Agenda Item 5

Chief Officer Report

Falkirk Integration Joint Board

19 March 2021

Chief Officer Report

For Decision

1. Executive Summary

1.1 The purpose of this report is to update members on current developments within the Falkirk Health and Social Care Partnership (HSCP). The report also provides an update on the ongoing Covid-19 pandemic response.

2. Recommendations

The Integration Joint Board is asked to:

2.1 note the content of the report

2.2 agree to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in June 2021

2.3 note that a more detailed paper on the intermediate care facility proposals will be brought forward to the June IJB for approval

2.4 delegate authority to the Chief Officer to submit the Interim Workforce Plan in line with the timescales, with a report presented to the June IJB meeting

2.5 note that a Special meeting of the Board may be required to consider 2 reports as outlined in section 9.7

2.6 note a review of the IJB Standing Orders will be completed and reported to the June IJB

2.7 agree that further self-evaluation work is completed with the Board.

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. Response to Covid-19

4.1 Delegated Authority
Since March 2020, Board members have continued to agree that authority is

delegated to the Chief Officer to deal with urgent business, which would normally be determined by the Board, during the period of the Covid-19 pandemic. All IJB Board and Committee meetings have now resumed on a virtual basis, however the delegated authority arrangements remain in place.

4.2   The IJB Chair and Vice-chair meet fortnightly with the Chief Officer and Chief Finance Officer. This provides an opportunity for an update and discussion about decisions being taken. An update on the use of delegated authority and summary of all decisions taken by the Chief Officer is presented in appendix 1.

4.3   The Scottish Government national restrictions continue at the time of preparing the report. The Board is asked to agree to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in June 2021.

4.4   Covid-19 Falkirk HSCP Remobilisation Plan
The HSCP continues to work in partnership with Clackmannanshire and Stirling HSCP and NHS Forth Valley to progress with remobilisation, recovery and redesign. The Falkirk HSCP Remobilisation Plan 2020/21 was presented to the IJB Clinical and Care Governance Committee meeting on 26 February and is attached at appendix 2 for information. The senior management team are in the process of updating this plan for 2021/22, with realigned timescales and priorities.

4.5   NHS FV Remobilisation Plan
Remobilisation Plans for Health are being prepared for submission to Scottish Government for 2021/22 with a focus on remobilising, recovering and redesigning. The FV plan will cover acute care, Women and Children's services, mental health and learning disability, Primary Care, Digital health, innovation and inequalities and ongoing covid related services including vaccination, testing and test and protect. The HSCP remobilisation plans will form part of the overall FV Plan.

4.6   Mobilisation Centre
The HSCP Covid-19 Huddle continues to meet on a daily basis. The team has representation from all HSCP partners and service areas and ensures the HSCP response is well co-ordinated.

4.7   Covid-19 Mobilisation Plan Financial Returns
Regular returns have been submitted to the Scottish Government throughout the course of the financial year to capture the additional costs associated with Covid-19 and to inform funding requirements. The costs incurred are significant (including the impact of unachieved savings). Further detail is provided in the Finance Report, presented by the Chief Finance Officer, under agenda item 6. Attention is now focused on projections for 2021/22 which were submitted to the Scottish Government by end February.

4.8　**Day Service Update**

The Scottish Government issued guidance on adult social care building-based day services. This advises that at covid protection level 4, day services can continue to operate, where they are essential for people's wellbeing. This means where service user or carers health, including their mental health, and wellbeing would be significantly impacted by non-attendance.

4.9　The service, in conjunction with the Public Health Team, has given consideration to the local community infection levels, national guidance and the current staffing pressures within essential service areas such as care homes, care at home services and community hospitals. Staff employed within day services cover these essential services and this continues to be required. On this basis we have decided our day services will not open, however we keep this under weekly review. The Locality and Integrated Teams continue to work with people who use services, family and friends to explore other options. A verbal update with the most current position will be provided to the Board meeting.

4.10　One of our day care providers have advised us of their decision to close the service, effective from 1 January 2021. Clackmannanshire and Stirling HSCP are the host authority. Their decision to cease day supports services is based on the physical nature of the facility. It is clear that the building configuration cannot be managed to support a mixed service with residential, respite and day services, and it is felt that day supports need to cease to ensure the ongoing safety of residents.

4.11　The provider has written to all of their day support attendees. Staff from the Falkirk HSCP are reviewing the packages of support for all those people who access the service from our area. The sourcing of alternative ways to meet planned outcomes for these service users will be a key aspect of the reviews and will take into account our aim to ensure the development and delivery of local supports in our communities, with an overall aim of keeping people connected into the community where they live and improving personal outcomes.

4.12　**Care Home Assurance**

A report was presented to the IJB Clinical and Care Governance Committee meeting on 26 February. The report summarised the current work to date by the CHART team, as well as support for care homes within the Covid-19 remobilisation plan moving forward.

4.13　The CHART team was established as a test of change to respond to the pandemic and support residents and staff working within care homes. The CHART team considers the following priorities and deliverables to ensure a robust, comprehensive and efficient response to supporting care homes, residents and staff during this period. These include:

- care home assurance and reviews
- contributing to work force development

- adult support and protection (legislation and early indicators of concern input)
- care home intelligence, exploring appropriate supports and information sharing with operational and strategic oversight groups.

4.14   The report intended to provide assurance to the Committee members of these arrangements, as relevant to the scope of the HSCP. This is attached at appendix 3 for information.

4.15   Covid Testing Support to Care Homes and Care at Home sectors
A dedicated helpline has been created to provide Covid Testing Support to Care Homes and Care at Home sectors only. This has been set up to ensure the management of SARS-CoV-2 (and variants) infection prevention, detection, and incident management in Care Homes and Care at Home sectors. The sectors need enduring Covid testing support to mitigate infection risks and in so doing realise national healthcare and societal benefits.

4.16   This will be done through an additional sector specific helpline provided as part of the National Contact Tracing Service support infrastructure. The helpline service opened on 1 February 2021 and is available from 08:00 to 20:00 every day.

4.17   Care Home Visiting Guidance
The Scottish Government has issued guidance that aims to maximise meaningful indoor contact between residents and their loved ones as the pandemic continues. "Open with care: Supporting Meaningful Contact in Care Homes" recognises that visits by family members or next of kin are essential for the wellbeing of residents, and contribute significantly to residents' care by providing social interaction, engagement and activities.

4.18   The guidance was published on 24 February and recognises this is a journey that providers, staff, families and social care partners need to advance together. As such an incremental approach to maximising meaningful contact is recommended. A series of workshops were organised in February and March to support its launch and implementation and to walk through the updated guidance as well as questions and comments.

4.19   A Frequently Asked Questions (FAQs) document has also been published. This is for everyone involved in resuming meaningful contact in care homes, whether a resident, family member, a visiting professional, care home provider or other partner.

4.20   Information for residents and their family and friends has been published on NHS Inform, outlining the new guidance and the safeguards in place for visiting as safely as possible.

4.21   The guidance recommends an incremental approach to maximise the quality and duration of contact, starting with up to two visits each week for a resident (from up to two designated visitors, one at a time). The guidance

recommends that care homes start to make the necessary arrangements to put this guidance into place from early March, or earlier, if they are ready.

4.22   Arrangements will include updating the care home visiting policy and risk assessments, as well visitor testing using the Lateral Flow Device tests. These tests will be supplied to care homes to be used for testing visitors to support the indoor visiting.

4.23   The HSCP will continue to work with the Public Health Team to implement the guidance and support care home visiting where is it safe to do so.

4.24   The national Safety Huddle Tool has been updated to enable support, monitoring and oversight to resuming meaningful contact with residents. This includes new questions around visiting and will now ask about whether, and to what degree, care homes are supporting indoor visiting, with an escalation to local oversight if appropriate, as is currently the case for essential visiting.

4.25   Care Homes and the Health and Safety Executive (HSE)
The previous Chief Officer report advised of the HSE announcement that it will extend its spot checks to review measures being taken to minimise spread of coronavirus in the care home and to protect workers as they care for residents. At the time of preparing the report, there have been no spot checks undertaken in our in-house care homes.

4.26   Adults with Incapacity (AWI) Legislation and Hospital Discharge
The Scottish Government has confirmed advice has been received which indicates that it is not possible to progress with any interim easements, and that the existing legal routes to discharging AWI patients from hospital remain the only routes available.

4.27   The HSCP teams continue to work with people, their families, NHS colleagues and Council governance colleagues to assess individual needs and appropriate care arrangements in order to expedite early discharges and avoid unnecessary delays in hospitals.

4.28   Covid Vaccination Programme
The Covid vaccination programme continues across the Forth Valley area. The following is information held at 8 March 2021 and was the most recent position at the time of preparing the report:

Scheduling/Recording
▪ Conservative scheduling approach adopted in accordance with vaccine stock. Invites for w/c 01/03/2021 = 11,000 in community vaccination centres and approx. 2,000 doses available for GP's
▪ Second doses of vaccines to care home residents commenced and completed to 72% by 04/03/2021
▪ Second doses of vaccination offered to health care staff by Occupational Health team

Cohorts – Immunisation Team
- Cohorts 3, 4 & 5 completed on 18/02/2021
- In patient vaccinations continue in accordance with JCVI recommendations - age cohort and clinical need

Cohorts - Primary Care
- GP's continue to vaccinate in accordance with their vaccine stock
- Prisoner community being vaccinated as per JCVI recommendations

Workforce
- Band 3 vaccinators identified to commence mid-April 2021

JCVI Cohort	Population Cohort	Number Eligible	Number Vaccinated 1st Dose	% of Number Eligible Vaccinated 1st Dose	Number Vaccinated 2nd Dose	% of Number Eligible Vaccinated 2nd Dose
1	Healthcare & Social care	15,636	14,279	91%	3210	21%
1	Care Home Resident	1,826	1,810	99%	1321	72%
1	Care Home Staff	3,677	2,915	79%	442	12%
2	Age 80 and over	13,936	13,107	94%	80	1%
3	Age 75 and over	11,547	10,793	93%	3	0%
4	Age 70 and over	16,972	15,525	91%	7	0%
4	Clinically Extremely Vulnerable	7,096	2,428	34%	5	0%
5	Age 65 and over	14,956	14,362	96%	9	0%
6	Clinically at Risk 16-65	29,713	9,672	33%	49	0%
6	Unpaid Carer	5,070	831	16%	3	0%
7	Age 60 and over	10,603	3,295	31%	8	0%
8	Age 55 and over	13,507	1,463	11%	10	0%
9	Age 50 and over	16,389	986	6%	8	0%
10	Age 49 and under	102,794	1,706	2%	6	0%
	Other		1,264		16	
	TOTAL	**263,722**	**94,436**	**36%**	**5177**	**2%**

4.29 The following is a summary of planned activity for next reporting period:

Scheduling/Recording
- Invitations scheduled for cohorts 7, 8 & 9 for 30,000 vaccines per week from 15/03/2021
- Engage nationally on work to appoint people who have been missed e.g. cross boundary people who are registered with GP in other health board but reside in Forth Valley

Cohort – Immunisation Team
- Care home residents to continually receive vaccine
- Second vaccines for social care and care home staff to commence in Falkirk Community vaccination centre
- Vaccination of cohort 6 & 7 commenced 01/03/2021 and will continue for 2 weeks

Cohort - Primary Care
- Cohorts 6, 7, 8 & 9 to be targeted in accordance with vaccine stock.

4.30 **Community Asymptomatic Testing for Covid-19**
Forth Valley Local Resilience Partners, in collaboration with NHS National Services Scotland, have considerable experience and success with deploying Scottish Ambulance Service Mobile Testing Units (MTU) for Symptomatic and Asymptomatic Testing Sites (ATS) into local communities in Forth Valley to address specific situations of concern.

4.31 In coming weeks, partners will build a locally managed resource for asymptomatic Lateral Flow Device (LFD) rapid testing. Additionally, there will be a mobile pop-up ATS unit with a possible second for deployment across Forth Valley. There will also be a stock of home PCR kits for confirmation testing. Details will evolve to reflect changes in the local public intelligence as well as any changes in technology of rapid testing or Scottish Government policy. This will complement and avoid overlap with other existing testing programmes e.g. schools, NHS staff and patients, social care, and national institution testing.

4.32 The strategic aim is to reduce community transmission of Covid-19 by identifying and isolating positive cases that would otherwise be missed. This is to supress community transmission (case finding), particularly in areas with poor access to and low uptake of testing or where there are outbreaks giving cause for concern. Support for isolation to reduce transmission in the community is managed via the Local Authority "Care for People" services, accessed via the National Assistance Helpline. It is also known from recent deployment of MTUs in areas of increasing prevalence or low testing uptake in Forth Valley that increased availability and accessibility to testing for communities at risk enables early identification of asymptomatic cases.

4.33 Sites have been identified and visits completed. The fixed ATS site will be in Polmont, serving the Grangemouth area with a focus on workplaces. Four premises have been identified for the pop-up unit to visit on rotation i.e. two in the Stirling Council area (Callander and Cowie) and two in Clackmannanshire Council area (Sauchie and Alva).

4.34 The pop-up facility will use the interior of buildings enabling a short timescale for erection and dismantling of booths in facilities which have suitable space and ancillary accommodation available to maintain infection control and space requirements. The implementation plan for the ATS facilities also includes the flexibility to be able to offer door to door delivery of test kits, should this be necessary.

4.35 The Scottish Government have an allocation for funding community asymptomatic testing in local areas for 6 months and an indicative financial plan is being prepared for submission. Letters with funding allocations will be sent out to NHS Boards and Local Authorities once indicative costs are provided.

4.36 A request for military support has been approved with 20 personnel to be made available from 22 February. The military personnel will provide support for planning and implementation for the set-up week (week commencing 22

February) and for up to 6 weeks of the initial operational period. The Partnerships have been asked to plan for 12 operational weeks, in the first instance. Staff from the Falkirk Community Trust will also be recruited with a view to take over the military support.

4.37   A Leadership Team has been established and reports on progress to the Partnership Expansion of Testing Coordination Group, which has representation from Health, the three Local Authorities, Housing Services, Falkirk HSCP and Clackmannanshire and Stirling HSCP and the Military Planners deployed by Scottish Government.

4.38   Review of Third Sector response to Covid-19 in Falkirk
        The response to the first Covid-19 lockdown in Falkirk has been recognised by the Scottish Government for the innovative multi-agency approach taken. In September 2020, the Cabinet Secretary for Communities and Local Government requested a meeting with partners to hear about the approach, which drew on the skills, resources and commitment of individuals, communities, voluntary organisations, local businesses and the partner agencies to provide lifeline services to meet the needs of the people and communities of Falkirk during the crisis.

4.39   An independent evaluation, commissioned by Falkirk HSCP and CVS Falkirk noted that the approach was striking due to:

- the role of the partner agencies as 'enablers'
- the level of partnership and collaboration between partner agencies and with the third sector
- the scale and scope the involvement of the communities and the third sector in the direct delivery of services to meet the needs of the people of Falkirk.

4.40   The evaluation, entitled 'A Review of Third Sector Response to Covid-19 in Falkirk' was undertaken by Evaluation Support Scotland and Arrivo Consultancy. The purpose of the work was to provide an objective overview of the scale and impact of the third sector response to Covid-19. The report also identifies the critical success factors and provides key learning to inform future practice. The research is particularly relevant to locality planning and developing community led support. It should be noted that this evaluation was undertaken following the 'first wave' of the pandemic and has been beneficial to supporting mobilisation during the 'second wave'.

4.41   The following information provides a summary of some of the key points covered within the evaluation. The report notes that the scale, scope and speed at which the third sector response to the Covid19 crisis was remarkable. During 2020, this included:

- over 1,500 local people stepped forward in Falkirk to volunteer.
- Third sector organisations rapidly changed their approach to delivery and continued to support vulnerable service users.

- 56 third sector organisations were listed on the Support for People (SFP) directory offering a range of support to vulnerable people. Many more community networks were formed.
- during the time of research, SFP made 1,705 referrals to third sector organisations (104 referrals to statutory services).
- over 20 organisation supported access to food, which was the most significant requirement.
- 150 volunteers based in Royal Voluntary Service (RVS), Safebase and Stenhousemuir Football Club alone, provided 7,377 essential shopping and medication deliveries and carrying out 7,495 'safe and well' checks for vulnerable people.
- more than £1million was levered into third sector organisations in Falkirk to support the delivery of the emergency response and to support the sustainability of the sector.

4.42   The key success factors identified were:

- solution focussed partnership approach; an enabling role was embraced
- approach to risk and bureaucracy was minimalised.
- duplication in effort was minimised through enhanced collaborative working
- relationships developed between community based providers and people identified other needs e.g. social isolation, mental health.
- adaptability within third sector to focus on 'what we can do' rather than 'what we can't do'.

4.43   The enabling role adopted required partners to work differently. It required partners to change what they did, but also how they worked with the third sector.

- Trust: The Council and partners demonstrated trust in the Third Sector Interface (CVS Falkirk) and in the third sector to deliver.
- Supporting the third sector to deliver: Partners worked together to provide support to third sector organisations but also unlocked their own resources and acted quickly to unblock 'barriers' and broker solutions to challenges facing the third sector in the delivery of services.
- Co-ordination of the approach: The partners developed the infrastructure to co-ordinate service delivery but left the delivery of services to the third sector.
- Changes in practice: The drive to 'do whatever was needed to get things done' drove changes in processes – partners made quicker decisions and simplified procedures (reduction in red tape).
- Partners worked together to solve practical problems: The enabling role focussed on supporting rather than planning or directing delivery. This has accelerated collaborative working practices.

4.44   Areas of work impacted by Covid-19
        Since the start of the pandemic, there have been a number of areas of work which have been delayed. This has been essential to ensure that the HSCP has been able to redirect capacity to the delivery of front-line services. The

following provides a summary of these areas and work being taken forward.

- A Forth Valley wide strategic review of palliative and end of life care is currently being undertaken. The anticipated outcome is a position statement on our current position, where we want to get to and some high-level proposals on how we achieve this. The review was initially planned to be concluded in December 2020; however Covid-19 has impacted on key staff availability to input to the review. The review report will be presented to the Board with key actions and timeframes in due course.
- Strathcarron Hospice – discussions are taking place to progress the Service Level Agreement (SLA) for the provision of specialist palliative care services for 2021 onwards. NHS FV are the lead partner to negotiate a single SLA on behalf of the Falkirk HSCP and the Clackmannanshire & Stirling HSCP. As Strathcarron Hospice also provides services to the Lanarkshire area, this will also include discussions with the relevant HSCP's.
- A report on options for the Joint Loan Equipment Service (JLES) has been delayed. This involves work with NHS Forth Valley and Clackmannanshire and Stirling HSCP, who are similarly impacted by the pandemic.
- Carers Collaborative Project with Carers Scotland and the Coalition of Carers to work with 6 pilot areas on a project to support carer engagement and involvement. Following discussions about restarting the project, three sessions took place in March 2021 with local carers participating in the sessions.

5. Service Updates

5.1 Redesign of residential care: Torwoodhall Update
The Board approved a report in November that the service would support the relocation of current residents to accommodation that meets their needs and for the closure of the care home following the relocation of residents.

5.2 During January 2021, the Home First Manager has held several individual meetings with families and residents. All meetings have involved a multi-disciplinary approach involving social work, psychiatry and advocacy to ensure a holistic and person-centred approach in meeting identified needs and outcomes for each individual. This has been done sensitively and supportively, ensuring empowerment and choice is given to each resident. Staff members at Torwoodhall have contributed significantly to these meetings.

5.3 A video of all the in-house care homes has been taken as well as numerous photographs to aid with discussions with residents and families. Some residents have visited their chosen care home, supported by Torwoodhall staff, whilst adhering to the government and IPC guidelines and Covid-19 testing.

5.4   It is envisaged that by the end of March half of the residents will have moved on a planned basis. Some residents will move from Torwoodhall at the end of February to Burnbrae Care Home and Cunningham House Care Home. Further residents will be supported to leave Torwoodhall during March. It is planned that during the course of the following months, subsequent meetings will take place with the other residents to ensure that transition to their new home. Staff members will be involved in supporting residents and their families with the residents' transition and settling-in period at their new home.

5.5   Meetings have taken place with HR and the Trade Unions to explain the process in place to support all the staff at Torwoodhall. At the time of preparing this report, the Home First Manager has held 1:1 meetings with staff in Torwoodhall. This has given staff the opportunity to discuss how this affects them individually in terms of their employment and contractual terms and conditions and to alleviate any concerns.

5.6   Over the coming months the Home First Manager will map out job matches and vacancies in the establishments and then arrange further 1:1 meetings with staff to update them. This will include attending staff meetings at Torwoodhall and being onsite twice weekly to offer further support to all residents and staff.

5.7   Urgent Care Centre and Flow Navigation Centre
       The Urgent Care Centre went live on 1 December 2020. It has bought together a number of existing services in the hospital into one location. It is supporting the delivery of care to be both safe and sustainable during the winter period when demand for health and social care services increases. The following services are currently provided from the Urgent Care Centre:

- Flow Navigation for all patients referred from 111/NHS24 including Minor Injuries (previous Call MIA) offering assessment and alternatives to attending ED
- Call Handling for GP referrals to Clinical Assessment Unit
- Call Handling for the Cancer Treatment Helpline referrals
- Telephone and Near Me patient assessment by Senior Clinical Decision Makers
- Minor Injury face to face appointments (in addition to Minor Injury Unit in Stirling Health and Care Village)
- Nurse Led DVT (deep vein thrombosis) Service
- Out of Hours Service.

5.8   The Centre will also support the response to Covid-19. By redirecting appropriate activity away from the Emergency Department (ED) and Assessment Units, physical distancing in ED can be improved, as the incidence of Covid-19 remains prevalent. People will either be directed to the Urgent Care Centre, to a virtual consultation or a pathway to the most appropriate service to meet their needs. This ensures patients are seen by the right clinician at the right time, avoiding an unnecessary ED attendance or hospital attendance. If they do require to attend, they will be given an appointment time which will mean less time spent when attending.

5.9   Further location of services to the Urgent Care Centre is planned over the coming months, and the centre is already benefitting from the economies of scale that co-location and sharing of resource brings when integrating services and staff.

5.10   The Centre are working closely with NHS24 and ED colleagues to work through any early issues, monitor progress, and participate in twice weekly clinical safe space feedback sessions which offer a unique opportunity to collaborate and influence improvements to NHS24 process and outcomes.

5.11   With the benefit of learning and understanding of the demand, the required workforce and operating model is emerging, and NHS FV now have the opportunity to develop a bespoke model to suit population need. As the service model has evolved since the initial financial plan, it has been possible to reduce the anticipated workforce requirement and work is now progressing to finalise the revised workforce model. The initial finance plan was in excess of the non-recurring revenue allocation for 2020/21.

5.12   Consequently, the revenue costs were revisited in the light of the revised service model and adjustments made which enabled the costed plans for the workforce for 2020/21 to come within the limits of the revenue funding. The non-pay costs in the plan are indicative and time will give a better assessment, however it should be possible to cover these within the resource made available for 2020/21.

5.13   For the period beyond 31 March 2021 there has been no indication regarding recurring funding, what the level of available funding will be and whether or not the final workforce considered necessary for the Forth Valley centre will be provided for within any funding made available. It should also be noted that the Scottish Government had previously indicated that there was an expectation that the national Redesign of Urgent Care would result in improved efficiency and potential savings.

5.14   In terms of capital funding an allocation of £500,000 has been received from Scottish Government to cover the costs of establishing and equipping the Urgent Care Centre. The capital costs associated with relocating AHP services from the Therapies department, which is the location for the new Urgent Care Centre, are in addition to the costs for establishing the Urgent Care Centre.

5.15   Work is progressing through a dedicated short-life working group to assess and consider a new location for the AHP services from the existing Therapies Department, in order to deliver the benefits of the Urgent Care Centre. Once this work is concluded, a costed proposal will be presented to the NHS FV Board.

5.16   National Hospital @ Home Programme
The national Hospital @ Home (H@H) programme was set up to support NHS Boards and Health and Social Care Partnerships (HSCPs) to implement and improve H@H services. Health Improvement Scotland iHub team are working with six areas who committed to develop a H@H service in 2020/21. Forth Valley in one of these six areas.

5.17   In Forth Valley we are progressing well with the four key elements of a hospital at home service:

- Multidisciplinary Team (MDT) working: The team is being developed, including exploring the existing community AHP workforce and how this can support the delivery of the model. As the H@H model is being developed with their existing enhanced community team the board is currently working to upskill nursing staff to be able to deliver acute level care. The team is considering medicines administration, working together with primary, acute and community pharmacy to improve their processes. Engagement with specialists in respiratory, heart failure and palliative care is ongoing to ensure the H@H team can upskill and create links with other services.

- Consultant led care: The service is operating Monday to Friday with an Ageing in Health Consultant and GP with specialist interest acting as responsible medical officer for the patients. Currently receiving on average six patients each week and is expecting to develop over the coming months.

- Access to diagnostics: The service facilitates diagnostic tests such as bloods, which currently has the same turnaround time when compared to an inpatient acute admission.

- Treatment of serious illnesses: The service focuses on the over 65 population and includes the treatment of conditions such as congestive cardiac failure and urinary sepsis. There is a pathway for Covid positive and non-Covid positive patients. Having supported Forth Valley to raise awareness of their H@H service with the primary care workforce the iHub is now supporting the development of a measurement plan to understand the impact of the service and bringing together relevant policies that will enable the new H@H team to operate.

5.18   As well as supporting implementation the national H@H programme includes:

- national learning system to share best practice on H@H models by drawing on the learning and experience from services in Scotland, the UK and internationally
- developing an implementation toolkit for NHS boards/HSCPs to develop their H@H model
- developing a business case toolkit to support NHS boards/HSCPs to design and secure approval for their H@H service

- application process to enable new areas to secure short term start-up funding support from Scottish Government.

5.19 National Day Services Collaborative

The Partnership will join 7 other HSCP's in the national Day Services Collaborative facilitated by Health Improvement Scotland (HIS) and the iHub team. This coincided and will complement work that was ongoing within the service to review the range of day services that Falkirk HSCP commission.

5.20 Day Services for younger adults with a disability have been redesigned over recent years after much consultation with service users, carers and other stakeholders. Falkirk now has two-day centre buildings, Dundas and Oswald Avenue, supporting approximately 96 people. During the pandemic, some service users have been supported from their own homes and some with no support other than from those they live with.

5.21 We recognise the need to continually improve day services and to improve outcomes for the people who use these services. This collaborative will:

- focus on exploring opportunities for transforming services to best meet the needs of supported people and their unpaid carers/families
- support partnerships to define and plan their approach to the future delivery of day support.

5.22 The collaborative will draw on the iHub's skills and expertise in service design, commissioning, strategic planning, engagement, quality improvement and community led approaches. Teams from participating HSCPs will explore together and learn from each other, sharing their challenges over a six-month period (October to March 2021). The outcomes of the collaborative work will be shared with the Board at a future meeting.

5.23 Principles into Practice Enhanced Trial Programme

Falkirk HSCP has agreed to be part of the Principles into Practice Enhanced Trial Programme. Practitioners in both children's and adult's services across the partnership are about to start trialling the programme, in partnership with young people, their parents and carers.

5.24 This work is regarded as highly significant by the Scottish Government, as it is taking forward the commitment to ensuring that all children and young people in Scotland can achieve their potential, and to improving the lived experiences of young people who require additional support to make the transition to young adult life.

5.25 The Principles into Practice Trial Programme is a key element of the Scottish Government's programme of work through which priorities for transitions can be brought to the fore. It will enable both connections and gaps in policy, and policy delivery, to be identified, and it will provide a mechanism to create and deliver collective solutions and drive good practice, ensuring that all young people receive equal treatment and opportunities at points of transition, in order to reach their full potential.

5.26   Following the presentation to the Board at its March meeting on the programme, the Board will receive a progress report at a future meeting.

5.27   Digital Telecare Implementation Award
        In January, the Health & Social Care Partnership and Falkirk Council received the Silver Digital Telecare Implementation Award in recognition of the progress made in the transition to digital telecare.

5.28   Telecommunication providers announced all analogue lines in the UK would be turned off by 2025. The MECS service supports c4000 people to live independently at home. As the service was reliant on analogue telephone lines, we understood the impact this would have on our service users and took action to address this issue. This was done through the Analogue to Digital Telecare project to modernise and improve services. The initial goal of the project was to upgrade telecare software and hardware. By the end of 2020, the team had ensured MECS was ready to start migrating service users to a fully digital telecare service that was safe and secure.

5.29   Falkirk HSCP and Falkirk Council are regularly asked to share knowledge with other Scottish and UK councils, international partners, and the Digital Office for Scottish Local Government on the work that we are doing.

5.30   Planning for the end of the EU Transition Period
        Work has taken place across the HSCP in response to correspondence received from the Cabinet Secretary on 31 December 2020 concerning our duties and planning around the end of the EU transition period. The letter was circulated to all Adult Social Care providers in the first week of January which advised what they should do in the event of any delays or shortages to their supply routes.

5.31   The actions taken include:

        ▪ issued a letter to all Adult Social Care providers
        ▪ identified the first contact for any disruption or concerns within Falkirk HSCP in relation to supply issues experienced by providers at the end of the EU transition period
        ▪ confirmed Business Continuity Planning are in place and actions being taken by providers. We have requested that suppliers report any issues in terms of their supply chain and none of the providers have reported any issues to date.
        ▪ HSCP lead coordinates the issue of PPE from the local PPE Hub and supports providers to source items of PPE that are not issued by the Hub. This includes working with NSS to request urgent deliveries of non-Hub PPE where there is a clinical need.
        ▪ PPE Coordination Group, chaired by the Chief Social Work Officer meets fortnightly, however an urgent meeting can be called at any time
        ▪ continuity planning work has been carried out and is still ongoing with Scottish Care to ensure the integrity of food supplies.

5.32   Through the Strategic Risk Register and work with providers we will continue to monitor the situation and take any required actions.

6. Intermediate Care and FCH Master Plan

6.1 The Chief Officer and Head of Integration are working with the Chief Executive and NHS colleagues to develop a Strategic Needs Assessment as the first stage in the process to develop a business case for the redevelopment of the site.

6.2 These discussions have included consideration of the intermediate care facility previously approved by the Board and Falkirk Council who are providing the capital investment.

6.3 This is a complex process and there are a number of factors and interdependencies in bringing forward a detailed proposal for the Board approval. These specifically include finalising the demand and capacity analysis on:

- number of beds required for acute hospital care within the Aging & Health specialty
- number of beds required in Community Hospitals across both partnerships
- number of care home places within Falkirk HSCP
- the future model of respite/short breaks.
- proposal to consolidate the old age psychiatry beds across Forth Valley.

6.4 A SLWG was asked by NHS SLT to provide SLT members (and in turn the IJB's and NHS Board) with the assurance necessary to facilitate informed strategic decision making around the anticipated benefits of the 5 Key Improvement Opportunities detailed. This was in relation to the whole systems capacity modelling undertaken by Buchan Associates. The key areas of focus for the SLWG are:

- Hospital at Home
- Palliative Care Pathways
- Rehabilitation Pathways
- Community Hospital Flow
- Intermediate Care.

6.5 The Board is asked to note that a more detailed paper on the proposals for the intermediate care facility will be brought forward to the June IJB for approval.

7. Independent Review of Adult Social Care

7.1 On 1 September 2020 the First Minister announced that there would be an Independent Review of Adult Social Care in Scotland as part of the Programme for Government. The Review was chaired by Derek Feeley, a former Scottish Government Director General for Health and Social Care and Chief Executive of NHS Scotland. Mr Feeley was supported by an Advisory Panel comprising Scottish and international experts.

7.2   The principal aim of the review is to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review is taking a human rights-based approach.

7.3   The report was published on 3 February 2021. The review has now concluded, and the final report has been published along with an accompanying YouTube short film:

- Report; [Independent Review of Adult Care in Scotland (www.gov.scot)](www.gov.scot)

- Film; [SOCIAL CARE REVIEW](#) / [SOCIAL CARE REVIEW - BSL](#)

7.4   The review includes recommendations for creation of a National Care Service on an equal footing to NHS Scotland, accountable to Scottish Ministers. Recommendations specific to unpaid carers are as follows:

- carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.
- a new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights-based approach to the support of carers.
- local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.
- carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

8.   Workforce

8.1   Integrated Workforce Plan 2021 – 2024
The Chief Officer report in November provided an update to the Board on the development of the HSCP Integrated Workforce Plan. The Scottish Government issued Interim Workforce Plan 2021 – 22 templates on 3 February to be completed by 30 April 2021. The timescale has been amended in recognition of the impact of the covid-19 response. All Partnerships are required to submit 3-year Workforce Plans by 31 March 2022. These will be effective from 1 April 2022.

8.2   Whilst work has commenced on the development of the interim and 3 year plans, it will require the partners to provide capacity to further support this important and essential work. The Chief Officer will work with both Chief Executives to identify the resources required.

8.3   The Board is asked to delegate authority to the Chief Officer to submit the Interim Workforce Plan in line with the timescales, with a report presented to the next IJB meeting.

8.4   **Working Together to Support a Trauma-Informed Workforce Across Scotland**
The shared ambition of COSLA, the Scottish Government and many other key partners is to develop a trauma informed and trauma responsive workforce across Scotland. On 16 October 2020 local authority CEX's, CSWO's CO's and CEX's of NHS Health Boards received a letter requesting they each nominate a named Trauma Champion. An overview of the responsibilities was presented in the same letter.

8.5   A brief overview of the intentions of Government relating to trauma informed workplaces is set out below and is likely to be the first report of many on this subject.

8.6   Covid-19 has caused and exacerbated trauma. People living with domestic abuse, individuals facing poverty or financial hardship, people experiencing severe illness and those who have lost family, friends or service users throughout the pandemic are all among those at greater risk of experiencing trauma. The Scottish workforce, particularly those in key frontline roles such as health and social care are being exposed to distressing experiences which increase the likelihood of stress and burnout.

8.7   Despite the significant challenges people are resilient and trauma can be resolved with the right support in place. Supporting our workforce needs to beat the heart of providing this support. We cannot expect a workforce to care for and support the needs of others when they themselves are feeling stressed, overburdened or unsupported. We must continue to nurture our workforce and reinforce the critical importance of self-care and wellbeing. This is a core component of any trauma-informed workforce.

8.8   The aim of the trauma informed approach being supported from Government is intended to ensure that services are delivered in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity at any stage in their lives.

8.9   The National Trauma Training Programme led by NHS Education for Scotland provides opportunities to build on ambitions to support recovery and renewal planning. It provides evidence-based training resources which can help raise awareness, knowledge and confidence among our workforce. This in turn aims to equip people across the workforce to embed trauma informed practice throughout services based on the key principles of safety, trust, choice, empowerment and collaboration.

8.10   Government has asked all local authorities, IJBs, Health Boards and other key community planning partners to nominate local Trauma Champions, with an appropriate level of seniority, to help influence change.

8.11   The trauma champions are expected to be responsible for overseeing, encouraging and raising awareness of trauma informed and trauma responsive practice across all services within their area. They are to be encouraged to collaborate with others across sectors to build on progress. They will have responsibility for encouraging commitment amongst Scotland's leaders to embed the five key drivers of Trauma Informed Practice across their area of influence. These drivers include:

- Value the Contribution of People with Lived Experience
- Show Courageous Leadership and 'Walk the Talk'.
- Support Workforce Training and Implementation of Trauma Informed Practice
- Prioritise Staff Wellbeing
- Monitor, evaluate and improve.

8.12   There are clear benefits for all Trauma Champions to work together in regional 'clusters' and this will be a priority for us once we know the names of the other Trauma Champions and can make the connections. We need to make best use of systems and initiatives that already exist and build on our local partnerships and multi-sector collaborations. Local community planning partners have a key role to play in driving forward implementation in a joined-up, collaborative way across their local authority area as part of wider local recovery, renewal and transformation agendas.

9.   IJB Governance

9.1   IJB Arrangements for Forth Valley wide health services
The Chief Officers for Falkirk HSCP and Clackmannanshire and Stirling HSCP have been working with the NHS Chief Executive and senior managers to finalise formal proposals for the transfer of operational management of IJB functions including primary care and mental health services.

9.2   This will require agreement between both IJBs and the Health Board. In addition, the IJBs will require an agreement to ensure that each Chief Officer has clear accountability to the other IJB for any services delivered on their behalf.

9.3   These discussions have also included the associated support services that these services areas currently receive from NHS FV, and which are necessary to continue. This is in line with the level of corporate support required as set out in the Integration Scheme.

9.4   It is anticipated that this may need a Special meeting of the Falkirk IJB given the need to co-ordinate with the meetings of the NHS FV Board and Clackmannanshire and Stirling IJB for the necessary approvals. The Chief Officer will provide regular updates to the Chair and Vice-chair about the work and agree a Special meeting date that will be shared with members. This is likely to be required in advance of the June meeting of the IJB.

9.5   Review of the Integration Scheme
        The Board received a report in November 2020 about the review of the
        Integration Scheme. The Public Bodies (Joint Working) (Scotland) Act 2014
        requires Local Authorities and Health Boards to review their Integration
        Schemes before the expiry date, which is five years after the scheme was
        approved in parliament. However, the Act does not require the Health Board
        and Local Authority to produce a successor scheme, it requires a review.

9.6   A short-life working group is being established to start the work to review the
        scheme. It is anticipated that this will be brought forward in the same
        timeframe as proposals about the transfer of health services to ensure
        alignment with the Integration Schemes and operational and strategic
        planning requirements.

9.7   The Board is asked to note that a Special meeting may be required to
        consider two reports. One on the proposals for the transfer of primary care
        and mental health services to the IJB. The second report on the review of
        the Integration Scheme.

9.8   Review of IJB Standing Orders
        An impact of lockdown has been that the Board and its Committees have
        met remotely. It would be prudent to review the Board's Standing Orders to
        assess whether they adequately provide for remote working. Officers will
        also take the opportunity to review the document more generally. Any
        recommendations will be brought to the Board in June.

9.9   IJB Governance and Clerking Support
        We are exploring the potential for the clerking support to remain with Falkirk
        Council. Discussions are ongoing with the NHS and Falkirk Council and
        arrangements will be agreed for support to the Board from April 2021.

9.10   IJB Self-evaluation and Best Value Audit
        Over 2019 the Board received reports on the review of progress of
        integration of health and social care, taken forward by a Leadership Group
        led by the Ministerial Strategic Group (MSG) and Convention of Scottish
        Local Authorities (COSLA).

9.11   The purpose of the review was to help ensure an increase in pace in
        delivering all of the integration's principles and national health and well-being
        outcomes. The findings of this review were published in February 2019.

9.12   At that time the Board completed an online survey and held a workshop
        using the nationally developed self-evaluation template. The template was
        developed based on exhibit 7 from the Audit Scotland report, reproduced
        below, as it provided a helpful framework.

Features supporting integration

Collaborative leadership & building relationships · Integrated finances and financial planning · Effective strategic planning for improvement · Agreed governance & accountability arrangements · Ability & willingness to share information · Meaningful & sustained engagement
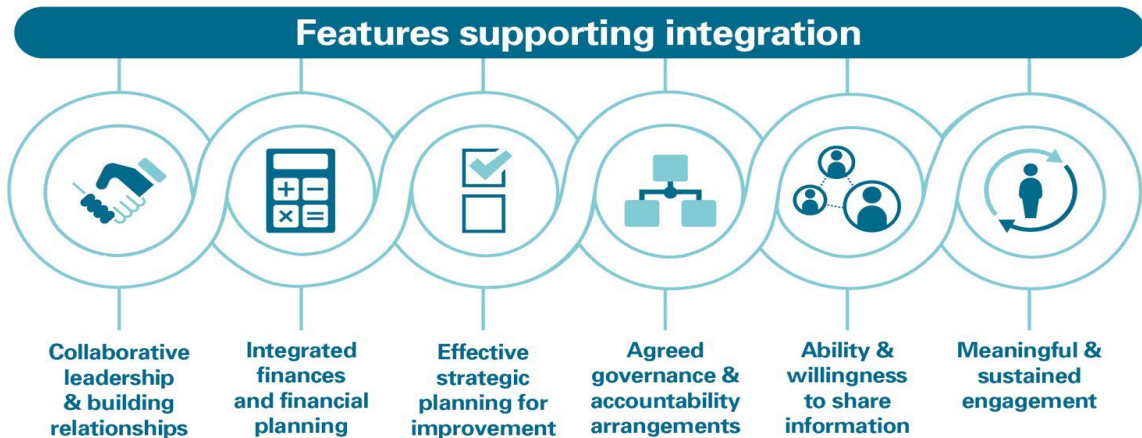
9.13   The IJB submitted its initial self-evaluation response to the Ministerial Strategic Group on 15 May 2019 and its improvement plan by 23 August 2019. It was the MSG's intention to request that partners repeat the process towards the end of the 12-month period, however this timeframe coincided with the pandemic.

9.14   Given the intent that the primary purpose of self-evaluation is to support useful discussion in the local system, leading to action for improvement and full delivery of integration, it is proposed that further self-evaluation work is completed with the Board.

9.15   This will require further discussion; however initial considerations are that this would incorporate aspects of self-evaluation in preparation for the Falkirk Council Best Value Audit. The IJB self-evaluation will focus through a covid perspective and also build on the self-evaluation previously completed and progress with the key priority improvement actions. We are in early discussions with the Improvement Service who have developed Covid assessment statements for IJBs and HSCPs and are working with Partnership to pilot these.

9.16   Civil Contingencies Act 2004: IJB's as Category One Responders
The previous Chief Officer report advised the Board on the Scottish Government consultation on the inclusion of Integration Joint Boards as Category 1 Responders under the Civil Contingencies Act 2004.

9.17   The consultation concluded on the 22 November and in January the Scottish Government published an analysis of the responses and the official Government Response to the consultation.

9.18   This concludes that there are neither clear equality, operational nor strategic planning barriers to progressing the proposal and legislating for the IJB inclusion within the Civil Contingencies Act 2004 as Category 1 responders. Therefore, the amendments to the Civil Contingencies Act 2004 will be laid before the Scottish Parliament on Monday 18 January for due consideration.

9.19   By including IJB's as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Board, there will be formal, coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

9.20   Pending the outcome of the Parliament process, consideration is being given to work required within the Partnership.

10.   Legislation

10.1   Carers (Scotland) Act 2016 Terminal Illness Regulations update
The draft Carers (Scotland) Act 2016 (Adult Carers and Young Carers of Terminally Ill Persons: Timescales for Adult Carer Support Plans and Young Carer Statements etc.) Regulations 2021 have now been laid in the Scottish Parliament.

10.2   The draft regulations are subject to Scottish Government approval and are scheduled to come into force on 31 July. This is in the expectation that by then local social care support systems should have greater capacity to adapt as Covid-19 pressures ease following rollout of vaccinations to staff and supported people. They would set timescales from the date a carer of a terminally ill person requests a plan or statement (or accepts an offer of one). They would require a substantive conversation with the carer within five working days and a light touch plan/statement to be prepared within 10 working days.

10.3   Ministers also intend to issue directions about offering plans or statements to carers of people with terminal illness quickly. This is because the powers to issue these regulations can only set timescales from once an offer is accepted. The directions will therefore help to achieve the original policy intention of timescales running from when the authority was first aware of a carer of someone who is terminally ill. The Scottish Government will also prepare guidance to include in the existing statutory guidance on the Carers Act.

10.4   The Board will receive an annual progress report at the next meeting on progress with implementation of the Falkirk Carers Strategy.

10.5   Independent National Whistleblowing Standards
In October 2020 it was announced that the revised go-live date for the Independent National Whistleblowing Officer (INWO) will be 1 April 2021. The intended date for the INWO's powers to come into force, and for the Independent National Whistleblowing Standards (the Standards) to apply across the NHS in Scotland, was originally 27 July 2020. However, as a result of the Covid-19 pandemic and the clear and immediate strain it placed on the NHS, this was postponed.

10.6   Any organisation providing an NHS service will be expected to have procedures in place that enable their staff, students, volunteers and others delivering services, to access the Standards. For HSCPs this means that local authority staff working within integrated services need to be able to raise concerns about the health services they or their colleagues are delivering.

10.7   The full Standards and supporting information and guidance are available, including guidance for HSCPs. The key elements of the Standards include:

- providing a supportive environment for raising concerns
- access to a clear, timely two-stage procedure for raising concerns
- signposting to the INWO for independent review as the final stage in the process
- systems in place for recording, reporting and learning from concerns.

10.8   The INWO team are providing a range of support for implementation of the Standards:

- Advice line for organisations to seek information and advice
- two online training programmes, aimed at managers and staff, setting out the expectations of the Standards
- attendance at networks, board meetings, or any other meeting where staff are seeking information and support with implementation of the Standards
- resources on their website including checklists for implementation and communications materials.

11.   IJB Financial Update

11.1   An update on the financial position is detailed as a separate agenda item.

Community Living Change Fund

11.2   The Scottish Government has confirmed in the allocation letter to NHS Boards, £20m for a Community Living Change Fund. This money is to be transferred to Integration Authorities to be held for a period of up to three years. Further detailed advice on the Community Living Change Fund will follow. Discussions on the local use of the fund are at an early stage. NHS FV allocation is £1,080,592.

11.3   The fund is to deliver a redesign of services for people with complex needs including intellectual disabilities and autism, or who have enduring mental health problems. This includes the discharge of those that have encountered lengthy hospital stays or who might have been placed outside of Scotland and who could now more appropriately be supported closer to home.

11.4   It will be vital that going forward, assessment and treatment beds are used only for that purpose and that people do not endure long, unnecessary stays in hospital. This will require disinvestment in institutional care as more individuals with complex needs are supported in the community

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.

Impact on IJB outcomes and priorities
The ongoing work is designed to deliver the outcomes described in the Strategic Plan and the associated Delivery Plan.

Directions
A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

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.

13. Report Author

Suzanne Thomson, Senior Service Manager

14. List of Background Papers

n/a

15. Appendices

Appendix 1:	Delegated Decisions
Appendix 2:	IJB CCGC report: Falkirk HSCP Remobilisation Plan
Appendix 3:	IJB CCGC report: Care Home Assurance Report

Appendix 1

Chief Officer Delegation of Powers to Determine Urgent Issues during the period of Coronavirus

from 20 March 2020 to 5 June 2020 (extended to 4 Sept 2020, subsequently extended to 31 Mar 2021)

Date of Request	Date of Decision	Decision Taken	Approved By	Financial Impact	Budget Exceeded Y/N	Link to IJB Report Recommendations if Appropriate	Organisation	Purpose of Funding	Funding		Date Reported to IJB	Date Chair/Vice Chair Notified
	14-Jan-21	Approved	Patricia Cassidy	Y	N	N/A	www.hscscotland.scot	Year 3 of HSCScotland's POA campaign.	£7,100	21/22	Mar-21	22-Jan-21
	21-Jan-21	Approved	Patricia Cassidy	Y	N	Included in Covid-19 Local Mobilisaton Plan 21/22	Scottish Care	1.5 day support extended to from 1st Oct to 31 March 2021	£9,375	21/22	Mar-21	22-Jan-21
	21-Jan-21	Approved	Patricia Cassidy	Y	N	Included in Covid-19 Local Mobilisaton Plan 20/21 & 21/22	Care UK (Caledonia Court Care Home)	To block book 18 beds to support discharge	£319,680	1st Feb 2021 to 31 July 2021	Mar-21	22-Jan-21

Falkirk
Health and Social Care
Partnership

Falkirk Health & Social Care Partnership
Re-mobilisation Plan August 2020 to March 2021

Contents

Introduction

This paper represents the next iteration of our re-mobilisation plan covering the period from August 2020 until March 2021, this is in the context of the broader delivery plan for the IJB. The HSCP has sustained front line community health and care services as part of the ongoing pandemic response. The plan presents a summary of the key actions required to safely and incrementally reintroduce a number of paused services, while maintaining COVID-19 capacity and resilience.

The IJB's existing delivery plan is particularly relevant in terms of next phase Covid planning and it is recognised that our ability to remobilise, recover and redesign will require a number of our existing delivery plan actions to be brought forward at pace. A whole system approach is critical in order to address inequality and strengthen community based care through improved care pathways, review of the community bed base and shifting the balance of care. This will require strong financial stewardship and bold decisions to reframe our services and commissioning in line with the principles for safe and effective mobilisation as outlined in the table below (replicated from the Scottish Government's remobilise, recover and redesign framework).

The IJB continues to work closely with the NHS Board and Falkirk Council to optimise the benefits of integration as part of our Covid response and work is already at an advanced stage across a wide range of actions.

Principles for Safe and Effective Mobilisation

Services that can resume most safely	Creating the safest environment and conditions for them to best meet the needs of the population. Putting the safety and wellbeing of our health and social care staff on a par with the rest of our population.
Achieving greater integration	The pandemic has demonstrated the crucial interdependencies between the different parts of the health and social care system, and with other parts of society. We will make sure our approach recognises the important connections between services and systems and helps them to work together. The framework that we take forward, in consultation with our partners including local government, staff and service users, will highlight the interdependencies and put in place processes to ensure resources are allocated where they are most needed to ensure the whole system operates effectively and efficiently.
Quality, values & experience	We will ensure that as we resume services, the highest standards of quality in care are maintained. We will practise Realistic Medicine. We will share decisions with patients based on what matters to them. We will also engage with the public, and workforce to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future rooted in individual and staff wellbeing.
Services close to people's home	The pandemic has resulted in a wave of community-based responses, highlighting the value of both technology but also the benefit to people's wellbeing of personal connections that listen to what the patient needs and what matters to them. Going forward there is a need to minimise unnecessary travel and increase the focus on 'net-zero' approaches. We will continue to support the move to more health care being provided in the community and closer to home. We will evaluate and develop the role of virtual consultations and Covid community hubs, ensuring that the people who are most vulnerable are not missing out.
Improved population health	This pandemic has highlighted the value of rooting our approach in the National Planning Framework, the importance of preventative practices and public cooperation. We will increase our work on prevention, improving life expectancy and promoting physical and mental health. Focus on putting in place services, environments and wider approaches that support people to live healthy lives.
Services that promote equality	This pandemic has exposed and exacerbated deep-rooted health and social inequalities. We will act to mitigate these and ensure that services are provided in a way that is proportionate to need. The framework that we take forward will focus on how to best support those that are most vulnerable (socially and clinically) in our society.
Sustainability	We recognise the financial sustainability challenges of the pre-Covid health and care system. We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities.

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.1 Adopt and Implement the Home First Approach

Priority Outcome	Action	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
Integrated locality based teams and approaches are in place	Implement an Integrated Home First Service for Falkirk	✓		✓		✓	Green	Complete
	Ensure frailty assessment in community is the norm	✓		✓	✓	✓	Amber	April 2021
	Enable the right short term support at home through agile community care and support	✓	✓	✓	✓	✓	Amber	March 2021
	Coordinate community support with less duplication and a more efficient support model	✓	✓	✓	✓	✓	Amber	March 2021
	Deliver effective community model of care including effective response services, recovery, reablement, & community support	✓	✓	✓	✓	✓	Amber	March 2021
	Ensure timely access to specialist rehabilitation	✓	✓	✓	✓	✓	Amber	April 2021
	Develop an approach to formal supports that is 'realistic' and personal outcome focussed	✓	✓	✓	✓	✓	Amber	June 2021
	Develop an Enhanced Community Response Team	✓	✓	✓	✓	✓	Amber	April 2021
	Implement Winter Plan	✓	✓	✓	✓	✓	Green	Complete
	Increase the capacity in Summerford Intermediate Care Facility including a Review of Admission Criteria	✓	✓	✓	✓	✓	Green	Complete
	Intermediate Care New Build Capital Project			✓	✓	✓	Amber	April 2022

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.1 Adopt and Implement the Home First Approach

Priority Outcome	Action	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Community Hospitals Review			✓	✓	✓	Amber	March 2021
	Review of Integrated Out of Hours provision to ensure responsive cost effective services	✓		✓	✓	✓	Red	October 2021
	Implement a Wholesystem approach to care provision across Falkirk	✓		✓	✓	✓	Amber	April 2021
	Home Support Service Redesign & Workforce Development	✓	✓	✓	✓	✓	Amber	June 2021
	External service engagement plan	✓		✓	✓	✓	Amber	March 2021
Review bed based care in Falkirk Community Hospital	Identify a project team to led on the review.			✓	✓	✓	Amber	December 2021
	Scope out the project and develop a project plan to match the project scope.			✓	✓	✓	Amber	March 2021
	Source and use ratified data to inform the project			✓	✓	✓	Amber	March 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.2 Assessment & Planning will be Person Centred and Asset Based

Priority Outcome	Actions	Objectives for safe & effective mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
Review Strategy	Review of team structures and roles		✓	✓	✓	✓	Amber	September 2021
	Review of job descriptions		✓	✓	✓	✓	Amber	September 2021
	Implementation of LiquidLogic System			✓			Amber	June 2021
	Review of Care Packages in view of impact of COVID	✓	✓	✓	✓	✓	Amber	June 2021
	Redesign of internal Residential Care Provision	✓	✓	✓	✓	✓	Amber	June 2021
	Re-provision of Rowans into Thornton Gardens	✓	✓	✓	✓	✓	Green	June 2020
	Review of Brokerage			✓	✓	✓	Amber	March 2021
	Review Process of Multi Agency ASP Assessments		✓		✓	✓	Green	October 2020
Community Nursing Review	Falkirk HSCP to have a clear vision and consider current District Nursing workforce capacity and influence future workforce and recruitment.	✓		✓	✓	✓	Amber	September 2021
	Development and implementation of caseload weighting tool and ensuring safe and quality care is provided to all patients.	✓		✓	✓	✓	Amber	September 2021
	Ensure robust & clear operational management and professional accountability across Forth Valley, ensuring equity for staff and for people			✓	✓	✓	Amber	September 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.2 Assessment & Planning will be Person Centred and Asset Based

Priority Outcome	Actions	Objectives for safe & effective mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	accessing services. Ensuring an efficient response, reducing duplication.							
	Develop and implement a shift pattern to ensure safe and effective delivery of patient care, 24 hours a day			✓	✓	✓	Amber	September 2021
	To ensure staff training needs are met to ensure safe effective, person centred care (Quality Strategy 2010)		✓		✓	✓	Amber	September 2021
	To raise the profile of district nursing and ensure a well informed workforce		✓		✓	✓	Amber	September 2021
	To ensure workloads are manageable and caseload reporting and business continuity plans are consistent		✓	✓	✓	✓	Amber	September 2021
	Refresh career pathway within District Nursing to improve patient outcomes and augment attraction and retention of staff by offering clear progression including an advanced nursing role within the service.		✓	✓	✓	✓	Amber	May 2021
	Utilise Government funding over next 5 years to recruit additional staff (additional 12%), ensuring 24 hour cover of District Nursing Services.		✓	✓	✓	✓	Amber	March 2021 to 2026
	Develop a communications strategy to raise awareness and transformation of District		✓	✓	✓	✓	Amber	April 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.2 Assessment & Planning will be Person Centred and Asset Based

Priority Outcome	Actions	Objectives for safe & effective mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Nursing within the service, community and Forth Valley.							
	Develop a clear career pathway, define roles and identify training opportunities to ensure an appropriately skilled workforce.		✓	✓	✓	✓	Amber	April 2021
	To review clinical incidents/harms and identify measures to minimise these risks.		✓	✓	✓	✓	Amber	March 2021
Hospital at Home	To introduce a Hospital at Home model within NHS Forth Valley to allow people to stay within their own home setting and receive a level of clinical care normally provided within the acute setting.	✓	✓	✓	✓	✓	Amber	March 2021
	Clinical care will be provided primarily by Consultant Geriatricians, GPs, Advanced Nurse Practitioners (ANP), Staff Nurses and Health Care Support Workers, with referral to support services as appropriate, e.g. Allied Health Professionals.	✓	✓	✓	✓	✓	Amber	March 2021
	Development of Advanced Nurse Practice, will be supported by a Lead ANP, who will operationally and professionally manage the nursing team, ensuring appropriate systems and protocols are in place and assuring clinical competence and on-going support and supervision.	✓	✓	✓	✓	✓	Amber	March 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.2 Assessment & Planning will be Person Centred and Asset Based

Priority Outcome	Actions	Objectives for safe & effective mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Secure appropriately located, fit for purpose base/s for the service to effectively serve communities and meet required clinical and infection control standards, co-locating with relevant services as identified.	✓	✓	✓	✓	✓	Amber	March 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.3 Locality Planning will be based on community needs assessments

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
Development of fully Integrated Locality Teams	Appoint full cohort of locality managers.		✓	✓	✓	✓	Green	Complete
	Develop locality management structure/teams.		✓	✓	✓	✓	Green	Complete
	Develop locality workforce plans.		✓	✓	✓	✓	Amber	March 2021
	Embed the principles of integration		✓	✓	✓	✓	Green	Complete
	Work with children's services to develop a stronger response to children in transition.		✓	✓	✓	✓	Green	Complete
	Embed the principles of community led support and develop Locality Based Community Led Support working with NDTI		✓	✓	✓	✓	Green	Complete
	Develop Locality Plans		✓	✓	✓	✓	Amber	June 2021
Primary Care Transformation is delivered	Implement Primary Care Transformation Improvement Plan	✓	✓	✓	✓	✓	Amber	April 2022
	Put in place different professional roles in general practice to meet peoples primary care needs	✓		✓	✓	✓	Amber	April 2022
	Put in place a range of community self-support services that appropriately redirect people from the GP	✓		✓	✓	✓	Amber	April 2022
	Review the model of community hubs to enable early access to support and advice	✓		✓	✓	✓	Amber	June 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.3 Locality Planning will be based on community needs assessments

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Enable the public to access information and navigate the local systems of support when needed	✓	✓	✓	✓	✓	Green	Complete
	Develop a partnership approach to volunteering	✓	✓	✓	✓	✓	Amber	June 2021
	Develop locality based Health Improvement Initiatives	✓	✓	✓	✓	✓	Amber	June 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.4 HQ Function will support and provide a framework for improvement

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
An Integrated Workforce Plan is developed and implemented	Review Partnership Integrated Workforce Plan	✓	✓	✓	✓		Amber	March 2021
	Finalise the profile of HSCP workforce to inform the integrated Workforce Plan	✓	✓	✓	✓		Amber	March 2021
	Develop and implement an Integrated Workforce Plan	✓	✓	✓	✓		Amber	March 2021
	Develop approaches to recruit and retain workforce	✓	✓	✓	✓		Amber	March 2021
	Develop Senior Management Team to Show Qualities of Excellent Leadership & Change Capability Initially via the Animate Programme.	✓	✓	✓	✓		Green	Complete
	Implement a Quality Assurance Framework to meet requirements of change service delivery	✓	✓	✓	✓	✓	Green	Complete
An Integrated Learning and Development Plan is developed and implemented	Complete Partnership skills matrix and training needs assessment and develop a plan.		✓	✓	✓		Amber	June 2021
Effective communications messages and arrangements are in place	Develop a communications plan for the Partnership	✓	✓	✓	✓		Amber	March 2021
	Ensure clear and well communicated access points to services and supports are available	✓	✓	✓	✓	✓	Amber	March 2021
	Develop public messages and awareness raising programmes on a range of topics for people, communities and staff	✓	✓	✓	✓	✓	Amber	March 2021

Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities

1.4 HQ Function will support and provide a framework for improvement

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Review and refresh Participation and Engagement Plan	✓	✓	✓	✓	✓	Amber	March 2021
	Co-ordinate consultation and engagement and provide feedback about how input has been used	✓	✓	✓	✓	✓	Amber	March 2021
Effective systems are in place to facilitate communication between services and partners	Develop systems and process to enable effective communication and sharing of information	✓	✓	✓	✓	✓	Amber	March 2021
	Ensure there is appropriate information governance in place across the Partnership	✓	✓	✓	✓		Amber	March 2021
	Improve use of technology to help people access information and services	✓	✓	✓	✓	✓	Amber	March 2021
	Review Living Well Falkirk	✓	✓	✓	✓	✓	Amber	March 2021
	Explore how to make better use of social media across Partnership Set up Appropriate Support Structures to Drive and Enable Transformation	✓		✓	✓	✓	Red	March 2021
	Improve the visibility and accessibility of support for older carers	✓	✓	✓	✓	✓	Amber	Ongoing/ continuous

Priority 2: Ensure Carers are Supported in their Caring Role

2.1 Carers Strategy Implementation

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
Implement Carers Strategy	Embed adult carer support plans within standard practice	✓	✓	✓	✓	✓	Green	Complete
	Improve coordination of the services that support carers	✓	✓	✓	✓	✓	Green	Complete
	Support the development of informal networks within communities	✓	✓	✓	✓	✓	Green	Ongoing/ continuous
	Develop the use of technology and Technology Enabled Care to support carers	✓	✓	✓	✓	✓	Green	September 2021
	Ensure Partnership workforce is carer aware and able to respond to carers' needs	✓	✓	✓	✓	✓	Green	Ongoing/ continuous
	Embed effective data collection across the Partnership Reduce Impact of Caring on Health & Wellbeing	✓	✓	✓	✓	✓	Green	September 2021
Carers are engaged and informed	Review and improve the ways that carers are involved in service design and develop how we gather feedback, for example through engagement with the Carers Forum	✓	✓	✓	✓	✓	Green	April 2021
	Explore and develop how we reach hidden carers, for example engaging with organisations that will help us reach black and ethnic minority carers	✓	✓	✓	✓	✓	Green	April 2021
	Ensure Partnership systems and processes are understood and accessible for carers	✓	✓	✓	✓	✓	Green	April 2021
Services for carers are commissioned	Market Shaping – Build on Respite, Creative Breaks, and new Commissioning Approaches.	✓	✓	✓	✓	✓	Green	Ongoing/ continuous

Priority 2: Ensure Carers are Supported in their Caring Role

2.1 Carers Strategy Implementation

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
based on evidenced need	Delivery of Breaks from Caring	✓	✓	✓	✓	✓	Green	January 2021
Emergency Planning	Improve uptake of emergency plans by carers and promote Anticipatory Care Plans	✓	✓	✓	✓	✓	Green	January 2021
Preventative Support	Increase use of Viewpoint when aligned with approach in Children's Services	✓	✓	✓	✓	✓	Amber	June 2021
	Increase opportunities for carers to access support within the local community, including Third Sector support and services e.g. Respitality, Carer's Forum (Carer's Centre) income maximisation (CAB), mental health support (Carer's Centre, FDAMH	✓	✓	✓	✓	✓	Green	Annual reporting through Carers Census

Priority 3: Focus on Early Intervention, Prevention and Harm Reduction

3.1 Specialist Services

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
National Mental Health Strategy is implemented	Development of Community Mental Health Teams and Learning Disability Teams	✓	✓	✓	✓	✓	Green	Complete
	Develop a broad forth Valley Mental Health Strategy with NHS FV and Clacks and Stirling HSCP	✓	✓	✓	✓	✓	Amber	March 2021
	Develop a Mental Health Commissioning Plan	✓	✓	✓	✓	✓	Amber	March 2021
	Explore and establish better referral pathways and processes	✓	✓	✓	✓	✓	Amber	June 2021
	Increase the range of early intervention and prevention activity		✓	✓	✓	✓	Amber	June 2021
	Identify deficits in provision for particular groups, including substance use	✓		✓	✓	✓	Green	Complete
	Identify people who are not engaged in services and what support they require	✓	✓	✓	✓	✓	Amber	April 2021
	Develop the use of e-Health solutions to manage mental health services capacity and demand	✓	✓	✓	✓	✓	Amber	April 2021
	Develop a tiered approach to provision that diverts people from ED whose needs can be met elsewhere	✓	✓	✓	✓	✓	Green	Complete
	Reduce Police time spent accompanying vulnerable people to hospital	✓	✓	✓	✓	✓	Green	Complete

3.1 Specialist Services

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Standardise the process for Care Programme Approach (CPA) across the system where clinically appropriate	✓		✓	✓	✓	Amber	April 2021
	Implement an integrated dementia service	✓	✓	✓	✓	✓	Amber	April 2021
	Review and put in place a range of community based dementia support	✓	✓	✓	✓	✓	Amber	June 2021
	Implement the National Suicide Strategy	✓		✓	✓	✓	Amber	Ongoing
	Ensure strategic awareness of trends within the Falkirk area			✓	✓	✓	Green	Complete
	Review and develop crisis provision for vulnerable people and their families/friends	✓	✓	✓	✓	✓	Green	Complete
	Develop the mental health workforce	✓	✓	✓	✓	✓	Green	Complete
	Plan and support the introduction of the Primary Care Development plan	✓	✓	✓	✓	✓	Green	Complete
	Undertake workforce planning for community and mental health services	✓	✓	✓	✓	✓	Green	Complete
Alcohol and Drug Partnership will align with local evidenced need	Review ADP Services			✓	✓	✓	Green	Complete
	Review of ADP Governance			✓	✓	✓	Green	Complete
	Support people with Alcohol Related Brain Injury (ARBI) to Ensure that current programmes are supporting people to maximise their potential within their own communities	✓		✓	✓	✓	Green	March 2021

Priority 3: Focus on Early Intervention, Prevention and Harm Reduction

3.1 Specialist Services

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Revise ADP delivery plan in light of national and local drivers and the review of services	✓	✓	✓	✓	✓	Green	Complete
JLES	JLES Options Appraisal	✓	✓	✓	✓	✓	Amber	March 2021
Gender Based Violence	Review of Services	✓	✓	✓	✓	✓	Green	Complete
Sensory Team	Review the function and role of the Sensory Support Team to ensure consistent delivery of statutory functions across the locality model	✓	✓	✓	✓	✓	Amber	April 2021
Learning Disabilities	Enable the workforce to be skilled and confident in identifying and responding to health inequalities issues		✓	✓	✓	✓	Green	Complete
	Embed health inequalities identification and provision of additional / targeted support services or signposting	✓	✓	✓	✓	✓	Amber	June 2021
	Develop collective thinking, planning and delivery between HSCP and CPP partners	✓		✓	✓	✓	Amber	June 2021
	Work with partners to understand and effectively use data evidencing health and social inequalities	✓		✓	✓	✓	Amber	June 2021
	Support specific targeted initiatives such as Housing First	✓		✓	✓	✓	Amber	April 2021

Priority 3: Focus on Early Intervention, Prevention and Harm Reduction

3.1 Specialist Services

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Develop awareness raising programmes about health inequalities for people, communities and staff	✓	✓	✓	✓	✓	Amber	April 2021
	Test and develop Community Link Work programme within locality areas, as part of the Primary Care Transformation Programme	✓		✓	✓	✓	Amber	April 2021
	Develop resilience and capacity within locality areas	✓		✓	✓	✓	Green	Ongoing
	Support the development of community and third sector organisations	✓		✓	✓	✓	Amber	April 2021
	Improve knowledge about the impact of lifestyle choices and develop consistent approach to Health Improvement messages	✓		✓	✓	✓	Amber	April 2021
Day Services for Younger Adults	Review the Model for Day Services for younger adults	✓	✓	✓	✓	✓	Amber	March 2021
Partners will work together to address the determinants of health and social inequalities	Reduce social isolation and loneliness	✓		✓	✓	✓	Amber	April 2021
	Scope how resources are currently used within localities	✓		✓	✓	✓	Amber	June 2021
	Develop the existing resource on key information for staff	✓	✓	✓	✓	✓	Amber	April 2021

Priority 3: Focus on Early Intervention, Prevention and Harm Reduction

3.1 Specialist Services

Priority Outcome	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Support community networks and support people to access these	✓	✓	✓	✓	✓	Green	March 2021

Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services

4.1 Digital TEC Strategy

Priorities	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
A HSCP Technology Enabled Care (TEC) Strategy will be developed and implemented	Establish a multi-agency TEC strategic group	✓		✓	✓	✓	Amber	June 2021
	Understand current use of TEC across partnership	✓		✓	✓	✓	Amber	June 2021
	Engage with people, carers and communities about the use of TEC	✓	✓	✓	✓	✓	Amber	June 2021
	Develop and implement Partnership strategy through a Partnership action	✓		✓	✓	✓	Amber	June 2021
Access to TEC in localities will be widened	Identify and build-on what already works well and develop options for tech solutions within localities	✓		✓	✓	✓	Amber	June 2021
	Ensure wide partner engagement, including Forth Valley College & Economic Development	✓		✓	✓	✓	Amber	June 2021
	Establish locality based, multi-agency Hub model with access to a range of services without a consultation/appointment	✓		✓	✓	✓	Amber	September 2021
	Support development of skills and confidence in use of TEC at home	✓	✓	✓	✓	✓	Amber	June 2021
	Develop and support volunteer roles to support TEC in communities, including intergenerational education opportunities with young people	✓		✓	✓	✓	Amber	June 2021

Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services

4.1 Digital TEC Strategy

Priorities	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
TEC enabled infrastructure will be developed	Conclude options appraisal about a digital upgrade	✔		✔	✔	✔	Green	Complete
	Upgrade central phone systems to provide additional functionality	✔	✔	✔	✔	✔	Amber	September 2021
	Improve staff use of technology and access to digital records across the Partnership	✔	✔	✔	✔	✔	Amber	September 2021
	Develop TEC solutions focussing on access to service, prevention and reassurance	✔	✔	✔	✔	✔	Green	Complete
TEC enabled workforce will be supported	Identify workforce training requirements	✔	✔	✔	✔	✔	Amber	September 2021
	Develop and implement skills development programme as component of the Integrated Workforce Plan	✔	✔	✔	✔	✔	Amber	September 2021

5.1 Covid-19 Response and Lessons Learned

Priorities	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
Develop and implement a care assurance system for care homes.	Ensure all care home residents funded by Falkirk Health and Social Care partnership are reviewed on a timeous basis as per FHSCP procedures.	✓	✓	✓	✓	✓	Amber	April 2021
	To work collaboratively to contribute to an integrated approach, providing support and assurance with regard to the care provided to older people in care homes funded by FHSCP	✓		✓	✓	✓	Green	Complete
	In collaboration with colleagues identify areas of practice which can be developed and contribute to development opportunities	✓		✓	✓	✓	Amber	May 2021
	To work in partnership with care homes to ensure escalation points and early key indicators are monitored and discussed. To monitor and assess dependency issues, compliance with infection control/PPE, occupancy and resident care	✓		✓	✓	✓	Amber	March 2021
Develop and implement a care assurance system for care at home.	Ensure all people in receipt of care at home funded by Falkirk Health and Social Care partnership are reviewed on a timeous basis as per FHSCP procedures.	✓	✓	✓	✓	✓	Amber	June 2021
	Ensure that the assessment of care is person centred, asset based and has an enabling approach.	✓	✓	✓	✓	✓	Amber	June 2021

Priority 5

5.1 Covid-19 Response and Lessons Learned

Priorities	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	Ensure care at home practice is safe and compliant with all IPC guidance, and build an assurance framework to support progress and compliance.	✓	✓	✓	✓	✓	Amber	April 2021
	Ensure that home care provision is value for money and delivered within the designated budget.	✓	✓	✓	✓	✓	Amber	March 2022
COVID-19 Response Actions	Consideration to the impact of Covid/Long Covid on the population and specialist services that may be required (e.g. Community Respiratory Services, increase in specialist rehabilitation, increased frailty across our population)	✓		✓	✓	✓	Amber	June 2021
	Robust data collection and analysis within localities to support the reshaping and delivery of health and social care moving forward.	✓		✓	✓	✓	Amber	June 2021
	Working in partnership with the 3rd sector to provide community led support, being aware of health inequalities, the financial impact of Covid and social isolation.	✓		✓	✓	✓	Amber	June 2021
	The staff group and carers being our biggest asset – ensure a focus on staff & carer wellbeing, health and safety, training & support to reflect		✓				Green	Complete
Staff Wellbeing	Staff wellbeing phoneline. A phoneline was initially set up for calls from staff who may need information quickly or needed to discuss any	✓	✓	✓	✓		Green	Complete

5.1 Covid-19 Response and Lessons Learned

Priorities	Actions	Objectives for Safe & Effective Mobilisation					RAG Status	Timescale
		Pandemic Response	Staff & Carer Wellbeing	Innovation & Integration	Ensure Equity	Better Outcomes		
	issues. This was not used by staff and staff are now able to go through the National Wellbeing Hub for this type of support.						Green	
	Staff wellbeing email address. Staff can use this to send any wellbeing information they may come across. This is also used to send out wellbeing information including info to keep morale boosted.	✓	✓	✓	✓		Green	Complete
	Central point of contact – Service Manager - for Wellbeing messages being sent out by both staff employers (NHS and Falkirk Council)	✓	✓	✓	✓		Green	Complete
	Weekly Virtual Staffroom chats for staff. Staff have the opportunity to join these and relax over a coffee for a period of time. This is an attempt to replace the traditional staffroom support.	✓	✓	✓	✓		Green	Complete
	FC Staff aware of Coronavirus (COVID-19) employee advice pages on Falkirk Council Intranet which are updated timeously with new advice	✓	✓	✓	✓		Green	Complete
	HHSFV staff aware of their COVID 19 Staff Support and Wellbeing Pages	✓	✓	✓	✓		Green	Complete

Agenda Item: 6

Falkirk IJB Clinical and Care Governance Committee

26 February 2021

Care Home Assurance Report

For Noting

1. Executive Summary

1.1 Since May 2020 the HSCPs and NHS Forth Valley have been working with care homes and care home staff in the Forth Valley areas during the Covid-19 pandemic to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met.

1.2 This is as a direct response to the Scottish Government directive to HSCP to take direct responsibility for the clinical support required for each care home in their board area. To fulfil that local oversight role Falkirk Health and Social Care Partnership (HSCP) established a social care 'Care Home Assessment Review Team' (CHART). This is a pivotal, dynamic and responsive team that works alongside other clinical health teams to ensure that there is the daily monitoring and management of the impact of Covid-19 on the safety, wellbeing and outcomes of residents and staff within care homes and the ongoing provision of services.

1.3 This report summarises the current work to date by the CHART team, as well as support for care homes within the Covid-19 remobilisation plan moving forward. It is intended to provide assurance to the Committee members of these arrangements, as relevant to the scope of the HSCP.

1.4 The evidence within this report is gathered from Safety huddle tool data, team data and daily updates provided from the Care Home Strategy Group (CHSG).

2. Recommendations

The Clinical and Care Governance Committee is asked to:

2.1 note the overview of the CHART team and the oversight and monitoring arrangements and quality assurance factors around practice, role and remit.

3. Background

3.1 The IJB Clinical and Care Governance Committee has previously received reports on the role and responsibilities of the Forth Valley Strategic Oversight Assurance Group and the Care Home Strategy Group. These groups continue to meet to provide assurance of the professional support,

quality of care being provided in care homes and the safety and wellbeing of residents.

3.2   The social care CHART team plays a key part in ensuring accurate information is available to share at the Care Home Strategy Group. The team have a central role in gathering and monitoring intelligence from the 32 care homes across the Falkirk HSCP from the Safety Huddle tool as well as through local processes for engagement with care homes on a daily basis. This information is vital to support decision making within an operational and strategic setting, and pivotal in understanding the support needs of the care home on a regular basis and implementing / requesting the appropriate support.

4.   CHART Team

4.1   The social care CHART team was established as a test of change to respond to the pandemic and support residents and staff working within care homes. The CHART team, working collaboratively with other clinical health teams considers the following priorities and deliverables to ensure a robust, comprehensive and efficient response to supporting care homes, residents and staff during this period. These include:

- care home assurance and reviews
- contributing to workforce development
- adult support and protection (legislation and early indicators of concern input)
- care home intelligence, exploring appropriate supports and information sharing with operational and strategic oversight groups.

4.2   The team currently consists of the following workers:

- 1 x full time Team Manager
- 1 x full time social worker
- 1 x part time social worker
- 2 x full time social care officers
- 3 x part time social care officers.

4.3   The staff noted above are completing the duties of CHART on a voluntary basis, from Locality Teams and Home First teams in order to support the evolving nature of the pandemic and the impact on care homes.

4.4   Staff are being supported in these roles by the Team Manager, building on their knowledge and experience with training provided that is targeted to this new role. In collaboration with colleagues, the Team Manager identifies areas of practice which can be developed and contribute to development opportunities (with colleagues across all sectors).

4.5   There is work ongoing to extend the test of change and the CHART team. This will include additional professional roles within the team to support

oversight of clinical care needs and will provide an integrated model of care and support to care homes. Wider discussions across Forth Valley to be established to look at future models in line with Government guidance.

5.   Assurance Mechanisms

5.1   Care Home Oversight Assurance and Reviews
The social care CHART team has developed collaborative working relationships, pathways and processes across the HSCP and partners in health, including the Care Assurance Team, the independent sector, Procurement and Commissioning, Infection Prevention and Control, Public Health, Scottish Care and Care Inspectorate. This is set out in appendix 1. This supports and contributes to an integrated approach to ensure the necessary systems and processes are in place to meet the standards required to meet the needs of residents in care homes.

5.2   Joint care assurance visits have been established as a vital way to assure that fundamental care needs of residents are being met and are carried out by NHS senior clinical nurses & specialist infection control nurses, and HSCP Social Care staff (CHART). The visits are (mostly) unannounced, and the team use a framework consisting of expected standards (based on the National Care Standards and Care Inspectorate guidance) and use an outcome focused approach to support and care within the care home to report areas of good practice and identify areas of practice that require improvement or support by specialist teams. The social care input to assurance visits is coordinated by the Team Manager, and care homes are risk assessed on a regular basis as requiring either a "Back to Basics" contact or a further social care "Assurance Visit".

5.3   Back to Basics Contact
Back to Basics contact can be completed by telephone, virtually or by a visit to the care home. "Back to Basics" contact encompasses assessment of residents social care needs and outcomes. This ensures that throughout the pandemic, care homes are being supported to be able to demonstrate they are meeting residents needs and outcomes within the restrictions on visiting, staffing and social interactions.

5.4   The professionals supporting the care home in these areas can create an action plan in partnership with the care home management team, which is then regularly reviewed. Support can be offered in relation to cleaning schedules, Covid-19 isolation guidelines as well as flagging potential PPE supply issues and options to support the sourcing of PPE.

5.5   Assurance Visits
As part of assurance visits, while the NHS staff focus on infection prevention and control and assuring fundamental care needs are being met, during this pandemic the social care CHART team carry out visits to support care home staff to ensure compliance with fundamental infection prevention guidance and to reassure the HSCP of this compliance. They will also access resident

records and documentation to ensure fundamental care needs are being met. These are robust assessment visits, as well as supportive. Support with implementing Government guidance has also been provided by the CHART team, ensuring up to date information is received by the care home.

5.6   Regular care home reviews have not been sustained by the social care CHART team to date. This is due to the impact of the pandemic and the need to be responsive to the emerging needs of care homes – particularly those who have an outbreak. There are ongoing discussions and provisional plans in place to ensure all care home reviews are complete in line with Scottish Government Guidance (January 2021) and to ensure that all residents who are supported by a Guardianship Order have an allocated worker to ensure regular review.

5.7   The CHART team link in with the lead officer for Adult Support and Protection and participate in the Early Indicators of Concern Oversight Group. Adult Support and Protection data is currently being evaluated, however from initial review, there has been a fall in reporting of Adult Protection concerns from care homes. This will require further follow up from the CHART team.   It could be anticipated that the level of Large Scale Investigations (LSIs) could reduce via a preventative and proactive approach via participation within the early indicators of concern. This data is subject to further scrutiny and evaluation.

5.8   Integrated Working
The social care CHART team is building links with the Psychiatric Liaison services and health colleagues to develop an efficient and robust approach to integrated care home support services.   This encompasses outcomes, health, social and care needs, as well as clinical assessment to supporting residents within care homes.

5.9   Partnership working also includes colleagues from the independent sector such as Scottish Care who play a key part in supporting the private sector and providing information and intelligence into operational and strategic oversight groups.

5.10   Since the creation of the social care CHART team, feedback from team members and care homes is that there is greater opportunity for shared learning across professionals and a more coordinated approach to assessment and support.

5.11   Care Inspectorate
The social care CHART team liaise with care homes and their inspectors when required to share information. Examples of partnership working have been supporting care homes within the inspection process, as well as sharing concerns with the Care Inspectorate to work together with the care home to improve outcomes for residents.

5.12   The team also review any released inspection reports for care homes within the partnership area, and adjust their practice and visits accordingly and as

required.

5.13　CHART data

The CHART team completed 147 visits to Care Homes in the Falkirk area between the 1 November 2020 and 22 January 2021. In addition, 5 visits were made to Housing with Care who experienced Covid-19 outbreaks. The support provided to Housing with Care was an important aspect of the CHART teams resilience and flexibility, acknowledging that resources similar to care homes required the transferrable support, skills and advice when faced with Covid-19 outbreaks.

5.14　There have been 79 joint visits with the Care Assurance team (which includes colleagues from the Infection Prevention and Control Team) since November 2020.

5.15　On a daily basis, the CHART team complete check in phone calls to all 32 care homes within the Falkirk area. These discussions include vacancy information, TURAS completion, staffing levels and dependency and recently, updates and information sharing regarding the Covid-19 vaccine and staff lateral flow testing.

5.16　The above actions have supported the CHART team to build relationships with care home management and assist with accurate information sharing.

5.17　TURAS data & identifying / gathering anticipatory information

The CHART team play a crucial role in supporting care homes to complete their TURAS daily reporting form. The data within this form is used by the Scottish Government to review, assess and evaluate care home status and performance, therefore it is imperative that this information is accurate.

5.18　TURAS reporting covers the below areas which are incorporated into the CHART team discussions with care homes to ensure accountability, accuracy and that support can be provided at the right time.

- spotting and logging an escalation point by a care home. Where things are not escalated by the care home, noting:
- staffing levels
- staff testing levels and if there are changes to trend
- dependency concerns/issues
- levels of compliance with PPE/IPC (is it always 100%?)
- occupancy levels
- levels of dependency and complexity of residents" *(Safety huddle tool oversight of care homes required process for all areas, Scottish Government January 2021).*

5.19　The CHART team aim to support and prompt care homes to submit accurate information on time. The TURAS completion rates have risen to an average of between 88% - 90% completion rate on a daily basis since the reporting system was introduced.

5.20   In relation to TURAS information reporting accuracy, on 16 November 2020, there were 66 data quality issues for week 10-16 November 2020.

5.21   In January 2021, the average was 9.4 data quality issues per week, with 10 errors in the latest week 18 - 24 January 2021. Care Homes are starting to become familiar with the reporting process, however the CHART team have been actively involved in supporting and encouraging competent use of the system.

5.22   Care Home Visiting Risk Assessments
        The CHART team have been involved at a strategic and operational level in supporting care homes to risk assess their visiting arrangements and planning for future visiting.   This is crucial aspect of residents social lives, and safe visiting and assessing the risks around this have been an important part of partnership working for the CHART team.   This will continue pending Covid-19 infection rates and future Government guidance in this area.

5.23   Covid-19: Staff Testing
        The CHART team, along with the independent sector have worked in partnership to support the implementation of staff testing in line with Government guidance. This has included interpretation of guidance, delivery of lateral flow test kits, guidance on testing for outbreak care homes.

5.24   Covid-19: Staff Vaccination
        The CHART team, along with the independent sector are working in partnership with care homes to support the uptake of Covid-19 vaccinations and sharing information within an operational and strategic level to influence vaccine delivery. Information from this area has influenced approach to vaccines, such as holding "mythbuster" sessions or working with specific staff groups within care homes to support and encourage uptake. At present, approximately 95% of care home residents have been vaccinated, and over 87% of staff within care homes have been vaccinated.

5.25   Service Evaluation
        The Team Manager is developing questionnaires to gather feedback from care home managers to influence and support ongoing service development and practice in line with current and future Government guidance.

5.26   Future models that could support care homes post pandemic are currently in discussion.

6.   Conclusions

6.1   The CHART team have been vital over the past 12 months in ensuring accurate information and intelligence is gathered. This report provides a summary of the relevant oversight arrangements and current practice for Committee.

Resource Implications

Further discussions are required around the longer term role of the CHART team. At present, the locality teams are supporting this role using existing workers to fulfil this role, which has an impact on the work requirements in these teams.

Impact on IJB Outcomes and Priorities

The information represented in the report will ensure oversight of key areas and provide assurance to the IJB on the delivery of services in line with the Strategic Plan, and a current robust response to the Covid-19 pandemic within care homes.

Legal & Risk Implications

There are no legal and risk implications arising from this report.

Consultation

There are no consultation implications arising from this report.

Equalities Assessment

There are no equality implications arising from this report.

7.   Report Author

7.1   Claire Chapman, Locality Manager (Central)

8.   List of Background Papers

None

9.   Appendices

Appendix 1:Social Care, Care Home Assurance and Review Team Structure & Teams

Appendix 1 – Team & Structure

Care Assurance Group

Care Home Strategy Group

Care Assurance Team

Social Care CHART team

AIM - to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met

Clinical CHART team

Infection Prevention & Control Team