHub team.

The aims of the project are to improve outcomes and experience for older people and their carers living with frailty and presenting to acute services by:

- rapidly and reliably identify frailty at the front door
- deliver early Comprehensive Geriatric Assessment (CGA)
- ensure the person experiences well coordinated care and support attuned to their needs with the focus on support at home or a homely setting where possible
- improve interface and collaborative working between health and social care.

This work is being taken forward by an integrated Frailty at the Front Door Project Team with representation from acute, health and social care staff.

5.26 Regional Planning

The Scottish Government Health and Social Care Delivery Plan (December 2016) indicated that in 2017 the Government would “put in place new arrangements for the regional planning of services. The National Clinical Strategy Sets out an initial analysis of which clinical services might best be planned and delivered nationally and regionally, based on evidence supporting best outcomes for the populations those services will serve. This is a critical

first step towards strengthening population-based planning arrangements for hospital services, working across Scotland.”

The Health and Social Care Delivery Plan also indicated that by 2018 the regional groups will set out how services will evolve over the next 15 to 20 years, in line with the National Clinical Strategy.

NHS Forth Valley, Falkirk Health and Social Care Partnership and Clackmannanshire and Stirling Health and Social Care Partnership are full participants in the West of Scotland Region. However given the level of service engagement with Boards in the East of Scotland, NHS Forth Valley is also an associate member of the East of Scotland Programme Board.

The anticipated benefits of participating in the evolving regional planning arrangements for the Forth Valley area are:

- working together to respond the increasing and changing demand associated with demographic change and in particular the ageing population
- sustaining the delivery of services in collaboration with other Boards given the existing and the expected workforce challenges
- collaborating in order to transform the way in which services are provided in order to respond to the needs of the ageing population, the workforce challenges and the need to make significant efficiencies in a very difficult financial environment
- learning from the experience of partners within the region
- providing health and social care which is consistent, effective and efficient by reducing duplication and wastage, whilst recognising that models of care may be delivered in different ways in order to meet local communities.

5.27 Financial Position

Due to the timing of IJB meetings, the last finance report to the IJB was in June 2018. The purpose of this report was to set out some of the proposed changes to the way in which finance reports to the IJB are presented, such as:

- presentation of financial information focussing on services, rather than which Partner provides the services
- a savings tracker to be updated and presented to each IJB meeting

The report highlighted that savings of £4.509m have been identified against a funding gap of £4.341m. This is a healthier position than the IJB has been in during past years but there is still a risk of non delivery of significant savings. This has been a significant factor in past year overspends on the NHS arm of the budget. The savings tracker will be important for the IJB to be able to assess progress in this area during the year.

The June 2018 also highlights a number of emerging pressure areas for the IJB, including the use of contingency beds in the community hospitals at the start of the financial year. Further work is also required to understand the mental health services budget and Alcohol and Drugs Partnership (ADP) budget in the context of emerging Scottish Government guidance. This will be reported to the next meeting of the IJB.

A full projection for 2018/19 will be presented to the next meeting of the IJB.

Work is underway to prepare a medium term financial plan to be presented to the IJB in the Autumn of 2018. This work will inform the IJB business plan for 2019/20 to be presented to the Council and NHS.

6. Consultation

- 6.1 There are no consultation requirements as this is an update report.

7. Implications

Financial

- 7.1 There are no financial implications arising from this report.

Resources

- 7.2 There are no resource implications arising from this report.

Legal

- 7.3 There are no legal implications arising from this report.

Risk

- 7.4 There are no risk implications arising from this report.

Equalities

- 7.5 There are no equality issues arising from this report.

Sustainability/Environmental Impact

- 7.6 There are no sustainability/environmental issues arising from this report.

8. Conclusions

- 8.1 The integration of Health and Social Care remains at an early stage in its development at the national level, and in particular at a local level. This report summarises performance information covering a range of measures of key areas of service activity. The Partnership continues to make good progress across a range of service areas. This is within a context of growing demand, an ageing population, people living with more complex health conditions and financial constraints.

8.2 Council is invited to consider recommendations at paragraph 2.1 of this report presented by the Falkirk HSCP.

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Date: 28 August 2018

Appendices

List of Background Papers:

None