Consideration is being given to further tests of change to support people through available funding streams. This funding has supported the Social Inclusion Project (SIP) delivered by Signpost Forth Valley. The aim of the project is to bring multi-disciplinary agencies/services together to coordinate and commit to the intensive case management of identified people across the Falkirk area.

Partners involved in the delivery of SIP are shown below:

Figure 5 Partners

The service supports adults (over 16 years) who are not under supervision in terms of the Social Work (Scotland) Act 1968), who

- are at significant risk of offending or who persistently commit crime and have significant frequencies of offending in the Falkirk area
- commit those crimes in order to finance their drug/alcohol/substance dependency
- may be subject to the Adult Support and Protection (Scotland) Act 2007
- are subject to reports to the Vulnerable Person Database and/or subject to significant police concerns
- are frequent attenders at NHS Forth Valley and neighbouring Emergency Department(s).

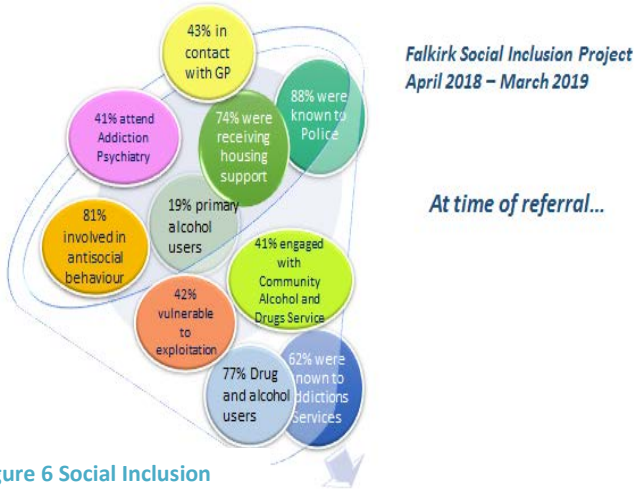

Figure 6 Social Inclusion

During 2018 - 2019, the service has supported:

- 95% (162) of individuals to engage in structured drug and alcohol work
- 94% of individuals were supported to register and engage with a GP
- 10% now attend Signpost Recovery
- 87% now attend RMN led Community Alcohol and Drugs service
- an average of 12 sessions for each individual were completed around behaviour and social functioning, with a further average of 8 sessions for each person focussed on actions and consequences.
- an average of 9 sessions comprised of practical support to individuals, including household maintenance, shopping and budgeting etc.

How We are Working with the Third Sector

The Falkirk Council area has a diverse and distinct third sector, ranging in size and scope. Local and national charities, voluntary organisations, social enterprises, community groups, co-operatives and individual volunteers provide a wealth of valuable services to people across the council area, and often those who are seen to be 'vulnerable'. The sector is supported by CVS Falkirk, the local Third Sector Interface (TSI). The annual impact review for 2018 - 2019 is underway. Headlines from the 2017 review, which was based on responses from 89 organisations are shown below.

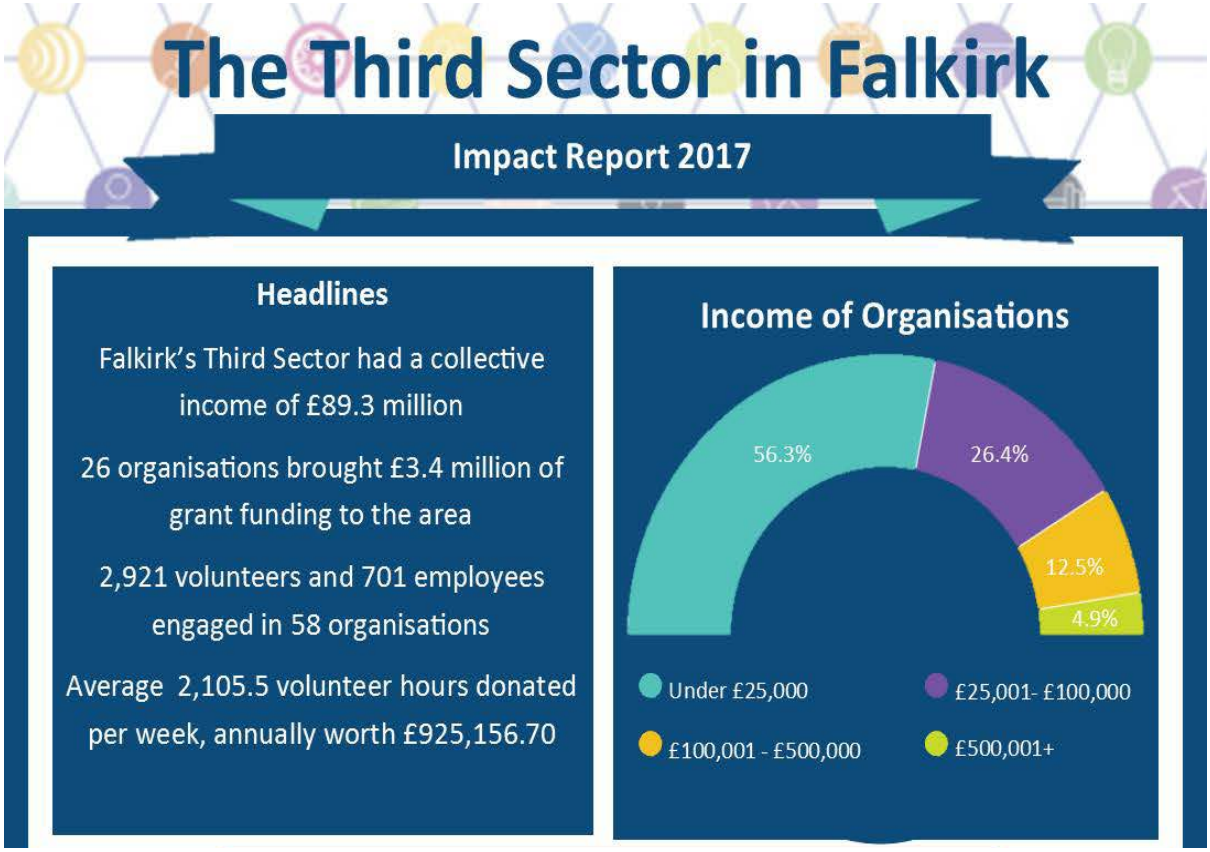

Figure 7 Third Sector

During 2018 - 2019, the HSCP have continued to work closely with and further strengthen relationships with the Third Sector. The sector is represented on the IJB and SPG, by representatives selected through a sector wide voting process and also by the TSI. Falkirk Council and NHS Forth Valley support a wide range of Third Sector organisations to provide valuable services that directly help improve people's mental and physical health and wellbeing. In addition to formal contractual agreements, the HSCP has also provided 14 smaller community grants, benefitting an estimated 700 people.

There are numerous examples of key areas of work that have been progressed during 2018 - 2019, which could not have happened without the contribution of the Third Sector. For example:

- support for people and families affected by trauma and sexual violence
- a flourishing recovery community, including recovery cafes, attracting 1390 visits
- new choices in service for young people with learning disabilities
- 5 groups supporting people who have experienced stroke and lunch clubs for older people in all locality areas
- peer and befriending projects focussing on mental health, healthy eating for older people, end of life support, housing options and loneliness and isolation
- intergeneration work focussing on developing skills and awareness about topics such as technology, dementia and carers.

How We are Working with Providers

Training and Education

The Independent Sector Lead commissioned a workshop along with the Improvement Support Team (IST) from the Care Inspectorate. The workshop provided simple and user-friendly awareness of quality improvement (QI) methodologies.

The workshop was for senior care home and care at home staff, commissioners and any interested HSCP staff. People had the opportunity to discuss how we can use improvement methodology in the work place. Using worked examples, interactive sessions and group work, the IST enable participants to:

- develop an understanding of Quality Improvement
- increase confidence using Quality Improvement
- share best practice working collaboratively to learn from one another
- understand the Care Inspectorate method of PDSA.

The delivery of the Managing Falls and Fractures in Care Home Education Programme will continue. The programme aims to ensure that care homes are working in lines with the Care Inspectorate falls and fractures resources. Moving forward, care at home and housing support providers will be invited to participate in the programme.

There continues to be regular meetings with providers to achieve:

- cohesive and collaborative working across the area
- person centred assessment and management of frailty
- reduction in duplication
- optimised use of current resources.

Market Facilitation Plan

The Partnership will build on these regular meetings with providers to refresh the Market Facilitation Plan (MFP). This will give providers a good understanding of the current levels of need and demand, in order to help support and shape the market going forward.

In terms of progress in delivering the 2016 - 2019 MFP:

- A total of 4 large-scale events, attended by around 200 delegates, have been held to engage with the market to share strategic commissioning intentions, to inform discussion about new models of provision and to gauge feedback from the marketplace on our plans. These in particular helped shape new contracting arrangements for care at home, community care and adult residential services.

- Regular quarterly forums for specific provider markets continue to be held. These are smaller scale meetings to engage with the wider market place to discuss change and how this may impact on specific sectors of the market. This approach, for example, provided the platform upon which we were able to engage the market to implement and sustain the payment of the Scottish Living Wage.

- Monthly drop-in sessions for local providers from all sectors of the market place have been established. This is an opportunity for existing and new local providers to meet with commissioners on a more informal basis to discuss ideas and gain clarity on any issues specific to their organisation. These sessions are also opportunities for providers to seek advice and support around their development plans to ensure these fit with the Partnership's direction of travel. These sessions shall support us to increase the volume of services commissioned from locally based providers.

- Direct engagement with providers and working groups with different providers, as and when required, have been held. These facilitate the development and realisation of new models of service provision. This level of engagement has, for example, supported home care colleagues to engage with providers to review medication policies. It was also instrumental in helping to remodel processes to develop the discharge to assess service in order to reduce delayed discharges from hospital and explore new models of provision to reduce out of area adult care home placements.

How We are Enabling Information and Data Sharing

There continues to be work done by the Data Sharing Partnership (DSP) and IT colleagues across councils and health. This work supports a number of integration strategic strands with a focus on enabling information sharing and access across the care settings.

Work is ongoing to replace the current Social Work Information System (SWIS) with the Liquidlogic Adult Social Care System, with an implementation date for 'go live' in May 2020. This is a significant and complex project that will transform social work information and recording.

The new Liquidlogic Adult Social Care System is a highly configurable, web based information system that will be tailored to reflect our working practices and needs. It has the functionality to enable the management of a whole range of functions including contacts, referrals, assessments, reablement, support plans, care commissioning, personal budgets and financial assessments. This is all within a logical and easy to navigate workflow.

Work is well underway in areas such as data migration and data cleansing of information required to be migrated from SWIS to Liquidlogic. There is also work to review our current assessment and planning processes, and new design of assessment tools, paperwork and documentation. All of this preparation work will

- support the improvement of outcomes focussed strength based assessment processes
- improve assessment, planning and review processes
- improve recording of outcomes and impacts of interventions
- support full implementation of Self Direct Support legislation in regard to personal budget allocation and improved choice and control within support planning
- improve more accurate data collection and understanding of local needs.

How Partnership Funding is Supporting Transformational Change and Redesign

Falkirk HSCP continue to operate a Partnership Funding programme providing a critical opportunity for partners to establish, transform and deliver integrated services, in line with local priorities and also to test and drive innovation. During 2018 - 2019, the programme has been reviewed to ensure that the structure and allocation of Partnership Funds is agile and able to support both transformation and emerging improvement need within the Partnership.

Partnership Funding is grouped into two strands; the main programme and the Leadership Fund. During 2018 - 2019, £5.51m has been available through the main programme and a further £1.6m via the Leadership Fund. The Partnership Funding Group, which is a sub-group of the Strategic Planning Group, make recommendations to the IJB regarding allocation of funds from the main programme. Leadership Funding is allocated by the Falkirk HSCP Leadership Team, with approval via the Chief Officer in consultation with the Chair and Vice Chair of the IJB.

A summary of main programme investment by category during 2018 – 2019 is provided below.

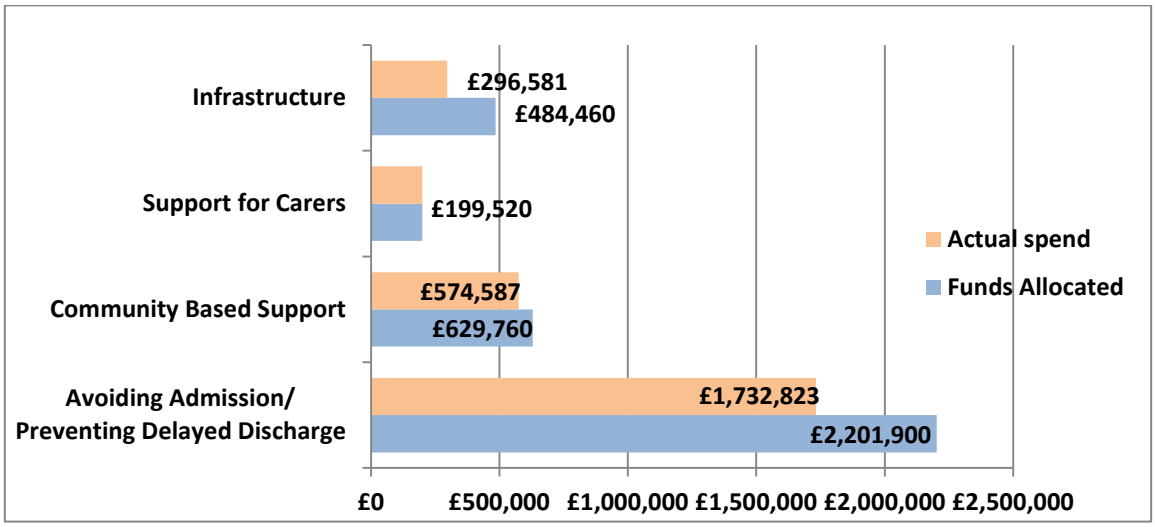

figure 8 Programme Investment

A summary of main programme investment by sector is provided below.

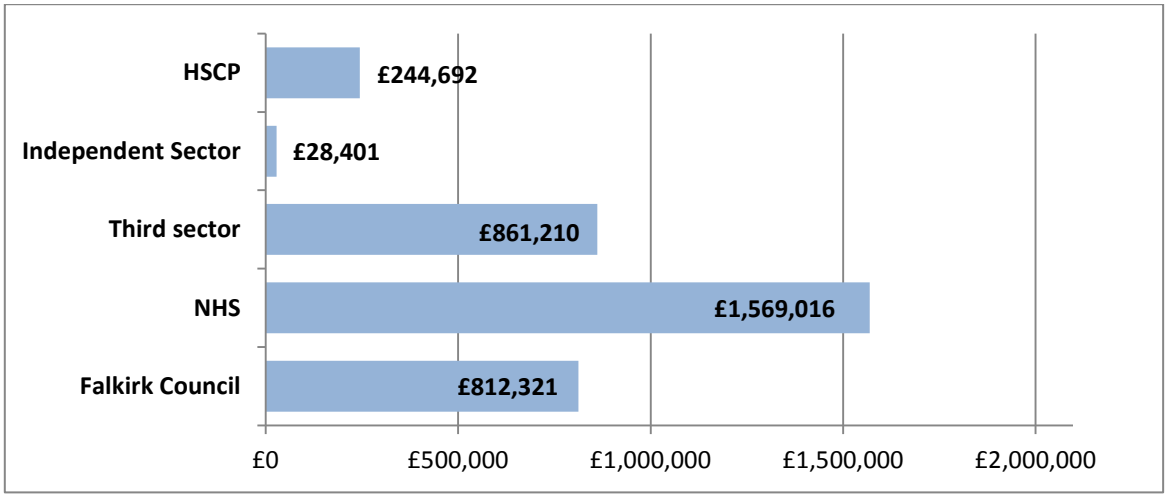

figure 9 Programme Investment

Partnership Funding 2018 - 2019 summary

34 initiatives demonstated improved integrated working and collaborative practice

8 programmes supported the infrastructure of the HSCP to enable transformational change

Total investment in 2018 - 2019:
£3,515,640

Community

- **9** organsiations provided volunteering opportunities for over **50** volunteers
- **14** community grants, benefited an estimated **700** people
- **175** vulnerable people referred to programme supporting a more safe and stable lifestyle, with **79%** engagement

Carers

- **850** carers supported
- **63%** reporting increased emotional wellbeing *
- **65%** improved life balance *
- **80%** felt valued *

*snap-shot of reviews carried out in quarter 4 of 2018 - 2019

Reablement

- **13** initiatives directly supported avoidance of admission and/or delayed discharge
- Average of **541** people using telecare equipment each quarter, promoting independence and carer support

Mental Health

- **4** services with a direct focus on mental health and wellbeing
- Average of **476** people accessed service each 3 month period (quarter)
- **1177** people accessed immediate help service during 2018 - 2019
- Average of **265** people with a dementia diagnosis and carers received Post Diagnostic Support each quarter
- Average of **847** people with dementia and carers accessed community based activities each quarter including **1671** attendancies at **2** dementia cafes

Figure 10

Our Performance

IJB Governance and Decision Making

Falkirk IJB has responsibility for the health and social care functions that were formally delegated to the Board on 1 April 2016. This means the IJB has responsibility for the strategic planning and commissioning of delegated functions. They are also responsible for ensuring the delivery of its functions, through the locally agreed operational arrangements for:

- Social Work Adult Services
- Community and Family Health Services relating to in-scope functions
- Large hospital services planning, with partners who will continue to manage and deliver the services as part of the pan Forth Valley structures.

NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners, through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £220m.

A governance framework is in place which includes the Integration Scheme, IJB Standing Orders, Risk Management and Clinical and Care Governance. This framework sets out the rules and practices by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The IJB has legal responsibilities and obligations to its stakeholders, staff and residents of the Falkirk Council area.

Membership of the IJB is set out in legislation and is made up of 19 members. The Board has 6 voting members – 3 Falkirk Council Elected Members and 3 NHS Forth Valley non-executive Board members. The membership includes senior officer representation from Health, Social Work and stakeholders including service users, carers, third Sector and staff representatives.

The IJB also has an:

- Audit Committee, responsible for the promotion of best practice in the areas of risk management, financial procedures, internal controls, development of continuous improvement and review of External Audit issues

- Clinical and Care Governance Committee to provide assurance on the systems for delivery of safe, effective, person centred care in line with the IJB's statutory duty for the quality of health and care services.

The range of Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers in particular, has been of importance and value to the Board.

The diagram below provides an overview of the meetings schedule of the IJB and its wider governance arrangements during 2018 - 2019.

	2018									2019		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
IJB Meetings	✓		✓			✓	✓		✓		✓	✓
Audit Committee			✓			✓			✓			✓
Clinical & Care Governance							✓		✓		✓	
IJB Development Session	✓	✓	✓		✓	✓		✓				✓
IJB Budget Approved								✓				✓
Strategic Plan Meetings		✓			✓	✓	✓			✓		✓
Partnership Funding Meetings		✓			✓	✓		✓	✓		✓	
Reporting to:												
Falkirk Council Scrutiny Committee												✓
CP Executive Group					✓							
CP Strategic Board	✓					✓						

Figure 11 IJB meeting dates

Financial Performance

The IJB Annual Accounts 2018 - 2019 report the financial performance of the IJB. Their main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core outcomes as expressed within the Strategic Plan. This section summarises the information contained in the Annual Accounts 2018 – 2019.

The funding available to the IJB to support the delivery of the Strategic Plan comes from contributions from the constituent authorities (Falkirk Council and NHS Forth Valley). In some cases the Scottish Government will allocate funds to the IJB via the constituent authorities, for example the Integrated Care Fund, Delayed Discharge Funds (known as Partnership Funds) and the Primary Care and Mental Health Transformation Funds. The combined funding is used by the IJB to support the delivery of the Strategic Plan.

The IJB issues directions to the constituent authorities to utilise the funding available to deliver and/or commission services across the partnership on its behalf to deliver the priorities of the Strategic Plan.

The financial reports to the IJB during 2018 - 2019 have highlighted financial risks across the Partnership and more acutely on the in-scope NHS budget. These projections have been based on the best information made available by partners and are subject to fluctuation due to a wide range of factors including drug pricing issues, pressures on beds, home care demand, staffing issues and other demands.

The projected outturn for the Falkirk HSCP for 2018 - 2019 is as follows:

	Total £m
Expenditure	195.342
Transfer of Ring-fenced Funds not Spent	1.660
Total Expenditure	**197.002**
Income	184.475
Integration Funding (via Health Boards)	10.052
Transfer from Ring-fenced Funds	1.230
Total Income	**195.757**
Overspend	**1.245**

Table 7

The overspend for 2018 – 2019 is largely due to pressures on health services, including community hospitals, complex care and prescribing. In order to achieve financial balance, NHS Forth Valley will provide non-recurring funding.

Financial Reporting on Localities

The 2018 - 2019 financial information is not split into localities. Work is underway to allow the Partnership to report financial information at locality level. This work forms part of the overall locality planning arrangements.

More detailed information on the finance of the Partnership can be found at:
Integration Joint Board Meetings/ Falkirk HSCP Finance

Best Value

The governance framework is the rules, policies and procedures by which the IJB ensures that decision making is accountable, transparent and carried out with integrity. The Board has legal responsibilities and obligations to its stakeholders, staff and residents of the Falkirk area.

Falkirk IJB ensures proper administration of its financial affairs by having a Chief Finance Officer (section 95 of the Local Government (Scotland) Act 1973).

As part of the governance arrangements the Chief Officer chairs the HSCP Leadership Team.

The partnership considers that key performance indicators, measureable progress in delivering the priorities of the Strategic Plan and financial performance form the basis of demonstrating Best Value. Therefore the evidence of Best Value can be observed through:

- Performance Management Framework and Performance Reports
- Financial Reporting; and
- Reporting on Strategic Plan delivery through both the Chief Officer's reports to the IJB and topic specific reports.

This approach is visually demonstrated in the diagram below:

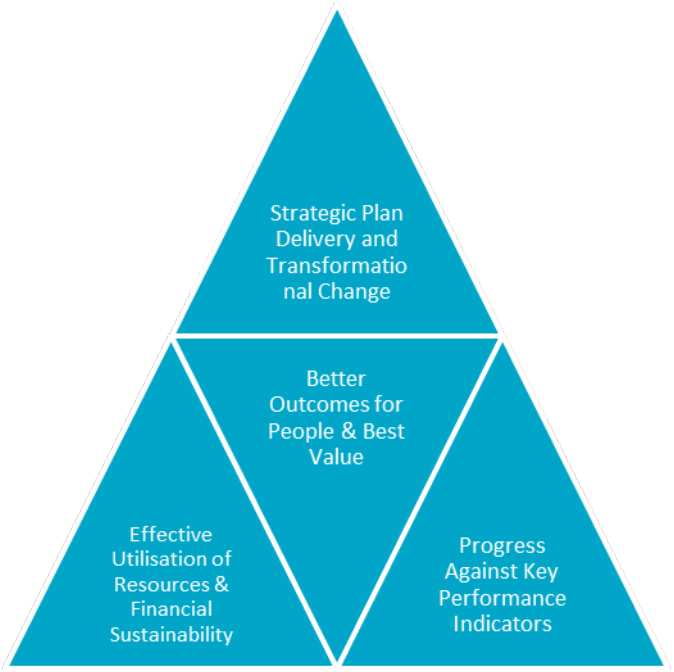

Figure 12 Best Value

Audit Arrangements

The IJB Audit Committee is responsible for the promotion of best practice in the areas of risk management, financial procedures, internal controls, development of continuous improvement and review of both Internal and External Audit recommendations.
The Committee approved the Internal Audit plan for 2018 - 2019 in June 2018, as well as a review of overall arrangements as part of their annual audit report, which was based on an assessment of the risks facing the IJB. Their review covered the assurance framework and performance management.

Ernst & Young is the external auditor of the IJB for the five year period from 2016 - 2017 to 2020 - 2021. They prepare an Annual Audit Plan, for the benefit of IJB management and the Audit Committee that sets out their proposed audit approach for the audit of the financial year ahead.

These reports can be found at [Falkirk HSCP Audit Committee Meetings]

Performance Management

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

Our performance for 2018 - 2019 is set out in the following tables. Indicators 1-9 are populated by the bi-annual Health and Care Experience Survey. As this survey runs every 2 years the most recently available data relates to 2017 - 2018 and is the same as presented in the Annual Performance report 2017 - 2018.

National Indicators

	NI	Title	Falkirk Partnership		Comparator Average	Scotland
			2015/16	2017/18	2017/18	2017/18
Outcome Indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	93%	92%	93%	93%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	83%	81%	81%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	80%	76%	75%	76%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	79%	72%	77%	74%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	81%	81%	81%	80%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84%	81%	83%	83%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84%	78%	82%	80%

	NI	Title	Falkirk Partnership		Comparator Average	Scotland
			2015/16	2017/18	2017/18	2017/18
	NI - 8	Total combined % carers who feel supported to continue in their caring role	43%	37%	37%	37%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	85%	84%	84%	83%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA

Table 8 outcome indicators

	NI	Title	Falkirk Partnership				Comparator Average	Scotland
			2015/16	2016/17	2017/18	2018/19	Latest	Latest
Data Indicators	NI - 11	Premature mortality rate per 100,000 persons	440	466	427	449	421	434
	NI - 12	Emergency admission rate (per 100,000 population)	11,528	11,769	12,331	*	*	*
	NI - 13	Emergency bed day rate (per 100,000 population)	137,626	146,267	139,361	*	*	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	113	121	121	*	*	*
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	86%	87%	*	*	*
	NI - 16	Falls rate per 1,000 population aged 65+	20	20	22	*	*	*
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	86%	88%	86%	84%	82%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	64%	64%	63%	NA	63%	61%

NI	Title	Falkirk Partnership				Comparator Average	Scotland
		2015/16	2016/17	2017/18	2018/19	Latest	Latest
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	864	1,023	910	1,201	838	805
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	24%	24%	*	*	*
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA

Table 9 Data Indicators

Source: ISD Scotland
Notes:
1. * NHS Forth Valley is currently experiencing hospital data (SMR01) completeness issues meaning it is not possible at this time to present full year data for these indicators.
2. NA indicates where data is not available yet.
3. Indicator 11 is presented on calendar year rather than financial year.
Comparators: Include members of Family Group 3: Dumfries and Galloway; Fife; South Ayrshire; West Lothian; South Lanarkshire; Renfrewshire and Clackmannanshire. http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html

NHS Forth Valley is currently experiencing hospital data completeness issue meaning it is not possible at this time to present full year data for indicators 12, 13, 14, 15, 16 and 20. However, complete data is available for April 2018 to December 2019. The table below presents trend data for April to December and allows like for like comparisons against the comparator group and Scotland. These figures do not represent full year figures and are intended as a proxy only. When full year data is available the annual performance report will be republished to include this.

National Indicators 12, 13, 14, 15, 16, 20 for April-December activity for Falkirk HSCP, Comparator Average and Scotland

NI	Title	Falkirk Partnership				Comparator Average	Scotland
		2015/16p	2016/17p	2017/18p	2018/19p	2018/19p	2018/19p
12	Emergency admission rate (per 100,000 population)	8,570	8,678	9,257	9,130	10,154	9,154
13	Emergency bed day rate (per 100,000 population)	102,066	109,140	102,824	100,151	91,328	87,034
14	Readmission to hospital within 28 days (per 1,000 population)	111	122	122	118	104	103
15	Proportion of last 6 months of life spent at home or in a community setting	86%	86%	87%	86%	88%	88%
16	Falls rate per 1,000 population aged 65+	4.9	4.8	5.4	5.8	5.1	5.8
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	24%	24%	24%	25%	24%

Table 9 National Indicators

P – Partial year (April to December 2018)

Local Indicators

The Partnership has developed local outcomes to support a balanced approach to measurement and reporting. We have set trajectories against the national integration standards, facilitating the development of a local and national balanced scorecard.

1. Local Outcome: Self-management

The national standard for Accident and Emergency (A&E) waiting times is that 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. Performance against the 4 hour Emergency Department (ED) target has declined over the year and is below the target as set out below in indicators 24 – 27. There is a programme of improvement work under to address this performance.

		Feb 2018	Feb 2019	*
24	Emergency Department 4 hour wait Forth Valley (FV)	89.4%	83.4%	▼
25	Emergency Department 4 hour wait Falkirk	88.8%	81.3%	▼
26	Emergency Department attendances per 100,000 FV population	1,772	1,792	▼
27	Emergency Department attendances per 100,000 Falkirk population	1,949	1,951	▼

Table 10

Through collaborative health and social care initiatives it may be possible to prevent people presenting to ED by diverting them to more appropriate services where care needs are dealt with using an anticipatory approach. For example the Pharmacy First work page 21. This outcome indicator should represent a shift from a reliance on hospital inpatient care towards proactive and coordinated care and support in the community. It should demonstrate the effectiveness of anticipatory care, identifying people who are at risk of emergency hospital admission, supporting people to be more confident in managing their long term conditions and providing coordinated care and support at home where safe and appropriate. By monitoring this activity the aim is to improve the patient experience by identifying the best use of resources and to prevent patients waiting longer than necessary in ED.

		Feb 2018	Feb 2019	*
28	Emergency admission rate per 100,000 Forth Valley population	967.3	928.5	▲
29	Emergency admission rate per 100,000 Falkirk population	984.70	944.39	▲
30	Acute emergency bed days per 1000 Forth Valley population	783.63	752.24	▲
31	Acute emergency bed days per 1000 Falkirk population	859.76	826.46	▲
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,663	6,952	▲
34	Key Information Summary as a percentage of the Board area list size Forth Valley	4.9%	5.0%	▲
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.2%	4.4%	▲

Table 11

These indicators demonstrate the choices made by service users under each of the four Self Directed Support options shown. People assessed as requiring a social work services will be able to take more control over how their support is provided. They will have more choice about who provides their support, what is provided and when it is provided. We measure the options that people have chosen.

	Self Directed Support (SDS) options selected: People choosing	Baseline 2015/16	2017/18
37	SDS Option 1: Direct payments (data only)	33 (2.0%)	30 (0.7%)
38	SDS Option 2: Directing the available resource (data only)	46 (2.9%)	192 (4.8%)
39	SDS Option 3: Local Authority arranged (data only)	1,505 (93.2%)	3,522 (87.3%)
40	SDS Option 4: Mix of options, 1,2 (data only)	30 (1.9%)	292 (7.2%)

Table 12

2. Local Outcome: Safe

		Feb 2018	Feb 2019	*
42	Readmission rate within 28 days per 1000 FV population	0.68	0.56	▲
43	Readmission rate within 28 days per 1000 Falkirk population	0.74	0.61	▲
44	Readmission rate within 28 days per 1000 Falkirk population 75+	1.26	1.22	▲
		Baseline 2015/16	2018/19 H1	
45	Number of Adult Protection Referrals (data only)	579	250	▼
46	Number of Adult Protection Investigations (data only)	45	28	▲
47	Number of Adult Protection Support Plans (data only)	12	19	▲
48	The total number of people with community alarms at end of the period	4,426	4,027	▼
49	Percentage of community care service users feeling safe	90%	90%	◄►

Table 13

3. Local Outcome: Experience

A delayed discharge occurs when a patient, clinically ready for discharge, cannot leave hospital because the other necessary care, support or accommodation for them is not readily accessible and/or funding is not available. This can have an impact for people, their families and the hospital capacity. This is an area for improvement and remains an area of priority for the Board. The Falkirk Delayed Discharge Steering Group is in place to monitor operational performance and find solutions.

		Jan 2018	Jan 2019	*
54	Standard delayed discharges	25	41	▼
55	Delayed discharges over 2 weeks	10	32	▼
56	Bed days occupied by delayed discharges	440	1,102	▼
57	Number of code 9 delays	22	13	▲
58	Number of code 100 delays	6	0	▲
59	Delays - including Code 9 and Guardianship	47	54	▼
		Baseline 2015/16	**2018/19**	
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	98%	◄►
61	Percentage of service users satisfied with opportunities for social interaction	93%	90%	▼
62	Percentage of carers satisfied with their involvement in the design of care package	92%	93%	◄►
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	89%	91%	▲

Table 14

Monitoring and managing complaints is an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented. Complaints are also monitored by the Falkirk IJB Clinical and Care Governance Committee.

		2017/18	2018/19 (to Q3)	
64	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	44/77	43/72	
	The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	63.1%	59.7%	▼

Table 15

		Oct 18	Nov 18	*
65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB	17	8	
	The percentage of complaints responded to within 20 days	64.7%	62.5%	▼
	The number of Scottish Public Services Ombudsman cases received	0	0	

Table 16

The management of sickness absence is an important management priority since it reduces the availability of staff resources and increases costs of covering service. A target of 5.5% has been set for Social Work Adult Services. This target recognises the service includes staff working in home care and residential care which is recognised nationally as physically demanding and stressful occupations. A target of 4% has been set for NHS Forth Valley.

		Baseline 2015/16	2018/19	*
66a	Sickness Absence in Social Work Adult Services (target – 5.5%)	7.9%	8.4%	▼
66b	Sickness Absence -percentage hours lost each month to sickness absence in NHS Forth Valley (target 4%)	5.75%	5.98%	▼
	Percentage of days lost to short term absence each month within NHS Forth Valley	2.21%	2.44%	▼
	Percentage of days lost to long term absence each month within NHS Forth Valley	3.29%	3.16%	▲

Table 17

4. Local Outcome: Strong Sustainable Communities

The importance of supporting carers and enabling people to live independently at home are well-established aspects of the Scottish Government and Partnership approach to health and social care. Short breaks are an essential part of the overall support provided to unpaid carers and those with care needs, helping to sustain caring relationships, promote health and wellbeing and prevent crisis.

	2016/17	2017/18	*
67. The total respite weeks provided to older people aged 65+	1,549	1,352	▼
68. The total respite weeks provided to older people aged 18-64	578	554	▼

Table 18

There are a variety of reasons for the reductions seen in short breaks/respite performance including:

- the way people access short breaks is changing, as are opportunities for breaks
- reduction in availability of local resources for people who don't wish to use out of area resources.

We are working with the Carers Centre and other partners to develop a more comprehensive picture of short breaks provision going forward.

		End March 2016	End March 2018	*
69	Number of people aged 65+ receiving homecare *	1,703	1,794	▲
70	Number of homecare hours for people aged 65+ *	14,622	14,907	▲
71	Rate of homecare hours per 1000 population aged 65+ *	512.2	477.4	▼
72	Number receiving 10+ hrs of home care *	406	546 (*1)	▲
73	The proportion of Home Care service users aged 65+ receiving personal care *	91.6%	88.2%	▼

Table 19

Please note that the Home Care data in indicators 69 to 73 are affected by changes made by the Scottish Government (SG) to the annual Social Care Survey. This data will be reported on a 6 monthly basis in 2017-2018 and the next data return to the SG showing quarter's 1 and 2 (April to end September 2018) is due at the end of January 2019. (*1) The data reported here for indicator 72 is not directly comparable with previous reported data as it now counts service users with service hours requiring two carers to be doubled - previous reports counted these service hours only once.

		Baseline 2015/19	2018/19	*
78	Number of new Telecare service users 65+ (data only)	102	177	◄►
79	The number of people who had a community care assessment or review completed	9,571	8,434	▼
80	The number of Carers' Assessments carried out	1,936	1,924	◄►
81	The number of overdue 'OT' pending assessments at end of the period	352	352	◄►
		2014/15	**2015/16**	*
82	Proportion of last 6 months of life spent at home	86.1%	86.0%	◄►
83	Number of days by setting during the last 6 months of life: Community	228,702	241,236	▲

Table 20

* **Direction of travel relates to previously reported position**	
▲	Improvement in period
◄►	Position maintained
▼	Deterioration in period
—	No comparative data

Inspection of Falkirk HSCP Registered Services

The Care Inspectorate is responsible for the regulation of care standards in Scotland and introduced new Health and Social Care Standards on 1 April 2018. The Care Inspectorate utilise the Standards to form the decisions they make about care quality and as such they changed how they inspect care and support and will be phasing in the new assessment starting with Care Homes for Older People.

Throughout 2019 - 2020 we will continue to work with providers to strengthen relationships and develop systems to effectively monitor all registered and commissioned services being delivered across the Falkirk Council area.

Residential Care Homes (Older People)

Falkirk HSCP area has 941 care home beds between 21 residential and nursing care homes. Five of these residential care homes are owned by Falkirk Council and 16 care homes owned by the independent sector care homes.

From July 2018 the Care Inspectorate amended their inspection framework for care homes for older people and the previous inspection themes of care & support, environment, staffing and management & leadership were replaced with 6 Key Questions, as follows:

- Key Question 1 - How well do we support people's wellbeing?
- Key Question 2 – How good is our leadership?
- Key Question 3 – How good is our staff team?
- Key Question 4 – How good is our setting?
- Key Question 5 – How well is our care and support planned?
- Key Question 6 – What is the overall capacity for improvement? (This question is not graded)

Not all Care Homes have been inspected under the new Quality Assessment Framework. At the end of the financial year 11 out of the 21 care homes were inspected under the new Inspection regime.

At the end of the 2018 - 2019 financial year the percentage scores from all Homes in the Falkirk Council area were as follows:

Old Inspection Regime	Good/ Very Good/Excellent	Unsatisfactory/Weak/ Adequate
Care & Support	91%	9%
Environment	91%	9%
Staffing	100%	0%
Leadership & Management	100%	0%

Table 21

New Inspection Regime	Good/ Very Good/Excellent	Unsatisfactory/Weak/ Adequate
Key Question 1	45%	55%
Key Question 2	20%	80%
Key Question 3	40%	60%
Key Question 4	50%	50%
Key Question 5	55%	45%

Table 22

Under the old Care Inspectorate quality assessment process the general position continued to be held across the sector with 95% of Providers scoring excellent, very good or good across all Care Inspectorate Themes. By comparison under the new quality assessment process only 42% of Providers scored excellent, very good or good across all Care Inspectorate themes. It is difficult to compare both Inspection systems and make a judgement on why grades have dropped. As at 31 March 2019 there were only 2 care homes that had weak Care Inspectorate grades.

The area of focus in 2019 - 2020 will be to eliminate any weak and unsatisfactory grades, particularly in the theme of Care and Support or Key Question 1.

Residential Care Homes (Younger Adults)

Falkirk HSCP area has 11 adults residential care homes in the area with a capacity of 141 beds. Ten of the care homes are owned by the independent sector and one is owned by NHS Forth Valley.

At the end of the 2018 - 2019 financial year the percentage scores from all Adult Care homes in the Falkirk Council area were as follows:

	Good/ Very / Good Excellent	Unsatisfactory / Weak Adequate
Care and support	82%	18%
Environment	82%	18%
Staffing	82%	18%
Leadership & Management	82%	18%

Table 23

Over 2018 - 2019, Care Inspectorate grades for Adult Care Homes improved. The general position continues to be held across the sector with 82% of providers scoring excellent, very good or good across all 4 Care Inspectorate themes. By comparison to last year, 69% of providers scored excellent, very good or good. As at 31 March 2018, none of the adult care homes scored a weak Care Inspectorate grade.

Two provider managers meetings were facilitated by the Procurement and Commissioning Unit (PCU) during 2018 - 2019. There was discussion on varied issues to promote collaborative working and ensure improved outcomes for supported people living in care homes. Meetings are attended by Adults Services managers, Care Inspectorate, providers and PCU team. Guest speakers are invited along as and when required.

The PCU team worked on several action plans with providers who were graded as weak during 2018 - 2019 and engaged in multi-disciplinary work with Adults Services, Health, Care Inspectorate and providers to ensure improved outcomes for supported people living in Adult care homes.

The area of focus in 2019 - 2020 will be to continue to work with care homes on action plans in order to eliminate weak and unsatisfactory grades and to continue to engage in collaborative working with the Care Inspectorate, Health and Adult Services to ensure continued improvement and better outcomes for supported persons.

Care at Home and Housing Support Services

Falkirk HSCP area has 41 organisations engaged in the delivery of Care at Home and Housing Support Services, supporting in excess of 1500 people to remain living in their own homes in their local communities.

The Care Inspectorate is responsible for the registration, regulation and inspection of all care at home and housing support providers carrying out inspections under 3 themes:

- care & support
- staffing
- management & leadership.

At the end of the 2018 - 2019 financial year the percentage scores from all care at home and housing support providers engaged in service delivery in the Falkirk Council area were as follows:

	Good/ Very Good/Excellent	Unsatisfactory/Weak/ Adequate
Care and support	95.1%	4.9%
Staffing	53.7% *	4.9% *
Management and Leadership	61% *	7.3% *

Table 24

* Due to the way in which services are inspected not all organisations are inspected under all themes at each inspection which accounts for the lower percentage of providers graded under the themes of Staffing and Management and Leadership.

The following key themes emerged during the financial year 2018 - 2019:

- 95.1% of providers attained grades of excellent, very good or good in the theme of Care and Support a decrease of 1.02% from the previous year

- 4.9% of providers were graded as adequate, weak or unsatisfactory in the theme of Care and Support an increase of 1.9% from the previous year

- Spend on Home Support increased by £1.5m largely due to increasing demand with over 45, 000 new hours of homecare provided to people across the Falkirk area

- Suspensory action was taken against 3 providers in response to concerns around service quality, performance and sustainability. Following the successful completion of agreed action plans suspensions of all 3 providers ended and service delivery returned to normal.

- A provider forum was established in August 2018 providing an opportunity for contracted Independent and Third Sector organisations to meet together with representatives of the HSCP. The meetings provide an opportunity to share best practice, service innovations and developments as well as hear from a range of other partners and stakeholders such as Police Scotland, Falkirk Community Trust and the Care Inspectorate. To date 3 meetings have been held and will continue to take place on a quarterly basis.

Inpatient Mental Health and Learning Disability Services

The Mental Welfare Commission (MWC) undertakes a rolling programme of visits to mental health and learning disability inpatient services. Some are planned visits (announced) and others are unannounced or are part of a national themed approach by the Commission.

Reports from all visits are published on the MWC website and services are asked to provide an action plan within 3 months of a report being published. Reports cover areas of good practice as well as areas where the Commission would like to see improvements.

There have been four reports published in Forth Valley in recent months covering inpatient facilities at FVRH and Lochview (Learning Disability).

Loch View received a very positive report following an announced visit by the Mental Welfare Commission on 29 January 2019. There was only 1 minor recommendation made and 2 minor feedback points. The commission highlighted many aspects of good practice within Loch View which included:-

- care plans and risk assessment/management plans were detailed, person centred and thorough; with accessible care plans available for patients where appropriate
- good multidisciplinary working and use of positive behavioural support model of care was also highlighted.

An unannounced visit to Ward 2 and 3 FVRH by MWC took place on 11 October 2018, the report was published on 19 December 2018.

There were 5 recommendations made following this unannounced visit. Each recommendation is being addressed through a robust improvement plan overseen by senior managers.

An announced visit to Ward 1 IPCU FVRH by MWC took place on 8 November 2018 which was published on 16 January 2019**.** There were no formal recommendations made.

There was evidence of progress in relation to recommendations made at the previous visit and also evidence of other good practice. This included:

- care plans were found to be detailed, person-centred and addressed a wide range of needs. There was also evidence of patient involvement.
- risk assessments were thorough, detailed and were regularly reviewed.
- all legal paperwork was current and appropriate.

An announced visit to Wards 4 and 5, Forth Valley by MWC took place on 29 November 2018 and the report was published on 20 February 2019. There were no formal recommendations.

Evidence of progress was detailed in relation to recommendations made at the previous visit and also evidence of other good practice. This included:

- The development of more person-centred care planning, including praise for the introduction of a "Getting to know me" document. Care plans were also reviewed regularly.
- Increased clarity of care planning was also noted due to the addition of an MDT meeting record to Care Partner.
- All legal paperwork authorising patients' care and treatment was reviewed at the visit, and was found to be in order.

Reports are presented to both the Health Board Clinical Governance and IJB Clinical and Care Governance Committee.

Looking Forward

The Annual Performance Report highlights our work in the past year, some of which will continue in the years ahead.

Key priority areas for the coming year include:

- Establish our 3 Integrated Locality Teams, bringing together community care assessment and care management, Care at Home services (in-house) and community nursing colleagues
- Work with the Institute of Public Care to implement a recovery, recuperation, reablement and rehabilitation model, to develop a Home First approach to enable timely discharge from hospital or prevent avoidable admissions
- Continue work to further delegate NHS Forth Valley services into the Health and Social Care Partnership
- Develop our local approach to technology enabled care, continuing our programme of replacement from analogue to digital platforms
- Develop an integrated workforce plan, including delivery of a comprehensive workforce development programme that is responsive to the needs of the workforce now and in the future
- Continue to take forward our change programme and service redesign work
- Continue to work with the Alcohol and Drug Partnership and the Community Planning Partnership to develop services that will address drug-related deaths concerns and support people and communities
- Support our programme of community development activity to improve health and wellbeing outcomes and address health inequalities
- Continue to link with other Health and Social Care Partnerships and NHS Boards, as part of the West of Scotland regional planning arrangements.

List of Terms used in the Annual Performance Report

A&E	Accident and Emergency Department (casualty)
Activities of daily living	Tasks that people carry out to look after their home, themselves and when taking part in work, social and leisure activities
Admitted (to hospital)	Being taken into hospital
Adult support and protection	Things we can do to identify, support and protect adults who may be at risk of harm or neglect and who may not be able to protect themselves
Alcohol and Drug Partnership	ADPs are multi agency partnerships established to implement and respond to the national strategies on alcohol, drugs, tobacco and volatile substances across the whole population. ADPs also have a responsibility to develop a local substance strategy which addresses prevention. This must ensure that the range of treatment options that are required to promote recovery from substance use problems are provided for and available at point of need.
Anticipatory Care Plans (ACPs)	A plan prepared by a person with health/care needs along with a professional. The plan lays out what the person would prefer if/when their condition changes.
Assessment	Process used to identify the needs of a person so that appropriate services can be planned for them
Balance of care	How much care is given in the community compared to how much is given in hospitals etc
Bed based services	Those services such as inpatient wards in a hospital where people are cared for overnight
Bed days	The number of days that beds in hospital are occupied by someone
Carer	A carer is a person, of any age, who looks after family, partners or friends in need of help, because they are ill, frail or have a disability and need support to live independently. This care is unpaid however the carer may be in receipt of carers allowance but this is not considered to be payment.
Adult Carers Support Plan	An assessment to find out what a carer (unpaid, informal carer) needs (such as respite, short breaks etc) and how services can support them better

Clinical and Care Governance	Clinical and care governance is a systematic approach to maintain and improve care in a health and social care system. This will provide assurance to the IJB on the systems for delivery of safe, effective, person centred care in line with the IJB's statutory duty for the quality of health and care services.
Commission (a service)	Buying a service from another to meet the needs of a population
Community Planning Partnership	Where public agencies work together with the community to plan and deliver better services which make a difference to people's lives
Delayed discharge	Where someone is unable to leave hospital because the appropriate care and/or support is not yet available for them at home
Delegated function	A service that the new partnership will be responsible for
Delivering (a service)	Carrying out a service
Demographic challenges	Changes in population (e.g. more older people) that mean we have to change how we provide our services
Direct payments	Means-tested payments made to service users in place of services they have been assessed as needing. This allows people to have greater choice in their care
Early intervention	Giving support, care and/or treatment as early as possible
End of Life Care	End of life care addresses medical, social and emotional, spiritual and accommodation needs of people thought to have less than one year to live. It often involves a range of health and social care services for those with advanced conditions who are nearing the end of life.
Engagement	Having meaningful contact with communities e.g. involving them in decisions that affect them
Facilitate/facilitator/facilitation	Making a process easy or easier
Front line staff	Staff who work directly with users of a service
Governance	The way that an organisation is run

Health inequalities	The gap that exists between the health of different population groups such as the well-off compared to poorer communities or people with different ethnic backgrounds
Independent sector	This includes voluntary, not for profit, and private profit making organisations. It also includes housing associations
Integrated care	The aim is to enable better co-ordinated, joined-up and more continuous care, resulting in improved patient experience while achieving greater efficiency and value from health and social care systems
Integration	The term used to describe the partnership working between health and social care services as outlined in the Public Bodies (Joint Working) (Scotland) Act 2014
Integration Joint Board (IJB)	The IJB is responsible for running the partnership and has members from Falkirk Council and NHS Forth Valley, staff representatives, the Third Sector and the public
Integration Scheme	The detail of our model of integration is laid out within our Integration Scheme. This scheme sets out a robust and transparent framework for the governance and operation of the Falkirk Health and Social Care Partnership. This includes detail such a financial arrangements, governance arrangements, data sharing, liability and dispute resolution.
Joint working	Different teams and organisations working together
Locality	One of the three areas Falkirk will be divided into for planning purposes
Locality-based	Situated in a locality
Long term conditions (LTC)	Conditions that last for a year or longer and may need ongoing care and support (such as epilepsy, diabetes etc)
Multi-agency	Where several different organisations work together in the interests of service users and carers
Multidisciplinary	Where several different professionals work together in the interests of service users and carers
National Health and Social Care Standards	Scottish Ministers developed the National Health and Social Care Standards to ensure everyone in Scotland receives the same high quality of care no matter where they live

Outcomes	See “Personal outcomes”
Palliative care	Palliative care aims to improve the quality of life of people, and their families, with life-threatening illness that can’t be cured. It helps to prevent and relieve the problems associated with their condition, through early identification and assessment of their needs, care planning to address any symptoms and pain and address any social, psychological or
Partnership	see Falkirk Health and Social Care Partnership
Personal outcomes	The changes or improvements that have taken place during the time someone has been receiving support
Person centred	Putting the needs and aspirations of the individual service user at the centre of our work
Priorities	Things we think are important to do
Proactive	Creating or controlling a situation rather than just responding once it’s happened
Readmission	Being taken back into hospital shortly after having been discharged
Recruitment and retention	Being able to recruit and keep staff
Reablement service	Reablement service will begin at the point of assessment and have a focus on independence through the delivery of a short-term person centred approach by a multidisciplinary team of well-trained staff working with patients, carers and their families
Resilience	Being able to cope with and recover from difficult situations
Risk management	The process of identifying, quantifying, and managing the risks that an organisation faces
Self management	Where people take responsibility for and manage their own care. Encouraging people with health and social care needs to stay well, learn about their condition and remain in control of their own health
Self directed support	When the person who needs services directs their own care and has choice when it comes to their support
Social Care	Any form of support or help given to someone to help them take their place in society

Strategic Plan	The plan that describes what the partnership aims to do and the local and national outcomes used to measure our progress
Sustainable	Can be maintained at a certain level or rate
Third sector	Voluntary and community groups, social enterprises, charities
Transformational change	A complete change in an organisation, designed to bring big improvements
Unplanned admissions	Being taken into hospital as an emergency

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