

Agenda Item

6



Title/Subject: Chief Officer Report
Meeting: Integration Joint Board
Date: 6 September 2019
Submitted By: Chief Officer
Action: For Decision

1. INTRODUCTION

- 1.1. The purpose of this report is to update members of the Integration Joint Board (IJB) on current developments within the Falkirk Health and Social Care Partnership (HSCP).

2. RECOMMENDATION

The IJB members are asked to:

- 2.1. note the content of the report
- 2.2. note the development of the draft Housing Contribution Statement, which will be presented to the IJB meeting in November 2019 for consideration and approval
- 2.3. consider rescheduling the IJB meeting planned for 1 November 2019 to 22 November 2019 as set out at section 7.2

3. BACKGROUND

- 3.1. The Board has previously agreed key areas of work that should be undertaken and the report provides an update on a range of activity.

4. INTEGRATION ARRANGEMENTS

4.1. Integrated Structures

The new Heads of Integration have now taken up post. Lorraine Paterson has joined us from her previous role as Head of Integrated Adult Services for Argyll and Bute HSCP and Martin Thom previously Head of Community Care for Walsall Council.

- 4.1.1. Alison Cooke has taken up post as Locality Manager (Central) and Marlyn Gardner as Locality Manager (West). The Locality Manager (East) role is currently advertised.



4.1.2. A further workshop was held in July to discuss the draft locality structure for phase 1 with

4.2. Phase 1 Services

Following the retirement of the Community Services General Manager, Ellen Hudson Associate Nurse Director is overseeing the operational management of the community hospitals and community services in the interim until the full structure is in place.

4.3. Phase 2 Services

The IJB functions for Primary Care and Mental Health services are being managed by Kathy O'Neill General Manager Primary Care, Mental Health and Prisons, until transfer into the HSCP during 2020/21.

4.4. Forth Valley wide services

The new Chief Officer Annemargaret Black has taken up post for Clackmannanshire and Stirling IJB. Discussions are underway to develop proposals for coordinating Forth Valley wide health services. A report will be presented to the next IJB meeting in November.

4.4.1. Progress with the transfer of Phase 1 Services

A further workshop was held on 26 July with managers from across the partnership, trade union and staff representatives, to review the outline locality structure which is attached as appendix 1. This was the third workshop since the IJB approved the management structure in February 2019 and the seventh workshop in the series since October 2019. The structure has also been discussed at the Joint Staff Forum with no issues raised. It was agreed with that the Chief Officer would write to the Trade Union and staff representatives to formally conclude the consultation. Positive responses have been received to date, however one of the trade unions has requested a separate meeting which has been arranged for 3 October. It is anticipated that the consultation will be concluded thereafter.

4.5. Support Services Agreement

Work is underway to scope out the support services transferring into the partnership with the NHS operational services. This is not yet finalised. The IJB oversees a budget of approximately £220m and requires the appropriate corporate services to run a public body and oversee the delivery of front line health and care services. The HSCP needs to have the appropriate finance, performance, planning, risk management, administrative and project staff to deliver the core services at the same time as transforming the way we deliver care. This capacity is critical for the safe transfer of operational services.

Further work is required to complete due diligence exercise for the transfer. The Work is required to build the locality budgets along with resource, including the staff and support roles, to ensure that the services transfer safely with minimum disruption to service users and staff.

4.6. Unscheduled Care and Delayed Discharge

The regular progress report is a separate agenda item and this will remain a standing agenda item to monitor progress.

- 4.6.1. The joint presentation with the Director of Acute Services later in the agenda outlines the performance and flow through the acute hospital and the demands on community based services.
- 4.6.2. During 2018/19, 87.5% of Falkirk IJB residents delayed in their discharge were in community hospitals. Nationally 36.5% of people delayed were from community hospitals with the majority of delays in acute hospitals. Falkirk varies significantly from the national performance in having the majority of its delays and therefore bed days lost from community hospitals.
- 4.6.3. The Unscheduled Care Performance report on the agenda shows the continued volatility in performance for bed days lost due to delays in discharge.
- 4.6.4. The Financial Projection report from the Chief Finance Officer on the agenda highlights the financial pressure associated with the increase in demand on external homecare.
- 4.6.5. Members of the IJB received a report on Reablement and Bed Based Intermediate Care at the meeting on 7 June. The report outlined the whole system work for reablement and intermediate care to underpin the promoting independence approach. The progress and planning for this work is outlined in the report on the Unscheduled Care Improvement Plan on the agenda.

5. INTERMEDIATE CARE FACILITY

- 5.1. The future requirement for community bed based care will be scoped as part of the work with the Institute of Public Care (IPC) and will include a review of the community hospitals and development of an intermediate care facility.
- 5.2. The current provision at Summerford was only intended to be a temporary solution pending the development of a new facility. As requested a site options appraisal for a bed based intermediate care facility is also on the agenda.

6. FALKIRK COMMUNITY HOSPITAL

- 6.1. A report from the NHS Chief Executive proposing developing a business case for the redevelopment of Falkirk Community Hospital is on the agenda. The IJB will require to review both community hospitals as part of the agreed whole system approach. It would be useful to clarify that Boness Hospital will be part of this review.

- 6.2. It will be critical that the model of care is developed using the whole system approach to ensure that any investment is evidence based and designed to meet future demand. The timeline in the report does not take account of the time to develop the model of care. The requirement for such bed based care will change as a result of the Home First strategy. This needs time to be tested and evaluated with the first test of change to take place in September. Any development will require to harmonise with the primary care asset plan and explore any opportunities for colocation with other services with a 'One Public Estate' approach.
- 6.3. Additional technical, planning and project support will be required to deliver the community hospitals project.

7. SERVICE PLANNING

7.1. Housing Contribution Statement

The Board received an update on 1 February 2019 on the ongoing work relating to:

- the Housing Contribution Statement
- the Strategic Housing Investment Plan (SHIP) for new affordable housing and new
- ongoing priorities for the new Housing Contribution Statement 2019-2022.

- 7.2. This report highlighted that the Housing Contribution Statement is overseen by the Steering Group (HCSSG) which comprises senior officers from the Health and Social Care Partnership, Housing Associations with specialist housing stock locally and chaired by the Head of Housing. The Board also received an update on Rapid Rehousing/ Housing First.
- 7.3. In developing the Housing Contribution Statement, a workshop was held with the Strategic Planning Group on 14 June 2019. This focused on 5 draft priorities. Details on priorities and actions are currently being finalised and work to date is noted below.

- 1. Make best use of technology so people can stay at home for longer**
- 2. Make best use of communal facilities in older peoples' housing developments to provide social activities and or as a base for health and social care staff to provide services closer to home** Housing services, Housing Associations, CVS and Community Learning and Development are currently consulting with tenants who live in older peoples' housing developments. Views are being asked about what activities are currently ongoing in their development and what events, activities or information sessions they would like. This will allow us to identify gaps and potential services which could support older people to

remain at home for longer and delay reliance on formal health and social care services. The consultation will close on 30 August 2019. This will inform a possible bid to the HSCP Partnership Fund.

3. **Ensure the built environment suits the needs of older and or physically disabled people through a disabled persons adaptations service, provide more wheelchair accessible housing and rolling out Combined Heat and Power** We have increased the priority given to developing landlords who provide new affordable housing using grant through the SHIP. As a result of this the SHIP, which will be considered by Council Executive in October, will likely have an increased number of properties for older people and/ or those with mobility needs. We are also considering possibilities to increase the supply of accessible homes across all tenures. This will be undertaken in a review of the Affordable Housing Policy.
4. **Improve access to housing for those currently in care settings, delayed in hospital or vulnerable people from Falkirk who are housed out with the area and want to return.** We are currently reviewing the Council allocations policy which will consider these issues. We are currently in discussions with colleagues in Social Work Adult Services in relation to people with a learning disability and mental health issues living out with Falkirk for whom a housing solution is being considered.
5. **Take forward Rapid Rehousing Transition Plans and Housing First** We have received feedback from the Scottish Government on the RRTP and confirmation of the first tranche of funding. This will allow progress to be made on the key elements of the plan. This includes the development of a Housing First project. A steering group will be established to ensure the core objectives of the plan are achieved. This group will also monitor the ongoing process through the plan's 5 year life span. Further announcements for Scottish Government funding beyond 2019-2020 will be issued before the end of 2019.

The HCSSG will finalise the Housing Contribution Statement following consideration of the ongoing consultation and after the SHIP is considered by Falkirk Council Executive. This will be presented to the IJB meeting in November 2019 for consideration and approval.

8. IJB FINANCIAL UPDATE

- 8.1. The HSCP Leadership Team has been meeting regularly, with separate meeting arrangements in place to cover financial issues. An update on the financial position is detailed as a separate agenda item.

- 8.2. Work is underway on the development of the delivery plan for the Partnership and the medium term financial plan. These are both significant pieces of work that will require consultation and collaboration to produce. It is therefore recommended that the 1 November meeting of the IJB is rescheduled to 22 November. This timescale will allow sufficient time to progress these key pieces of work and will allow the papers to be submitted to Falkirk Council on 4 December, subject to IJB approval. A date for submission to the Health Board is not yet confirmed.

9. IJB GOVERNANCE

- 9.1. The IJB Annual Performance report is on the agenda as a separate item.
- 9.2. As requested by the IJB, a report on the updated Forth Valley NHS Board Scheme of Delegation is on the agenda. The Chief Officer and Leadership team will require more clarity on their delegated responsibilities and accountabilities to discharge their roles effectively..

10. PUBLICATIONS

- 10.1. [Personalising Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2017-2018](#)
The Chief Medical Officer's fourth annual report on Realistic Medicine was published on 25 April 2019. The focus of the report is on the principle of Building a Personalised Approach to Care.
- 10.2. [Handing Back Contracts: Exploring the rising trend in third sector provider withdrawal from the social care market](#)
In May 2019, the Coalition of Care and Support Providers (CCPS) launched a report exploring the handing back of social care contracts by voluntary sector providers of social care services. The report sets out the outcome of detailed research undertaken by Strathclyde University. The research was commissioned by CCPS following identification of a trend via their annual Business Resilience Survey, which highlighted concern about the sustainability of organisations (both voluntary and private) that have been involved in contracting public services from the government in the social care sector.
- 10.3. The CCPS commissioned research considered wider research that has highlighted how the introduction of the Scottish Living Wage in adult social care may be contributing to greater insecurity of voluntary organisation providers. This insecurity, in turn, is seen to be leading to providers handing back contracts (Cunningham, Baluch, Cullen and James, 2018). The research focussed on 47 social care contracts across Scotland to explore the impact on providers, funders, employees and service users.

- 10.4. Within the Falkirk area, handing back of contracts has been on a small scale, with only one contract handed back in recent years. This position will be monitored on an ongoing basis; however the local approach to commissioning social care has countered some of the risks particularly in respect of provider engagement and our approach to rates.
- 10.5. [Competency Framework for Integration Authority Nurse Board Members](#)
In February the Ministerial Strategic Group for Health and Community Care published its final report on the Review of Progress with Integration of Health and Social Care. This emphasised the need to better understand, co-ordinate and utilise “the key role of clinical and professional leadership in supporting the Integration Authority to make decisions that are safe and in accordance with required standards and law.” It also pointed to a greater need for boards which are “capable of making effective decisions on a collective basis”.
- 10.6. Nurse members of Integration Authorities have a pivotal role in influencing and supporting decision making in each IA board to shape, deliver and monitor safe, high-quality and integrated services. Recognising this, and learning from the long-standing programme of RCN support for nursing leaders in integration, the RCN, Scottish Executive Nurse Directors and NHS Education for Scotland have collaborated with IA nurse board members to set out clearly the skills and competencies required for nurses to undertake these strategic roles on boards.
- 10.7. Locally, NHS Forth Valley Nurse Director has supported this work with the college. This includes work to build the framework into senior nurse’s development.
- 10.8. In July 2016, the Scottish Government revised guidance issued on the role of the Chief Social Work Officer (CSWO) to take into account integration legislation. The CSWO’s responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.
- 10.9. There is no equivalent medical framework for Medical or GP leads on the IJB.

11. CORRESPONDENCE

11.1. Action 15 Mental Health Funding

A report on Action 15 appears as a separate agenda item on the agenda.

11.2. Coming Home: Report on Delayed Discharge and Out Of Area Placements for people with a Learning Disability

The Chief Officer report to the Board in December 2019 noted the publication of the Coming Home report. This was commissioned by the Scottish Government in response to concerns raised by the Mental Welfare Commission in their report “No Through Road”. This report is the first time that a collective and comprehensive overview has been made available in Scotland on both the characteristics and circumstances of people with complex needs who are placed into care settings that are distant to their families and communities, or who remain in hospital settings beyond the clinical need of them to be there.

- 11.3. The Partnership is committed to supporting people back to the area to be nearer their families, friends and home communities should they wish to. In order to do this, there is work ongoing to address any gaps in service provision that meant people had to move out of area in the first place.
- 11.4. In the Falkirk HSCP, a working group has been set up to consider the report recommendations, record achievements to date and plan for improvement. There are currently 41 people with a learning disability who live out with the area, the majority of whom live in residential homes. The number has been gradually reducing over the last 3 years. However, in order to expedite this process, Social Work Adult Services agreed to a dedicated Community Care Worker post to co-ordinate the necessary development work and carry out any reviews required whilst working with people and their families and supporters. This work will also include those people who live out with the area and have mental ill health or a physical disability.
- 11.5. The group will build on our recent successes working in partnership with people, their families and supporters, Integrated Learning Disability Team, Housing and Third Sector providers to repatriate people back to their own communities.
- 11.6. The Minister for Mental Health wrote to Chief Officers and NHS Chief Executives in June 2019 requesting a response on what actions and plans we have in place in our partnership area to address the report’s findings and recommendations. The response submitted by Falkirk HSCP is attached at appendix 2 for information.
- 11.7. Facilitating hospital discharge remains a priority and the Partnership continues to work together to support the discharge of those people who were delayed and living in Lochview Hospital. To date, none of these people have had to be readmitted to hospital and are enjoying community life. There are no people with a learning disability currently delayed in their discharge. The group still meet to discuss any new people that may be well enough to leave hospital to plan for their return home.

- 11.8. The Board are advised that work is ongoing to develop local Keys to Life Strategy. This is in response to the new integration framework for Keys to Life which was published on 3 March 2019. The Board is asked to note that a further report will be presented to the Board at a later date.
- 11.9. **Digital Maturity of Health and Social Care Services in Scotland**
The Board were advised in April 2019 that the Scottish Government and COSLA wrote to Councils, NHS Boards and IJB's to request a digital maturity self-assessment was completed. The findings from responses will help to understand the level of readiness for digital transformation across health and social care services in Scotland. It is anticipated the results will be published by late September 2019.
- 11.10. Submissions on behalf of the Partnership were completed by Falkirk Council and NHS Forth Valley and submitted by the deadline on 28 June 2019.
- 11.11. **Health and Care (Staffing) (Scotland) Bill**
The Bill was passed unanimously by the Scottish Parliament on 2 May 2019.
- 11.12. The aim of this legislation is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high quality care and improved outcomes for service users. The legislation does not seek to prescribe a uniform approach to workload or workforce planning. Instead it enables the development of suitable approaches for different settings.
- 11.13. This is now awaiting Royal Assent and the Scottish Government team are planning how they will continue to engage with stakeholders to develop the Ministerial Guidance that will accompany the Bill. As part of the wider stakeholder engagement they plan to deliver a number of events across Scotland. The Board will be updates as further information becomes available.

12. CONCLUSIONS

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

Resource Implications

The Chief Finance Officer will continue to report through the IJB financial reports to the Board.

There remains commitment from all partners to ensure the Partnership meet its statutory obligations under the Public Bodies (Joint Working) (Scotland) Act 2014 and the ongoing commitment will be confirmed in a future report to the Board on the Support Service agreement and the integrated structure.

Impact on IJB outcomes and priorities

The ongoing work is designed to deliver the outcomes described in the Strategic Plan.

Legal and Risk Implications

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

Consultation

Stakeholders will be involved as required.

Equalities Assessment

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

Approved for submission by: Patricia Cassidy, Chief Officer

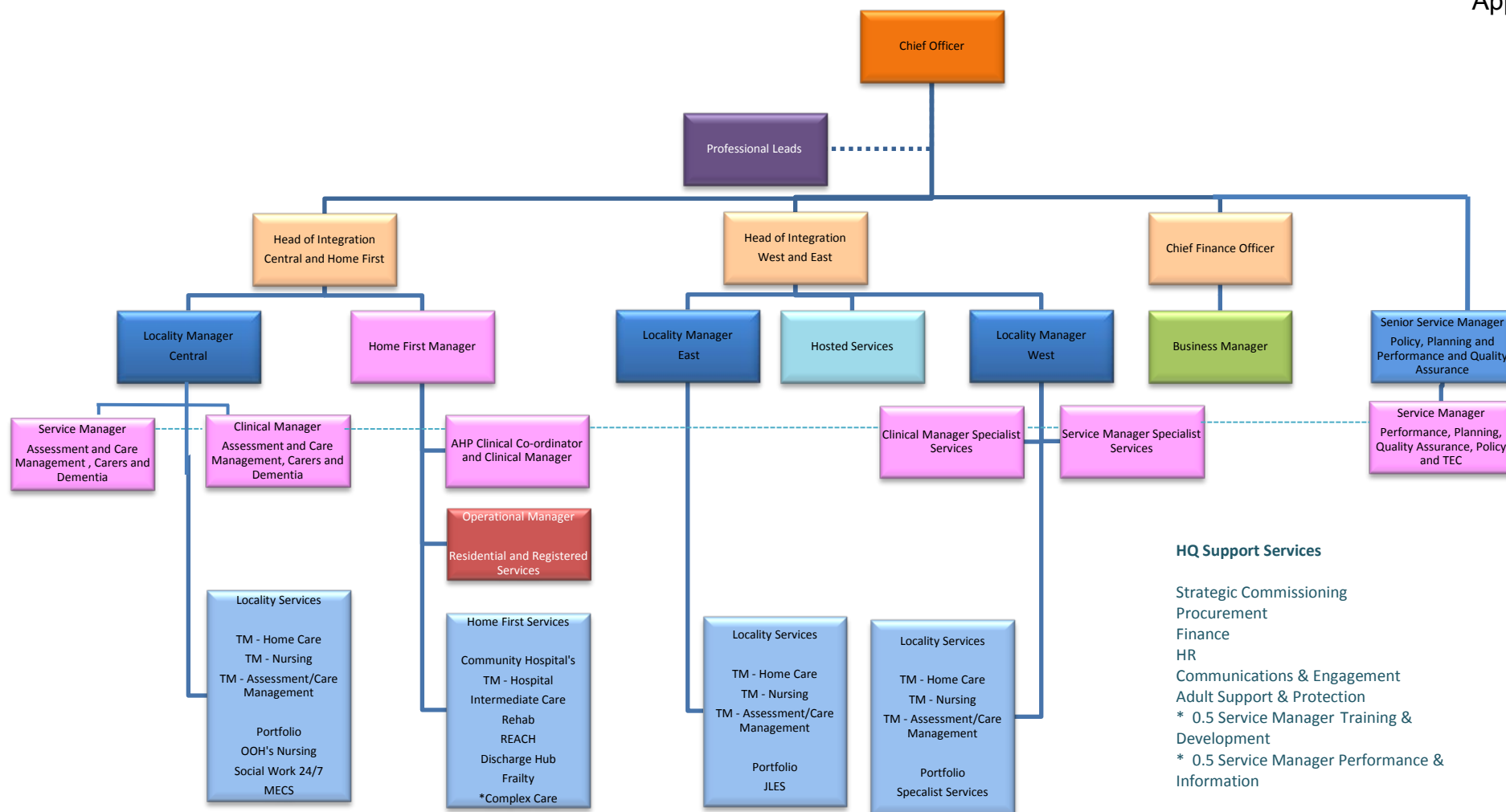
Author: Suzanne Thomson, Senior Service Manager

Date: 22 August 2019

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

Falkirk HSCP Integrated Staff Structure Phase 1

Appendix 1



* Currently under review

Version 14 – 29/07/2019

Enquiries to: Patricia Cassidy
Date: 31 July 2019
Email: patricia.cassidy@falkirk.gov.uk

Rodger Watt
Email: Rodger.Watt@gov.scot

Dear Rodger

Re: Coming Home: Complex Care Needs and Out of Area Placements 2018

Falkirk HSCP is committed to supporting people with complex needs to remain in their own community or return to their community. The Integration Joint Board has overseen a transformation in the way we deliver services.

In regards to the specific recommendations in the Coming Home report, we have set up a working group in partnership with NHS Forth Valley and other colleagues to consider these, record any achievements to date and plan for improvement (Appendix 1).

There are 41 people with a learning disability whom Falkirk support that live outwith the area, the majority of these people are living in residential homes. As the report suggests, people originally went to live in these homes when it was determined that none of the resources in Falkirk could meet their challenges.

Falkirk HSCP is committed to supporting people back to the area to be nearer their families, friends and home communities should they wish to. In order to do this, we need to make sure that we can address any challenges that arise and also prevent people from having to move outwith the area in the first place. The number has been gradually reducing over the last 3 years however, in order to expedite this process, Falkirk have agreed to dedicate a Community Care Worker to co-ordinate the necessary development work and carry out any reviews required whilst working with people and their families/supporters. This work will also include those people who live outwith the area and have mental ill health or a physical disability.

Whilst this may be seen as a challenge, this is definitely an opportunity to build on our recent successes where we have broken down perceived barriers by working in partnership with people, their families/supporters, Integrated Learning Disability Team, Housing and 3rd Sector Providers to repatriate people back to their own communities.

With/

With regards to hospital discharges, we see this as a priority for the partnership and have been working over a 3 year period to support the discharge of those people who were delayed and living in Lochview learning disability hospital. Again, to achieve this, we worked with colleagues from NHS, Housing and 3rd Sector providers to ensure that any barriers to discharge were identified and solutions sought at an early stage.

We are proud that, to date, none of these people have had to be readmitted to hospital and are enjoying community life. We currently have no delayed discharges for people with a learning disability, however, the partnership group still meet on a monthly basis to discuss any new people that may be well enough to leave hospital.

Appendix 1 shows the workplan that has been developed by the multidisciplinary team. The group is still finalising the plan which, as a working document, will be developed over the next few years in line with local achievements and changes.

Falkirk HSCP is committed to the principles of the Coming Home Report in a co-produced and effective way in order to deliver improved outcomes for people with a learning disability in this area.

Yours sincerely

Patricia Cassidy
Chief Officer

APPENDIX 1

Coming Home Recommendations

Theme One: Strengthening Community Services

Recommendation 1: Develop options for access to crisis services for people with learning disabilities and complex needs, with a view to providing direct support to service provider or family placements which are at risk of breakdown.

ACTION

- LD crisis response service.
- More effective contingency plans to be developed for those people whose behaviour may challenge.

Recommendation 2: Consider the role of flexible support responses, to be used when placements are experiencing significant difficulty. The need for this should be informed by the use of risk registers to identify individuals at risk of out-of-area or hospital placement.

ACTION

- LD crisis response service
- Improve the skill mix of staff trained in Positive Behavioural Support.
- Monitoring meetings for those most at risk
- Review of all individual budgets over £1500 per week by reviewing officer – 2 year secondment, including contingency planning

Recommendation 3: Ensure that greater consideration is given to family support for the family carers of people with learning disabilities and complex needs.

ACTION

- Ensure that referrals for carer's assessments are made to staff at the carers centre.

- Ensure accurate information for carers is available through our respective websites.
- Experts by Experience – parents support network to be considered.

Theme Two: Developing Commissioning and Service Planning

Recommendation 4: Take a more proactive approach to planning and commissioning services. This should include working with children's services and transitions teams; the use of co-production and person-centred approaches to commissioning; and HSCPs working together to jointly commission services.

ACTION

- Employment of Transitions Co-Ordinator to work jointly with Adults and Children's' Services.
- Consider the Commissioning Guidelines from PBS Academy when thinking about commissioning new services and developing a commissioning group including contracts and procurement team.
- Providers Forum to be used to showcase good example of using PBS approach.
- Work alongside Local Authority Procurement Colleagues to ensure that any tenders take account of the needs to this group of people.

Recommendation 5: Identify suitable housing options for this group and link commissioning plans with housing plans locally.

ACTION

- Joint work with housing colleagues, RSL's and private landlords
- Identify appropriate accommodation for people with disabilities, particularly in new housing projects.
- Develop a variety of accommodation options for people incl. ownership, tenancy (individual/core and cluster/shared).

Theme Three: Workforce Development in Positive Behavioural Support

Recommendation 6: The Scottish Government should seek partnership with a university to provide PBS training across the health and social care workforce in relation to people with learning disabilities and complex needs.

ACTION

- Nationally, new levels of PBS Training being developed – bite size, level 9, level 11.
- Agreement to fund places on level 9 PBS course at Edinburgh Napier University
- PBS modality working group to be convened which will consider PBS within whole systems approach.
- NES Improving Practice resource rolled out within LD inpatient service. Available on line for partnership staff and care provider staff.

Recommendation 7: The Scottish Government should support the establishment of a PBS Community of Practice.

ACTION

- This is being developed nationally, locally and it regionally links in to the LD MCN PBS working group.
- PBS Modality working group to consider development of local communities of practice within provider forums.