

**FALKIRK COUNCIL**

**Subject: FOLLOWING THE PUBLIC POUND (FPP): HEALTH AND OLDER PEOPLE**  
**Meeting: SCRUTINY COMMITTEE**  
**Date: 12 NOVEMBER 2015**  
**Author: HEAD OF SOCIAL WORK ADULT SERVICES**

**1. INTRODUCTION**

- 1.1 The purpose of this report is to update Members on the work of the external organisations which receive funding and provide services relating to health and for older people, and that fall within the 'Following the Public Pound' (FPP) reporting and monitoring arrangements. The reporting period is April 2014 to March 2015.
- 1.2 External organisations are often voluntary or charitable, non-profit making organisations, and generally will be able to provide a better range or quality of service, or are able to provide services that would not otherwise be provided. The common purpose is usually to offer a wider range of services, often in conjunction with other public organisations which encourage joined-up service provision.

**2. HEALTH & OLDER PEOPLE: STRATEGIC CONTEXT**

- 2.1 The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. The Public Bodies (Joint Working) (Scotland) Act 2014 formalises the requirement to work towards the 2020 Vision and legally requires NHS Boards and Local Authorities to establish Health and Social Care Partnerships. These Partnerships are required to work in an integrated way and are responsible for the delivery of nationally agreed outcome targets, termed National Health and Wellbeing Outcomes.
- 2.2 Across Scotland, during the past years, positive advances in health and social care have contributed to people being provided care that enables them to live for much longer with complex conditions. The challenges of an ageing population and growing numbers of people with multiple conditions and complex needs, mean that the demand for health and social care services has substantially increased, and is likely to continue to do so.
- 2.3 Health and social care systems have traditionally focussed on a crisis reactive approach, often resulting in an unnecessary, expensive and prolonged hospital admissions. This can occur with variable connection made to planning ongoing care and support. The integrated system must focus on actions which enable people to have ownership of their own wellbeing and care, and that support recovery and maintaining independence. The provision of health care within acute settings must be underpinned by co-ordinated, responsive community based health and social care services. The third sector agencies that we commission to deliver services make a substantial contribution in addressing the issues.

- 2.4 The Public Bodies (Joint Working) (Scotland) Act 2014 has required that NHS Forth Valley and Falkirk Council integrate the planning and delivery of adult health and social care services. From April 2016, the Integration Joint Board will have strategic and operational responsibility for all adult health and social care services. This will include the transfer of associated budgets to the new body.

### **3. HEALTH & OLDER PEOPLE: FALKIRK'S STRATEGIC CONTEXT**

- 3.1 There are a number of common themes that underpin national and local strategy and policy. These themes include:

- Prevention and early intervention;
- Enabling and supporting rehabilitation and self-management of health and wellbeing; and
- Enabling and supporting community based development to ensure that the right services are locally accessible, at the right time.

- 3.2 The third sector has a critical role in service delivery to support these themes. The contribution of the organisations presented within the appendices of this report links to the following local strategies.

#### **Reshaping Care for Older People**

- 3.3 Reshaping Care for Older People was a Scottish Government initiative, which included the introduction of Joint Commissioning Plans, which is the planning process now adopted for all integrated health and social care services. Partners within statutory, third and independent sectors were required to work together to develop and implement a Joint Strategic Commissioning Plan for Services for Older People (2014-2017), which describes how health and social care for older people should be developed within the Falkirk area.

- 3.4 The outcomes of included in the Joint Strategic Commissioning Plan are:

- Older people and their carers have control over their own health, care and well being through a range of community based services;
- Older people live in a homely environment within a supportive community, in order to avoid unnecessary admissions to care homes or hospitals;
- Older people, their carers and families will have control and choice over decisions about their care, particularly at times of transition;
- Supports are in place to ensure that older people are not admitted to hospital where this is not appropriate and that discharge is not delayed.
- An enabling infrastructure of integrated working practice across all partners and communities is in place to underpin and support the pathway of care.

- 3.5 Between September and October 2014 the Care Inspectorate and Healthcare Improvement Scotland carried out a joint inspection of Health and Social Work Services for older people in the Falkirk Partnership.

- 3.6 The focus of the inspection was on:

- How well the Partnership delivered good personal outcomes for older people and their carers;

- Whether services worked together in an effective manner to deliver high quality services for older people; and
  - How well Health and Social Work are prepared for Health and Social Care Integration.
- 3.7 The Partnership presented detailed evidence and the Inspectors scrutinised records, met with around 90 older people and carers and interviewed around 240 staff. The Inspectors used the evidence to assess the Partnership against 9 quality indicators.
- 3.8 The Inspection report rated all areas as good or adequate and made 9 recommendations for improvement and these have now been developed into a joint action plan.

### **Mental Health**

- 3.9 Forth Valley Mental Health Framework (2012-2015), again reinforces the importance of prevention, anticipation and self-management. The Forth Valley vision is “To co-ordinate and deliver the provision of a person centred, safe and effective Mental Health & Wellbeing service through partnership working. Supporting and promoting rights and recovery, addressing stigma and improving quality of life outcomes”.
- 3.10 The services needed to contribute towards this vision are beyond the scope of statutory agencies and therefore third sector agencies are critical to the partnership. Local partners are committed to achieving the following outcomes:
- The mental and wellbeing of the local population is improved;
  - The impact of mental health problems and/or mental illness on individuals of all ages, their families and carers, communities is better recognised and reduced;
  - Inequalities, stigma, and discrimination suffered by people experiencing mental health problems and mental illness are reduced;
  - Individuals have a better experience of the support and treatment they receive and have an increased feeling of control over related decisions; and
  - Access to and the quality of preventative measures, early intervention and treatment services improved and more people recover as a result.
- 3.11 Falkirk Council and NHS Forth Valley are currently undertaking a review of community mental health services. The review includes services provided by Caledonia Clubhouse and Falkirk Association for Mental Health. The outcome of this review will be reported to Members in due course.

### **Carers**

- 3.12 There are an estimated 657,000 carers in Scotland (Scottish Household Survey (SHS) 2007-08) caring for children, adults and older people with care needs. The SHS estimated 42,669 of these carers are resident in the Forth Valley area, of which approximately 21,929 live in Falkirk. Consistent with Scottish Government policy, in Falkirk, we strive to:
- Recognise and value unpaid carers as equal partners in care;
  - Support and empower carers to manage their caring responsibilities with confidence, in good health and enabled to have a life of their own outside of caring;

- Fully engage carers as participants in the planning and shaping of services required for the service user and the support for themselves;
- Ensure that carers are not disadvantaged, or discriminated against, by virtue of being a carer; and
- Recognise the needs of young carers as carers of adults are supported.

#### 4. OVERVIEW OF FUNDED ORGANISATIONS: HEALTH & OLDER PEOPLE

4.1 The table below shows the 6 External organisations that received Council support during 2014/2015, either via 'in kind' support or by direct financial support.

App.	Organisation	Total Support Received 14/15
1	Independent Living Association	29,604
2	Princess Royal Trust for carers	141,898
3	RVS – Meals on Wheels	10,400
4	Alzheimer's Scotland	63,219
5	Falkirk & District Association for Mental Health	177,777
	<b>Total Funding</b>	<b>£ 422,898</b>

#### 5. ASSESSMENT OF INDIVIDUAL ORGANISATIONS PERFORMANCE

- 5.1 An individual report is attached for all of the external organisations shown above. Each report provides an overview of the service provided, the agreed objectives or outcomes, performance information during the reporting period and a financial overview.
- 5.2 As part of the support allocation assessment process, external organisations are allocated a risk rating based on governance arrangements, financial management and past performance. The ratings are low, medium or high and provide Monitoring Officers with an indication of the minimum level of monitoring and support which should be established. Monitoring is recommended to take the form of regular reports, which measure performance against outcomes and/or objectives and provide financial monitoring information. Monitoring Officers are also required to hold meetings with the external organisation throughout the year.

#### 6. CONCLUSION

- 6.1 Members are invited to consider each organisation's report and select from the following options for each external organisation:
- Approve report and acknowledge progress by the external organisation in meeting Council priorities;
  - Request further information on specific aspects of the service provided; or
  - Request action with follow-up for subsequent Scrutiny Committee consideration.

**7. RECOMMENDATIONS**

**Members are asked to:**

- 7.1 Consider individual reports for external organisations and select an option from those presented in 6.1.**

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**HEAD OF SOCIAL WORK ADULT SERVICES**

Date: 19 October 2015

Ref: ABC1211LM – FFP

Contact Name: Lesley MacArthur

**BACKGROUND PAPERS**

Any person wishing to inspect the background papers listed above should telephone Falkirk 01324 506260 and ask for Lesley MacArthur.

**FALKIRK COUNCIL SOCIAL WORK SERVICES  
FOLLOWING THE PUBLIC POUND ANNUAL REPORTING STATEMENT  
2014/15**

Organisation Name	Independent Living Association Forth Valley
Project	Forth Valley Self Directed Support Service
Agreement Dates	2014/15
Name of Lead Officer	Margaret Petherbridge

### **A OVERALL ORGANISATION AIMS**

#### Summary of Key Aims & Objectives

- To foster a partnership commitment with Falkirk Council to work through the changes required for the implementation of the Social Care (Self Directed Support)(Scotland) Act 2013
- To offer and provide a service which will support those individuals who wish to arrange and manage their own care and support to meet their assessed need
- To raise awareness of the service to the community
- To liaise with other relevant voluntary, statutory and private agencies
- To collate client feedback and questionnaires and assess this information to identify needs
- To evaluate the service offered and assess this information to identify needs
- To manage and develop the service in line with the Quantified Objectives against the Performance Standards and Performance Indicators as specified in Schedule C.

#### List of Agreed Outcomes

- At least 60 individuals annually will be provided with support to explore direct payments as an option and to set up and maintain their support arrangements through professional paid staff and volunteers
- Staff and volunteers receive support, training and preparation for their roles
- To conduct a minimum of 8 public presentations annually to local organisations and groups to recruit volunteers and develop awareness
- To provide accessible information about the service

#### Why Service/Project is Funded Externally Rather than by the Council

The service provides independent support to individuals, including employment law and recruitment support. The Scottish Government Strategy for Self Directed Support (2010-20) states that support organisations for Self Directed Support, including direct payments, should ideally be independent, user-led, third sector organisations to maintain a level of independent support for individuals. It is also preferable that employment law and recruitment advice is provided externally as this greatly reduces the risk of the Council being cited in any employer/employee dispute. Falkirk Council has been able to adopt this approach.

**B ACTUAL PERFORMANCE vs. OBJECTIVES / AGREED OUTCOMES**Summary of Key Achievements

In the financial year 2014-15, 62 people from Falkirk were in receipt of direct payments. Of the 62

- there were 5 new Direct Payment arrangements
- 26 individuals employed personal assistants only
- 28 individuals used agency support only
- 8 individuals used a combination of agency and personal assistant support
- 6 individuals purchased a short break.

In January 2015 the Support Service recruited an additional advisor to visit individuals and explain the nature and impact of the 4 SDS Options to help them make an informed choice about which Option they wanted. These visits often include joint visits with social work staff (and health staff where appropriate). This is in line with the legislation and guidance requirements and reduced the amount of time Falkirk Council staff needed to spend explaining the Options to service users/carers. The impact of this post will be evaluated after 1 year.

The service also support social work staff by visiting to explain the Direct Payment Agreement to service users to ensure they are full informed of their responsibilities before signing the Agreement.

(This additional work is currently funded using Scottish Government funding for SDS implementation).

The Support Service conducted

- 84 home visits
- received 749 contacts from service users/carers and professionals
- 347 contacts with a variety of local and national organisations

There were 48 new referrals resulting in on-going work with 6 people

The Pensions Act 2013 has placed additional responsibilities on employers, including those using direct payments to employ care staff, to enrol their staff in a Pension Scheme. The Support Service is working with the SDS lead officer and payroll companies to ensure that employers are aware of, and able to comply with, the new Regulations. This will continue through the staging dates over the next 2-3 years.

Telephone support continues to be vital part of the service both in terms of new enquiries and support for existing service users, social work and health staff.

The Support Officers attended a variety of different subject based events throughout the year to enhance their knowledge and skills.

Visits continue to other local organisations and include discussion/information giving and presentations.

The Service now has an accessible web site and is using social media e.g. Facebook to connect with people. They continue to work closely with the Council's lead officer and the Scottish Personal Assistant's Employer's Network to support Falkirk residents.

The service is recognised across Scotland as a good example of a user-led Self Directed Support Service.

The service is recognised locally for its particular expertise in direct payment processes and procedures and is often asked to assist with unusual or complex cases.

Feedback from service users and professionals has continued to be positive.

#### Summary of Key Issues/ Challenges Facing Organisation

The Social Care (Self Directed Support) (Scotland) Act 2013, entered its implementation phase on 1<sup>st</sup> April 2014. This continues to present new challenges for the organisation as the numbers of people accessing SDS is expected to increase along with the emergence of different models for directing support. The Board members recognise the changing needs of the organisation and continues to work with Falkirk Council Officers and Self Directed Support Scotland to adapt to their changing role.

Following a staff review last year staff costs increased with no increase in budget. This makes it difficult to build the capacity of the organisation to a sustainable level. They continue to look at opportunities to reduce costs e.g. they have been able to access free accommodation for Board meetings.

The Lead Officer has discussed the possibility of looking at other funding options for the Service to supplement the funding received from the 3 local authorities it serves. An application for Lottery funding is being explored. The organisation also approached the Scottish Government to ascertain whether there is any possibility that they can access some of the capacity building funding which has been provided to other organisations across the country, however this was unsuccessful (The fund was oversubscribed in terms of applications).

#### How has Organisation Contributed to Council/ Service Priorities

The Social Work Service Plan (2013-16) states that

*In order to ensure our service focuses our activities to achieve the best outcomes we have two overriding commitments:*

*Improve the services we deliver to our service users; and  
Improve the way we manage our Service and support our staff?*

The Support Service contributes by supporting individuals who have chosen to direct or manage their own support, including employing their own staff or commissioning support from local organisations and services. The Service also provides support to staff carrying out Community Care and Children's assessments by working jointly with them to support individuals directing their own support.

This approach contributes to Falkirk Council's goals:

Further developing a thriving, sustainable and vibrant economy;  
Continuing to improve the health, safety and well-being of our citizens and communities;  
Increasing our efforts to tackle disadvantage and discrimination; and  
Enhancing and sustaining an environment in which people want to live, work and visit.

List any Areas where there has been Shortfall in Performance

There are currently no significant issues relating to performance.

How often are Review Meetings held with Lead Officer

Review meetings with the ILA Board are held annually as a minimum and quarterly with the service Coordinator. With the implementation of the Social Care (Self Directed Support) (Scotland) Act 2013, the service Co-ordinator and staff continue to work in partnership with the Council to develop joint approaches to assisting people to access Self Directed Support options. This has included attendance at a variety of meetings and events with staff, service users and carer organisations, and with local independent and Third Sector organisations. The Co-ordinator has also assisted with a review of the Direct Payments Agreement to make it easier for service users and carers to understand and to reduce the paperwork. This has been successfully updated.

**C FINANCIAL / RISK ASSESSMENT OVERVIEW**FC funding, in £s and also as % of organisation's income, (Financial & In- Kind Contributions) provided in past three years, and £s FC funding committed to next two years

The total on-going support currently provided is £41604. This amount is unchanged in the last 3 years and includes an estimated £12000 of in-kind support consisting of office space and associated facilities. The balance of £29604 is paid in quarterly instalments.

The service has also been provided with an additional £8000 from the SDS implementation budget for 2015-16 to assist with building the capacity of the organisation to meet the demands of implementing the Social Care (Self Directed Support) (Scotland) Act 2013. A further £10,000 was provided from SDS implementation funding to conduct a pilot of support provision

- to assist people who want to use Option 2 of the Social Work (Self Directed Support) (Scotland) Act 2013 to direct the social work budget allocated to them for support
- to take a more active role in explaining Direct Payment Agreements to service users prior to them signing them.

The current Joint Working Agreement is annual. The organisation is managing within current funding but this is increasingly stretched. They continue to have £20,000 in reserve to cover costs if the organisation was wound up. The commitment to funding for 2015-16 is unchanged from the above. The funding for 2016-17 is subject to decisions relating to required savings in the Falkirk Council budget. The likelihood of a reduction in finding has already been discussed with the Co-ordinator of the service and reported to the Board.

Since the organisation works across Forth Valley they also receive funding from Stirling/Clackmannanshire Councils in line with the Agreement they have with them.

Last Period of Submitted Audited Accounts

A copy of the independently examined accounts for the period 1 April 2014 until 31 March 2015 was received in September 2015. These were independently examined by a qualified Accountant and have been accepted by the Office of the Scottish Charity Regulator (OSCR).

Future Risks (Financial, Operational or Structural) Faced by Organisation

The implementation of the new SDS Act is increasing the demand for support by people, particularly those choosing Options 1 (Direct Payment) and 2 (directing the available budget). This will be monitored by the Lead Officer to establish potential impact for Falkirk and how this relates to demand within the 2 other partner local authorities that are served by the Service.

Current funding is expected to be sufficient during the period of the current Joint Working Agreement (2015-16) but the impact of increased demand for support means additional funding will be required. External funding will be sought for this. If external funding is not achieved it will lead to difficulties in meeting the demand for support. This could result in a reduced service or the service being maintained at current level with little or no capacity to increase access for new service users.

Two members of staff within the Support Service will be retiring in the next 2 years. The Co-Ordinator is already engaged in succession planning for these posts and it is hoped that successful funding applications will enable them to increase the staff compliment and secure the service for 3-5 years.

Given the health issues of current Board Members and Trustees the Board continues to seek new members.

If funding is withdrawn by Stirling or Clackmannanshire Councils it is anticipated that the organisation would be able to continue providing a service in Falkirk, though this may be reduced.

Overall Risk Rating (Low/Medium/High)

Overall risk rating has been calculated as low for this financial year.

**D CONCLUSIONS**

Summary/ opinion of organisations overall progress carried forward from last report, and also during this year

This organisation has consistently provided a good level of service to Falkirk service users and to social work staff, as well as supporting other local organisations through presentations, participation in events etc. The Board of Directors continues to be proactive in meeting these challenges, despite the fact that most of them have significant health challenges or disabilities. They continue to develop new skills to meet the requirements of the Service and to embrace the changes which Self Directed Support will bring in the next few years. This organisation continues to work positively and closely with Falkirk Council to achieve its stated aims.

**E COMPLETED BY**

<u>Name</u>	<u>Margaret Petherbridge</u>
<u>Designation</u>	<u>Project Development Manager (Self Directed Support)</u>
<u>Date</u>	<u>20 October 2015</u>

**FALKIRK COUNCIL SOCIAL WORK SERVICES  
FOLLOWING THE PUBLIC POUND ANNUAL REPORTING STATEMENT  
2014/15**

Organisation Name	<b><u>Central Carers Association</u></b>
Project	Falkirk Carers Centre
Agreement Dates	2014/2015
Name of Lead Officer	Nikki Harvey, Service Manager – Adult Services
<b>A OVERALL ORGANISATION AIMS</b>	
<p><u>Summary of Key Aims &amp; Objectives</u></p> <p>Central Carers Association (Falkirk and Clackmannan), the managing body of Falkirk &amp; Clackmannanshire Carers Centre (formerly The Princess Royal Trust Carers Centre (Falkirk &amp; Clackmannanshire)), provides information and support to carers and former carers in all age and care groups in Falkirk and Clackmannanshire areas. Central Carers Association also encourages the development of local services which improve the quality of life for carers, and those for whom they care.</p> <p>The Centre's aims are to:</p> <ul style="list-style-type: none"> <li>▪ identify carers, including young carers, and provide support and information</li> <li>▪ encourage mutual support through the establishment of carer's support groups</li> <li>▪ raise awareness of the needs of carers</li> <li>▪ promote services which will help carers</li> <li>▪ assist carers to liaise with all relevant agencies</li> <li>▪ collate and disseminate information relevant to carers, professionals and local organisations</li> <li>▪ promote good communication, collaborative working and partnerships with statutory voluntary and community organisations</li> <li>▪ encourage carers to contribute and participate in community care and health planning.</li> </ul>	
<p><u>List of Agreed Outcomes</u></p> <ul style="list-style-type: none"> <li>▪ Carers will have improved emotional and physical wellbeing</li> <li>▪ Carers will have increased confidence in managing the caring role</li> <li>▪ Carers will have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside of caring</li> <li>▪ Carers will not experience disadvantage or discrimination, including financial hardship, as a result of caring</li> <li>▪ Carers will be involved in planning and shaping the services required for the service user and the support for themselves</li> </ul>	
<p><u>Why Service/Project is Funded Externally Rather than by the Council</u></p>	

**B ACTUAL PERFORMANCE vs. OBEJECTIVES / AGREED OUTCOMES**Summary of Key Achievements**Individual Support**

- Carer Support Workers (CSWs) funded by Falkirk Council/NHS Forth Valley (Core), the Carer Information Strategy (CIS) and Re-Shaping Care for Older People (RCOP) provided support to individual adult carers at the Carers Centre, Forth Valley Royal Hospital, Falkirk Community Hospital and through home visits
- In total, CSWs dealt with 1361 support requests by 936 individual carers, including 593 carers who were new to the service, resulting in 4097 individual contacts with carers
- This includes the provision of more focussed support to 163 carers of people with autism who made 241 enquiries, resulting in 547 one to one contacts (Autism Strategy Funding)
- 177 Carer Support Plans and 67 Carer Support Plan Reviews were recorded indicating the percentage of carers who, as a result of support received, reported improvements in relation to issues they had initially identified within the given categories (see 'List of Agreed Outcomes' above):
  - Health and Wellbeing: 89%
  - Confidence in Caring: 94%
  - Economic Wellbeing: 85%
  - Life outside caring: 84%
  - Involvement: 93%
- 299 carers received information/support in relation to welfare benefits; 121 carers were referred on for help to access welfare benefits
- Partnership work with the CAB enabled the provision of a twice monthly welfare benefits clinic for carers at the Carers Centre
- 117 carers were given information about Carers Assessments; 18 carers were assisted to complete the Single Shared Assessment Carers Assessment form
- 105 carers were supported with hospital discharge/care planning
- Funding from donations enabled the provision of monthly pampering sessions for newly identified carers
- Funding from the Shorts Breaks Fund (Creative Breaks Programme) allowed the provision of grants of up to £300 to 47 carers to allow them to purchase a personalised short break
- There were 106 new referrals to the Young Carers Project
- 133 young carers regularly accessed support from the project
- 72 young carers received one to one support (24 through core funded posts) resulting in 262 individual sessions (79 through core funded posts)

**Group Support**

- 13 regular weekly/monthly groups provided throughout the year (7 core funded) were attended by a total of 157 carers
- There were 908 carer attendances at regular groups
- Regular groups included monthly community support groups in Bo'ness, Polmont and Slamannan and Larbert, funded by the CIS Fund

- Regular groups also included specialist support groups for those caring for someone with autism, funded by the Autism Strategy Fund
- In addition, a programme of activities was provided for carers during Carers Week and a Christmas lunch was provided for carers
- Using funding from the Short Breaks Fund (Better Breaks Programme), a programme of outings for children with additional support needs and their families was arranged during the Summer, October, Christmas and February holidays
- Funding from BIG Lottery Young Start funded a programme of varied activities and outings for young carers
- 116 young carers accessed the 117 term-time groups that were provided throughout the year

### **Information**

- 1490 carers received regular information through the Carers Centre mailing list
- 2300 copies 'Carers News', the Carers Centre 6 monthly newsletter, were distributed to carers and professionals in May 2014 and in November 2015
- 105 Carer Information Packs were distributed (pack currently pending review)
- 21 Carers Emergency Pack were distributed (pack currently pending review)
- 160 Carers Centre leaflets were given out to carers during one to one support
- 121 Carers Centre leaflets were given out to professionals
- 220 NHS leaflets were placed in various hospital and GP waiting rooms
- 285 NHS appointment cards were given out to health professionals
- 935 Hospital Support for Carers/Hospital Discharge leaflets were distributed
- 88 young carers applied for a Young Carers Authorisation Card
- A total of 4400 leaflets/flyers were disseminated (169 through core funded posts)
- Organisation re-branding process was started

### **Carer Training - Care with Confidence**

- Funded by Carer Information Strategy and Reshaping Care for Older People, 113 Care with Confidence sessions were delivered on 70 different topics including: Stress Management; Power of Attorney; Managing Incontinence; Dementia; Welfare Benefits; Telecare; Handling Anxiety and Agitation; Residential Care; Community Care Services; Palliative care; Sleep; Delirium; Wills and Trusts; and the Hospital Journey.
- As well as at the Carers Centre, sessions were delivered in Grangemouth, Falkirk Community Hospital, Bonnybridge, Polmont, Bo'ness, Denny, Dunipace, Laurieston, and Stenhousemuir
- There were 686 carer attendances at the sessions
- 2812 leaflets were disseminated containing details of the Care with Confidence programme
- 100 Young Carers Authorisation Card leaflets were distributed to young carers, families and professionals

### **Carer representation and involvement**

- Adult CSWs represented the needs of carers at 72 local events/planning groups (23 by core funded posts) including the following:
  - NHS Living With Cancer Group
  - REACH Team Meetings

- RCOP Planning Commissioning and Monitoring Group
  - Falkirk Older Peoples Implementation Group
  - Bo'ness Implementation Group
  - Team Around the Child (TAC) meetings
  - FV Carer Information Strategy Implementation Group
  - Locality Partnership Working Events
  - NHS FV Integrated Discharge Meetings
- A range of local and national consultations were promoted to carers and carers took up opportunities to get involved and have their say by participating in, for example:
    - Carers Forum Meetings
    - Focus Groups on: Carer Legislation; Self Directed Support; Forth Valley Adult Carers Card;
    - Coalition of Carers in Scotland meetings
    - The Carers Parliament
    - Falkirk Council Budget Consultation
    - Health & Social Work Inspection
    - Health & Social Care Integration Consultation
    - Carers Summit, Carers Scotland
    - NHS Forth Valley Clinical Services Review
    - Scottish Ambulance Service Review
  - Young Carers Workers attended 84 meetings relating to individual young carers e.g. LAAC, TAC, MAG (31 by core funded posts)

**Awareness raising**

- 46 awareness raising sessions sessions/events provided or attended
- 9 young carer awareness raising sessions provided in schools (3 by core funded posts)
- 15 events attended to raise awareness about the Young Carers Project (4 by core funded posts)

Summary of Key Issues/ Challenges Facing Organisation

The service has noted an increase in contact with all carer groups, including young carers who require or have social work involvement due to child protection concerns etc. A loss in this post would evidently reduce the invaluable work the CCA does and would contradict the empowerment of legislation of the current Carers Bill and GIRFEC.

Most of the funding that CCA receives is time limited and therefore they rely heavily on Falkirk Council core funding. This funding has not increased for many years despite other revenue streams within the organisation increasing.

How has Organisation Contributed to Council/ Service Priorities

- Continuing to improve the health, safety and wellbeing of our citizens and communities
- Increasing our efforts to tackle disadvantage and discrimination

List any Areas where there has been Shortfall in Performance

None

How often are Review Meetings held with Lead Officer

Annually, however there is regular contact with the Central Carers Association through a range of strategic and operational planning meetings.

**C FINANCIAL / RISK ASSESSMENT OVERVIEW**Total Support Provided (Financial & In- Kind Contributions)

A Joint Working Agreement is in place from 1 April 2015 – 31 March 2016.

Funding from Falkirk Council is summarised as follows:

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
£141,898	£141,898	£141,898	£141,898	£141,898	£141,898

Audited accounts for each year have been checked by the Falkirk Council Finance section and no issues were identified.

Last Period of Submitted Audited Accounts

2014/15

Future Risks (Financial, Operational or Structural) Faced by Organisation

If the Council reduces core funding there is likely to be a reduction to in the work that the organisation will be able to provide. There is also uncertainty around other funding streams.

Overall Risk Rating (Low/Medium/High)

Low.

**D CONCLUSIONS**Summary/ Opinion of Organisations Overall Progress During Year

The organisation has provided good services during the past year in an important area of work. The responsibilities of the Council in relation to carers are likely to increase under the Carers (Scotland) Bill. The work of the organisation is likely to be important in supporting the implementation of these responsibilities.

**E COMPLETED BY**

<u>Name</u>	Nikki Harvey
<u>Designation</u>	Service Manager – Adult Services
<u>Date</u>	14/10/2015

**FALKIRK COUNCIL SOCIAL WORK SERVICES  
FOLLOWING THE PUBLIC POUND ANNUAL REPORTING STATEMENT  
2014/15**

Organisation Name	WRVS
Project	Meal on Wheels
Agreement Dates	2014/15
Name of Lead Officer	Liz McGhee
<b>A OVERALL ORGANISATION AIMS</b>	
<u>Summary of Key Aims &amp; Objectives</u>	
<p>To provide officer support to recruit volunteers to act as helpers in the delivery of a meals on wheels service within the Falkirk Council area to council service users, regardless of age, race religion, marital status or sexual orientation. The service user groups include frail elderly, learning disability and physical disability and any other service users assessed as requiring the service. The overall aim of the service is to recruit a minimum number of 50 volunteers to ensure a minimum of 50% of council Meals on Wheels runs at any one time have helpers and ensure these volunteers have appropriate disclosure checks completed.</p>	
<u>List of Agreed Outcomes</u>	
<p>There are two main outcomes</p> <ol style="list-style-type: none"> <li>1. to provide a hot meal for individuals who are housebound or unable to cook for themselves.</li> <li>2. to support and promote independence and to enhance users quality of life.</li> </ol>	
<u>Why Service/Project is Funded Externally Rather than by the Council</u>	
<p>The cost of providing a helper to meals on wheels drivers by either employing them direct, commissioning/tendering the service etc. is likely to be significantly higher.</p>	
<b>B ACTUAL PERFORMANCE vs. OBJECTIVES / AGREED OUTCOMES</b>	
<u>Summary of Key Achievements</u>	
<p>WRVS continue to maintain local provision of volunteers to assist our meals on wheels drivers in the provision of meals within most of our communities across Falkirk. The contact officer continues to recruit small numbers regularly to the service.</p>	
<u>Summary of Key Issues/ Challenges Facing Organisation</u>	
<p>The challenge of being able to continue to support this provision with current funds being continually reduced.</p>	
<u>How has Organisation Contributed to Council/ Service Priorities</u>	
<p>By assisting the council to support and promote independence and to enhance service users quality of life.</p>	

List any Areas where there has been Shortfall in Performance

None

How often are Review Meetings held with Lead Officer

Annually

## **C FINANCIAL / RISK ASSESSMENT OVERVIEW**

FC funding, in £s and also as % of organisation's income, (Financial & In- Kind Contributions) provided in past three years, and £s FC funding committed to next two years

Annual amount paid per year, previous years sum £10,400 plus VAT.

Discussion currently underway concerning the reduction of 15% over the next two years as per the council's savings targets.

Discussion and options appraisal also taking place regarding the pulling together of a new service that would incorporate this project with a shopping / befriending service to provide a Shopping and Well at Home Service, as an outcome of the council's budget proposal to outsource the current in house shopping service.

Last Period of Submitted Audited Accounts

2013/14

Future Risks (Financial, Operational or Structural) Faced by Organisation

Work continues with the local co-ordinator in identifying areas where currently there are no volunteers and targeting recruitment in those areas.

Overall Risk Rating (Low/Medium/High)

Low

## **D CONCLUSIONS**

Summary/ opinion of organisations overall progress carried forward from last report, and also during this year

WRVS assist in the provision of a delivery of approximately 26000 meals annually to service users who reside within the geographical area of Falkirk Council. The service user groups include the elderly, learning disability and physical disability etc.

The main aims of the input are to

- To assist in the delivery ( to the service users homes ) of a nutritious meal within a specified time period on a set day or days.
- To ensure contact with the service user and confirm their safety and well being.

This arrangement has been ongoing for a number of years now and works well volunteers are often recruited within communities and bring local knowledge and social information to those who might otherwise be quite isolated.

<b>E COMPLETED BY</b>	
<u>Name</u>	<b>Liz McGhee</b>
<u>Designation</u>	<b>Service Manager Community Care</b>
<u>Date</u>	<b>02/10/2015</b>

**FALKIRK COUNCIL XX SERVICES  
FOLLOWING THE PUBLIC POUND ANNUAL REPORTING STATEMENT  
2014/15**

Organisation Name	Alzheimer Scotland
Project	Alzheimer's Scotland Day care provision
Agreement Dates	2014/15
Name of Lead Officer	Susan Nixon

**A OVERALL ORGANISATION AIMS**

Summary of Key Aims & Objectives

This service aims to provide a wide range of specialist services for people with dementia and their carers. Personalise support services, community activities and advice are offered to help support people with dementia to live at home, independently for as long as possible.

List of Agreed Outcomes

People with dementia supported to remain in their own home independently.  
Carer Supported and able to care for longer.  
Income maximisation for person diagnosed with dementia enabling them to live independently with appropriate financial support...  
Post diagnostic support for up to one year.

Why Service/Project is Funded Externally Rather than by the Council

This is a voluntary agency with a nationwide reputation for supporting people with dementia.

**B ACTUAL PERFORMANCE vs. OBJECTIVES / AGREED OUTCOMES**

Summary of Key Achievements

There are a number of key achievements particularly in the last two years with Change Fund monies they were able to recruit additional Link Workers to support people post diagnosis for up to one year. This is joint work with health in that when a person receives a diagnosis of dementia they are appointed a link worker who helps the person come to terms and understand their diagnosis, meet other people with the same diagnosis and help link with community and peer support. This work is part of the Scotland's National Dementia Strategy and uses Alzheimer's Scotland's Five Pillar Model of Support.  
The day care continues to thrive and has a waiting list for a service. Education courses for carers are offered giving them confidence and information to help them in their caring role.  
Home support is offered to help the person with dementia with daily living tasks enabling them to remain at home.

Summary of Key Issues/ Challenges Facing Organisation

Alzheimer Scotland faced the challenge of sustaining the additional service provision funded by Change Fund however this has been extended through Integration Fund. In addition the service is delivering support to individuals with extremely challenging needs.

How has Organisation Contributed to Council/ Service Priorities

Alzheimer Scotland as an organisation provides both care and support to people with dementia and their carers. It offers education for carers as well as income maximisation. Collectively this support enables people with dementia to remain at home as long as possible and for carers to continue in their role with the correct support.

The one to one support in particular enables the person with dementia to take responsibility for their own health and well being, giving them confidence to live independently for as long as possible.

They ensure their workforce receives regular support and training to help them deliver person centred care.

List any Areas where there has been Shortfall in Performance

I am unaware of any shortfalls in the service.

How often are Review Meetings held with Lead Officer

Meetings are organised quarterly.

**C FINANCIAL / RISK ASSESSMENT OVERVIEW**FC funding, in £s and also as % of organisation's income, (Financial & In- Kind Contributions) provided in past three years, and £s FC funding committed to next two years

Alzheimer Scotland receive grant funding from Falkirk Council of £57 768. This funding was previously £63 219 however they no longer provide training for carers as this is now undertaken by Carer's Centre.

Last Period of Submitted Audited Accounts

2013/14

Future Risks (Financial, Operational or Structural) Faced by Organisation

The number of people diagnosed with dementia continues to rise significantly therefore any reduction of funding would have a significant impact on service delivery. Reduction in service delivery could mean that people with dementia become very isolated and become less able to continue living in their own home and could increase the number of people being admitted to long term care.

Overall Risk Rating (Low/Medium/High)**D CONCLUSIONS**Summary/ opinion of organisations overall progress carried forward from last report, and also during this year

The service continues to work very much in partnership with health and social work in offering support to people with dementia and ensure the delivery of local service provision.

They support carers in their role which then enables them to continue caring for the person in

their own home.

**E COMPLETED BY**

Name

Susan Nixon

Designation

Service Manager

Date

16 October 2015

**FALKIRK COUNCIL SOCIAL WORK SERVICES  
FOLLOWING THE PUBLIC POUND ANNUAL REPORTING STATEMENT.  
Period – April 1<sup>st</sup> 2014 – 31<sup>st</sup> March 2015**

Organisation Name	<b>Falkirk and District Association for Mental Health (FDAMH)</b>
Project	<b>Core Funding</b>
Agreement Dates	<b>1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016</b>
Name of Lead Officer	Gail Fuller, Mental Health Development Worker

## A OVERALL ORGANISATION AIMS

### Summary of Key Aims & Objectives

FDAMH (Falkirk and District Association for Mental Health) was established in 1981 and is a charitable company limited by guarantee. It operates from the Victoria Centre and provides a unique range of services that deal with prevention, people in crisis and after care & support for service users and carers. The Association is governed by a Board of Trustees who meets every two months. At time of reporting there were 8 Trustees, 2 patrons and one advisor to the Board.

FDAMH aims to promote mental wellbeing by providing a range of services which are summarised below. Each service aim to create an environment in which it –

- Supports individuals recover from mental ill health by acknowledging that recovery is a unique voyage of self-discovery and personal growth;
- Prevents deterioration in mental wellbeing
- Provides support, education and training related to mental health, to carers and across the local community.

The Association provides support to individuals experiencing or recovering from mental illness or reduced mental wellbeing. They also provide support to the family members of people using the various services. Services provided are: Individual Counselling Service (part funded by NHS Forth Valley), a Mental Health and Well Being Drop-in project, a Befriending Service, a Link Service, and Family Support Service (part funded by Falkirk Council) a Social Prescribing Service (funded until January 2016 by a grant from Alliance, Scotland), a Service User and Carer Involvement project (funded by NHS Forth Valley), an Immediate Help Service (part funded by NHS Forth Valley), a Women's Group and a host of activities e.g. yoga class, craft, drama and creative writing classes, Mindfulness classes, (all unfunded), and a Bereaved by Suicide group (part funded from Choose Life monies). Services are provided by a mix of paid employees and, at time of writing, 98 volunteers.

NB This report will focus on those services that are part funded by Falkirk Council. However, details of the other services provided by FDAMH can be found on their website at [www.fdamh.org.uk](http://www.fdamh.org.uk)

**The Family Support Service**, (previously known as the Carers Support Service) receives **£18K** from Falkirk Council. Some additional funding has been given by NHS in 2013/14 and 2104 / 15 but this cannot be assured in the next financial year. Due to demand (see below) FDAMH sought funding for an additional part time post (2 days per week) and received same for one year (until Oct 2015) from a local legacy fund.

The project offers 3 key elements of support – one to one support in person or by telephone / email (dependent upon individuals preferred method of communication and frequently a mix of all three), 4 support groups per month, a coffee afternoon each Friday and a minimum of 2 carers education courses per year. In addition to the above, the Family Support project lead facilitates a **Bereaved by Suicide** group which takes place on the last Monday of each calendar month.

A revised service level agreement (SLA) between FDAMH and Falkirk Council (FC) was agreed for this reporting period. Covering all of the services funded by FC the outcomes for this particular project have been exceeded and are as follows:

**Bereaved by Suicide Group:** 28 individuals have used this service throughout the year. Average monthly attendance at the group is 9.

**Carers Education Course:** 2 courses (8 X 2.5 hour sessions) attended by 24 people held during this reporting period.

**Support Groups:** Held on alternate Tuesday and Wednesday evenings and alternate Friday afternoons – collectively the groups were attended by average of 9 people on Tuesday and 16 on Wednesday evenings and 6 on Friday afternoons. A total of 37 different people attend the aforementioned groups.

**258** different households used the Family support services during the reporting period. All receive regular newsletters and information bulletins. **113** families received direct individual support i.e. home visits, face to face contact within the Victoria Centre.

In addition, 2 Mindfulness Courses were provided during this period. 21 people benefitted from this addition to the array of options open to people who need support whilst living with an individual who is experiencing mental health problems.

FDAMH have requested that consideration be given to providing the Association with a more equitable proportion of Carers budget.

**The Befriending Service:** (managed by one coordinator, one part time (10 hours per week) support worker, 2 sessional staff and 31 (28 active) volunteer befrienders) is one of FDAMH's longest running services. The aim of the service is to support people to improve relationship skills, reduce social isolation and help to reintegrate people into community activities. Individuals can have a befriender for a maximum period of one year. This time limit is imposed for several reasons: demand on service provision and to reduce the likelihood of people becoming dependent upon their befriending relationship, a crucial factor when working with people with reduced mental wellbeing. In addition, this method of working encourages both befriender and befriender to work towards their collective goal.

The SLA for this reporting period set a range of targets, all of which have been exceeded. It was agreed that a minimum of **36** people would be referred to the service. In fact **85 referrals** were received.

The SLA also set out that a minimum of 25 volunteers would be supporting the service. At end of reporting period there were **31 volunteer befrienders**, **28** of whom are 'active' volunteers at present.

In general: **80** people used the service throughout the period. **42** new matches were made and **45** ended. Approximately 37 people are benefitting from a befriending relationship at any given period. **748** one-to-one befriending sessions were attended throughout the reporting period. This

equates to an 87% attendance at all arranged meetings between befrienders and befriendees. Referrals are received primarily from General Practitioners, NHS Mental Health services and Social Work Services.

Clients are assessed using the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). The average score for the Scottish population is 51 and the Scottish Health Survey (Wilson et al. 2014) uses a cut off of 42 and below to indicate below average mental wellbeing. Clients referred to the Befriending Service scored an average of only 34. However, this increased to 44.5 by the end of their befriending relationship demonstrating significant positive improvements in mental wellbeing. FDAMH asserts that the befriending service contributes to that improvement.

FDAMH recruits and trains all volunteers (at present there are 98 volunteers supporting FDAMH's work). The training comprises 7 x 2 hour sessions. All befriending volunteers are members of the PVG Scheme. Detailed records of all of the above are available for inspection.

Several years ago, due to the complexity of the mental health issues of some of the people referred to the service, FDAMH recruited a qualified, and experienced, psychiatric nurse to a part time post as a befriender. Without this member of staff FDAMH would not be able to offer some clients a service. Two sessional workers were also recruited during this reporting period because of the demand for service provision. No additional funding has been secured for any of these posts. FDAMH meets the cost from reserves, a situation which cannot continue beyond 2015/16 as can be seen from most recent accounts. Without additional financial support FDAMH will be required to 'restrict' referral criteria, a highly undesirable situation as this will put pressure on more costly statutory services.

**The Mental Health and Well Being Drop-In Service** (one project lead, one part time group worker and 4 volunteers) offers a friendly, supportive and safe environment for people to socialise and interact with others. The aim of this project is to assess, support and encourage people to attend the project whenever they feel that they need the support of others to improve their self-confidence, self-esteem and self-worth, to support and encourage service users to access other community services when they are ready to do so i.e. re-establish links with the community, friends and family and to reduce the social isolation that is frequently associated with mental health problems.

The SLA set out the following outputs:

A **minimum of 109** different people will use the service during the reporting period. In fact **201** different people attended: **92% more than agreed figure.**

SLA output: **Minimum number of accumulated visits will be 5000.** Actual number of visits was **8425**, an average of **162 per week. 68.5% more than agreed figure.**

A **minimum of 3** different activities will be offered: This output was also exceeded as **4 different activities were offered:** yoga class, film appreciation group, women's only group and games tournament afternoon. In addition, people were offered the opportunity to participate in the Branching Out project. 8 people took part and received the John Muir Award.

**The Link/ Social Prescribing Service** (one full time project worker) aids recovery by supporting people who have become isolated or who are at risk of isolation as a result of experiencing mental health problems. Referrals to this project are primarily from General Practitioners, NHS mental health professionals and social work staff. Those referred are assessed by project lead and, where applicable, are supported and encouraged to re-engage with a range of services offered in the wider community. However, the project lead also runs a minimum of 2

anxiety management courses per year to a maximum of 8 people. This popular course always has a waiting list.

At the time of revising the SLA it was agreed that this project would be known as the Link/Social Prescribing Service. This was to facilitate amalgamating a GP practice based social prescribing service with the Link Service for this reporting period only.

SLA outputs indicated that a **minimum of 28** people would be referred to the service. In fact **81 people were referred** by NHS Mental health staff and social work staff – **189% more than anticipated.**

As above at befriending service report, this service uses the WEMWBS. At point of starting intervention the average score for clients was very low at 31.2. Upon completion of intervention this had risen to 43.9, a significant increase.

In addition to the above 2 Mindfulness Courses and 3 Anxiety Management Courses were held specifically for people referred to the service.

List of Agreed Outcomes

To provide support and services to individuals experiencing or recovering from a mental health problem and to support family members as requested.

To assist integration into the community and help individuals maintain full and purposeful lives.

To promote understanding of mental ill health and reduce stigma often associated with mental illness.

To assist Falkirk Council and NHS FV in meeting the national standards and commitments within the Mental Health Strategy.

Why Service/Project is Funded Externally Rather than by the Council

Despite the Service Level Agreement between FDAMH and Falkirk Council for provision of the above services, funding received (£177,777) does not cover the cost of service provision. Several years ago, from its reserves, FDAMH recruited a fundraiser. Whilst successful in securing funding for specific projects that benefit the people of Falkirk, it has proved more difficult to attract unrestricted funding that would offset the deficit between ‘commissioned’ services and the corresponding funding. FDAMH has used £62K of its reserves this year to make up that deficit. This is not a sustainable position and consideration has to be given to increasing the funding given to the Association if Falkirk Council wishes to continue to offer the above services to the local community.

**B ACTUAL PERFORMANCE vs. OBEJECTIVES / AGREED OUTCOMES**

Summary of Key Achievements

FDAMH continues to provide a range of support to a high standard in an environment of financial challenge. The demand on their service has increased as is demonstrated by the following performance information

Service	2013/14	2014/15
Befriending	30 volunteers 81 referrals	34 (28 active) volunteers 85 referrals 80 individuals supported
Link Service	65 referrals	81 referrals

	2 volunteers 2 anxiety management courses	2 volunteer 'peer support' workers
Family Support Service	202 families in contact (mix of support group attendance, individual support etc.)	258 families in contact 113 families received direct, individual support.
Mental Health and Well Being Drop In	8033 visits in the year –	8425 individual footfalls to project. 210 people used the service Average number of visits per week = 162.

FDAMH continue to support service users and carers to participate in both national and local service planning.

FDAMH continue to provide a service which directly contributes to meeting the commitments within the Mental Health Strategy.

Summary of Key Issues/ Challenges Facing Organisation

FDAMH is experiencing an increased demand for services with an increase in the costs associated with running the service. Moreover, FDAMH's building, The Victoria Centre, purpose built for FDAMH and completed only six years ago, is now too small for all of the activities that the Association offers. This is limiting development opportunities. The ever increasing demand for service provision across all of the services is an additional problem insofar as pressure on staff to cope with demand. However, introducing restrictive criteria in order to cope with this increase in demand is not an option that FDAMH wishes to consider because it is evident that there is a tangible need for all of the services offered by the organisation.

How has Organisation Contributed to Council/ Service Priorities

FDAMH delivers outcomes that are consistent with those required of the outcomes framework for Scotland's Mental Health Improvement Strategy. It impacts on 5 of the 7 themes for the Mental Health Strategy. It actively contributes to the Council goals of continuing to improve the health, safety and well-being of our citizens and communities. It further actively impacts on the goal of increasing efforts to tackle disadvantage and discrimination. Moreover, FDAMH strives to respond to identified need for service provision and to create capacity in other areas where service provision is stretched i.e. NHS Forth Valley, Social Work Service Provision and within GP practices.

List any Areas where there has been Shortfall in Performance

None. FDAMH significantly exceeds expectations.

How often are Review Meetings held with Lead Officer

Bi monthly on a formal basis. However, additional support is offered on a 'needs' basis and FDAMH manager is in regular contact to discuss issues as they arise.

**C FINANCIAL / RISK ASSESSMENT OVERVIEW**

Total Support Provided (Financial & In- Kind Contributions)

In the Financial year 2014/2015 FDAMH received grant funding from Falkirk Council Social Work Services of £177,777.

- £139,167 for the core service
- £2,640 towards Service User Support Worker
- £18,000 Carers' strategy monies
- £5,000 for information database
- £12,970 for befriending service

It was agreed that this funding will be for 2 years.

Audited Accounts have been submitted for the financial year 2014/2015.

Grant payments are monitored and authorised quarterly.

FDAMH is compliant with OSCR regulations.

FDAMH year on year has demonstrated robust financial management and as such is deemed a low risk organisation.

Year on year FDAMH have actively worked to address a shortfall in funding and have streamlined resources to provide as effective and efficient service as practically possible. Demand for their service has increased significantly over the years.

The limit has been reached in terms of service that can be provided within the existing resources and FDAMH are advising of a projected shortfall again in their funding for this financial year 2015/2016. Should the grant funding award remain the same or is cut then there will need to be discussion as to which service area needs to stop or be reduced. This will not be an easy task as all the services that FDAMH provide a high level of social return. Any reduction will not only affect that service which is directly funded but the additional social return. All of FDAMH's services are valued and offer excellent value for money. All services meet Falkirk Council priority areas. There is no doubt that any reduction will have a direct impact on Mental Health service users and their quality of life.

Last Period of Submitted Audited Accounts

2014/2015

**Future Risks (Financial, Operational or Structural) Faced by Organisation**

Increased demand on service. FDAMH works closely with DWP, Social Services and Health, and is a recognised and much valued resource for mental health service users, in a variety of ways. The impact of Welfare Reform and the shifting of balance to more care in the community is evidenced by the increased footfall in all FDAMH's services.

Overall Risk Rating (Low/Medium/High)

Low

**D CONCLUSIONS**

Summary/ Opinion of Organisations Overall Progress During Year

FDAMH provides significant value for the grant funding it receives. The service continues to expand in innovative and creative ways. It continues to be an efficient and effective service in all areas, an independent review confirmed this to be the case. FDAMH actively pursues additional and alternative grant funding resources. It has clear and robust performance reporting, and provides evidence based reports and is an outward looking service that is focussed on community needs.

**E COMPLETED BY**

<u>Name</u>	<u>Gail Fuller</u>
<u>Designation</u>	<u>Mental Health Development Worker/Mental Health Officer</u>
<u>Date</u>	16 October 2015