

SE6. Falkirk Integration Joint Board: Performance Report 1 April 2017 – 31 January 2018

The committee considered a report by the Chief Officer, Falkirk Health and Social Care Partnership presenting a summary of Falkirk Health and Social Care Partnership's performance for the period 1 April 2017 to 31 January 2018.

The committee had considered a performance report on 14 September 2017 (ref SE6). The update provided covered performance for the period 1 April 2017 to 31 January 2018. It set out the Integration Joint Board's performance reporting arrangement, summarised various service redesign projects and, as an appendix, set out the key performance information for the period.

In response to a question on delayed discharge, Patricia Cassidy explained that across the Forth Valley, the number had been reducing. In February 2018, there had been 38 standard delays, 24 of which were in the Falkirk area. Of these, 13 were delays of 2 weeks or more. Across the Forth Valley area there were 645 occupied bed days attributable to delayed discharge compared to 782 in January 2018. She explained that a discharge to access pilot had begun in December 2016 which aimed to reduce the number of delays caused by lack of consent by either the patient or guardian. Following a question on whether the number of delays in the early part of the year had been caused by the severe weather, Ms Cassidy stated that this had not been a significant factor and that, while the weather had posed significant challenges to running the service, there had not been a drop in performance. Ms Cassidy praised the effort of staff and the lengths they had gone to to keep services running.

Members then asked for further detail on levels of sickness absence within Adult Social Work, which was 8.2% at the end of Q3 in 2017/18. The target was 5.5%. Ms Cassidy summarised a number of contributing factors such as the age profile of staff and working patterns. She explained that a comprehensive review of the Home Care service was underway. This would look at shift working arrangements and staff allocations. The aim was to develop localised services working at the locality level. Currently the service was Falkirk wide. In addition, she hoped to extend joint working arrangements with services in Clackmannanshire and Stirling.

Ms Cassidy explained that the service had rolled out a management information system, CM2000, which would provide detailed management information. This would better enable staff allocation by detailed capacity analysis. It was vital that staff felt valued and would be involved with the process.

Following a statement from members that performance issues could not be attributed to the fact that the integration model was new. Ms Cassidy agreed and gave examples when performance had improved following the creation of the Board. However she stated that it was the case that integration required time to bed in. In response to a question from members on the integration process, Ms Cassidy explained that the NHS functions, for which

the IJB had operational responsibility, had yet to be transferred. This was unsatisfactory and had prevented the Board from operating effectively. In this regard, Forth Valley was an outlier. While this was an issue, it also meant that the Board would benefit of being able to learn from the experience of other Boards where the transfer of NHS staff to the Board had been completed. There was a significant amount of work yet to be done in this regard. As an example of the difficulty this caused, Ms Cassidy cited the Community Hospital in Falkirk, where the lack of integration meant that the access pathways could not be reviewed and changed. Members stated their concern at the lack of progress and asked Ms Cassidy to convey these to the Chief Executive of NHS Forth Valley, Cathie Cowan.

In response to a question in regard to the impact of private care home closures on delayed discharge in particular and on services more generally, Ms Cassidy stated that nationally there was concern. In the case of recent closures, Ms Cassidy explained that all patients had been relocated but acknowledged that the relocation process itself can impact on patients' health and wellbeing. Ms Cassidy confirmed that business continuity plans were in place in the event that providers pull out.

Decision

The committee approved the report and acknowledged progress by the organisation in meeting their priorities.