

The background of the slide is the Falkirk Council Coat of Arms. It features a shield divided into four quarters. The top-left quarter shows a saltire (X-shaped cross) on a blue field. The top-right quarter shows a stag's head facing left on a red field. The bottom-left quarter shows a three-masted sailing ship on a blue field. The bottom-right quarter shows a crowned eagle with wings spread on a red field. Above the shield is a crown with four fleurs-de-lis. A ribbon scrolls across the bottom of the shield with the motto 'A'NE FOR A' in gold lettering.

Agenda Item 7

Falkirk Health and Social Care Partnership

Falkirk Council

Title: Falkirk Health and Social Care Partnership

Update Meeting: Scrutiny Committee (External)

Date: 23 November 2023

Submitted By: Chief Officer, Falkirk Health & Social Care Partnership

1. PURPOSE OF REPORT

- 1.1. The report provides a summary of the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to the Scrutiny Committee on 24 November 2022.
- 1.2. The report to Scrutiny Committee presents:
- Annual Assurance Statements provided to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum
 - Internal Audit Annual Assurance Report 2022/23
 - IJB Annual Audited Accounts 2022/23
 - Annual Performance Report 2022/23
 - the IJB Performance Monitoring Report and information on the Partnership's performance reported within the Local Government Benchmarking Framework
 - External inspection reports
 - Alcohol and Drug Partnership: Progress with MAT Standards
- 1.3. In addition to this report, the HSCP has provided reports to Council and members briefings throughout 2022/23.

2. RECOMMENDATIONS

- 2.1. It is recommended that the Committee considers the performance of Falkirk Health and Social Care Partnership, and select a course of action from the following options:
1. Note the report and progress by the HSCP in meeting its priorities in the Strategic Plan
 2. Request a follow up report for future Scrutiny Committee consideration.

3. IMPACT ON CLIMATE CHANGE TARGETS

- 3.1. This is not required as this is an update report to Scrutiny Committee.

4. BACKGROUND

- 4.1. The Integration Joint Board is responsible for overseeing the planning, management, and delivery of all relevant functions within the scope of health and social care integration. This involves the delegation of functions and services by the Council and NHS Forth Valley, with services delivered through the HSCP. The Board has established an Audit Committee and a Clinical and Care Governance Committee. The Board has 6 voting members – 3 Falkirk Council Elected Members and 3 NHS Forth Valley non-executive Directors.
- 4.2. The IJB controls an annual budget of approximately £287m and decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2023 - 2026. The Plan describes how the Partnership will continue to make changes and improvements to health and social care services for all adults. It identifies four specific local outcomes which align with the Scottish Government National Health and Wellbeing Outcomes and the National Health and Social Care Delivery Plan.

5. FALKIRK IJB SCRUTINY AND MONITORING ARRANGEMENTS

- 5.1. The IJB is responsible for the effective monitoring and reporting on the delivery of services, relevant targets and measures. The management of performance is critical to managing the overall budget of the IJB and to provide assurance on the impact of the Strategic Plan to improve outcomes.
- 5.2. The Board monitors and reports on performance in a number of ways:
- Audit Committee and Clinical and Care Governance Committee are established with specific remits and responsibilities
 - Annual Assurance Statements – the presentation of these statements reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan. It also supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations
 - Annual Performance Report
 - Performance Monitoring reports are presented to each IJB meeting
 - Reports on a range of subjects, including the Chief Officer report and Finance reports.
- 5.3. The reports presented to the IJB, and its Committees are all accessible online through the HSCP website and Falkirk Council Committee pages.

5.4. Annual Assurance Statements 2022 - 2023

The Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum have each considered their respective Annual Assurance Statements for consideration and approval by the IJB. The Assurance Statements set out the attendance, meeting dates and business during the financial year April 2022 to March 2023. In addition, they formally provide a copy of their approved minutes to the IJB as part of its assurance processes. The Annual Assurance Statements were deferred in September and will be considered at the meeting of the IJB in December. These will be presented to Scrutiny Committee within the next HSCP update report.

6. INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2022/23

- 6.1. The IJB Audit Committee received an Internal Audit Annual Assurance Report on 26 June 2023. The report provides an overall assurance on the IJB's arrangements for risk management, governance, and control, based on Internal Audit work undertaken and reported during 2022/23.
- 6.2. Responsibility for leading on the provision of Internal Audit services to Falkirk IJB rotates on a three-yearly cycle between the Chief Internal Auditor of NHS Fife, Tayside, and Forth Valley NHS Internal Audit consortium and Falkirk Council's Internal Audit Manager.
- 6.3. It is senior managers' responsibility to establish and maintain effective and proportionate risk management, governance, and control arrangements. Internal Audit is not an extension of, or substitute for, operational management.
- 6.4. On the basis of work undertaken, Internal Audit concluded that in their opinion, reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2022/23.
- 6.5. In addition, they did not report any concerns around the following:
 - Consistency of the Governance Statement with information that we are aware of from our work.
 - The format and content of the Governance Statement in relation to the relevant guidance; or
 - The disclosure of all relevant issues.
- 6.6. The report is attached at appendix 1 for information.

7. FALKIRK IJB 2022/23 AUDITED ANNUAL ACCOUNTS

- 7.1. On 15 September, the Audit Committee approved the audited accounts of Falkirk Integration Joint Board for the year to 31 March 2023. The 2022/23 draft annual accounts were submitted to the External Auditor by 30 June, in line with timescales stipulated in the Local Authority Accounts (Scotland)

Regulations 2014. Copies of the audited accounts are available on the Falkirk Health and Social Care Partnership website and hard copies are in local libraries.

- 7.2. The external audit annual report provides an unqualified audit opinion on the IJB's 2022/23 financial statements. The accounts are therefore considered to provide a true and fair view of the IJB's financial position. In addition, the report confirms there are no material uncertainties in relation to the ongoing concern status of the IJB.
- 7.3. In terms of the wider scope and best value areas of the audit, the report highlights a number of ongoing risks in relation to financial sustainability, longer term risk sharing arrangements/financial management and best value. Seven specific improvement recommendations are included in the report, five of which are follow up recommendations from the prior year. One of the follow up recommendations is now complete, leaving six outstanding. All six outstanding recommendations have been agreed by the Chief Officer and Chief Finance Officer and are noted below.

Area identified for improvement as per 2022/32 external audit report	Current Status
<p>Current Year Recommendation 1</p> <p>The Board must review service delivery models to support the identification and achievement of recurring savings to ensure financial sustainability.</p>	<p>A Board Development Session was held on 25 August 2023 where the Strategic Plan, Medium Term Financial Plan and Workforce Plan were discussed and there was a focus on the need for a review of service delivery models to ensure financial sustainability.</p> <p>Work on this area will continue to be developed and reported through the IJB and in particular the annual Business Case where a first draft will be provided to the December meeting of the IJB and a final draft in the following Committee cycle.</p> <p>Implementation Date: 31 March 2024.</p>
<p>Current Year Recommendation 2</p> <p>The Board should ensure formal assurances received from partner bodies each year are expanded to include assurance over systems of internal control and governance arrangements.</p>	<p>Assurance on governance and internal control is received from the partner bodies throughout the year via Annual Internal Audit Reports, Annual Assurance Statements and a review of internal controls within partners reported in the Risk Management Performance Report. In addition, incorporating this assurance into the Annual Assurance Letter will</p>

Area identified for improvement as per 2022/32 external audit report	Current Status
	<p>be considered for the 2023/24 audit onwards.</p> <p>Implementation Date: 31 July 2024</p>
<p>Prior Year Recommendation 1</p> <p>The IJB should ensure that longer term financial planning is in place to support the delivery of the Strategic Plan.</p>	<p>Complete.</p> <p>The Medium Term Financial Plan was approved in March 2023.</p>
<p>Prior Year Recommendation 2</p> <p>As part of the finalisation of the updated Integration Scheme, the IJB should work with Partners to ensure that corporate support arrangements remain adequate and fit for purpose.</p>	<p>There has been further progress recently with various aspects of the updated Integration Scheme, however the IJB accepts this needs to be concluded.</p> <p>In addition, a Senior Accountant was appointed in April 2023 which has increased capacity within Finance, however further work is required.</p> <p>Implementation date: 31 March 2024</p>
<p>Prior Year Recommendation 3</p> <p>The IJB should ensure that the Audit Committee is supported to conduct a self-assessment against good practice principles.</p>	<p>As part of the 2023/24 Internal Audit Plan, Internal Audit will work with the Chief Finance Officer to complete a self-assessment against the key principles and recommendations from the guidance and will validate and evidence the conclusions before presentation to Audit Committee for approval.</p> <p>Implementation date: 31 March 2024</p>
<p>Prior Year Recommendation 4</p> <p>The IJB should conduct a self-assessment against the CIPFA Financial Management Code.</p>	<p>An initial assessment has been carried out by the Chief Finance Officer, a final assessment by members of the IJB will be conducted before the end of this financial year.</p> <p>Implementation date: 31 March 2024</p>

Area identified for improvement as per 2022/32 external audit report	Current Status
<p>Prior Year Recommendation 5</p> <p>The IJB should consider revising the self-assessment against the Ministerial Strategic Group recommendations, prepared in May 2019.</p>	<p>Members of the IJB completed a self-assessment exercise at the development session which on 25 August. A report will come to the IJB meeting in November.</p> <p>Implementation date: 31 March 2024</p>

- 7.4. The report presented to Audit Committee and the Audited Annual Accounts is attached at appendix 2.

8. FALKIRK HSCP ANNUAL PERFORMANCE REPORT

- 8.1. The Falkirk HSCP Annual Performance Report 2022/23 outlines how the Partnership is working towards delivering the Strategic Plan and the nine National Health and Wellbeing Outcomes. This is the seventh Annual Performance Report (APR) produced and highlights achievements throughout the year. This is attached at appendix 3.
- 8.2. Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out below. This is to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities. This should be presented in a way that is clear and should include:
- review of Strategic Plan
 - an assessment of performance in relation to National Health and Wellbeing Outcomes, integration delivery principles, strategic planning
 - financial planning and performance
 - Best Value in planning and carrying out integration functions
 - performance in respect to localities
 - inspection of services.
- 8.3. The Annual Performance Report has been developed with input from colleagues across the Partnership and highlights achievements throughout the year. The APR describes the numerous service developments and redesign work being taken forward. For example, the Falkirk Collaborative team used a collaborative person-centred planning process, known as The Big Plan, to support adults with a learning disability in transition from child to adult services to plan for their future. A project proposal was presented to staff, families, and residents on the future use of Cunningham House to create a new rehabilitation care facility, offering a support option currently unavailable in the Falkirk area.

- 8.4. The APR illustrates the linkages across our Strategic Plan priorities to the nine Scottish Government National Health and Wellbeing Outcomes and Integration Priorities.
- 8.5. The report is set out in clear sections to allow for easier navigation to key areas of interest for the reader. We now have dedicated sections focusing on communication and engagement, technology, and workforce, which are the three cross-cutting workstreams as outlined in our new Strategic Plan. We also have a new equalities section to show the progress we are making towards delivering the Equality Outcomes.
- 8.6. The IJB fulfils its 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 23 national integration indicators. This enables us to understand how well our services are meeting the needs of the people who use them.
- 8.7. Our performance for 2022 - 2023 is set out in the 'Performance at a Glance' on page 120, with more detailed tables available on pages 122 – 123, of the Annual Performance Report.
- 8.8. As a key part of the monitoring arrangements for the Partnership, the Annual Performance Report will also be presented NHS Forth Valley Health Board.

9. IJB PERFORMANCE MONITORING REPORT

- 9.1. The IJB Performance Monitoring Report presented to the Board on 29 September 2023 is attached at appendix 4 for information. This report is a standing item at Board meetings. The content of the Performance Monitoring report covers the reporting period June 2022 – June 2023. It focuses on local performance indicators and data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance.
- 9.2. The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting, with measures displaying a deteriorating position against the last comparable reporting timeframe or where there are particular areas of challenge.
- 9.3. Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:
 - **ED Performance against the 4 Hour Access Standard**

The June 2023 compliance for the Falkirk Partnership highlights an increase in performance to 61.3% compared with 57.6% in June 2022.

- **Delayed Discharge**

The Falkirk partnership breakdown at the June 2023 census is noted as:

- 28 Standard delays, 18 are delayed over 2 weeks
- 24 guardianship/code 9 exemptions
- 52 total delays.

- **Complaints – Falkirk Council Social Work Adult Services**

Performance of complaints completed within timescale has increased to 70% in the first quarter of 2023/24, compared to 67% through 2022/23.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

- **Complaints – NHS Forth Valley**

In the period April 2023 to June 2023, a total of 12 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 41.7%.

- **Attendance management – Social Work Adult Services**

The overall sickness absence figure for the first quarter of 2023/24 was 10.6%, compared to 11.7% for the same period in the previous year, a decrease of 1.1 percentage points.

- **Attendance management - NHS Forth Valley**

The overall June 2023 sickness absence position is reported as 6.44% with the 12-month rolling position noted as 7.40%.

- **Psychological Therapies**

In June 2023, 74.9% of patients started treatment within 18 weeks of referral. This is an improvement from the previous month position of 72.7% and an increase from 64.3% in June 2022.

- 9.4. Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.
- 9.5. Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.
- 9.6. Section 4 provides an overview of the Falkirk Health and Social Care Partnership performance against the national core suite of integration indicators. These will be reported in the Annual Performance Report.

9.7. **Local Government Benchmarking Framework 2021/22**

The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service, which is designed to support senior management teams and Elected Members to improve key Council services.

- 9.8. A HSCP briefing note at Appendix 5 provides an analysis of the eight performance indicators. This provides a contextual understanding of how Falkirk compares alongside the LGBF 'family grouping' of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

10. EXTERNAL INSPECTION REPORTS

- 10.1. Clinical and Care Governance Committee received an update on recent external inspections on our services at its meetings in June and September 2023. There have been six Care Inspectorate inspection reports, and any action plans are monitored by the relevant senior managers. The following table provides links to the full published reports:

Publication Date	Inspection	Inspection Date
17/01/23	Mobile Emergency Care Service (MECS) Housing Support Service	12, 13, 16 and 17 January
09/02/23	Joint Dementia Initiative Housing Support Service	6, 7 and 9/02/23
09/06/23	NHS Forth Valley Community Residential Resources Housing Support Service	7, 8 and 9/06/23
01/06/23	Dorrator Court	01/06/23
14/07/23	Cunningham House	11/07/23
21/07/23	Burnbrae House	19/07/23

- 10.2. In relation to the Care Inspectorate reports, the inspection considered relevant quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspections are summarised below:

Facility	Quality Indicator	Grade
MECS	How well do we support people's wellbeing?	4 – Good
	How good is our leadership?	4 – Good

Facility	Quality Indicator	Grade
Joint Dementia Initiative	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
Community Residential Resources Housing Support Service	How well do we support people's wellbeing?	6 - Excellent
	How good is our leadership?	6 - Excellent
Dorrator Court	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
	How good is our staff team?	5 – Very Good
Cunningham House Care Home	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
	How well is our care and support planned?	4 – Good
Burnbrae House Care Home	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	4 – Good
	How good is our staff team?	5 – Very Good
	How good is our setting?	5 – Very Good
	How well is our care and support planned?	4 – Good

10.3. **Sunday Times Care Home League Table**

Falkirk has been named as the best place to grow old in Scotland if you need residential care, following analysis of Care Inspectorate reports by the Sunday Times Care Home League Table.

- 10.4. Collating inspection reports from the past 18 months, the Sunday Times found that homes for older people in Falkirk scored an average 4.35 out of 6 in all categories reviewed by the care watchdog - higher than any other council area.
- 10.5. Almost all local adult care homes were inspected within the last financial year, 2022-23, and 79.5% of homes in the area were graded good or better, compared to a national average of 75.2%. The Partnership welcomed the positive findings and recognition of the hard work of integrated teams across the area. The news received coverage in the [Times](#), [Herald](#), and [Falkirk Herald](#).

11. ALCOHOL AND DRUG PARTNERSHIP: PROGRESS WITH MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

- 11.1. The IJB received a report on progress made by the Falkirk Alcohol & Drug Partnership (ADP) during the past year at its September 2023 meeting. This is in addition to reports presented to the IJB Clinical and Care Governance Committee.
- 11.2. Alcohol & Drug Partnerships (ADPs) were established in 2009 and are responsible for:
- Strategic planning and commissioning, contract monitoring of drug and alcohol treatment and support services in each local authority area
 - Developing strategies for tackling, reducing, and preventing problem or harmful drug and alcohol use across the whole population
 - Applying a whole systems approach to deliver sustainable change for the health and wellbeing of the population.
- 11.3. In 2019, a new partnership delivery framework to support the work of ADPs was published by Scottish Government to strengthen the existing partnerships between Health Boards, Local Authorities, Police and Third Sector agencies. This, along with the national strategies, Rights, Respect and Recovery and the Alcohol Framework refresh, and local strategies such as the Falkirk Plan underpin the work of the ADP to reduce drug and alcohol related harms.
- 11.4. The Scottish Government published the Drug Deaths Taskforce's recommendations for the MAT Standards in May 2021. The Standards are intended to help reduce drug related deaths, and other harms and to promote recovery. The Standards were developed through extensive consultation with multiagency partners that deliver care, and with individuals, families, and communities with lived experience of substance use.

- 11.5. Work to implement the MAT Standards across Forth Valley is ongoing. Falkirk ADP and Clackmannanshire & Stirling ADP jointly submitted a report to MIST (MAT Implementation Support Team) in April 2023 on the work to date. This was accompanied by a range of data collected from systems and people with lived experience to evidence the MAT work to date.
- 11.6. As Falkirk ADP and Clackmannanshire and Stirling ADP have a history of working closely together, progress is reported jointly in the national benchmarking report: National benchmarking report on implementation of the medication assisted treatment (MAT) standards: 2022/2023 - National benchmarking report on implementation of the medication assisted treatment (MAT) standards - Publications - Public Health Scotland.
- 11.7. ADP areas were assessed against the 10 MAT standards using three streams of evidence: process, numerical and experiential. The evidence submitted for each standard was analysed and scored by MAT Implementation Support Team (MIST). The RAG score status for each of the 10 standards, with a comparison position from 2022 to 2023 is summarised in the table below:

MAT Standard		RAG Status 2022	RAG Status 2023
MAT 1	All people accessing services have the option to start MAT from the same day of presentation.	Red	Amber
MAT 2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	Amber	Provisional Green
MAT 3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Amber	Amber
MAT 4	All people are offered evidence-based harm reduction at the point of MAT delivery.	Amber	Provisional Amber
MAT 5	All people will receive support to remain in treatment for as long as requested.	Amber	Amber
MAT 6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	N/A	Amber

MAT Standard		RAG Status 2022	RAG Status 2023
MAT 7	All people have the option of MAT shared with Primary Care.	N/A	Amber
MAT 8	All people have access to independent advocacy and support for housing, welfare and income needs.	N/A	Provisional Amber
MAT 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	N/A	Provisional Amber
MAT 10	All people receive trauma informed care.	N/A	Provisional Amber

- 11.8. Scrutiny Committee is asked to note that the above table reflects the Scottish Government assessment of local progress as at April 2023. Since then, progress continues to be made.
- 11.9. In October 2023, the Minister for Drugs and Alcohol Policy notified the Chief Officers and Forth Valley MAT leads of changes to reporting requirements. This will move from quarterly to monthly reporting and reflects the progress required to implement the standards locally. It was noted the considerable work done to date and acknowledged the challenges to progress elements of this work.
- 11.10. Falkirk ADP submitted the first monthly report on 7 November which included a self-assessment of progress. This self-assessment reported the ADP was on track to achieve actions/ deliverables – a green status - for 9 of the MAT Standards (1, 2, 4, 5, 6, 7, 8 and 9). It was reported there were some delays to progress, but remedial action will enable delivery – amber status - for MAT Standard 3.
- 11.11. The implementation of the MAT Standards requires significant changes in the system of care for substance use services and the two ADPs are working closely with third sector, NHS partners and MIST to ensure compliance.

12. CONSULTATION

- 12.1. There was no requirement to consult in the preparation of this report.

13. IMPLICATIONS

Financial

There are no financial requirements arising from this report.

Resources

There are no resource requirements arising from this report.

Legal

There are no legal implications arising from this report.

Risk

There are no risk implications arising from this report.

Equalities

An equality and poverty impact assessment is not required for this report.

14. CONCLUSIONS

- 14.1. This report summarises the HSCP performance information covering a range of key areas of service activity. This is within a context of the pandemic, growing demand, an ageing population, people living with more complex health conditions, recruitment and retention challenges and financial constraints.
- 14.2. Throughout the period we have been able to safely sustain our core services including care at home, community care team, community nursing and mental health officers, care homes and Mobile Emergency Care Service (MECS).
- 14.3. The Scrutiny Committee is invited to consider the recommendations at paragraph 2.1 of this report, presented by the Falkirk HSCP.

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Chief Officer, Falkirk Health and Social Care Partnership

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Date: 13 November 2023

Appendices:

- Appendix 1: Internal Audit Annual Assurance Report 2022/23
- Appendix 2: Falkirk IJB 2022/23 Annual Audited Accounts
- Appendix 3: HSCP Annual Performance Report 2022/23
- Appendix 4: IJB Performance Monitoring Report September 2023
- Appendix 5: Local Government Benchmarking Framework 2021/22

List of Background Papers:

IJB reports