

Agenda Item 5

Chief Officer Report



Falkirk Integration Joint Board

18 March 2022

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 agree to continue to delegate authority to the Chief Officer, to be reviewed at the Board meeting in June 2022
- 2.2 agree to extend the current Home Support and Supported Living contract for an additional six months to the end of March 2023
- 2.3 delegate authority to the Chief Officer to take appropriate action following the exploration work on the potential to bring additional providers onto the current framework.

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

- 4.2 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 are held on a virtual basis, and delegated authority arrangements remain in place.

- 4.3 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 required. Since the last IJB meeting, the decisions taken by the Chief Officer under delegated powers are presented in appendix 1.

4.4 The NHS in Scotland continues under an emergency footing and there are continued demand pressures across the health and social care system. In addition, there are the imminent Local Government elections. The Board is therefore asked to agree to continue to delegate authority to the Chief Officer. This would be reviewed at the next Board meeting in June 2022.

4.5 [Falkirk HSCP Remobilisation Plan](#)

The HSCP continues to work in partnership with Clackmannanshire and Stirling HSCP and NHS Forth Valley to progress the Falkirk HSCP Remobilisation Plan and the NHS FV Remobilisation Plan.

4.6 An update to the remobilisation plan was reported to the IJB in November 2021 and noted the actions being taken to address the pressures. This work is ongoing and includes:

- [Bed Based Care](#) - additional intermediate care beds continue to be supplemented through a spot purchasing arrangement with care homes. This is supporting sideways moves from the acute and community hospital until the identified longer term care arrangement is put in place. The intermediate care beds provide a reablement approach.
- [Supporting timely discharge](#) – we are working in partnership with third sector organisations who will support patients to go home from hospital when they are clinically fit to do so. More information is included at 5.3.
- [Care at home](#) - we are working in conjunction with Scottish Care and providers to progress changes which will enhance productivity.
- [Creating staff capacity](#) through recruitment and the creation of efficiencies. This includes the use of NHS Bank Health Care Support Workers (HCSW) to support our care at home and care home teams, and the recruitment of permanent Health Care Support Workers to support our discharge to assess approach.

4.7 [Winter response](#)

Since the last report to the IJB the HSCP has worked with partners to respond to the significant demand pressures experienced across the entire system due the combination of winter pressures, Omicron variant and severe weather warnings. The HSCP Mobilisation centre and Silver and Gold Command structures ensured the HSCP response was well co-ordinated ensuring the provision of services to the most vulnerable. The Chief Officer meets twice weekly with the Heads of Integration, CFO and Locality Managers in response to the system pressures and associated risks. Daily flow meetings are also in place to support timely discharge from hospital.

4.8 From the end of February, the Gold and Silver Command and Control structure has been stood down, concurrently, the Partnership is reducing its twice weekly senior management team meetings. Daily flow meetings will continue. Projects undertaken and led by Silver Command will continue to be progressed through the cross system unscheduled care governance and shared daily cross system situational reports continue to be progressed.

4.9 In addition the service reviewed on a daily basis workforce absence levels and projected absence, taking appropriate management action to ensure essential services were provided. This included a formal request through the Local Resilience Partnership for additional capacity across a range of areas, including staff who could support both front-line service delivery, or backroom functions that would in turn release health and social care workforce to deliver care. There was a limited response to the call for support.

4.10 We are aware of the impact on our staff and carers who have been working above and beyond for a significantly extended period. This is resulting in staff and carer fatigue and with resultant impacts on health and wellbeing. We continue to explore a range of options to support staff and carers.

4.11 The pandemic has had and continues to have a significant impact on the HSCP's delivery of services. Over recent weeks demand for and capacity to deliver health and social care services have experienced significant pressures:

- there has been an increase in length of stay for unscheduled care admissions at the Forth Valley Royal Hospital
- delayed discharge numbers have increased since Christmas
- there has been an increase in demand for packages of care with a waiting list
- vacancies across the system, including the independent sector.

4.12 **Care Home Assurance**

An update on care home assurance work was presented to the IJB Clinical and Care Governance Committee meeting on 15 February 2022. The report summarised the current work to date with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met during the pandemic.

4.13 The following is a summary of the work being done.

- **Social Care CHART Team**

The CHART team continue to work collaboratively with other clinical health teams and considers the following priorities and deliverables to ensure a robust, comprehensive, and efficient response to supporting care homes, residents, and staff. The team will be established on a permanent basis, and this is going through the relevant processes.

- **Care Home Reviews**

There is a clear, robust and flexible plan in place for reviews to be completed to meet the Scottish Government requirement for Local Authorities to review care plans for all residents if that has not happened in the past 6 months. This has enabled the CHART team to respond to external factors and ensure reviews are actioned if risk levels increase, or early indicators of concern are identified. The current completed review information is set out below:

Month	Reviews complete
October 21	18
November 21	34
December 21	32

- **CHART visiting data**

From October to December 2021, the CHART team completed 48 care assurance visits. Since November 2020, there have been a total of 380 CHART assurance visits. Support is offered and requests for support /information are responded to as appropriate.

4.14 **Community Health and Care at Home Oversight**

The Community Health and Care at Home Oversight Group is now in place and is jointly chaired by the Chief Officers of Stirling and Clackmannanshire and Falkirk. The group has approved its Terms of Reference and now meets fortnightly reviewing, scrutinising and seeking assurance around areas of focus including:

- Current challenges in relation to delivery of care at home services and mitigating actions being implemented. A key challenge has been staffing and a care at home staff modelling tool has been developed to project impact of various scenarios including increased sickness absence levels. This allowed the services to effectively plan to ensure safe delivery of the service, in particular during the Christmas period.
- Care at home covid position using the assurance tool produced by Public Health
- Care at home demand including pending assessments, reviews and individuals awaiting assessment
- The group has undertaken a deep dive into outstanding packages of care including trends, size of packages required
- The group has reviewed trends in delayed discharges due to people awaiting a package of care, and the actions being undertaken to reduce delays related to people waiting for a package of care. These actions include commissioning of additional interim beds, medication reviews, proportionate care and discharge to assess using a reablement approach.

4.15 **NHS Forth Valley Pre-hospital Covid-19 Treatment for Ultra High Risk Patients**

New treatment for patients who are at very high risk of becoming extremely unwell with Covid 19 symptoms was launched across the UK on 22 December 2021. The aim of the treatment is to reduce the severity of the disease and to avoid hospital admissions for the most vulnerable people, for whom the vaccine may not have offered protection.

4.16 **There are a group of ultra-high risk patients, who are a subset of the current shielding or high risk patient group. The criteria for inclusion on the ultra-high risk list was determined by specialists UK wide. Public Health Scotland (PHS) have applied this criteria to patient databases and identified around 150,000 patients for Scotland. The nationally provided list was not 100% complete with up to 15% of eligible patients not identified by this national process. NHS Forth Valley has established a process to identify patients who are not on the list, with**

specialist teams applying the criteria to their own patients and adding them to the list.

- 4.17 All patients identified by PHS have received a letter advising them that they may be eligible for this treatment. Further criteria must also be met before treatment can be offered i.e. the patient must have mild to moderate symptoms and have had symptoms and a positive test result for less than 5 days. If they have no symptoms or if their symptoms have persisted for more than 5 days, treatment cannot be given. The majority of patients identified are adults however the ultra-high risk group included children aged 12 to 18.
- 4.18 There are 2 treatment options currently available. The first line treatment is a one off IV infusion of a monoclonal antibody drug. The second line treatment is a course of oral antivirals. This is used if the first line is unavailable, or the patient may breach the 5 day window for treatment or does not wish to have the IV treatment.
- 4.19 The NHS FV service is open to all patients who meet the criteria set out below. Whilst patients have received a letter indicating they may be eligible if they develop covid symptoms, NHS FV is also proactively contacting patients. Twice daily, the positive PCR results for Forth Valley are mapped to the ultra-high risk list, including those patients who have been added by NHS FV clinical teams. This identifies patients who may be eligible for treatment and who are then contacted by way of a Netcall message, advising them that they can contact the NHS FV helpline.
- 4.20 The helpline is available 7 days each week. Details are on the NHS Inform website which is signposted in the letter issued by PHS to patients in the ultra-high risk group. The helpline number is also on the Netcall message sent to newly positive ultra-high risk patients. Patients can choose whether or not to contact the service to request treatment, the service is entirely patient led.
- 4.21 The call handlers check if the individual meets the criteria for treatment and if they do, their details are submitted to the Clinical Assessors. If someone calls the helpline who is not on the ultra-high risk list but believes they should be, and meets the other criteria, a system has been put in place to contact the patient's specialist. If the specialist approves the patient being added to the list, the patient's details are added, and the patient is then passed to the Clinical Assessors.
- 4.22 Clinical assessment is undertaken by a small team of prescribing specialist nurses and consultants. The purpose of the assessment is to ensure that the patient is clinically appropriate for treatment and determine if the IV treatment or the oral medication is the best fit for the patient. This considers the short treatment window of 5 days from symptom onset / positive PCR test result. The Assessor then consents the patient, books the treatment and prescribes the medication.
- 4.23 IV treatment is currently provided in the acute hospital, however further work is underway to explore a sustainable model for delivering the medication, which takes between 2 to 3 hours. The oral medication is taken by the patient in their

own home and dispatched by taxi, given the time constraints. The available medication is changing, with a further drug approved which will be available from February. Work on the future model will be informed by the Standard Operating Procedure (SOP) for this new drug, once this is issued across the UK.

- 4.24 There are currently 4 Ultra-High Risk treatment pathways for Forth Valley patients:
- Adult
 - Children aged 12 to 18
 - Pregnant women
 - Renal haemodialysis patients
- 4.25 The pathways follow the same criteria and processes for assessing eligibility and obtaining consent, but the delivery of treatment is different. The adult pathway is described above, and this is the majority of the eligible group. Any children meeting the treatment criteria will only be offered IV treatment and this will be given in the paediatric unit. For pregnant women, again only IV treatment is appropriate, and this is delivered in the maternity department. As renal haemodialysis patients attend for dialysis 3 times per week, their treatment will be given whilst they are in the renal unit for dialysis.

5. HSCP Service Update

- 5.1 **IJB arrangements for Forth Valley wide health services**
The Chief Officers for Falkirk HSCP and Clackmannanshire and Stirling HSCP continue to work with the NHS Chief Executive and senior managers to finalise formal proposals for the arrangements for the coordination of Forth Valley wide IJB functions between HSCPs. There is ongoing discussion about the transfer of specialist mental health services, Out of Hours service, health improvement and primary care in line with the IJB's Integration Scheme. There is also ongoing work to transfer the management of administrative support services. The community mental health service will stay in our HSCP to support locality joint working.
- 5.2 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. Winter pressures and the ongoing pandemic have impacted on timescales, and we will bring reports to respective IJB meetings.
- 5.3 **Winter Pressures Collaborative**
The Winter Pressures collaborative was established and funded by Falkirk HSCP to help reduce demand on Forth Valley Royal Hospital by providing a direct link to community support. The pan-Forth Valley service has successfully improved patient flow within hospital, helped to reduce admissions and promote independence at home by offering a range of supports provided by third sector partners. The partners include:

- Strathcarron Compassionate Neighbours
- RVS
- Dial-A-Journey
- Food Train
- Falkirk & Clackmannanshire and Stirling Carers Centres
- NHS Forth Valley: Frailty Team & Rapid Access Teams, Home from Hospital & Discharge Teams
- Falkirk and Stirling & Clackmannanshire HSCPs.

- 5.4 Link Workers are employed within the hospital, helping to identify support from third-sector partners to practically support the person home safely. Once discharged home, a follow-up visit involving a 'Good Conversation' is conducted with the patient and, where applicable, carer. This identifies longer-term support to help maintain independence at home. The type of support available includes carers support, a shopping service, prescription delivery, befriending and links to wider community resources.
- 5.5 More than 500 people across Forth Valley have used the service since it started at the beginning of December 2021. Funding for the service ends on 30 March 2022. Early indications are the project has been a success in supporting people home from hospital and supporting hospital flow. We are working with all the partners to complete an evaluation of the project and identify the future service model and funding.
- 5.6 [Mental Health and Wellbeing in Primary Care Services](#)
The Scottish Government has recently announced funding to support the formation and implementation of the Mental Health and Wellbeing in Primary Care (MHWBPC) Services Model, as proposed in the Mental Health and Primary Care Short-Life Working Group Report.
- 5.7 MHWBPC services are required to be established within an area served by a group of GP practices (locality or cluster area). The service should include a multi-agency team providing assessment, advice, support and some levels of treatment for people who have mental health, distress or wellbeing needs. The guidance states that every MHWPC service should ensure that it provides access to a link worker to support wellbeing, with every GP practice having access to a community link worker who, through their role, will support mental wellbeing. The guidance also covers how individuals should be able to access the service, digital and elf help approaches, and pathways for people who require urgent care.
- 5.8 The services are expected to be developed incrementally by Spring 2026, and funding has been confirmed to support its delivery, building on the funding already in place to support mental health in primary care through Action 15 of the Mental Health Strategy and Primary Care Improvement Funding.
- 5.9 Local planning groups are required to be set up by Integration Authorities, and these groups will be responsible for developing and implementing the MHWPC services in line with the SG guidance. For Forth Valley, it is intended, at least for the early planning process, that a single local planning group will be established

covering Falkirk and Clackmannanshire and Stirling IJB areas.

- 5.10 The indicative funding allocations show £277,046 allocated to Falkirk HSCP in 2022-23 rising to £1,115,675 in 2024-25. Further details on the plan will be brought to IJB for approval as it is developed.
- 5.11 [Changes to the law: Fire and Carbon Monoxide Detection](#)
The Scottish Government has issued further communication to HSCP's and Council's about the new fire safety legislation and telecare service provision. The introduction of smoke and heat alarms in the Tolerable Standard guidance is in recognition of the danger fire poses to the occupants of a property, and is intended to reduce the risk of loss of life or injury in the event of fire.
- 5.12 By February 2022 every Scottish home must have:
- one smoke alarm in the living room or the room used the most
 - one smoke alarm in every hallway or landing
 - one heat alarm in the kitchen.
- 5.13 In addition, if a household has a carbon-fuelled appliance, such as a boiler, fire, heater or flue, it must also have a carbon monoxide (CO) detector.
- 5.14 A number of issues have been highlighted, which are currently being addressed by the Scottish Government's Technology Enabled Care (TEC) Programme, working with national partners, industry partners and local services. This includes the development of communication materials aimed at people who receive telecare services on the importance of not removing existing telecare devices.
- 5.15 Telecare systems are provided in addition to the interlinked systems. In the context of the new legislation, it is important that telecare customers at high risk of harm from fire receive the same level of protection from their telecare system as they do from the 'satisfactory equipment' stated in the Tolerable Standard.
- 5.16 The Scottish Government recognises that telecare services may have to increase the number of smoke, heat and CO detectors they provide in order to reach the level of protection set out in the Tolerable Standard. They have committed additional funding, and this will be allocated to local authorities in the last two weeks of March 2022.
- 5.17 Falkirk HSCP has increased the telecare equipment required and as the only digital Council in Scotland, we will be replacing all fire /smoke equipment with digital, interlinked kit. The new interlinked digital kit is more expensive and will be coming to market from April and we intend to use the additional funding to purchase this equipment.
- 5.18 The Scottish Fire and Rescue Service (SFRS) has identified personal risk factors and recommends these are used when identifying telecare customers at high risk of harm from fire. The SFRS stress that a person-centred approach should be taken as it is recognised there is a lot of variation with some of the factors. In addition, telecare services providers should work with the SFRS to

protect those identified at high risk of fire. Referrals can be made to SFRS via existing routes to arrange a Home Fire Safety Visit, where SFRS will provide fire safety advice and guidance. The recommendations will be included in a new resource, A Partnership Approach to Fire Safety Good Practice Guide, which will be available shortly. Falkirk HSCP work with SFRS to identify vulnerable people to ensure that fire/smoke detection systems are installed in their homes by SFRS.

5.19 **Falkirk HSCP carer and service user involvement**

It is important that we further enhance our involvement of people with lived experience to participate in activities across the partnership. This will meet our commitments outlined in the HSCP Participation and Engagement Strategy and in anticipation of the introduction of the National Care Service and new legislative requirements.

- 5.20 A training programme, which will be held over three sessions in April and May, has been designed and delivered in collaboration with key organisations. The goal of the training is to increase our representation of people with lived experience and to get them involved in IJB and strategic planning meetings as well as operational-level service design meetings. Ongoing support will be provided through the Carer's Forum and the development of a service user forum. Following on from this training, we will also be developing staff training so they can embed engagement into service design by effectively involving and supporting individuals to participate.

5.21 **Health Inequalities and Wellbeing Fund**

The Health Inequalities and Wellbeing Fund launched in March and aims to develop community-based services and projects that minimise health and social inequalities and improve people's health and wellbeing.

- 5.22 This funding programme has been developed by representatives from the HSCP, Falkirk Council, and CVS Falkirk. This fund supports the following two key priorities: health and social inequalities and health and wellbeing. Applicants must support at least one priority but may also support both priorities. The fund is open to community groups, third sector groups, and statutory organisations. They can apply for up to £25k each year for a two-year period as the fund is non-recurring and is to be spent by March 2024.

6. Joint Inspection of Adult Support and Protection Arrangements

- 6.1 The Joint Inspection report was published on 8 February 2022. The report has commended the practices and processes in place to ensure adults at risk of harm are safe, protected and supported in Falkirk. The inspection concluded that both the partnership's strategic leadership and key processes for adult support and protection were effective with areas for improvement. There were clear strengths supporting positive experiences and outcomes for adults at risk of harm, which collectively outweighed the areas for improvement.
- 6.2 The report provides an overview of the findings of the Falkirk Adult Support and Protection (ASP) Inspection of partners - Falkirk Council, NHS Forth Valley,

Police Scotland and the Adult Protection Committee (APC) - and our next steps. The APC has a range of duties linked to what is happening locally to safeguard adults. These include:

- reviewing adult protection practices
- improving co-operation
- improving skills and knowledge
- providing information and advice
- promoting good communication.

- 6.3 The inspection, one of many taking place across Scotland, was jointly carried out by the Care Inspectorate (CI), Healthcare Improvement Scotland (HIS), and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS). Inspection scrutinised the quality of two important ASP quality indicators - the quality of our ASP Key Processes and the quality of ASP Leadership.
- 6.4 The improvement plan developed by the partners will be produced by the APC and returned to Falkirk's link inspector within the Care Inspectorate on 23 March 2022. Our ASP operational workforce will be invited and encouraged to participate in improvement planning and activity. Improvement implementation and progress will be monitored by the Adult Protection Committee and Falkirk's Integration Joint Board.
- 6.5 The joint inspection report was considered by the Adult Protection Committee meeting held on 16 February 2022 and the IJB Clinical and Care Governance Committee meeting on 25 February 2022.

7. FCH Master Plan and Governance Arrangements

7.1 Master Plan

Work continues on the Falkirk Community Hospital Masterplan. This has included a significant workshop programme which has engaged with key stakeholders around various services which could be part of a redeveloped integrated health and care facility in Falkirk:

- A: Bedded Care: inpatient beds; intermediate care beds; care homes; hospital @ home
- B1: Ophthalmology: outpatient and day case
- B2: Wide range of outpatients
- B3: Primary care – Falkirk Central locality implications from the proposed preferred service model
- C1: Decontamination
- C2: Technical – estates FM, transport
- C3: Offices

- 7.2 Work is ongoing to finalise the Strategic Assessment, for which a number of deliverables developed by the project team support: clinical output summary specifications for each service area/ workstream; a summary report highlighting

the preferred clinical model for each service; a communications and engagement plan; and the programme plan.

7.3 Governance

A project team, led by Falkirk IJB Chief Officer is progressing the work to develop the Falkirk Community Hospital Masterplan. This project team reports into a cross Forth Valley Programme Board, chaired by the NHSFV Chief Executive. This Programme Board also covers the Primary Care Premises project and had its first meeting in February 2022.

7.4 Approval of the Strategic Assessment will be required from a range of governance boards including NHS FV Board and Falkirk IJB.

7.5 It is intended to run a workshop for IJB members and other key stakeholders to provide a more detailed update on both projects and allow for in-depth discussion and questions prior to key governance decisions being required by IJB.

7.6 Primary Care Premises Investment Programme Initial Agreement

Work continues to develop the Initial Agreement for the Primary Care Investment Programme. The project team, chaired by Kathy O'Neill, Head of Mental Health and Primary Care, NHSFV, has developed a draft programme Initial Agreement. The draft Initial Agreement includes consideration of the locality based impact of the proposed clinical models for each of Falkirk's localities. The overall programme covers the whole of Forth Valley.

7.7 There has already been significant engagement around this workstream and a workshop is being planned to allow IJB members and other key stakeholders within Falkirk to engage with the developing plans and the Initial Agreement will then come to IJB and other partner governance structures for formal approval. The Initial Agreement includes the proposed service operating model and is supported by a communications and engagement plan and a schedule of accommodation.

7.8 The inter-relationships with the Falkirk Community Hospital Master Plan work are recognised within both programmes of work.

8. Home Support and Supported Living Framework Update

8.1 At its meeting on 21 September 2021 the Board agreed to extend the timetable for the procurement of a new Home Support and Supported Living framework for six months, delaying the start of a new framework to the end of September 2022. The Board gave further consideration to the matter at its 19 November 2021 meeting. Implicit within this decision was the need to extend the expiry of the current framework from end of March 2022 to the end of September 2022.

8.2 The purpose of the extension was twofold:

- to allow additional time for the development of a new contract strategy which officers have been deflected from progressing by the various challenges

faced including the sustained and enduring impact of the pandemic [see para 3.1 of Nov. report]

- assessment of Scotland Excel's (SXL) Framework Agreement for Care and Support Services as an alternative to procuring our own new framework [see paras 6.1 and 6.2 of Nov. report].

- 8.3 Unfortunately, with changes in the council procurement support and the continuing demand on services, exacerbated by the outbreak of the Omicron Covid variant, it has not been possible to progress both these strands of work as intended.
- 8.4 It is therefore proposed that a potential extension of an additional six months to the end of March 2023 be agreed by the Board.
- 8.5 Providers would be approached to extend their participation in the current framework six months to the end of September 2022. The assessment of the SXL framework and development on the contract strategy will be twin tracked during this period.
- 8.6 If the SXL framework is considered suitable then the plan would be to switch to that framework from October 2022 (including working to carry over providers not currently on the SXL framework where appropriate).
- 8.7 If the SXL framework is not considered suitable providers would be asked to extend the current framework the additional six months to the end of March 2023. This would be alongside the finalisation of contract strategy for our own framework. In this event the new procurement would likely need to be ready to advertise by the end of October 2022 to start by April 2023.
- 8.8 The proposed extensions would also be in line with the Scottish Government's Scottish Procurement Policy Note (SPPN) 7/2021 (published 6 December 2021): *Preparing to transition towards a National Care Service for Scotland*. This encourages extensions of existing arrangements where it may accommodate developments for a national care service.
- 8.9 Adapting to unforeseen circumstances (such as the pandemic) is an example of where an extension may be considered by up to 50% of the original contract value (which a 12-month extension would be within), as well as the framework having the greater flexibility of being subject to the light touch regime under the Public Contracts (Scotland) Regulations 2015.
- 8.10 Work should also to be done to explore the potential to bring in additional providers, for example, where it would be fair and lawful to permit new providers to apply to participate in the current framework as extended, or through the Scotland Excel framework, with delegation to the Chief Officer to decide appropriate arrangements.

9. National Care Service for Scotland

9.1 The Scottish Government has [published its analysis of responses](#) to the consultation on establishing a National Care Service (NCS). An [easy read version](#) is also available. All public responses have been published [here](#). Nearly 1,300 individuals and organisations took part in the consultation. A significant proportion of the responses came from individuals with lived experience, or bodies that represent them. A brief overview of key points is set out below.

9.2 National Care Service

- 72% agreed that Scottish Ministers should be accountable for the delivery of social care through a National Care Service
- The main themes emerging from the responses to this question related to: the need to avoid adding additional bureaucracy; maintaining local accountability; the role of local authorities; and the challenges faced by rural and remote areas, including the Islands
- Responses also called for more detail on proposals to inform debate – covering costs, funding, implications for the existing local authority workforce, human rights and equality issues, and the delivery of services.

9.3 Scope

- Around 70% of responses agreed that the proposed NCS and the Community Health and Social Care Boards (CHSCB) should procure, commission and manage community health services.
- Risks identified included a loss of local understanding, the potential loss of accountability, and the risk that social work would be overshadowed by other services
- Cultural and structural differences between health and social care were identified as a barrier or challenge to integrating services.

9.4 Reform of IJB's (Community Health and Social Care Boards)

- Around three quarters of the 435 respondents to this question agreed that CHSCB's should be the sole model for local delivery of community health and social care in Scotland
- Benefits mentioned included greater standardisation across Scotland, as well as helping to improve equality of access to services, although some were concerned about the potential lack of local decision making and that a "one size fits all" approach would not work
- The majority of respondents also agreed that CHSCBs should also be aligned to Local Authority boundaries
- There was a strong majority in support of the proposal that all Board members should have voting rights
- A range of roles were suggested as potential members of the Boards, including people with lived experience and frontline workers
- A large proportion agreed that the Boards should employ Chief Officers and their strategic planning staff directly.

9.5 Regulation

- There was a general agreement with the ten Principles proposed for regulation and scrutiny
- There was strong support for the proposals outlined for additional powers for a regulator in respect of condition notices, improvement notices and cancellation of social care services
- There was support for the proposal that the regulator should have formal enforcement powers which enable them to inspect care providers as a whole as well as specific social care services
- A large majority of people agreed that the regulator's role would be improved by strengthening the codes of practice to compel employers to adhere, and to implement sanctions resulting from fitness to practise hearings
- There was a view that all workers in the care sector should be regulated, with Social Work Assistants and Personal Assistants mentioned in particular.

9.6 Valuing people who work in social care

- Considering responses to proposals for a 'Fair Work Accreditation Scheme', there was strong support for the concept with a view that such a scheme would help underscore the value and importance of people who work in social care
- Improved pay and conditions for people working in the care sector were also supported
- Respondents highlighted issues such as the need for parity of pay and terms and conditions across all sectors, including the private and third sectors, and between the NCS and NHS, and the need for more investment in the workforce as a whole
- The majority of respondents were in agreement that a national forum should be established to advise the NCS on workforce priorities, terms and conditions and collective bargaining which would include workforce representation, employers and Community Health and Social Care Boards
- The majority of respondents agreed that the NCS should set training and development requirements for the social care workforce
- There was also support for a national approach to workforce planning
- The majority of respondents agreed that all Personal Assistants should be required to register centrally in the future.

9.7 The results of the consultation exercise will be used to shape and develop new legislation (a Bill) which is planned to be introduced in the Scottish Parliament in summer 2022. The legislation is likely to be extensive and complex and is likely to take at least a year to be scrutinised by the Parliament. The Scottish Government will then need to establish the organisation and put the legislation into effect. Its intention is that the National Care Service will be functioning by the end of the Parliamentary term (2026).

10. Integrated Workforce Plan 2022 – 2025

- 10.1 The Board were advised in June 2021 that the Chief Officer had submitted the Integrated Interim Workforce Plan 2021 – 2022 to the Scottish Government. The Plan was completed in line with the national guidance.
- 10.2 At that time, all Partnerships were required to submit 3-year Workforce Plans for 2022 - 2025 by 31 March 2022. In December 2021 the Scottish Government wrote to Chief Officers to confirm an extension to the deadline for submission to 31 July 2022. This recognised that local efforts were being focused on Winter preparedness and Omicron resilience planning.
- 10.3 It was also noted that further detail will be provided on completing the Workforce plans and the process for submission, feedback and subsequent publication. This will include advice on how plans should take account of the forthcoming publication of the National Workforce Strategy for Health and Social Care.
- 10.4 Locally work is ongoing to develop our Integrated Workforce Plan with a workshop held on 28 January 2022. The Chief Officer also continues to work with both Chief Executives to identify the resources required to support this essential work.

11. IJB Financial Update

- 11.1 An update on the financial position is detailed in the Finance Report as a separate agenda item.
- 11.2 **Mental Health Unit: Immediate Staffing Challenges and Nursing Workforce Plan**
The Mental Health & Learning Disabilities Senior Leadership Team have prepared a draft nursing workforce plan in response to a series of immediate staffing challenges across the 5 inpatient wards that make up the acute Mental Health Unit. Whilst an element of the challenge is due to additional demand arising from the pandemic, it's clear that there has also been a pre-existing gradual increase in the demand on mental health services over time and that there are issues in being able to fill vacancies related to workforce supply.
- 11.3 To date, the MHU have been able to safely maintain services by addressing capacity and demand challenges through:
- Daily huddles – held with senior nursing staff to prioritise the deployment of nurses across the inpatient service and to identify and manage areas at the highest risk.
 - Allied Health Professional input – trialling employing suitably qualified AHPs to work within the wards in roles traditionally undertaken by nurses. This trial will support the sustainability of the service in the short term and test the viability of this work to inform the staffing model in the medium to long term.
 - Block booking bank and agency – the MHU is reliant on bank and agency staff to support safe operation. By block booking staff it is possible to

provide continuity of care and ensures that those on duty are familiar with the ward, patients and staff.

- Deployment of community staff – the community mental health services have previously deployed staff to the inpatient service to support the service. However this is not an option medium to long-term without compromising the services in the community.
- Agreement to recruit beyond substantive allocation – agreement has been reached to recruit beyond the number of current vacancies to ensure that we do not lose newly qualified nurses to neighbouring health boards.
- Agreement for the service to employ newly qualified practitioners at Band 4 whilst they are awaiting their registration.

11.4 However, these actions have not fully addressed the situation (which is being exacerbated by the current increased demand for inpatient psychiatric care, increased complexity of clinical presentation and a national shortage of mental health nursing staff). Further action is required both immediately and in terms of longer-term workforce planning. To this end a draft nursing workforce plan has been prepared that has identified a need for an additional 37 full time staff at an estimated recurring cost of £1.6m. The draft nursing workforce plan will be assessed against national workforce planning tools, amended as appropriate and will be presented to the NHS Board for approval in May 2022. Given the IJB's strategic planning role in relation to these services (which form part of set aside arrangements), a paper will also come forward to the IJB for approval in June.

12. Consultations

12.1 [Health and Social Care Strategy for Older People](#)

On 8 March 2022 the Scottish Government [published a consultation paper](#) on a new Health and Social Care Strategy for Older People. The Scottish government published a [Statement of Intent](#) in March 2021 that set out their plan to develop a new integrated health and social care strategy. This would build on work already done across Scotland to deliver integrated, person centred health and social care for older people, address gaps, and develop any new priorities from emerging areas of work.

12.2 The consultation is separated into four sections which relate to key themes gathered from previous engagement:

- Place and Wellbeing
- Preventative and Proactive Care
- Integrated Planned Care
- Integrated Unscheduled Care.

12.3 As well as the consultation paper the Scottish Government will also carry out an extensive consultation and public engagement with older people, the organisations that support them and clinicians and professionals who are involved in the provision of health and social care.

- 12.4 The consultation process ends on 19 June 2022 and responses will be analysed, along with feedback from the engagement events. This information will be used to develop the final Health and Social Care Strategy for Older People which will be published later in 2022. The HSCP is reviewing the paper and will prepare a consultation response.
- 12.5 **Prevention of Homelessness Duty**
On 17 December 2021 the Scottish Government and COSLA jointly launched a consultation on proposals for the introduction of new Prevention of Homelessness duties. These are intended to improve how we manage and prevent the trauma and disruption caused to people's lives by homelessness, including how we can all work together to meet these aims. The full consultation documents are here - <https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation/pages/1/>
- 12.6 There are a wide range of proposals within the consultation, but the main focus is on placing a shared public responsibility to prevent homelessness and not rely solely or primarily on the homelessness services. It proposes to apply a statutory duty for other services and partners to identify and prevent homelessness. These duties would also apply to Social Work.
- 12.7 The HSCP and Falkirk Council are preparing responses to the consultation for the 31 March 2022 deadline.
- 12.8 **Arrangements for pandemic PPE supply in Scotland**
On 25 January 2022, the Scottish Government launched a consultation. This was to seek views on the lessons learned from the COVID-19 pandemic and the proposed new strategic arrangements for pandemic PPE supply in Scotland. This is on specifically public sector collaboration on PPE supply, future stockpiling arrangements, and how the Scottish Government can support private and third sector organisations in the event of a future pandemic.
- 12.9 The consultation responses will help to inform and shape the future pandemic PPE supply arrangements in Scotland and ensure that a broad range of stakeholder experiences are fully considered as part of this. The consultation can be found at <https://consult.gov.scot/health-finance-corporate-governance-and-value/future-pandemic-ppe-supplies-in-scotland>
- 12.10 The consultation will run until 22 March 2022. The Scottish Government aims to have a clear strategy in place by the end of March 2022, and an implementation plan prepared, with practical implementation to begin in the course of the year. This will ensure Scotland is fully prepared for any future pandemic situation through the PPE Futures Programme. This Programme is undertaking work to plan for new approaches to pandemic PPE which will ensure we learn from experience, promote innovation, and have strong, sustainable foundations in any future pandemic.

13. Conclusions

- 13.1 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 and Remobilisation 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.

14. Report Author

Patricia Cassidy, Chief Officer

15. List of Background Papers

n/a

16. Appendices

Appendix 1: Delegated Decisions

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, Sept 2021 and request to November 2021, extended to March 2022 with a request to extend to June 2022

Date of Decision	Decision Taken	Approved By	Financial Impact	Budget Exceeded Y/N	Link to IJB Report Recommendations if	Organisation	Purpose of Funding	Funding		Date Reported to IJB	Date Chair/Vice Chair Notified
01-Nov-21	Approved	Patricia Cassidy	Y	N	To be included in Q3 Covid return to SG.	Avenue Care	Hospital to home crisis care project expansion to double workforce for the project.	£145,980	Mar-22	Mar-22	26/11/2021
11-Nov-21	Approved	Patricia Cassidy	Y	N	HSCP SLT	Independent Heath & Social Care contactors	To double the allocation for wellbeing of Primary Care Social Care staff. £57,589 to be released from the health & wellbeing reserve.	£57,589	Mar-22	Mar-22	26/11/2021
17-Dec-21	Approved	Patricia Cassidy	Y	N	HSCP SLT	NHS Forth Valley	As part of winter pressure funding, agree to recruit up to 29 HCSWs	£889,000	Mar-23	Mar-22	21/01/2022
04-Feb-22	Approved	Patricia Cassidy	Y	N	HSCP SLT	Avenue Care	Extend hospital to home crisis care project to end may	£66,000	May-22	Mar-22	18/02/2022
04-Feb-22	Approved	Patricia Cassidy	N	N	HSCP SLT	TBC	Tender hospital to home crisis care project for 2022/23	£795,000	May-23	Mar-22	18/02/2022