**DIRECTION FROM FALKIRK INTEGRATION JOINT BOARD**

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| Reference number | Format to include approval date and sequential number. |
| Does this direction supersede, vary or revoke an existing direction?  If yes, please provide reference number of existing direction | Yes / No (delete as appropriate) If yes, provide details here |
| Approval date | Insert date of IJB meeting (day/month/year format) |
| Services / functions covered | Include the type of function: i.e. set aside or integrated. List the specific service, or services, subject to direction e.g. mental health services, disability services, general medical services |
| Full text of direction to include scale and nature of change | Describe the required action including the purpose/strategic intent and how progress will be monitored. |
| List of key stakeholders impacted and any specific consultation requirements |  |
| Timescales for Delivery |  |
| Direction to | NHS Forth Valley  Falkirk Council (delete as appropriate) |
| Link to relevant IJB report / reports | Provide hyperlinks |
| Budget / finances allocated to carry out the detail | State the financial resources allocated to enable the Council or the Health Board or both to implement the direction. Provide sufficient detail especially if the direction relates to multiple functions or services |
| Performance measures | Please list performance measures specific to the project or programme. Where applicable refer to relevant business cases and/or option appraisal exercises. |
| Date direction will be reviewed | Provide month / year. No more than 1 year from date of approval |