

Agenda Item 7

Partnership Funding Investment Strategy 2021 - 2024



Falkirk Integration Joint Board

4 June 2021

Partnership Funding Investment Strategy 2021 - 2024

For Decision

1. Executive Summary

- 1.1 This report presents the Integration Joint Board (IJB) with a Partnership Funding Investment Strategy for the period 2021-2024.
- 1.2 Partnership Funding is the term used to describe ringfenced funds that are currently available to Falkirk Health & Social Care Partnership (HSCP). Each fund has a specific purpose, criteria and duration. In order to ensure that the IJB can maintain oversight of the allocation and impact of these funds across the whole system, a programme approach is proposed.
- 1.3 In practice, a programme approach means that all funds are cited within a single, high level investment strategy. The plan covers a three-year period 2021-2024.
- 1.4 The purpose and criteria of the funds vary, however the single investment strategy intends to provide linkage between ringfenced funds to accelerate the delivery of the Strategic Plan by adding value to core provision, whilst also enabling service redesign and improvement.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1 approve the Partnership Fund Investment Strategy 2021–2024.
- 2.2 delegate funding decision to the Falkirk HSCP Senior Leadership Team, as set out within 4.3.
- 2.3 approve movement of funds (£1.42m) from the Main Programme to the Heads of Integration as set out within 4.6.

3. Background

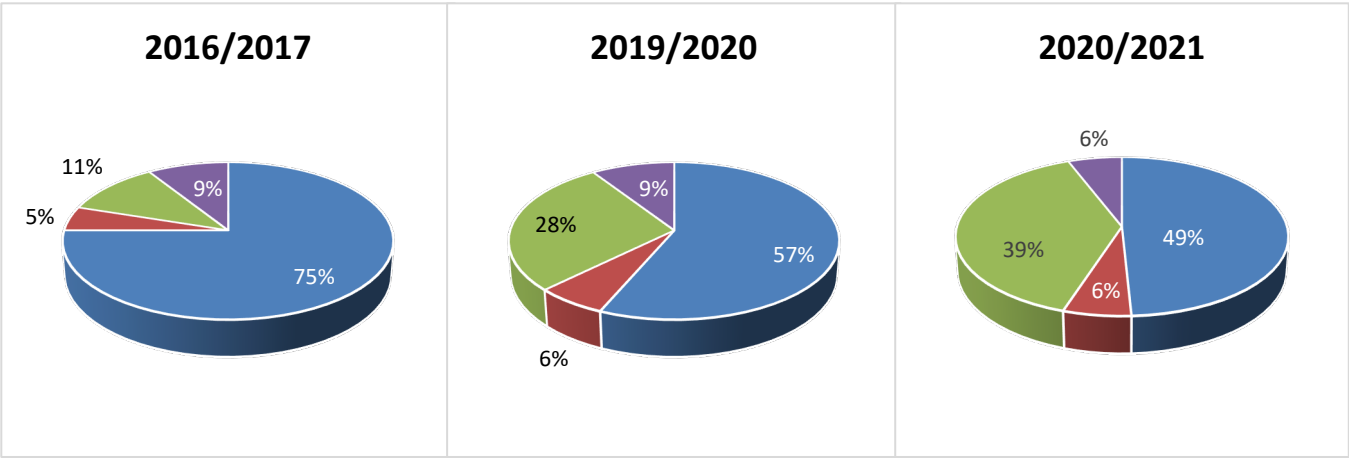
- 3.1 Members of the IJB previously agreed to the introduction of a commissioning approach and a review of the funded initiatives at the meeting on 5 April 2019. In March 2020, the Board noted the development of the 2021-24 Investment Plan. The development was delayed due to the pandemic, however an update was provided to the IJB in November 2020 and March 2021 regarding progress and a proposed revised timescale of June 2021.

3.2 Falkirk HSCP has operated a partnership funding programme during the period 2018-2021. The programme has provided an opportunity for partners to establish, test, transform and accelerate the delivery of integrated services, in line with local priorities.





During the investment period, 2018-2021, the IJB committed to shifting the balance of care towards integrated services and projects in the community. This was a change to traditional models of health and social care, which have largely focussed on statutory services within centralised and/or institutional settings. The IJB also agreed that that ongoing investment to support discharge or avoid admission should be via re-distribution of current allocations, rather than significant new investment. One of our challenges is to shift the balance of care to develop a range of community-based supports to develop supportive communities to enable more people to live at home longer.

3.3 The distribution of partnership funding is shown below in Figure 1. and demonstrates the shift in investment to increase funding for community-based supports and carers

Figure 1 (Main Program) Partnership Funding Allocation by Category



Key

-  Avoiding Delayed Discharge/Admission to Hospital
-  Support for Carers
-  Community based support
-  Infrastructure

- 3.3 During this period 2018-2021, Partnership Funding encompassed only four funds; Main Programme, Leadership Fund, Carers Fund and Dementia Innovation Fund. The new Partnership Funding Investment Strategy (attached as Appendix 1) proposes to increase the scope of the programme to include all ringfenced funds within scope of the IJB. Table 1 below lists all current funds. It should be noted that this will change over time as funding streams have varying durations and Scottish Government may allocate additional resource to specific service areas.
- 3.4 A commissioning group comprising field experts from across the Partnership, will have responsibility for identifying need and making recommendations regarding commissioning partnership initiatives to support the delivery of the IJB Strategic Plan and monitoring progress for each funding stream.

Table 1

Fund Name	Annual Budget (£M 21/22)	Duration	Commissioning Group
Core Partnership Funds			
Partnership Fund (Main Programme)	2.744	Recurring	Partnership Funding Group
Leadership Fund	1.000	Recurring	Senior Leadership Team
Carers Fund	2.129	Recurring	Carers Act Implementation Group
Dementia Innovation Fund	0.100	Recurring	Dementia Strategy Group
Ring-fenced funds within Partnership Funding Programme			
Action 15	TBC	Recurring	A15 Monitoring Group
Choose Life	0.023	Recurring	Mental Health Planning Group
Services for Survivors	0.098	Recurring	Mental Health Planning Group
Mental Health Recovery and Renewal Fund	TBC	2021/2022	Mental Health Planning Group & Children Services
Community Living Change Fund	0.568	2021/2024	TBC
Alcohol & Drugs Partnership	TBC	2021/2022	ADP
Health Improvement Fund	TBC	Recurring	Health Improvement Board
Sensory Strategy	0.025	2021/2023	TBC

4. Partnership Funding Investment Strategy Overview

- 4.1 The purpose of a single investment strategy is to provide consistency in oversight of investment, governance and evaluation of impact. The commissioning processes associated with each fund will be informed by the expert group responsible for assessing need and recommending allocation, however the overarching partnership funding governance principles remain consistent. Decisions will be taken in confidence that:
- there is a clear evidence base
 - sufficient scrutiny and due diligence have been undertaken
 - and appropriate engagement with those involved is central to fund design and ongoing evaluation.

- 4.2 During the development of the investment strategy, the following has been considered:
- Input from Partnership Funding and Strategic Planning Groups
 - Learning from the previous partnership funding programme
 - Falkirk HSCP Joint Strategic Needs Assessment
 - Falkirk HSCP Delivery & Remobilisation Plan
- 4.3 During the previous programme period, most funding decisions have been taken by the IJB. This has, at times, resulted in delays in timeous allocation to support emerging need in an agile, responsive manner. It is recommended that the principles of good governance are applied across all funding streams and that delegated authority is provided to the Senior Leadership Team (SLT) to allow all funding decisions to be taken, in line with financial standing orders. This is also in line with the governance process previously agreed by the IJB for the Leadership Fund and in line with the scheme of delegation that Officer operate within. This is with the exception of the Health Improvement Fund and the ADP, which have their own decision-making processes in place. It is however expected that the SLT will receive regular reports regarding progress, including funds allocated.
- 4.4 Ongoing monitoring and evaluation will continue to be key across all funding strands and will be undertaken by the group responsible for planning and allocating individual funds, as noted within 3.2 (table 1). Progress will be reported to the Senior Leadership Team on a 6 monthly basis and to the IJB annually, by exception or by request.
- 4.5 In September 2020, the IJB noted that Home First, Hospital at Home and Intermediate Care models are currently being redesigned. This work is being progressed with the Home First Manager and in conjunction with Clackmannanshire and Stirling IJB, the Director of Acute Services and Clinical Director for Ageing and Health. It was also noted that services supported in full or part by partnership funds, within the category of Avoiding Admission and Delays in Discharge would be included within the redesign process.
- 4.6 It is therefore recommended that the partnership funding associated with these services (£1.42m), is moved from the main programme to be overseen by the Heads of Integration to help facilitate the redesign process. The redesign process will then be taken forward within the context of mainstream, service redesign and improvement and out with the Partnership Funding governance process. It is important to note that this service re-design is within the scope of the IJB and therefore oversight and movement of budgets should be maintained by the Senior Leadership Team.
- 4.7 The proposed investment strategy and amendments to the governance process is intended to support the Partnership's ability to deliver any amended or additional priorities identified through the review and any amendment to the Strategic Plan. The financial resource included within the Investment Strategy for the period 2021/2022 is shown below in table 2. It should be noted that this includes information currently confirmed and currently committed funds. This is subject to ongoing review and amendment.

Table 2:

	Carried forward balance 2021/22	Recurring budget 2021/22	Committed funds 2021/22	Total available 2021/22
	£'000	£'000	£'000	£'000
PF Main Programme	2,550	1,368	-2,278	1,640
Leadership Fund	1390	1000	-763	1,627
Dementia Innovation Fund	361	100	-35	426
Carers Strategy	771	2,129	-792	2,108
Appropriate Adults		29	-29	0
Choose Life	71	24		95
Services for Survivors	85	98	-92	91
Sensory Strategy	40		-16	24
Community Living Change Fund	568			568
	5,836	4,748	-4,005	6,579

5. Conclusions

- 5.1 The introduction of a three-year Partnership Funding Investment Strategy, which includes all ringfenced allocations for services within the scope of integration provides increased visibility, accountability and ability to assess investment impact across the whole system. Governance principles will be applied to all allocations and monitoring and evaluation will be central to the programme. In order to support ongoing redesign £1.42m will be moved from the main programme to be overseen by the Heads of Integration to help facilitate the redesign process.

Resource Implications

The Investment Strategy cites approved resources. There is no additional resource requirement. The Strategy is intended to provide a framework to ensure best value and maximum impact.

Impact on IJB Outcomes and Priorities

The strategy aligns with Falkirk HSCP Strategic Plan and Delivery & Remobilisation Plans.

Directions

No new Direction or amendment is required.

Legal & Risk Implications

No legal implications have been identified.

Risk may arise in the event that funding decisions are delayed and therefore the allocated resource cannot be effectively used within the programme timescale, to maximum effect.

There is also risk in relation to the employment of permanent staff using partnership funds. As stated within the strategy, partnership funding is temporary, and staff should not be recruited on a permanent basis without first undertaking a full risk assessment and gaining approval from the Senior Leadership Team.

Consultation

The Partnership Funding and Strategic Planning Group have been consulted within the development of the Investment Strategy.

Equalities Assessment

An EPIA has been completed for the Investment Strategy. In addition, EPIA's are requirement for all allocations. These should be completed prior to funding approval, noting any potential negative impacts and mitigating actions.

6. Report Author

Lesley MacArthur, Partnership Funding Co-ordinator

7. List of Background Papers

- 7.1 Falkirk Health & Social Care Strategic Plan 2018-2022
- 7.2 Delivery & Remobilisation Plan
- 7.3 Joint Strategic Needs Assessment

8. Appendices

Appendix 1:	Falkirk HSCP Partnership Funding Investment Strategy 2021-2024
--------------------	--



Falkirk
Health and Social Care
Partnership

Falkirk Health & Social Care Partnership Partnership funding investment strategy 2021-2024

Date of first issue:	June 2021
Approval status:	VERSION 4
Current issue date:	June 2021
Review date:	April 2024

Contents

Introduction	2
Background and Context.....	3
Learning from the 2018-2021 Programme	4
Factors informing Investment Strategy	5
Partnership Funding & Strategic Planning Groups	5
Joint Strategic Needs Assessment	6
Delivery & Remobilisation Plan.....	6
Previous IJB Approval informing Investment Strategy	6
Investment Strategy.....	7
Main Programme	7
Leadership Funds	8
Dementia Innovation Fund	8
Carers Fund	8
Action 15	8
Choose Life.....	9
Services for Survivors	9
Alcohol & Drug Partnership (ADP)	10
Mental Health Recovery and Renewal Fund.....	10
Community Living Change Fund	10
Health Improvement Funds	10
Appendix 1: Partnership Funding: Funding Map	13
Appendix 2: PFG Recommendations: Partnership Fund Investment Strategy	25
Appendix 3: Joint Strategic Needs Assessment against Strategic & Delivery Plan Priorities	28

Introduction

Partnership Funding is the term used to describe ringfenced funds available to Falkirk Health & Social Care Partnership. Each fund has a specific purpose, criteria and duration.

To ensure that The Partnership's Integration Joint Board (IJB) can maintain oversight of the commissioning and impact of these funds across the whole system, this strategy outlines a funding programme approach.

In practice, the adoption of a programme approach means all funds are governed within a single, high level investment plan. This plan covers a three-year period 2021-2024.

The purpose and criteria of the funds vary, however the single investment strategy intends to provide linkage between ringfenced funds to accelerate the delivery of the Strategic Plan by adding value to core provision, whilst also enabling service redesign and improvement. In addition, management groups comprising of representatives from across the Partnership will have responsibility for commissioning individual funds, however the overarching partnership funding governance principles remain consistent.

Decisions will be taken in confidence that:

1. there is a clear evidence base;
2. sufficient scrutiny and due diligence has been undertaken;
3. and appropriate engagement with those involved is central to fund design and ongoing evaluation.

It should be noted that although the investment strategy relates to the period 2021-2024, the plan will be subject to review and addition. This will include recognition of the introduction of a new Partnership Strategic Plan in 2022 and any additional Scottish Government allocations.

Table 1 below, provides an overview of the funds included in the Partnership Funding Programme. These funds have been identified based on the spending criteria being in scope for IJB responsibility. It should be noted that the Investment Strategy 2021-2024 is the first to incorporate every in-scope ringfenced fund. Further detail of these funds is presented throughout the plan in Appendix 1.

Fund Name	Annual Budget (£M 21/22)	Duration	Commissioning Group
Core Partnership Funds			
Partnership Fund (Main Programme)	2.744	Recurring	Partnership Funding Group
Leadership Fund	1.000	Recurring	Senior Leadership Team
Carers Fund	2.129	Recurring	Carers Act Implementation Group
Dementia Innovation Fund	0.100	Recurring	Dementia Strategy Group
Ring-fenced funds within Partnership Funding Programme			
Action 15	TBC	Recurring	A15 Monitoring Group

Fund Name	Annual Budget (£M 21/22)	Duration	Commissioning Group
Choose Life	0.023	Recurring	Mental Health Planning Group
Services for Survivors	0.098	Recurring	Mental Health Planning Group
Mental Health Recovery and Renewal Fund	TBC	2021/2022	Mental Health Planning Group & Children Services
Community Living Change Fund	0.568	2021/2024	TBC
Alcohol & Drugs Partnership	TBC	2021/2022	ADP
Health Improvement Fund	TBC	Recurring	Health Improvement Board
Sensory Strategy	0.025	2021/2022	TBC

Table 1

Background and Context

The Partnership has operated a funding programme during 2018-2021. The programme provided an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services, in line with local priorities.

During this period, Partnership Funding encompassed four funds: Main Programme, Leadership Fund, Carers Fund and Dementia Innovation Fund.




Fund	Description	Budget	2018-21 Priorities
Main Programme	The main programme is overseen by the Partnership Funding Group, a sub-group of the Strategic Planning Group. All funding decisions are referred to the IJB. Funding is allocated via the NHS baseline budget.	£2.744m (Recurring) plus annual uplift from 2021	<ul style="list-style-type: none"> • Avoiding Admission & Delayed Discharge • Unpaid Carers • Specialist Services • Locality/Community based provision • Infrastructure
Leadership Fund	The Leadership Fund is overseen by the Partnership's Senior Leadership Team. Funding decisions are taken by the Chief Officer, in consultation with the Chair and Vice Chair. Funding is allocated via the NHS baseline budget.	£1m (Recurring) plus annual uplift from 2021	<ul style="list-style-type: none"> • HSCP Structure • Transformation
Carers Fund	The Carers Fund is overseen by the Carer Act Implementation Group. Recommendations are made to the Strategic Planning Group and funding decisions are taken by the IJB. Funding	£2.464m (2021/2022, Recurring but variable)	<ul style="list-style-type: none"> • Implementation of Falkirk Carers Strategy

Fund	Description	Budget	2018-21 Priorities
	is allocated via Falkirk Council.		
Dementia Innovation Fund	The Dementia Innovation Fund is overseen by the Dementia Strategy Group. Funding decisions are delegated to the HSCP Senior Leadership Team. Funding is allocated via Falkirk Council.	£100k (Recurring)	<ul style="list-style-type: none"> • Innovative Respite • Awareness Raising & Education • Technology Enabled Care • Community Assets

Each component of Partnership Funding is subject to ongoing monitoring and evaluation. Provision of this performance and financial information is a condition of funding, which all project or service leads are required to formally agree prior to project initiation. Continuous review has ensured that the structure and allocation of funds are agile and able to support both transformation and emerging improvement needs across the Partnership.

Learning from the 2018-2021 Programme

Through ongoing monitoring and evaluation of initiatives, learning has been gathered at an initiative and programme level. This learning has informed the development of the Investment Strategy 2021-2024.

Learning		Learning informed Investment Strategy 2021-2024
Siloed investment and monitoring at odds with whole systems approach		<ul style="list-style-type: none"> • Strategy citing all ringfenced funds will enhance ability to develop whole system approach and understand impact of investment on a programme wide level.
Lean governance processes can enable agile response		<ul style="list-style-type: none"> • Where possible, Partnership Senior Leadership Team (SLT) will be delegated responsibility for approving funding (via Chief Officer in consultation with Chair and Vice Chair). Any delegation will be subject to IJB approval. • SLT approval levels will be in line with standing orders and financial regulations. • Learning from Covid response re pace of service mobilisation and redesign will be fostered and applied where practical.
Covid response has encouraged enhanced integrated working practice and innovative responses		<ul style="list-style-type: none"> • Integrated, innovative practice adopted by services during Covid that have worked well will be adopted and encouraged across services. Where possible an enabling

Learning		Learning informed Investment Strategy 2021-2024
		approach will be taken to service redesign and development, as opposed to a directive approach.
Single Year funding allocations are challenging	➔	<ul style="list-style-type: none"> Where single year funding is awarded a development period and funding will be considered to allow planning and recruitment. Investment strategy operates over 3 year period, with ongoing review. Permanency of staff will only be agreed following detailed risk assessment re liability post funding term.
Data based performance monitoring is not appropriate for some initiatives	➔	<ul style="list-style-type: none"> A revised monitoring framework will be introduced for all community based/led initiatives. (Appendix 2).
Evaluation is critical	➔	<ul style="list-style-type: none"> Leads will have opportunity to request additional resource for evaluation activity. This will not replace regular monitoring requirements.
Compliance with short-term funding awards challenging	➔	<ul style="list-style-type: none"> Increased clarity will be provided within funding awards and declaration form regarding the short-term nature of Partnership Funding

Factors informing Investment Strategy

Partnership Funding & Strategic Planning Groups

The Partnership Funding and Strategic Planning Groups have contributed to the development of this strategy. Detailed feedback is provided as Appendix 3. The expertise gained by group members during the 2018-2021 investment period has been invaluable. The scope of the membership, which includes partner representatives, technical specialists and importantly, service user representation. Set in the context of the overall governance process, this ensures a robust and transparent process of assessment, allocation and monitoring. Key points noted by the groups include:

- A single Partnership Funding Programme with consistent principles regarding governance and monitoring is beneficial in effecting and measuring whole system change.
- A multi-annual programme and funding allocation offers increased scope for planning, testing and redesign. Exit planning remains critical.
- Investment should be evidence based, therefore engagement with management groups relevant to funding stream is essential in order to identify specific areas of investment.

- The impact of Covid 19 should not be underestimated. The detrimental impact on specific areas and groups such as mental health wellbeing and unpaid Carers is likely to continue to be realised over time. Recovery and remobilisation should therefore become a cross-cutting theme in the allocation of funds.
- Senior Leadership Team should maintain ability to take decisions regarding investment in strategic change and redesign, such as the review of Palliative & End of Life Care and Intermediate Care facilities, via the Leadership Fund.
- The group noted that if investment no longer aligns with the Delivery Plan, then it should not automatically be mainstreamed via transferring PF funds to core budgets. Instead, disinvestment or further redesign should be progressed.

Joint Strategic Needs Assessment

Falkirk HSCP Joint Strategic Needs Assessment was refreshed in December 2018. The needs assessment provides a comprehensive description of health and social care data relevant to Falkirk HSCP, which was used to inform the development of the HSCP Strategic Plan 2019-2022. The key findings remain relevant and underpin the Delivery and Remobilisation Plan. An overview is provided within Appendix 4. The full Joint Strategic Need Assessment is available at: <https://falkirkhscp.org/>

Delivery & Remobilisation Plan

The Delivery & Remobilisation Plan sets out a range of actions that will enable to HSCP to delivery its Strategic Plan, with a lens on the impact of Covid-19. The Plan is maintained by the Heads of Integration and provides timescales and tasks against which progress is monitored. The Plan provides a helpful context and platform for the investment strategy. It is subject to refresh and revision as the full consequences and impact of the pandemic on Falkirk's communities become clear. On this basis, the investment plan is intended to be agile and flexible in being able to respond to emerging priorities.

Previous IJB Approval informing Investment Strategy

The IJB has previously approved the following:

- £2.744m of recurring funding (combined with non-recurring underspends carried forward from previous years). Application of the reserve element will operate on a 3 year cycle.
- The redesign of the Home First, Hospital at Home and Intermediate Care services are being progressed with the Home First Manager and in conjunction with Clackmannanshire and Stirling IJB, the Director of Acute Services and Clinical Director for Ageing and Health. Services currently supported by Partnership Funds will be included within the review process and the outcome will determine future deployment of resource within the existing financial envelope.
- The recurring Leadership funds allocation of £1.000m will be mainstreamed to enable recruitment of permanent posts as opposed to being managed through reserves (i.e. £1.000m recurring funding will be transferred on a permanent basis from the leadership fund reserve to the appropriate service pay budgets).

- Non-recurring Leadership Funds within reserves will be allocated as follows as previously agreed by the IJB:
 - £500k Innovation & Spend to Save programme
 - £60k Locality based fund
 - £415k Health & wellbeing
 - £415k Reducing health & social inequalities

Investment Strategy

The Partnership Funding Programme offers Falkirk HSCP a significant opportunity to effect positive change and improvement across the whole system. Maintaining an overview of allocations and monitoring impact, will be important in proving the IJB with sufficient reassurance that funds are being used to best effect, helping achieve the Partnership's vision to 'enable people in Falkirk to live full and positive lives within supportive and inclusive communities'. The following section provides an overview of how funds will be used. Appendix 5 also provides a summary of funds against the priorities of the Strategic and Delivery & Remobilisation Plans.

Main Programme

The main programme will continue to operate within principles of the current governance structure. The Partnership Funding Group will continue to have a role in allocation and monitoring funds. To enable timeous decisions, funding approval will be awarded by the Senior Management Team, in conjunction with the Chair and Vice Chair of the IJB. Progress will be reported to the Senior Leadership Team bi-annually and to the IJB by exception or request. The main programme currently comprises a recurring budget of £2.744m, plus an estimated non-recurring reserve of approximately £2.54m (as at end 2020/2021). The following will apply to the main programme:

- In line with the IJB approval in relation to the redesign of Home First, Hospital at Home and Intermediate Care provision, funds currently allocated to services within scope of these reviews will be moved to the Heads of Integration to facilitate the redesign process, by 30 June 2021. The result of this will be reduction in main programme recurring budget to £1.4m. The condition of this disaggregation of funds is:
 - Progression of Hospital at Home
 - Review of out of hours provision (in conjunction with Hospital at Home)
 - Progression in the development of intermediate care (in conjunction with review of Falkirk Community Hospital)
- Recurring budget (and nonrecurring reserves) will be used to support progression of development and redesign of priorities aligned to the Strategic Plan and Delivery and Remobilisation Plan over a 3-year period.
- The allocation currently approved to support Unpaid Carers will be transferred to the Carers Fund. This will enable strategic oversight of all additional support being focussed on the implementation of the Carers (Scotland) Act 2018 and local Strategy.

- A cross-cutting requirement for all allocations will be the contribution made to service recovery and remobilisation, following Covid-19.

Leadership Funds

£1.0m recurring funds will be mainstreamed to support permanent posts within the HSCP structure. The process of mainstreaming will be managed as posts are identified and budget will be transferred to the appropriate service area. In September 2020, the IJB agreed that non-recurring funds within reserves will be allocated as follows:

- £500k: Innovation & Spend to Save programme
- £60k: Locality based fund
- £415k Health & wellbeing
- £415k Reducing health & social inequalities

The Senior Leadership Team will continue to have delegated authority regarding decision making.

Dementia Innovation Fund

There has been a delay in the implementation of the Dementia Innovation Fund, due to Covid-19. The fund has a recurring budget of £100k (combined with a non-recurring reserve of £361k at end 2020/2021). Priorities of the fund will be reviewed and refreshed in line with National and local Dementia Strategies. The governance process will remain; funding recommendations will be made by Dementia Strategy Group and (as per previous IJB agreement regarding delegated responsibility) decisions will be taken by the Senior Management Team. Progress will be reported to the IJB by exception or request.

Carers Fund

The recurring Carers Fund will be allocated to directly support the implementation of the Carers (Scotland) Act 2018 and the Falkirk HSCP's local Carers Strategy. As noted within the Main Programme narrative, all funding that directly supports unpaid carers will now be allocated from the Carers Fund.

The governance process reflects partnership funding governance principles. The Carers Act Implementation Group (CAIG) will lead on the allocation and monitoring of the Carers Fund. All funding recommendations will then be endorsed by the Strategic Planning Group and approved by Senior Leadership Team.

Action 15

Action 15 funding is designed to increase the number of Mental Health workers in General Practice, Emergency Departments, Police Custody and Prisons. The funding, allocated by the Scottish Government to support the Scotland's Mental Health Strategy 2017-2027, is allocated on a Forth Valley wide basis. By the end of financial year 2021/2022 a total investment of £1.7m will have been invested across both Falkirk and Clackmannanshire and Stirling Health and Social Care Partnerships from Action 15.

The funding has been mainstreamed into the NHS baseline budget. Review has been initiated to evaluate all services funded by Action 15. Based on the outcome of this process, recommendation will be made regarding whether budgets should be transferred to relevant services areas, or if any disinvestment and re-allocation is proposed. The review will be undertaken by the Action 15 Planning & Monitoring Group. Recommendations will be presented to the Senior Leadership Teams within both Partnership areas.

Choose Life

The Choose Life funds within reserves include a recurring £23k (combined with a non-recurring reserve of £71k at end 2020/2021). The focus of this fund is suicide prevention. This is a growing area of concern and priority for the Partnership. Falkirk's Mental Health Planning Group have identified Suicide Prevention within their action plan as a key priority. The Choose Life fund will be aligned to the action plan. Links will also be made to the Forth Valley wide Drug Related Death & Suicide Prevention lead, employed via NHS Forth Valley. In line with governance principles, funding recommendations will be made by the Mental Health Planning Group and approval will be provided by the Senior Leadership Team.

Services for Survivors

The £98k recurring budget aligned to Services for Survivors has previously been allocated third sector providers for the provision of support for people who have experienced trauma. An additional non-recurring £85k was also previously allocated to support the national Child Abuse Inquiry, however this fund remains unused.

During the Covid-19 pandemic, there has been evidence of a significant increase in harm and declined mental health reported across communities. The combined resource provides an opportunity to enhance joined working approaches across the lifespan, recognising that harm can be systemic and therefore a whole system approach should be taken to intervention.

In support of this, a number of work strands are currently being progressed:

- Re-establishment of Gender Based Violence Partnership.
- 'Trauma Champions' identified and recruited across service areas.
- Adult Support and Protection progressing community based early intervention & prevention work.
- Development and implement a Community Mental Health & Wellbeing Services and Supports Framework for children and young people

The Services for Survivors budget will be reviewed and commissioned in line with emerging priorities and need identified via these work strands. The governance process will also be reviewed and agreed.

Alcohol & Drug Partnership (ADP)

Falkirk Alcohol & Drugs Partnership have recently undertaken a review of governance structure and strategy. Funds allocated to Falkirk ADP are used to deliver the priorities of the local strategy, which is in line with national strategy and guidance. Priorities include harm reduction and tackling drug related deaths.

Although the governance process is discrete from Partnership Funds, Offices will work closely to consider any opportunity for leverage and added value by using ADP and Main Programme collectively.

Mental Health Recovery and Renewal Fund

The Scottish Government have recently announced a national allocation of £120m for a Mental Health Recovery & Renewal Fund for 2021-2022. The detail of Falkirk proportion has yet to be issued. The purpose of the fund is to deliver the priorities of the Mental Health Recovery Plan across Primary Care, CAMHS, Psychological and Community Services and the workforce. Key areas are:

1. Promoting and supporting the conditions for good mental health and wellbeing at population level.
2. Providing accessible signposting to help, advice and support.
3. Providing a rapid and easily accessible response to those in distress.
4. Ensuring safe, effective treatment and care of people living with mental illness.

When further information is made available, Partnership Funding governance principles will be applied to planning, allocation of this funding. A multi-agency group will be identified to form recommendation regarding allocation of funds and subsequent monitoring. The Senior Leadership Team will approve allocations.

Community Living Change Fund

Falkirk HSCP has been allocated £568k for the period 2021-2024 via the Scottish Government for the Community Living Change Fund. The purpose of the fund is to:

1. Reduce the delayed discharges of people with complex needs.
2. Repatriate those people inappropriately placed outside of Scotland.
3. Redesign the way services are provided for people with complex needs.

Partnership Funding governance principles will be applied to planning, allocation of this funding. A multi-agency group will be identified to form recommendation regarding allocation of funds and subsequent monitoring. The Senior Leadership Team will approve allocations.

Health Improvement Funds

A Forth Valley Health Improvement Fund is in place to help the delivery of NHS Forth Valley Health Improvement Strategy 2021 – 2026. The priorities identified within the strategy are:

1. The NHS Forth Valley contribution as an Anchor Institution to
 - Every child having the best start in life

- Ending poverty: offering income maximisation, tackling child poverty and delivering dignified access to food
 - Providing good work and workplace wellbeing
2. A Public Health approach to tackling the three significant harms intensified by the pandemic
- Zero suicides and drug related deaths
 - Mental health and wellbeing
 - Reducing alcohol related harm
3. Delivery of Scottish Government priority actions for NHS Boards
- Blood borne viruses and sexual health
 - Child healthy weight
 - Oral health
 - Tobacco

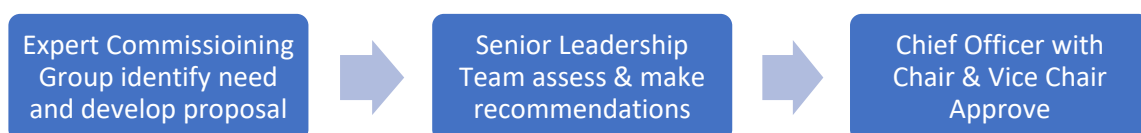
There are significant synergies between the Health Improvement priorities and the priority categories identified within the strategic plan and delivery and mobilisation plan. To enable maximum impact, Officer will work to consider opportunities for joint initiatives and to avoid duplication. Health Improvement will be represented on the Partnership Funding Group during the 2021-2024 funding programme. The NHS Forth Valley Health Improvement Programme Board approve funding allocations from the Health Improvement Fund.

Sensory Strategy

A non-recurring reserve of £41k is ringfenced for the implementation of the Sensory Strategy (Previously See/Hear Funding). An allocation of £16k has been made, leaving a balance of £25k.

Monitoring & Reporting

The revised governance process is directly in line with the Leadership Fund decision making process previously approved by the IJB. This process is in line with the Scheme of Delegation within which Officers currently operate. The governance process is illustrated below.



The monitoring for all Partnership Funds will be undertaken on a regular basis, by the group responsible commissioning allocations for each fund. Performance will be reported to the Senior Leadership Group on a bi-annual basis. Reports will be provided to the IJB annually, or by exception or request.

A cross-cutting theme for all allocation of Partnership Funds will be consideration of the impact of Covid-19. This relates to learning and good practice during the pandemic, which should be integrated into practice and the impact on vulnerable groups within our communities.

The Partnership Funding Programme will run from 2021-2024. It is recognised that each strand of funding must remain under review. The duration of funds varies and the impact of Covid-19 and other emerging priorities should be continually be taken into consideration in investment that will achieve an impact across the whole system.

Appendix 1: Partnership Funding: Funding Map

Fund Name	Purpose	Allocation	Timescale	End 2021 position/Closing Balance	Current Decision Maker
Partnership Funds (Main Programme)	Support and accelerate the implementation of the HSCP SP	£2.744m	recurring	£2.5m	IJB
Leadership Fund	HSCP Infrastructure and Transformational Change Programmes	£1m	recurring	£289K £632k committed to perm posts – balance £368k of which £363k committed to temp	SLT
Carers Fund	Implementation of the Carers Strategy	£2.129m	recurring	£0.771m	IJB
Action 15	Additional Mental Health Workforce in: Primary Care Prison Police custody A&E		recurring		IJB
Choose Life	Suicide Prevention	£23K	recurring	£71k	IJB
Dementia Innovation	Support delivery of the Dementia strategy by supporting people affected by Dementia Technology Respite Community Assets Awareness Raising & Education	£100K	recurring	£361	SLT
Services for Survivors	Services supporting survivors of trauma and abuse. Future alignment with GVB Partnership.	£98K	recurring	£85K (earmarked for Child Abuse Enquiry)	IJB

Fund Name	Purpose	Allocation	Timescale	End 2021 position/Closing Balance	Current Decision Maker
Mental Health Recovery and Renewal Fund TO BE RELEASED	MH Recovery Plan: 1 Promoting and supporting the conditions for good mental health and wellbeing at population level. 2. Providing accessible signposting to help, advice and support. 3. Providing a rapid and easily accessible response to those in distress. 4. Ensuring safe, effective treatment and care of people living with mental illness.	£120m National	Non-rec 1 year, but acknowledges may require longer term investment		NHS/IJB
Community Living Change Fund	<ul style="list-style-type: none"> • Reduce the delayed discharges of people with complex needs. • Repatriate those people inappropriately placed outside of Scotland. • Redesign the way services are provided for people with complex needs. 	£568,512	2021-2024		IJB
ADP	Local Strategy Delivery	Forth Valley £2,786,232	21/22		IJB (FV)
ADP – Local Improvement Fund	Local Improvement to reduce problem alcohol and drug use	£489,003	21/22		IJB
ADP	Drug Deaths Task Force	£62,794	21/22		IJB
Minister for Drug Policy's National Mission TO BE RELEASED	Additional uplift to progress priorities	£10m - National Details to follow end April	21/22		NHS baseline to ADP

Appendix 2

Falkirk evaluation framework for community-led interventions

This framework is for people and organisations who are delivering **community-led interventions** [funded by Falkirk Health and Social Care Partnership?].

The purpose of the framework is to help you:

1. Identify meaningful **outcomes** for your work (the difference you want to make)
2. Measure those outcomes using evaluation **methods** that are appropriate for community settings
3. **Report** on your impact and learning to **demonstrate** the value of community-led support and make it even **better**.

You should use this framework in a way that makes sense for you and the people you work with. The intention is to help you build evaluation into your day to day work and support reflective practice and improvement.

On the next page is a **logic model**. You should read it from left to right. It sets out in broad terms

- the **need** for community-led interventions
- common **activities** that are undertaken
- **outcomes**
- the link to HSCP outcomes

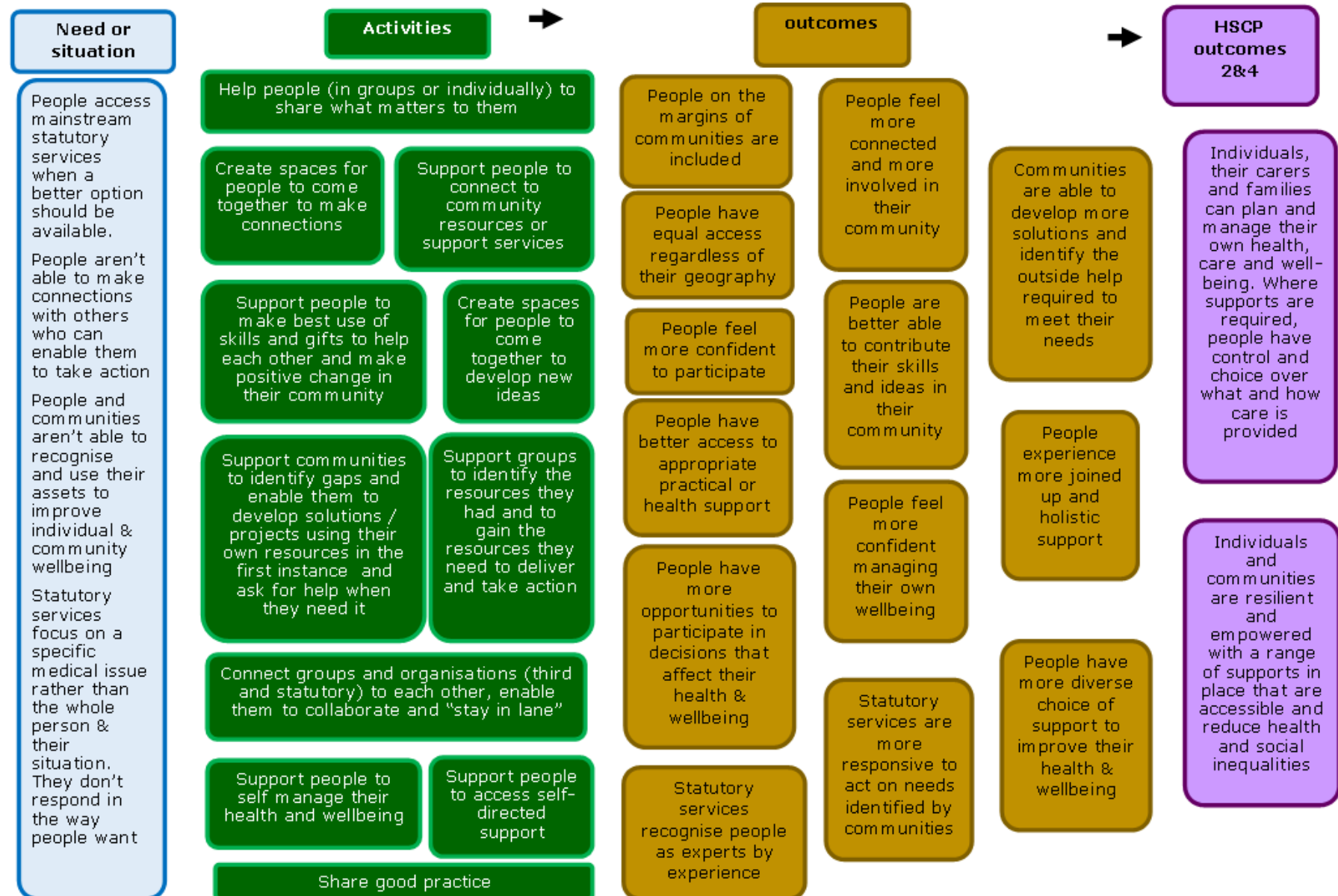
We do not expect you to be working to ALL the outcomes but there should be at least **one** that describes the difference **you** want to make with the people and communities you are working with.

The rest of the framework includes:

- A brief guide on how to evaluate
- Example **methods** that are appropriate for evaluating different types of community-led interventions
- Some tips
- The **reporting template**. This is also available as a standalone document.



A: Logic model for community-led initiatives in Falkirk



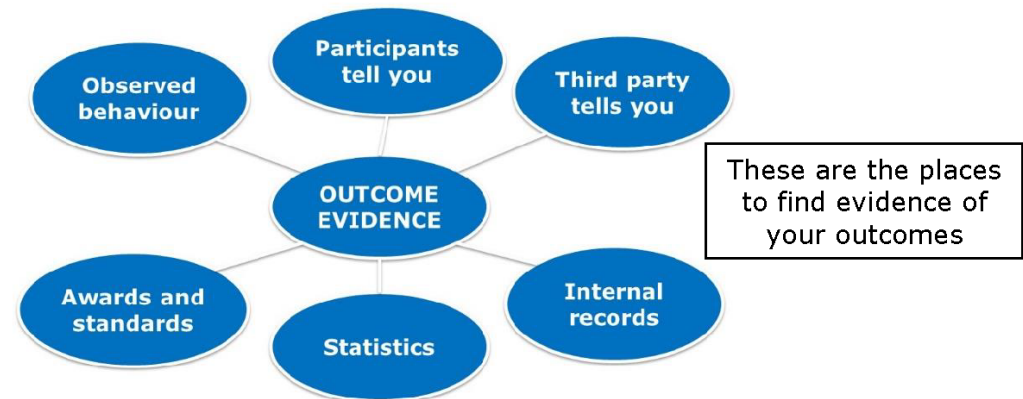
B: What is evaluation?

Evaluation is a process of setting, measuring and reporting on the difference you make as illustrated by the **evaluation pathway**:



Evaluation should:

- Be about **outcomes** not just activities
- Be **useful**
- Help you **learn** what's going well and **improve** if needed
- **Fit** with how you do your work
- Help the **people you work with** (eg reflect on their achievements)



To evaluate you:

1. Agree **outcomes**, that's the difference you want to make through your work. So pick one or more of the outcomes in the model on the previous page that are relevant to your work.
2. Set **indicators**: indicators are specific things that show the outcome is happening eg what people say or do or what you see (*you may already have those in place for your project – but if not see the Annex for some ideas*)
3. Use appropriate **methods** to gather evidence of whether your activities are helping to achieve your planned outcomes (and indicators) – or not (*see page 4*).

C: Example methods for measuring your outcomes

Distance travelled tools

- Key purpose is to show change over time in 1-1 work. Person-centred and can be visual. Enables person you are working with to reflect on their own changes. Allows you to turn outcomes into numbers (eg number of people who have progressed)
- [Outcome Star™](#) and Clinical Outcomes and Routine Evaluation ([CORE](#)) are examples but be aware what you need to pay for

Transformational evaluation

- Person you work with answers: "what do you think that has been the most significant change that has occurred for you". You don't change their words – record exactly as they say it. You as worker ALSO reflect - what changes did you see, why did you work in that way and share with the person (transparency). Once you've collected a number of significant change stories you look themes across stories to create organisational learning and identify common outcomes and learning

Magic moments

- Person you work with (individually or in a group) identifies a positive change for them – it can be something small but important for them. Magic moments could be observed by the worker.

Mind maps

- A visual way of asking people to show the connections between your work and other services – shows the ripple effect.

Surveys

- This traditional evaluation tool is good for getting feedback from a lot of people and, if you do it electronically, you can easily analyse and report on the data. Make sure you ask questions that are relevant to your planned outcomes and indicators.

Graphic representation

- This is where an artist records visually a person or community's story over time – like a cartoon. It can tell a big story in a concise way and is both a collection tool and a report in one. To do it well there is a cost (but not expensive)

Photos

- Photos are simple way of showing outcomes in action (eg happiness, people working together). But be clear what the photo is showing is illustrating and be careful about permissions and any sensitivities / protection issues to think about.

Video

- Videos are a means of collecting evidence (people tell their story) and can be a report. You can use a professional film-maker but it's possible for individuals to record their own video on a phone or laptop.

D: Top tips

1. Try to create a culture where the people you work with can tell their own story.
2. Honest and credible feedback can come in conversations so be ready to capture what people are telling you (as appropriate) in the moment.
3. If you are working with people and communities over time try to capture evidence more than once to show change
4. Collecting follow up data (what happens next after you work with them) is ideal but not always appropriate eg if service users have gone through a traumatic experience and want to move on. Third party feedback can be a way of getting around that.
5. Encourage honest feedback – ask appreciative questions like “what could have made this even better?” to get around people’s reluctance to be negative. Or notice what they aren’t saying – the absence of data in relation to an outcome might tell you something interesting.
6. Remember that if you tell your funder that everything was perfect and nothing went wrong, the funder won’t believe it and that might undermine the credibility of all your evaluation.

E: Reporting template

This is on the next two pages and is also available as a standalone document.

Community-led projects funded by Partnership Funds - Reporting template

Name of funded project:

1: What did you do?

Please summarise the main activities you delivered in this quarter

2: What difference did you make?

Please pick relevant outcome(s) from the outcomes framework

Please summarise the evidence that shows you are making progress towards that outcome(s) for the people you work with

3: Snapshots

Please provide up to 3 short snap shots that illustrate your work and the difference it makes

4: Challenges and changes

Tell us of any problems you encountered that meant you had to adapt what you were doing or affected your ability to achieve your outcomes (i.e. things that were changed, unexpected problems) and what you did to address these.

5: The numbers

Please tell us about the number of people you worked with. Please do this in a way that makes sense to you and draws on your own monitoring systems. You don't have to count every single person your project might have reached.

6: Financial reporting

Project Name:					Project Lead:				
Approved Allocation 2020/2021:	£		Approved Carry forward 2019/2020:	£0		Total Funding Allocation 2020/2021:	£		
Q1 Spend:		Q2 Spend:		Q3 Spend:		Q4 Spend:		Total Spend 2020/2021:	

Please explain any current or anticipated variations

Annex: Some example indicators for community-led outcomes

Indicators are what people say / do or what you see that shows that **outcomes (change) are happening**. It can be helpful to have an idea in advance what indicators you might look for. Or you might use indicators to shape questions you might ask the people you are working with to help them and you reflect on change.

Some project will already have indicators in place so this annex is simply some **example indicators** that you can pick **from if you want to**, to help you measure your outcomes.

Outcomes: People on the margins of communities are included
People have equal access regardless of their geography

Example indicators

- Examples of specific resources that groups and communities have accessed
- Specific examples of people from marginalised groups being put in touch with the right support
- Statistics on numbers of people from different communities of place and interest being involved

Outcomes: People feel more confident to participate
People have more opportunities to participate in decisions that affect their health and wellbeing
Statutory services recognise people as experts by experience
Communities are able to develop more solutions and identify the outside help required to meet their needs

Example indicators

- People voice their opinion
- People try new things
- There are new groups in place
- People say that barriers have reduced
- People say they are listened to
- People working in statutory services say work with people
- Statistics on numbers of people taking part

Outcomes: People feel more connected and more involved in their community
People are better able to contribute their skills and ideas in their community

Example indicators

People say:

- I feel I have something to offer
- I can use my skills
- I feel valued
- I feel part of my community
- I can lead a group
- I have confidence to use my skills
- I feel comfortable receiving help
- I know what I can do

We (workers) see:

- People “discovering” their skills / gifts and being confident to use them
- People leading or helping others
- People becoming volunteers

Outcomes: People are more confident managing their own wellbeing

Example indicators

- People say they can cope
- People have self-management skills
- Examples of people NOT using statutory services (because they don’t need to)

Outcomes: Statutory services are more responsive to act on needs identified by communities
People have more diverse choice of support to improve their health & wellbeing
People experience more joined up and holistic support

Example indicators

- People say there is something for me in my area
- People say barriers have been reduced
- Examples of statutory services doing what people need and want
- Examples of people NOT using statutory services

Where did this framework come from?

This framework was created by a working group (members below), and tested by practitioners who are actually doing community-led work on the ground. We met between October 2020 and March 2021.

The work was facilitated [Evaluation Support Scotland](#), a charity that supports third sector and funders to measure and report on their impact.

Working group members:

Claire Bernard, Partnership Manager, CVS Falkirk and District
Lesley Macarthur, Partnership Funding Co-ordinator, Falkirk Health & Social Care Partnership
Susan High, Community Development Coordinator, Strathcarron Hospice
Lynda Ross-Hale, Senior Manager, Falkirk Services, Cyrenians
Michelle Brown, Operational Leader Children's Services-Community Learning & Development, Falkirk Council
Dani Lisney, Project Worker: Falkirk Food Connections and Permission to Dream, Outside the Box
Lynette Denovan, Team Manager, Social Work Adult Services, Falkirk HSCP
Jennifer Faichney, Policy Officer, Falkirk Health & Social Care Partnership
Steven Marwick, Evaluation Support Scotland

March 2021

Appendix 3: PFG Recommendations: Partnership Fund Investment Strategy

Q1. How should available non-recurring balance be allocated? E.g.

- Should future investment be 1 year only, thus offering 3 years funding if required, or
- Should total balance be split over 3 years, thus reducing investment but offering new investment opportunities over 3 years.

PFG recommend that non-recurring funds be allocated over 3 years, noting:

- Strategic Plan due for review in 2022. 3 year investment will enable option for investment in emerging priorities.
- Level of unknown around the impact of the pandemic and potentially Brexit. This give some flexibility to respond to issues as they start to emerge.
- More flexibility for project leads, particularly in staffing – 3 year posts are more attractive to employees than single year contracts.
- Project leads could be afforded more flexibility in how funds are utilized within the overall parameters of the project.

Q2. Should the fund be retained as a single programme with priority investment areas or further sub-divided? E.g. Innovation Fund, Locality Fund etc.

PFG recommend a single programme is retained, noting:

- Single programme and associated scrutiny enables strategic oversight and alignment to HSCP priorities.
- Disaggregation of budget could place further restrictions around allocations.

However, the PFG also noted that it would be beneficial to have a small ringfenced fund for small scale research and evaluation projects e.g. capped at small grant levels up to £5000, dependent on the scope of the research. This would enhance confidence in demand/need prior to allocation and also impact of investment.

Q3. Should some priority be given to areas where the pace of improvement or change has been specifically impacted by the ongoing pandemic? How could we do this?

PFG recommend that there is alignment of resources to areas impacted by the pandemic to support recovery and remobilisation. However, there should also be clarity of alignment to HSCP priorities, functions and responsibilities.

The pandemic is likely to impact the way services are provided for years to come, possibly services will never return to previous norms. The detrimental effect to for example unpaid carers, mental health and wellbeing is likely to be an even bigger concern than ever before. Managers, teams and partners who have continued to provide services through the pandemic should be help inform the investment plan, particularly in terms of innovative practice that has worked well and could be further developed.

Q4. Should strategic review work or it's implementation e.g. PEOLC, bed modelling be supported via PF or Leadership Funds?

The PFG recommend that strategic work be directed and resourced via the Senior Leadership Team and Fund. It was noted that a significant proportion of the Leadership Fund recurring budget has now been allocated to new/existing posts within the HSCP structure. Further work is required to establish the balance of recurring and non-recurring funds available by the end of the current financial year. Funds allocated to posts will then be removed from the programme. Following this, consideration should then be given to whether further funds from the main PF programme should be allocated to the Leadership Fund.

Q5. Based on Delivery Plan, potential Categories could include:

- Avoiding Admission and Supporting Discharge
- Primary Care
- Stronger Communities (Locality development)
- Health Inequalities
- Carers
- Specialist Service
 - Mental Health
 - Substance
- Technology
- Transformation

Are these heading correct and are there any other priority headings that should be added? If so, what and why?

PFG agree that these heading are appropriate with the addition of support for people with disabilities, particularly in relation to training and employment.
The PFG also noted that workforce development is a key and underpinning factor. This activity is currently funded within the 'Transformation' category. It is recommended that workforce development should be set within a separate category to ensure visibility.

Q6. How do we ensure that investment is targeted at areas of most need within priority categories? How should areas of most need be identified?

PFG highlighted that investment must be based on evidence of need. Engagement with thematic management groups is therefore essential. Management groups should identify priority areas based on analysis of data and engagement with service users and partners.
Investment should also be aligned with specific requirements within localities. It was noted that this is already being progressed via the allocation of funds to general and locality based small grants programmes, working with Community Planning Partners.

Q7. Where a project no longer aligns with priorities within the Delivery Plan, but has become 'core' should this be mainstreamed by 'top slicing', thereby reducing the total resource, but providing stability to services?

PFG restated the key purpose of Partnership Funds in terms of enabling integrated practice and service redesign and improvement. Best value should be central to sustained allocations. The group noted that if investment no longer aligns with the Delivery Plan, then it should not automatically be mainstreamed via transferring PF funds to core budgets. On this basis the group make a clear recommendation that were funds allocated no longer support the delivery plan or have achieved their initial intention, disinvestment or further redesign should be progressed.

Q8. Scope of the investment plan i.e. should the plan also incorporate other ringfenced funds e.g. Carers Funds, Dementia Innovation Fund, Choose Life etc?

PFG recommend that planning, allocation and monitoring of ringfenced funds should be consistent to enable a whole systems approach to service design, improvement. It was however noted that the criteria of allocation will vary for ringfenced funds and therefore should also be informed thematic management groups.

Q9. What should the role, remit and membership of the Partnership Funding Group be during 2021-2024?

PFG recommend that the membership of the group is reviewed and revised to reflect the extended scope of Partnership Funding. Membership should include Locality Managers and further public involvement should also be considered.

The role of the PFG should include review of:

- existing projects to ensure best value
- distribution of spend to date – perhaps as a % of core budgets?
- priority areas for funding
- Partnership Funding criteria
- incorporation of other ring-fenced funds into overall Investment Plan.

Appendix 4: Joint Strategic Needs Assessment against Strategic & Delivery Plan Priorities

Issue	Potential Impact	Strategic & Delivery Plan Priorities
Increasing and aging population, living longer with multiple long term conditions	Greater requirement for health & social care services More complex deaths resulting in greater need for essential end of life and palliative care	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 1.2 Assessment & Planning will be Person Centred and Asset Based 1.3 Locality Planning will be based on community needs assessments 1.4 HQ Function will support and provide a framework for improvement Priority 2: Ensure Carers are Supported in their Caring Role 2.1 Carers Strategy Implementation Priority 3: Focus on Early Intervention, Prevention and Harm Reduction 3.1 Specialist Services Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services 4.1 Digital TEC Strategy
Health inequalities in Falkirk, not only exist, they are widening.	In Falkirk, all cause mortality has been increasing for the most deprived areas (SIMD 1), and declining for the least deprived areas (SIMD 5)	
Aging workforce	Anticipated workforce shortfall, particularly in primary & community care (including GPs and District Nursing). Additional pressure on families and carers	
Increased prevalence in mental health issues and illness A large number of people suffering from minor mental health issues are unlikely to interact with services until they reach a crisis	Without accessible early intervention and prevention, long term health impacted Increased pressure on secondary care services Increased suicide rates	
Significant increase substance use	Increased demand on community services and drug related hospital admission Lack of community based ongoing provision reduces likelihood of stability/recovery	
Increase number of Dementia cases and late diagnosis	Greater requirement for services, particularly for more advanced stages Additional pressure of families and carers	
Community Prescribing	Escalating costs	

Appendix 5: Partnership funding Programme 2021-2024: Funding Map

Legislation: Public Bodies (Joint Work) Scotland Act 2014, Carers (Scotland) Act 2018, Community Empowerment Act (2015)	National Policy & Strategy	Strategic Plan Priorities	Delivery & Remobilisation Priorities	Partnership Funding Programme
		Priority 1: Deliver local health and social care services, including primary care services that are able to respond to people and communities	<ul style="list-style-type: none"> Home from Hospital Hospital at Home Primary Care Locality/Community Development HQ Function: (Performance/Plan/Finance) Workforce Development 	1. Main Programme 2. Leadership Fund 3. Community Living Change Fund 4. Health Improvement Fund
		Priority 2: Ensure Carers are Supported in their Caring Role	<ul style="list-style-type: none"> Implementation of Carers Act 	5. Carers Fund
		Priority 3: Focus on Early Intervention, Prevention and Harm Reduction	<ul style="list-style-type: none"> Mental Health Dementia Substance Use ASP & Gender Based Violence 	4. Health Improvement Fund 6. Action 15 7. Mental Health Renewal Fund 8. Choose Life 9. Dementia Innovation Fund 10. ADP Funds
		Priority 4: Make Better Use of Technology to Support the Delivery of Health & Care Services	<ul style="list-style-type: none"> Technology Enabled Care 	1. Main Programme 9. Dementia Innovation Fund