

# AGENDA ITEM

7

## Agenda Item: 7

**Title/Subject:** Integrated Structure: Update  
**Meeting:** Integration Joint Board  
**Date:** 1 February 2019  
**Submitted By:** IJB Chief Officer, Chief Executive of NHS Forth Valley  
and Chief Executive of Falkirk Council  
**Action:** For Decision

### 1. INTRODUCTION

- 1.1. This report outlines the information requested by members of the Integration Joint Board (IJB) at the meeting on 5 October. The Board requested the Chief Officer and the Chief Executives complete the remaining work in relation to the outstanding issues. They were also to report back to provide assurance that the transfer of operational NHS and Council management integrated arrangements could proceed. The information requested included:
- the role of the Chief Officer
  - the proposed integrated management structure
  - proposed governance arrangements and
  - principles for hosting services.

### 2. RECOMMENDATION

Members of the IJB are asked to:

- 2.1. approve Appendix 2 and endorse Appendices 1, 3 and 4 as the agreed approach to the outstanding issue of governance and role of the Chief Officer
- 2.2. note the progress made and level of engagement made by the Shadow Management Team as outlined in section 5 of this report
- 2.3. endorse the proposed Integrated Management Structure at Appendices 6 and 7

- 2.4. note the further work to be concluded to complete the delegation of NHS management to the Chief Officer and to implement the integrated management structure as set out in paragraphs 5.20 to 5.28
- 2.5. note that a transformation programme team will be set up to support the services which will require programme management and planning support and an experienced service lead
- 2.6. note the structure will be reviewed to include the transfer of management capacity for Phases 2 and 3 once the details are shared and agreed with both IJBs. A further report on progress will be submitted to the IJB when this work is completed.

### **3. BACKGROUND**

- 3.1. Falkirk IJB was established on 3 October 2015. The Health and Social Care Partnership (HSCP) went live on 1 April 2016, when the operational responsibility for Adult Social Care transferred to the HSCP. Since then, decisions relating to those services, in line with legislation have been taken by the IJB. Service delivery and operational decisions have been progressed by the Chief Officer, via the (HSCP) Leadership Team.
- 3.2. In February 2017 the operational responsibility for the Integrated Community Mental Health Team and Integrated Community Learning Disability Team transferred to the HSCP.
- 3.3. At the Special meeting on 25 June 2018 members of the IJB considered a report from each Chief Executive. Members of the IJB recognised the work undertaken and the significant progress made, but agreed that they had insufficient assurance for the delegation of operational management of NHS services to the HSCP to proceed.
- 3.4. At the meeting of the IJB on 5 October 2018 the Board asked the Chief Executives of Falkirk Council and NHS Forth Valley and the IJB Chief Officer to submit a joint paper detailing the plans for further integration of health services into the HSCP.

### **4. FALKIRK IJB VISION FOR THE INTEGRATION OF HEALTH AND SOCIAL CARE**

- 4.1. IJBs were set up to direct and transform the delivery of health and social care to improve health and well-being outcomes for citizens, through developing strong local partnerships with communities. The new public body has the opportunity to be more responsive to local needs and to be more 'fleet of foot' to meet that need, by working together differently, harnessing community assets and partnerships.

- 4.2. Since 2016 the Falkirk HSCP has worked on a whole system approach as the foundation for wider transformation within health and social care. The change programme includes the re-alignment of our resources to support self management, to care for more people at home and shift the balance of care.
- 4.3. This approach will support the delivery of the IJB's vision for Falkirk as set out in the strategic plan is **“to enable people to live full and positive lives within supportive communities.”**
- 4.4. The development of integrated locality teams will enable the HSCP to transform how we meet need, support independent living, improve health and well-being and tackle inequalities. The establishment of these teams will mean professionals and practitioners from across different sectors work together around the needs of people, their families and their communities.
- 4.5. Localities will provide, under integration, an opportunity for health and social care staff, GP's and communities to take an active role in the planning and delivery of local services. Localities will help ensure that the benefits of better integration are realised, including the delivery of the Primary Care Transformation Programme.
- 4.6. Social Care Institute for Excellence (SCIE) describes a common set of aspirations about what multi-disciplinary teams will achieve no matter what the population or need concerned. These teams will:
- enable professionals and practitioners from different backgrounds to communicate better about each other's roles and responsibilities
  - provide a shared identity and purpose that encourages team members to trust each other
  - lead to better communication and trust between team members and more holistic and person-centered practice
  - prevent unnecessary errors and avoidance of related harm to individuals and their families
  - result in resources being used more efficiently through reduced duplication, greater productivity and preventative care approaches
  - mean professionals and practitioners are less isolated and so will improve morale and reduce stress.
- 4.7. The SCIE aspirations are in line with the feedback from the shadow management team workshops set up to consider the integrated structure and locality team model.

- 4.8. The Audit Scotland report: 'Health and Social Care Integration Update on Progress' published on 15 November identifies six features to support integration:
- collaborative leadership & building relationships
  - agreed governance & accountability arrangements
  - meaningful & sustained engagement
  - ability & willingness to share information
  - integrated finances and financial planning
  - effective strategic planning for improvement.
- 4.9. It is also worth reflecting on the continued relevance of the Christie Commission 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.
- 4.10. In summary, moving to integrated locality teams will support the partnership to extend access to a wider range of community based services, build community capacity and target more intensive support to those who require it.
- 4.11. Progress has been at a slower pace than elsewhere but there is an opportunity to build on the learning from other areas to make integration happen successfully in Falkirk and across Forth Valley.
- 4.12. Partners (Council, IJB and NHS) have agreed to focus more on our common values and shared aspirations for our communities to make the most of the opportunities that integration offers. The task is to explore how we can work together to improve wellbeing outcomes for our citizens. The challenge is to create the environment for collaborative innovation by developing governance arrangements that satisfy our different organisational requirements.

## 5. **PROGRESS**

### **Governance and the Role of the Chief Officer**

- 5.1. Since the meeting of the Board on 5 October 2018, discussions have taken place between the two Chief Executives and the Chief Officer and colleagues from the Scottish Government. The outcome of these discussions was agreement that it would be helpful to have a set of high level principles (Appendix 2) on the role of the IJB and the Chief Officer and a description of the role of the Chief Officer in her operational management role within the Health Board (Appendix 3) and the Council (Appendix 4). These have been informed by Government principles (Appendix 1).

### **Integrated Management Structure**

- 5.2. NHS Forth Valley has proposed to transfer in scope functions in three phases. Phase 1 includes district nurses, allied health professionals and two community hospitals. Phase 2 will include in range of coordinated services as referred to in paragraph 5.25. Phase 3 includes the remaining in scope services currently being operationally managed by the NHS (e.g. primary care). It has been agreed that these services will be reviewed in 12 months and a decision to transfer to each of the Partnerships will be reached (this may happen before this if services are stable).
- 5.3. Members of the IJB agreed that the Chief Officer establish a Shadow Management Team with appropriate representation to consider in more detail:
- a proposed integrated management structure which will be based on localities and takes account of the impact of any services identified for inclusion within the Falkirk HSCP
  - a project plan for transitional arrangements to ensure the smooth transfer and integration of operational responsibility to the Chief Officer
  - a communications plan to support this work
  - monitoring arrangements including a risk and issues log to be established to ensure good progress is made.
- 5.4. The Chief Officer set up the Shadow Management Team (the team) to progress the development of the management structure. The membership included representatives from human resources, senior managers, general manager, service managers, Associate Director of Nursing, Chief Social Work Officer, Chief Finance Officer, Head of Service, clinical leads and staff and trade union representatives from each organisation. A total of forty staff attended the workshops and contributed to the development of the proposed structure.

- 5.5. The team has met on 4 occasions between 22 October and 15 November. The meetings took the form of workshops which were facilitated by the Chief Officer and included:
- review of the HSCP functions and services to identify the core functions for each locality
  - identifying Falkirk wide services to be managed in one locality for delivery in the others, due to the small team size or complexity or speciality
  - functions/services to be held as a HSCP HQ function.
- 5.6. The focus of the first workshop was an initial discussion to identify the opportunities and challenges working within an integrated team; the locality functions and services and then build the three locality teams.
- 5.7. Throughout the process it became clear that the locality manager role would be substantial including managing the core services of the locality, as well as any Falkirk wide services allocated to that locality for operational management. More work is being undertaken to scope the specific employee numbers and budget responsibilities within each of the locality areas. The workshops focused on those functions and services agreed for transfer in Phase 1 (see Appendix 5). The team highlighted that the management structure would need to be reviewed to take account of the additional management capacity required once the detail of Phases 2 and 3 has been set out. Phase 2 will include the potential transfer of significant services which the HSCP may be coordinating on behalf of the other Partnership.
- 5.8. Through subsequent workshops, the team identified a number of service areas that would benefit from redesign or transformational review. These service areas will be given appropriate support to take forward transformational change.
- 5.9. At workshop 4, work was undertaken on the reporting arrangements for the localities. Following on from this workshop the draft structures were circulated for comment in order to develop the final drafts. A meeting also took place with the two Heads of HR, Chief Social Work Officer, Associate Director of Nursing and Head of Social Work Adult Services to further review the structure and discuss leadership arrangements.

## **Outputs**

- 5.10. The result of the work led by the Chief Officer is the structure described below. The chart at Appendix 6 shows the proposed integrated locality structure with registered home care services, district nursing service and assessment and planning functions specifically within each locality. Each locality will also have operational management for small and specialist Falkirk wide services, ensuring a co-ordinated delivery across Falkirk.

- 5.11. Locality Managers will also be responsible for the development of the locality plan in line with the IJB strategic plan, for their area, leading the locality management group with community groups and representatives, third sector and primary care colleagues.
- 5.12. Given that their role spans both health and social care functions, these Managers will also work closely with professional advisers to ensure effective, efficient and safe services are delivered.
- 5.13. The chart at Appendix 6 also shows a few services which require further discussion to finalise how they will be managed. This will be taken forward as part of the transformational change programme in full discussion with relevant employees in these teams.
- 5.14. The chart at Appendix 7 shows the senior leadership structure for the HSCP. Once the work on phase 2 has been undertaken, the structure will be reviewed.
- 5.15. The aim of this structure is to ensure:
- appropriate leadership and direction for the HSCP integrated team, managing the budget of c£210m and c1,400 employees
  - ensuring the continuing delivery of safe, high quality and responsive front line services
  - enabling the Chief Officer to undertake the dual role as adviser and accountable officer to the IJB and as Director of the HSCP
  - appropriate management of transformational change and risk
  - appropriate clinical and professional leadership
- 5.16. The senior posts will require to have appropriate delegated authority from both partner organisations equivalent to the existing management authority within each partner organisation.

### **Next Steps**

- 5.17. In line with the decision of the IJB in December, both Chief Executives and the two Heads of HR met to discuss the proposed structure and the implications of this for both partners, and for their current workforces.
- 5.18. The Chief Executives have now agreed that the proposed structure charts presented as Appendices 6 and 7 provide a way forward which will enable health and social care colleagues to come together within an integrated structure. The structure as agreed is considered to provide appropriate assurance that integrated teams can be achieved in a safe and effective way.



- 5.19. Given however, the current financial position of both partners, and the actions they are taking within other service areas of each partner organisation to address this, the Chief Executives advise that the structure must be delivered within the existing staffing budget for the HSCP. The IJB's Chief Finance Officer and the Director of Finance from NHS Forth Valley will finalise the budget envelope for this purpose. In addition, and to achieve this, the Chief Executives propose that the posts within the structure will be filled by those employees who have been identified as being part of the integrated team, and meet the requirements of the job descriptions, using appropriate slotting and matching procedures and processes which are aligned to those of each partner organisation and advertising externally if required.
- 5.20. To achieve this, the two Heads of HR will include the Chief Officer in developing a process to take this forward. In summary, this will include:
- development and finalisation of appropriate job descriptions for the senior officer posts (Heads of Service and Locality Manager) and grading of these by both partners
  - finalisation of the management layer below that of Locality Manager, including confirmation of posts, job descriptions and grades
  - ring fenced slotting and matching arrangements to fill posts. Initially this will be for the Head of Service posts, followed by the Locality Manager posts and then the remaining management posts within the structure
  - any gaps in filling the structure will be fully assessed to ensure all options for internal appointment to the structure from the current qualifying staff group aligned to the partnership, have been fully exhausted, before consideration will be given to an external appointment.
- 5.21. Actions will be undertaken in an appropriate order to ensure fairness to all managers involved in this process. Work has already commenced on this and been discussed at the Joint Staff Forum. Further work will be done, once the structure is agreed, to develop an action plan which will enable the structure to be implemented as soon as possible. Time will however, be required for the development of appropriate job descriptions and determination of grades, as well as discussions with relevant employees, to ensure all employees are fully aware of their options and what this means for them.
- 5.22. Discussion will continue with Trade Union colleagues and staff representatives at the Joint Staff Forum throughout this process.
- 5.23. In addition to the above and to support the management team within the HSCP, a development programme will be put in place to assist with individuals and teams coming together within a new single team, understanding the different cultures of the substantive employers and finding the best way possible to work collaboratively for the success of the partnership. This will include a range of techniques and appropriate

organisational development approaches. Both Heads of HR will develop a programme for this purpose with the Chief Officer.

- 5.24. Further discussion is required regarding the position of medical staff for the community hospitals. This requires to be addressed before any management transfer in relation to the hospitals takes place.

### **Coordinating arrangements**

- 5.25. Following the workshop on 26 November the Forth Valley wide operational management arrangements need to be agreed. The workshop helped to clarify the thinking on how coordinated services will be organised. As a result, a discussion has taken place with the Forth Valley Integration Group, which includes the Chief Officers, on 22 January 2019 on options for this. Separate discussions with the respective Chief Executives across Forth Valley are also taking place. Further work will be done to progress coordinated services and the Scottish Government have agreed with Forth Valley NHS to assist with this work. A further report will be submitted to the IJB once this work is completed.

### **Timeline**

- 5.26. The timeline is attached at Appendix 8. It is anticipated that this process will begin in April 2019 and be complete by winter 2019.

### **Communication Plan**

- 5.27. The outline staff communication plan was developed by a sub group of the Shadow Management team and is attached at Appendix 9.

### **Support Functions**

- 5.28. The draft structures do not include access to support functions at this stage. The support functions listed on table 1 below have been identified and will be further discussed and drafted into a proposal on completion of the final structure. Both Chief Executives will ensure that there is sufficient support capacity to deliver the transfer of services at the same time as delivering core business, transforming services and delivering the budget reductions required.

**Table 1 Support Functions**

To deliver on an operational level, support is required from within the following functions provided by NHS FV or Falkirk Council	<ul style="list-style-type: none"> <li>▪ Finance</li> <li>▪ HR</li> <li>▪ Change Team</li> <li>▪ Audit</li> <li>▪ Legal</li> <li>▪ Equalities</li> <li>▪ Organisational development</li> <li>▪ Leadership development</li> </ul>
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	<ul style="list-style-type: none"> <li>▪ Emergency planning/ resilience</li> <li>▪ Procurement</li> </ul>
Key activities in Strategic Development, Planning, Performance and Health Improvement and Inequalities	<ul style="list-style-type: none"> <li>▪ Strategic Planning</li> <li>▪ Locality Planning</li> <li>▪ Health Improvement</li> <li>▪ Data Analysis</li> <li>▪ Performance Analysis</li> <li>▪ Performance reporting</li> <li>▪ Community engagement</li> <li>▪ Service Improvement</li> <li>▪ HSCP Website Development and Maintenance</li> <li>▪ Communications</li> <li>▪ Digital developments e Health</li> <li>▪ Internal &amp; External Inspection</li> <li>▪ Lead for Community Planning</li> <li>▪ Emergency Planning</li> <li>▪ Business Continuity Planning</li> </ul>

## 6. CONCLUSIONS

### 6.1. Resource Implications

As outlined in paragraph 5.19, the integrated management structure will be delivered within the existing staffing budget assigned to the HSCP. The scale of transformation may require some additional capacity. If additional resource is required the Leadership team will draw up proposals to use the Leadership element of the partnership fund.

#### **Impact on IJB Outcomes and Priorities**

Progress with integrated locality delivery is critical for the development of localities to deliver the outcomes of the IJB Strategic Plan.

#### **Legal & Risk Implications**

This report complies with the requirements of the Public Bodies (Joint Working) Act (Scotland) 2014.

Full risk assessments will be required to ensure safe transfer of operational management for all NHS and social care services. The Chief Officer will develop a detailed risk management plan to ensure any potential negative impact on safety, service delivery or staff is mitigated.

#### **Consultation**

The report notes the engagement work with staff in the development of the integrated management structure proposals.

### **Equalities Assessment**

A full EQIA will be completed as necessary on the proposed structure as it is finalised.

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Approved for submission by: Patricia Cassidy

**Author –** Karen Algie, Head of HR & Business Transformation  
Patricia Cassidy, Chief Officer  
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Linda Donaldson, Director of Human Resources  
Kenneth Lawrie, Chief Executive Falkirk Council  
Colin Moodie, Chief Governance Officer

**Date:** 23 January 2019

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

## **INTEGRATION OF HEALTH AND SOCIAL CARE: GOVERNANCE AND OPERATIONAL ARRANGEMENTS**

### Governance

The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the statutory framework for integration of health and social care in Scotland. It deliberately establishes new governance and financial arrangements that are intended to change the way health and social care services are planned and delivered.

The Act is directive on the governance arrangements for planning and paying for services. It creates IJBs as new governance bodies, which are autonomous and independent decision-making bodies that bring together non-executive members of Health Boards and elected members of Councils to take responsibility for the wellbeing of their local population and to assure best value from their use of resources.

Functions are delegated to IJBs that match local authority boundaries for the purposes of strategic planning, giving directions with respect to operational delivery to the NHS Board and Council for provision of services, and allocating budgets to service delivery. These are the legal duties of the IJB. The IJB does not deliver the services because it does not employ the staff to do so.

An IJB cannot delegate a function to any other body – not to another IJB, nor to an NHS Board or Council. Every IJB in Scotland is, now and since 1 April 2016, responsible for its legal duties for all of the functions that are delegated to it, whether these are the minimum functions laid out in legislation (adult social care, adult primary care and most adult unscheduled inpatient care), or go beyond the minimum requirements.

### Operational management and delivery of services

The Act is not directive about operational arrangements.

Delivery of services, via directions issued by the IJB, is for the Health Board, Local Authority and IJB to organise themselves to best suit local circumstances, assets, geographies, staffing and priorities. It may for instance make sense for neighbouring IJBs in partnership with a single Health Board to share some operational delivery teams and management arrangements.

In most places Chief Officers have a dual role as the accountable officer of the IJB (a statutory role and requirement) and as a joint Director of health and social care spanning the management structures of the Health Board and Local Authority.

### Links to statutory guidance

Roles, responsibilities and membership of the IJB:  
<https://www2.gov.scot/Publications/2015/09/8274>

Strategic Commissioning Plans: <https://www2.gov.scot/Publications/2015/12/7436>

Functions for integration: <https://www2.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/Statutory-Guidance-Advice/HSCFuncNote>

Full suite of statutory guidance: <https://www2.gov.scot/Topics/archive/Adult-Health-SocialCare-Integration/Implementation/ImplementationGuidance>

### **IJB GOVERNANCE PRINCIPLES**

1. The scope of the IJB's decision-making extends over all of the functions delegated to it by the Council and Health Board as set out in the Integration Scheme and the services associated with the functions (the delegated services).
2. The decisions of the IJB in respect of the delegated services may be as detailed as the IJB considers necessary to implement the strategic plan and in particular may include:-
  - a) the adoption of policy;
  - b) the commissioning and decommissioning and design of services; and
  - c) the allocation of funds and determination of budget proposals.
3. Where the IJB makes a decision about a delegated service, the constituent body will implement that decision whether or not it is accompanied by a direction.
4. **Acute Hospital Services**  
Decisions in relation to the delegated services in the acute hospital will be made with agreement of Clackmannanshire and Stirling IJB following consultation with the Health Board.
5. **Hosted/Coordinated Services**  
Where a decision is made in relation to a delegated service which is also hosted on behalf of the Clackmannanshire and Stirling IJB, that decision will be made with the agreement of the Clackmannanshire and Stirling IJB.
6. **Chief Officer**  
Proposals for decision making by the Board including budget proposals will be developed by the Chief Officer and the partnership's senior leadership team, including decisions concerning delegated services for which the Chief Officer does not have operational responsibility.
7. Where the Chief Officer is not operationally responsible for the any of the delegated services, she will act on behalf of the IJB to ensure that the decisions and directions of the IJB are being complied with.
8. In order to allow the Chief Officer to develop proposals to promote integration in furtherance of the strategic plan, the Health Board and the Council will provide the Chief Officer with any appropriate information that she requests in relation to any delegated service and will ensure that she has direct access to the managers and budget holders of any delegated service for which she is not operationally responsible and that those managers and budget holders are fully apprised of the IJB Governance Principles.

9. **Financial Information**

The Councils' Chief Finance Officer and the Health Board's Director of Finance will ensure that the IJB's Chief Finance Officer has access to all financial information that she requests in respect of the payments made by the IJB to the Council and the Health Board.

## The Chief Officer and NHS Forth Valley

### Governance Arrangements

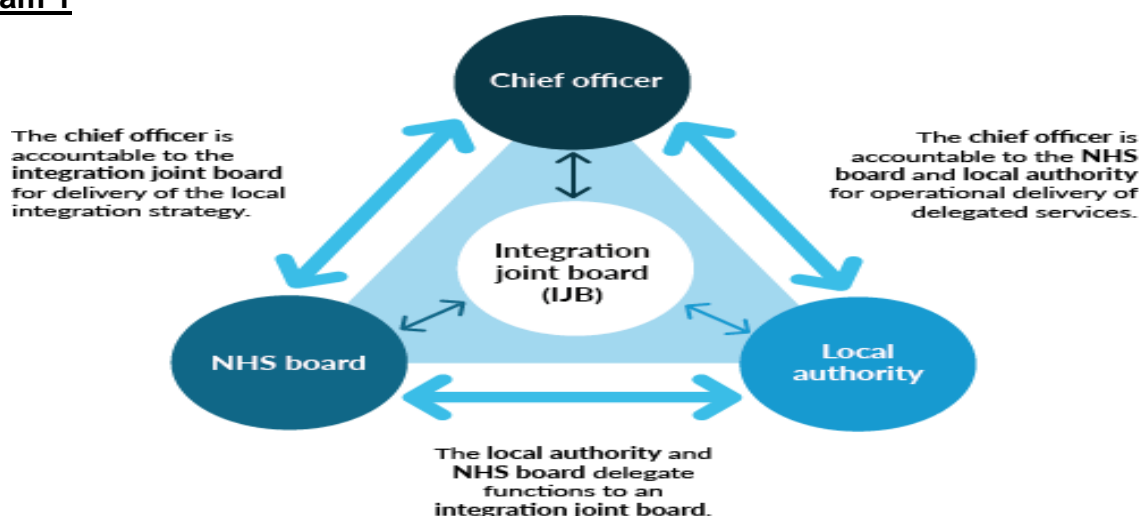
The Integration Joint Board at its meeting (5 October 2018) noted that the Chief Executives and Chief Officer would resolve the outstanding issues relating to the delegation of NHS operational management arrangements and responsibilities to the Chief Officer. These included NHS governance arrangements.

This section of the report focuses on delegation of operational management arrangements and responsibilities to the Chief Officer and the governance arrangements to enable and support the Chief Officer to fulfil their role in regard to NHS service delivery within a partnership arrangement.

The Chief Officer as previously reported (5 October 2018) has a dual role:

- The Chief Officer is directly accountable to the IJB for all of its responsibilities, notably: delivering the duty on the IJB to develop a strategic plan for integrated functions and budgets. The Strategic Planning Group (SPG) has an important role in informing this Plan, reviewing progress of the Plan, measured against the statutory outcomes of health and wellbeing, and associated indicators and is required to effectively communicate its findings to the IJB. The Chief Officer has a vital role in directing and co-ordinating this Group. The Chief Officer is also responsible for issuing Directions on behalf of the IJB to the Health Board and Council to ensure the Strategic Plan to improve health and social care outcomes for the IJB's population is delivered and preparing an Annual Performance report to quantify progress.
- The Chief Officer is accountable to the Chief Executives of the Council and Health Board for the delivery of integrated services. The dual role has been described by the Scottish Government and the King's Fund as usefully depicted below in diagram 1.

**Diagram 1**





## **Kings Fund: Leading across health and social care in Scotland (June 2018)**

### **NHS Governance Arrangements – How will this work in practice?**

The Chief Officer is a senior manager who in turn reports directly to the Chief Executives of Falkirk Council and NHS Forth Valley. As a joint appointment the Chief Officer needs to be supported and empowered to work within each of the authorising environments that in turn have their own existing and well established governance arrangements, including policies and procedures. The Chief Officer is a member of the NHS Senior Leadership Team. Like other senior managers there is an expectation that the Chief Officer will have support from their Senior Management Team and lead operational management of services with the Falkirk Health and Social Care Partnership. The Partnership brings staff employed by the Council and Health Board together to deliver improved outcomes for the people of Falkirk.

In NHS Forth Valley there are notably 4 strands of governance: clinical, finance, information and staff which are set out in statute. The NHS also has a duty to consult and work in partnership with clinical staff and staff side (recognised trade unions). Engaging the Area Clinical Forum and Area Partnership Forum is a key requirement to inform and influence when undertaking organisational change. The NHS Board has a number of Scrutiny Committees that assure the NHS Board in regard to risk management and performance management arrangements aligned to each of the governance strands. The Audit Committee in turn provides assurance to the NHS Board that risk management arrangements are effective. Effective risk management arrangements are critical to good governance.

The IJB has a number of Committees notably the Clinical and Care Governance Committee which has been established to provide assurance to the IJB in regard to the quality (person centeredness, safety and effectiveness) of health and social care delivery.

All senior managers working within the NHS are required to comply with Standing Financial Instructions and to follow the Scheme of Delegation as set out within the Board Code of Corporate Governance known locally as the 'Standing Orders for the Proceedings and Business of Forth Valley NHS Board. In addition all staff, irrespective of their position, are required to work within policies and procedures.

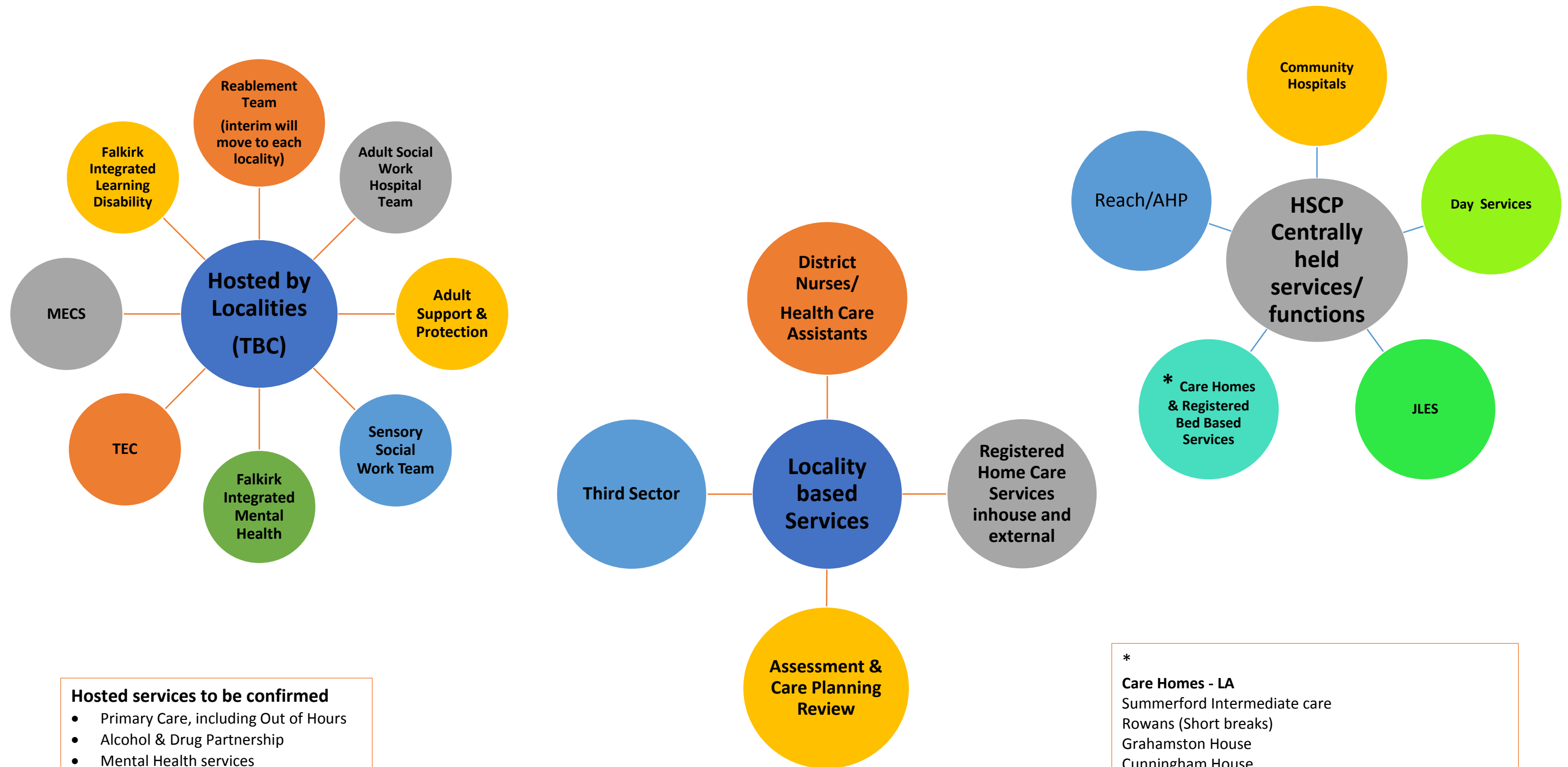
The Chief Officer since February 2017 has had operational responsibility for community mental health and learning disability services and is therefore already familiar with the governance arrangements of the Health Board.

## **The Chief Officer and the Council**

1. This appendix provides information on the governance arrangements of the Chief Officer's operational role within the Council. In many ways, it mirrors the arrangements either existing or proposed within the Health Board.
2. The Chief Officer is recognised as a chief officer within the Council. The Council's chief officers are the senior employees who are recognised within its Standing Orders and Scheme of Delegation ("the Standing Orders") as having the authority to take decisions on behalf of Council to manage the Council's resources. This authority is circumscribed to an extent by a number of caveats the obligation to consult with the relevant portfolio holder or committee convener (principally in relation to regulatory matters) and to act in compliance with council policy and its strategic plans.
3. In 2017 the Council amended its Standing Orders to recognise that the Chief Officer had some different lines of accountability from the three other Directors of the Council's Services. In particular, it was recognised that she should act in accordance with the Strategic Plan agreed by the Integration Joint Board and that there was also a requirement for consultation with the Chair of the IJB. In other respects the arrangement is the same as with other council services. The Head of Social Work Adult Services who is responsible for all of the delegated council functions reports directly to the Chief Officer and there is a straightforward management structure beneath him.

The Chief Officer is a member of the Council's Corporate Management Team. She attends or represented for all meetings and all items of business. She is a valued member of the team and contributes across the full range of CMT business drawing from her wide experience

# FALKIRK HSCP FUNCTIONS & SERVICES – SHADOW MANAGEMENT WORKSHOP



## Hosted services to be confirmed

- Primary Care, including Out of Hours
- Alcohol & Drug Partnership
- Mental Health services
- Health Improvement
- Tissue Viability and Continence Services

## Underpinned by HQ functions:

Performance, Policy, Planning & Risk  
 Quality Assurance  
 Finance, Strategic Commissioning, Procurement & HR  
 Communications & Engagement  
 Digital  
 ASP

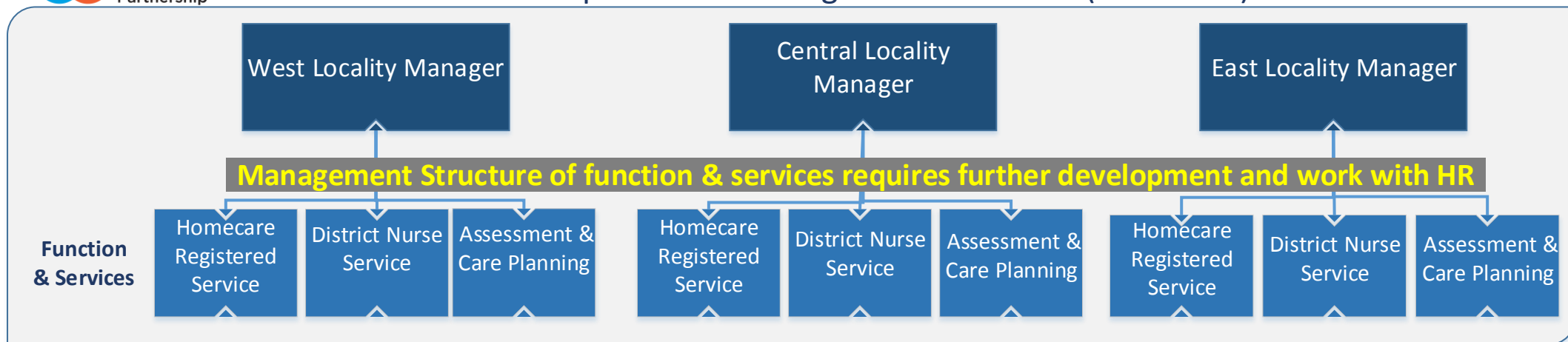
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### Care Homes - LA

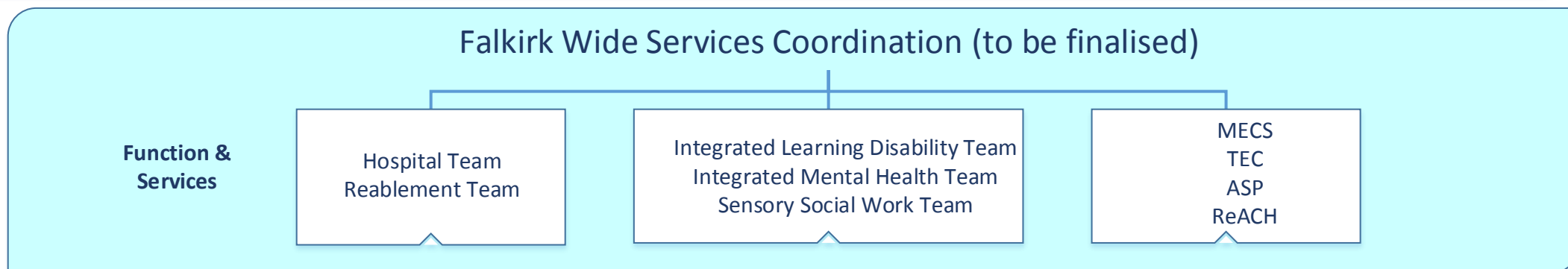
Summerford Intermediate care  
 Rowans (Short breaks)  
 Grahamston House  
 Cunningham House  
 Burnbrae  
 Torwood Hall  
 Tygetshaugh  
 Dorrator Court  
 Glenbrae  
 Glenfuir

### Registered NHS Services

Ercall Road  
 Arnothill  
 Allanmor



## Falkirk Wide Services Coordination (to be finalised)



Coordination of Forth Valley wide Services to be Determined

### Transformational Programme

- Registered Bed Based Services

#### LA Care Homes

Burnbrae  
Cunningham House  
Dorrator Court  
Glenbrae  
Glenfuir  
Grahamston House  
Rowans (Short breaks)  
Summerford Intermediate care  
Torwood Hall  
Tygetshaugh

#### Registered NHS Services

Allanmor  
Arnothill  
Ercall Road

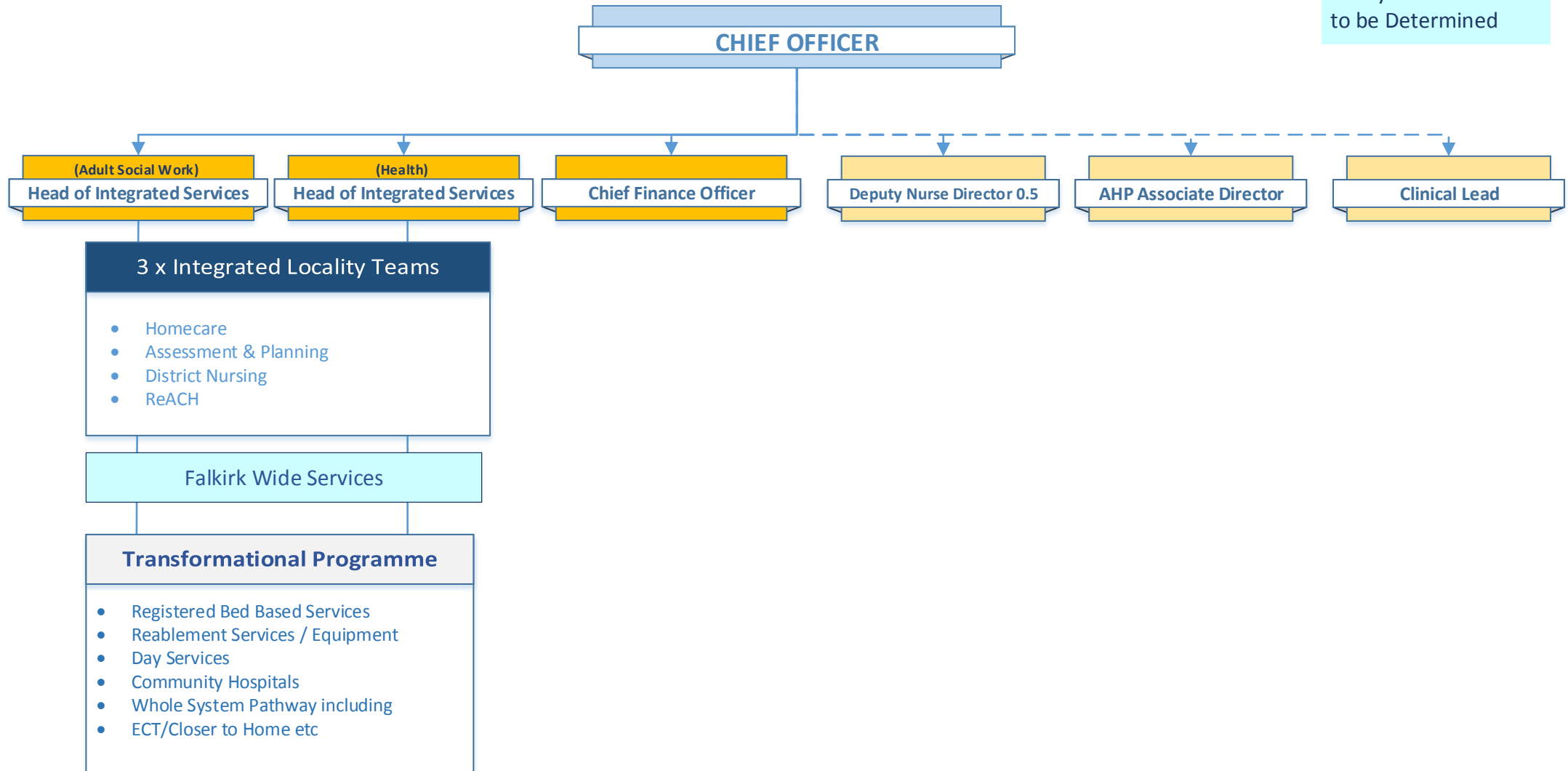
- Reablement Services / Equipment
- Day Services
- Community Hospitals
- Whole System Pathway including ECT/Closer to Home etc

### Underpinned by HQ Functions











- Performance, Policy, Planning & Risk
- Programme Manager
- Quality Assurance
- Finance, Strategic Commissioning, Procurement & HR
- Communications & Engagement
- Digital
- ASP


## Leadership & Management Structure

Coordination of Forth Valley wide Services to be Determined



TIMELINE FOR DEVELOPMENT OF LOCALITY STUCTURE

	Task	October 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	Winter 2019
	<b>Phase 1</b>												
1.	Establish a project Team including HR Finance and general /service managers												
2.	Develop draft senior integrated staff structure including staff numbers etc present to IJB												
3.	Develop interim budget structure present to IJB												
4.	Complete HR processes to appoint to Locality managers and Head of Integrated Services care post												
5.	Continue staff engagement on integration												
6.	Provide OD development programme												
7.	Core Locality teams established												
8.	Transformation Programme												
9.	Forth Valley Hosted Services												
10.	All Teams in place												

	Task	October 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	Winter 2019
	<b>Phase 2</b>												
11.	Review arrangements within Primary Care and other in scope functions for transfer for operational management within HSCPs												

## **Falkirk Health & Social Care Partnership**

### **Communications Forward Planner**

#### **Background**

This Communications Forward Planner has been developed to support the work led by the Shadow Management Team to develop an integrated structure for health and social care services.

The planner should be read alongside the Falkirk Health and Social Care Partnership (HSCP, the Partnership) Communications Protocol. This sets out arrangements for the management of communications across the Partnership. This includes media relations, internal communications, proactive Public Relations (PR) and visual identity.

#### **Communications Forward Planner**

##### **Staff**

Staff, third sector and independent service providers in NHS Forth Valley and Falkirk Council have access to information about health and social care integration and are kept informed of relevant changes and developments which affect them and the services they provide in a consistent and co-ordinated way.

Internal communications will focus on the information likely to be of interest and relevant to local staff, taking into account the phased approach to integration in the Partnership, and that some staff groups will be more directly involved in these changes.

Information will be provided in a format which is easy to understand and is free from jargon. This will include information on key service developments, announcements, plans and priorities which are likely to directly affect them or service users and patients.

Communications leads from Falkirk Council and NHS Forth Valley will work together with the Chief Officer and local service leads to ensure relevant information is shared with staff using existing, established internal communication channels (e.g. staff intranet, briefs, email etc.).

Where appropriate, information about changes, decisions and developments should also be made available to staff in Falkirk Council and NHS Forth Valley in a coordinated and consistent way before it becomes public. Communications leads from each of the Partner organisations will therefore work together to develop, agree the content of key internal communications and ensure these are shared consistently with staff at the same time using existing, established internal communication channels such as staff intranets, emails and staff briefs. Managers and team leaders

will be asked to ensure that the information is made available to staff who do not have regular access to computers.

### ***Service users, carers, families and the public***

Communications to these groups will ensure people are well informed about the HSCP's key plans and priorities, including key service developments, changes and improvements.

Service users, carers, families and the public will be reassured that they will have access to the health and social care services they require and are kept updated on relevant local developments, benefits and improvements.

The Communications Forward Planner is attached at Appendix 1 for information.

### **Key Messages**

Key messages have been developed that can be used by managers to ensure a consistent approach is taken. These are attached at Appendix 2.

### **Implementation and evaluation**

The forward planner sets out a range of activities to be taken forward by the Partnership. It is based on information available at the present time and will be refined and added to as implementation progresses.

The Partnership will evaluate how effective and efficient we are in delivering our communication activities. This will enable us to gather insight on the best ways to communicate with staff, service users, families, carers and the public.



## Appendix 1

### Staff

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
Ensure staff are updated on progress and key developments as plans progress for integrated services/transfer of in-scope services and are able to contribute views	Outline vision, key outcomes and priorities	Email to staff from IJB Chief Officer following IJB meeting	Chief Officer	December (IJB)	Review reach and impact of these communications and gather feedback
	Locality Planning arrangements	Issue regular staff updates – could be a briefing, newsletter, blog		February (IJB)	
	IJB reports	Establish “meet the SMT” meetings as part of an ongoing programme of staff engagement	Senior Leadership Team (SLT)	Quarterly	
		Provide information on Falkirk and NHS Forth Valley staff intranet		January onwards	Joint Staff Forum feedback
		Ensure that common issues raised by staff in other ways are captured and addressed in outgoing communications	All managers	Quarterly	
		Provide opportunities for staff to express ideas and take forward service redesign activity		Ongoing	
		Consider the “corporate HSCP” identity and standards e.g. email contact details, lanyards, letter headings etc	SLT	Ongoing	
				April 2019	

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
Raise awareness of: <ul style="list-style-type: none"> <li>key achievements</li> <li>progress against national and local outcomes</li> <li>key decisions</li> <li>service developments</li> <li>how the funding is being used and the difference it is making to local people</li> </ul>	Strategic Plan  Annual Performance Report  IJB reports, including the Performance reports and Partnership Funding reports	Prepare a summary of IJB reports and core business  Showcase the joint work of staff and services covered by the HSCP and highlight the benefits to staff  Identify areas of best practice and existing and new joint service developments and share these internally and externally via key national events and awards  Consider a HSCP staff award/recognition event to celebrate achievements  Highlight progress and achievements/ Annual Performance Report  Issue staff briefing on how Partnership Funding is being used locally	Programme Manager      SLT  Programme Manager  ICF Co-ordinator	Ongoing  Quarterly  Ongoing  October 2019  Annually  6 monthly	
Ensure that online information is accurate, up-to-date and accessible	HSCP website	Review and update HSCP web pages  Consider using HSCP website to host service information			

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
		<p>(currently holds information on IJB, plans etc.)</p> <p>Review existing photographic images and augment where required.</p> <p>Develop key facts and figures about the HSCP e.g. services, no of staff, budget and any other information. This would be a local infographic.</p>			

***Service users, carers, families and the public***

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
<p>Ensure people are updated on progress and key developments as plans progress for integrated services/transfer of in-scope services and are able to contribute views.</p> <p>This will be done in a co-ordinated way to ensure staff</p>	<p>Outline vision, key outcomes and priorities</p> <p>Locality Planning arrangements</p> <p>IJB reports</p>	<p>Arrange local media release with IJB Chair and Chief Officer</p> <p>Provide information on HSCP, Falkirk Council and NHS Forth Valley websites</p> <p>Provide updates to the Carers Forum and PPF</p> <p>Issue regular staff updates – could be a briefing, newsletter, blog</p>	Chief Officer	<p>December (IJB)</p> <p>February (IJB)</p> <p>Ongoing</p> <p>At meetings</p> <p>Ongoing</p>	<p>Review reach and impact of these communications and gather feedback</p> <p>CCHF Survey feedback</p>

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
receive information in a consistent and timely manner.		<p>Information published on CVS Falkirk Bulletin and issued to all Third Sector organisations on distribution list</p> <p>Briefings to the CCHF</p> <p>Briefings to the Independent Sector Providers meeting</p> <p>Ensure that common issues raised in other ways are captured and addressed in outgoing communications</p> <p>Provide opportunities for people to express ideas and be involved in service redesign activity</p>		<p>Ongoing</p> <p>Bi-monthly meetings</p> <p>At meetings</p> <p>Ongoing</p> <p>Ongoing</p>	
<p>Raise awareness of:</p> <ul style="list-style-type: none"> <li>• key achievements</li> <li>• progress against national and local outcomes</li> <li>• key decisions</li> <li>• service developments</li> </ul>	<p>Annual Performance Report</p> <p>IJB reports, including the Performance reports and Partnership Funding reports</p>	<p>Identify areas of best practice and existing and new joint service developments and share these internally and externally via key national events and awards</p> <p>Showcase the joint work of staff and services covered by the HSCP and highlight the benefits to people and partners</p> <p>Highlight examples of how the</p>		<p>Ongoing</p> <p>Quarterly</p> <p>Ongoing</p>	

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
		<p>funding is being used and the difference it is making to local people</p> <p>Highlight progress and achievements/ Annual Performance Report</p> <p>Ensure key decisions or developments that impact on service users and their carers have a communication plan in place</p> <p>Equalities and Poverty Impact Assessments will be completed where required</p> <p>Media releases</p> <p>Relevant news stories and updates on HSCP, Falkirk Council and NHS Forth Valley websites</p>	<p>Programme Manager</p> <p>Service Managers</p> <p>Service Managers</p> <p>Comms Dept (FC and NHS FV)</p>	<p>Annually</p> <p>As required</p> <p>As required</p> <p>As required</p> <p>Quarterly</p>	
Ensure that online information is accurate, up-to-date and accessible	HSCP website	<p>Review and update HSCP web pages</p> <p>Consider using HSCP website to host service information</p>		<p>Ongoing</p> <p>April 2019</p>	

Objective	Information required	Tactical Implementation	Lead	Timescale & Frequency	Evaluation
		<p>(currently holds information on IJB, plans etc.) moving from information on Council and NHS websites</p> <p>Review existing photographic images and augment where required.</p> <p>Develop key facts and figures about the HSCP e.g. services, no of staff, budget and any other information. This would be a local infographic.</p>		<p>Ongoing</p> <p>April 2019</p>	

## **Appendix 2**

### **Falkirk HSCP Key Messages**

We are committed to our vision “to enable people in the Falkirk area to live full and positive lives within supportive **and inclusive** communities”

That means making sure people are independent where possible, and can live the healthiest lives they can.

Health and social care integration is about improving care and putting people first. Services will be more focused on individuals getting the right care and support at the right time and in the right setting at any point in their care journey.

We aim to do this by combining and co-ordinating health and social care services, with a focus on community-based and preventative care and support. We need to shift the balance of care from hospital and residential settings to community based alternatives.

Falkirk Health and Social Care Partnership aims to:

#### ***People***

- help people to stay fit and healthy so that they can live safely and independently in their own home for as long as possible
- make it easier and quicker to access services and support
- design and deliver services that are tailored to the needs of individuals, carers and communities
- ensure people get joined-up and seamless support and care that they need
- improve the quality and consistency of services for patients, service users, carers, families and communities
- support vulnerable people and promote social well-being
- focus on being responsive to those whose health outcomes are poorest and address health and social inequalities

#### ***Staff***

- deliver services in a joined up way by bridging gaps and removing duplication
- respond to the different health and social care needs of local communities
- develop a competent, confident and valued workforce
- focus on continuous improvement and innovation

#### ***Partners***

- work with partners to help shape and deliver new ways of working together to improve health and well-being
- support people to access financial advice and information and practical wellbeing support

#### ***Resources/enablers***

- make it easier for staff to share information, expertise and experience
- make better and more effective use of the resources and skills available
- show transparency, equity and fairness in the allocation of resources

### **Why we need to change the way we provide services**

In Falkirk, like the rest of Scotland, the systems of health and social care have evolved over many years. To meet the growing demands on services we need to adapt how we do things and change our ways of working. The main challenges facing services include:

- all our services are under financial pressures
- recruitment and retention of staff such as GPs, community nurses and care workers
- people are staying too long in hospital after they are fit to be discharged
- little progress is being made in reducing health inequalities.

We need to think differently about health and wellbeing. We need to:

- focus on the whole person not only the disease or condition
- recognise that it is important to consider a person's mental health when responding to physical health and social wellbeing
- recognise the role of families, carers and communities in helping people stay well.

Working together to join care across communities and hospital services will help us provide even better services for our communities. People will receive high quality, well co-ordinated care as close to home as possible – day and night. This ensures people's wish to stay independent and at home for as long as they can.

By redesigning our services, we are better placed to deliver the nine [national health and wellbeing outcomes](#).

The Partnership has implemented the National Health and Social Care Standards. These describe both the headline outcomes and the descriptive statements which set out the standard of care a person can expect. The headline outcomes are:

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support
3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides the premises

### **Specific messages for staff**

A Shadow Management Team has been established. The team is led by Patricia Cassidy, Chief Officer and has a range of health and social care managers and staff representatives.

The Team will consider in more detail:

- a proposed integrated structure which will be based on localities and takes account of the impact of any services identified for hosting by the Falkirk HSCP
- a project plan for transitional arrangements, to ensure the smooth transfer and integration of operational responsibility to the Chief Officer
- a communications plan to support this work; and
- monitoring arrangements including a risk and issue logs will be established to ensure good progress is made.



The Team will report to the Falkirk Integration Joint Board on 7 December 2018. The proposed integrated structure includes Community Care services, District Nursing, REACH and Home Care Teams.

There are no plans to transfer any NHS Forth Valley or Falkirk Council to other organisations as a result of integration. Staff will remain with their existing employer and retain their existing terms and conditions of service.

Integration provides the opportunity to work together differently. The future success of working to deliver integrated care involves all of us.

What will work for some people may not be ideal for others. We understand this may not always be easy.

We will listen and respond to our staff and the increasing pressures they face and solutions they have.

