

Agenda Item

18

Title/Subject: Performance Monitoring Report
Meeting: Integration Joint Board
Date: 6 September 2019
Submitted By: Senior Service Manager
Action: For Noting

1. INTRODUCTION

- 1.1 The Performance Monitoring report presents a comprehensive review of local performance indicators. This is based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison.
- 1.2 Progress against the suite of national integration indicators is reported at section 5, as reflected in the Falkirk HSCP Annual Performance Report, which is attached as a separate agenda item.
- 1.3 A summary of Falkirk's performance is reported in the Insights into Social Care 2017 – 18 report, included at section 6.

2. RECOMMENDATION

The Integration Joint Board (IJB) is asked to:

- 2.1 note the content of the performance monitoring report
- 2.2 note that appropriate management actions continue to be taken to address the issues identified through these performance monitoring reports.

3. BACKGROUND

- 3.1 The overall approach to performance underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability.
- 3.2 The Performance Report is presented to support focus on current key performance issues and actions in relation to delivery of services and relevant targets and measures which are included in the Integration Functions and set out in the Strategic Plan. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services.

- 3.3 Detail in terms of performance indicators within the report is monitored locally on an ongoing basis through a variety of fora including the Unscheduled Care Programme Board.

4. APPROACH

- 4.1 The Falkirk Partnership Performance and Measurement Group previously agreed to present the year end position for 2018/19 and the Annual Performance Report national indicators. Benchmarking of local indicators against peer groups and the national position using SOURCE data will be presented at a later date.
- 4.2 Information and data have been sourced from a number of areas across Falkirk Council and NHS Forth Valley with a mix of approaches taken. The Pentana performance dashboard has been used to prepare portions of the report however further development is underway across the partnership to better align reporting.
- 4.3 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, direction of travel and RAG status.
- 4.4 Performance reporting is by exception. An exception report has been based on indicators with a deteriorating position against the last, comparable reporting timeframe.
- 4.5 Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives, local changes, the new Strategic Plan and refreshed strategy map.

5. PERFORMANCE MONITORING REPORT

- 5.1 The content of the Performance Monitoring report focuses on local performance indicators, where possible, looking at a rolling 12 month average as at June 2019 in comparison with the 12 month position as at June 2018, providing the Board with a year on year comparison. This is attached at Appendix 1.
- 5.2 Section1 provides a summary of key performance issues for the IJB:
- Emergency Department Performance against the 4 Hour Access Standard
 - Rate of Emergency Department Attendances
 - Number of people with community alarms
 - Delayed Discharge
 - Complaints - Social Work Adult Services
 - Complaints – NHS Forth Valley
 - Attendance management – Social Work Adult Services

- Attendance management - NHS Forth Valley
 - People receiving community care assessment and review
 - Overdue pending OT Assessments – Social Work Adult Services
- 5.3 Section 2 provides an overview of the Format and Structure of the Performance Report.
- 5.4 Section 3 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This has been updated to reflect the new Strategic Plan outcomes.
- 5.5 Section 4 provides exception reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.
- 5.6 Section 5 provides an overview of the Falkirk Health and Social Care Partnership performance against the national indicators. These are reported in the Annual Performance Report. As noted in the Annual Performance Report, as a separate agenda item, NHS Forth Valley, as with all NHS Boards, is currently experiencing a SMR01 hospital data completeness issue. This means it is not possible at this time to present full year data for national indicators 12, 13, 14, 15, 16 and 20. Once full year data is available this will be presented to the Board in the Performance Report and a revision to the Annual Performance Report will be published.
- 5.7 Section 6 of the report provides information on the Insights into Social Care in Scotland report, published in June 2019. The report is based on information submitted by HSCP's for 2017/18. The publication consists of a summary, main report, technical report and balance of care workbook, supported by an online dashboard that provides further detail and opportunity for comparison between Partnerships. There are some comparisons with the 'family' group of local authorities identified by the Local Government Benchmarking Framework (LGBF) based on some demographic similarities.
- 5.8 Appendices:
- Appendix 1 – Falkirk Integration Join Board Strategy Map
 - Appendix 2 – Glossary.
- 5.9 There are changes in the way that carers information will be reported to the Board in the future. Following the implementation of the Carers Act from 1 April 2018 there has been a change in emphasis in reporting activity related to Carer assessments and the support services provided. Previously this activity had predominantly been reported in relation to the cared for person however the Carers Act requires a focus on the carers themselves.
- 5.10 To support this shift the Scottish Government has introduced a Carers Census return. This creates a new challenge as most carers are not explicitly identified in the Social Work Information System however these profiles will develop over time as assessments and reviews are undertaken.

- 5.11 Locally Carers Act implementation is centred initially on the Carers Centre who will complete Adult Carer Support Plans (indicator 80) and only forward to Social Work Adult Services if the Carer is eligible for funded support services. Against this background it is proposed to report the number of Adult Care Support Plans that have been completed by the Carers Centre with context to include the number that they have passed onto Social Work Adult Services.
- 5.12 Over time progress should be demonstrable and will provide the opportunity to look at the figures in terms of rates per 1,000 population additionally providing the potential to compare with other partnership areas.

6. CONCLUSION

The Performance Report presents a range of information on local and national indicators.

The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services, relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan.

Resource Implications

The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

Impact on IJB Outcomes and Priorities

By managing performance the delivery of the IJB outcomes and priorities can be assessed, providing a sound basis from which to make decisions regarding investment and service change.

Legal & Risk Implications

Performance management is a legal requirement as defined in the IJB's Integration Scheme.

Consultation

This is not required for the report.

Equality and Human Rights Impact Assessment

This is not required for the report.

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Date: 28 August 2019

List of Background Papers:

Appendix 1: Performance Monitoring Report June 2018 – June 2019



Falkirk
Health and Social Care
Partnership

Performance Monitoring Report

**Reporting Period
June 2018 – June 2019**

Contents

1.	KEY PERFORMANCE ISSUES.....	3
1.1	Emergency Department Performance against the ED 4 hour Standard	3
1.2	Rate of Emergency Department Attendance	3
1.3	Number of People with Community Alarms	4
1.4	Delayed Discharge	4
1.5	Complaints - Falkirk Council Social Work Adult Services	5
1.6	Complaints - NHS Forth Valley	5
1.7	Attendance Management - Falkirk Council Social Work Adult Services	6
1.8	Attendance Management - NHS Forth Valley	6
1.9	Number of people who had a Community Care Assessment Review or Review completed during the year	7
1.10	Overdue pending Occupational Therapy (OT) Assessments - Falkirk Council Social Work Adult Services.....	7
2	FORMAT AND STRUCTURE	8
2.1	Format and Structure.....	8
3	PERFORMANCE DASHBOARD	9
3.1	Table 1: Self Management Indicators	9
3.2	Table 2: Safety Indicators	10
3.3	Table 3: Experience Indicators	11
3.4	Table 4: Strong Sustainable Communities Indicators	13
4	PERFORMANCE EXCEPTION REPORTS	14
4.1	Local Outcome: Self Management - Unscheduled Care – Emergency Department Compliance	14
4.2	Local Outcome: Self Management - Unscheduled Care – Emergency Department Attendances	15
4.3	Local Outcome: Safety - Number of People with Community Alarms	16
4.4	Local Outcome: Experience – Unscheduled Care - Delayed Discharge	17
4.5	Local Outcome: Experience – Complaints to Social Work Adult Services	21
4.6	Local Outcome: Experience – Complaints to NHS Forth Valley	22
4.7	Experience – Attendance Management in Social Work Adult Services - Indicator 66a	24
4.8	Experience – Attendance Management in NHS Forth Valley Indicator 66b	25
4.9	Local Outcome: Strong Sustainable Communities - Number of People who had a Community Care Assessment or Review completed during the year	26
4.10	Strong Sustainable Communities – Overdue pending Occupational Therapy (OT) Assessments - Indicator 81	27
5	FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE	30

6	INSIGHTS INTO SOCIAL CARE IN SCOTLAND REPORT	35
6.1	Introduction	35
6.2	Headline Summary	35
6.3	Main Report	36
	Section 1 - Social care support and services summary information	36
	Section 2 - Self-directed support (SDS)	37
	Section 3 – Home Care	38
	Section 4 – People supported in care homes	40
	Section 5 - Community alarms and telecare.....	42
6.4	Balance of Care	43
	Falkirk Integration Joint Board Strategy Map Appendix 1	45
	GLOSSARY Appendix 2	47

1. KEY PERFORMANCE ISSUES

1.1 Emergency Department Performance against the ED 4 hour Standard

Target

95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

Performance

Overall Forth Valley compliance for June 2019 was 87.5%; MIU 99.8%, ED 83.7%. In June 2019, a total of 967 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 35 waits longer than eight hours and 6 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 669 patients.

The June 2019 compliance for the Falkirk Partnership was a decrease or worsening position of 85.8% from 88.1% in May 2019.

1.2 Rate of Emergency Department Attendance

Performance

The average monthly rate per 100,000 ED Attendance in Falkirk was 2,257 in June 2019 which was an increase from 2,008 in June 2018.

Position

- Work continues to focus on all aspects of unscheduled care to support improvement in performance as a whole system.
- Review and implementation of the Getting ForthRight programme, referencing the six essential actions, with monitoring of metrics for recovery of performance overseen by the Unscheduled Care Programme Board led by the Medical Director. Clinical Directors, Services Managers and Heads of Nursing leads supporting all workstreams.
- Organisational triumvirate approach in place.
- A number of operational and process changes are taking place to support improvement in unscheduled care and flow including a clear operational management and information structure supported by an operations centre.
- Regular Operational Development Meetings Partnership Chief Officers and Acute Services Director

1.3 Number of People with Community Alarms

Performance

The number of people with a community alarm has reduced by 442 from 4,469 at the end of 2017/18 to 4,027 at the end of 2018/19. This is a reduction of 10%.

Position

This reduction in numbers reflects the changes that were made to the referral and eligibility criteria to ensure that people most in need of the service receive this.

The service consistently completes 100% installations for Critical cases within 48 hours, against a national standard of 1-2 weeks.

Further information is contained at section 4.3.

1.4 Delayed Discharge

The Board will note at Table 3.3 there has been an improvement in the numbers of people delayed in their discharge compared with 2018 across all the delayed discharge measures. However, trend information, particularly in respect of the number of bed days occupied by people delayed in their discharge, indicates that challenges remain. Reducing the number of patients delayed in their discharge is an area of priority for the Board, with detailed performance information included at section 4.4.

Target

No patient should be waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.

Performance

The June 2019 census position for Forth Valley delays over 14 days is 36 against a zero standard. A further 27 delays waiting under 2 weeks brings the total number of standard delays to 63. Including 21 code 9 exemptions the total number of delayed discharges at the June 2019 census point is noted as 84; 82 Forth Valley residents and 2 from out with Forth Valley.

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

- 38 standard delays, 26 of which are delayed over 2 weeks
- 11 code 9 exemptions
- 49 total delays

Across Forth Valley, the number of bed days occupied by people delayed in their discharge at the June 2019 census was 1849, a decrease of 69 from June 2018. An increasing or worsening trend of 56% is noted July to June 2018/19 compared with 2017/18. A similar pattern is noted within the Falkirk Partnership. A decrease of 156 in the number of bed days occupied by

delayed discharges is noted at the June 2019 compared with June 2018 along with an increasing or worsening trend in respect of the average monthly bed days occupied by delayed discharges.

Position

- Issues in relation to Guardianship and Power of Attorney remain however this position is improving. The monthly average number of delays due to these issues July 2018 to June 2019 is 11 patients compared with 14 July 2017 to June 2018. Work is on-going work to address and manage this issue.
- Waits for care packages and home care places continue to fluctuate on a day by day basis and can be challenging, with work on going to support this. The number of available care home places remains pressured in respect to demand from the hospital environment as well as those people in the community waiting for a placement.
- Choice Policy allows patients to exercise their statutory right of choice over the destination of their ongoing care and can have a significant impact on the length of time a patient remains in hospital once ready for discharge.

1.5 Complaints - Falkirk Council Social Work Adult Services

Performance

- Performance overall fell from 63.1% in 2017/18 to 57.5% in 2018/19; Stage 1 increased marginally by 0.5% but Stage 2 performance fell by 13%.
- 44% of Stage 1 complaints were upheld in 2018/19 compared to 36% in 2017/18. Stage 2 complaints upheld rose from 33% to 43%.

Position

- Complaint compliance now forms part of the standing agenda for the partnership leadership team meeting; as such, we expect to see significant improvement over the coming months.
- The improvement plan is currently being updated to reflect the new roles and responsibilities while we continue to restructure.

1.6 Complaints - NHS Forth Valley

Performance

During the period April to June 2018, a total of 23 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the delegated functions for Falkirk Health & Social Care Partnership. Their year to date response rate is noted as 86.96%. 100% of Stage 1 complaints were responded to within the timescale with

83.3% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints during April – June 2019.

Position

- The Complaints Handling Procedure has been recently reviewed and update with this presented to the NHS Board in August.
- A comprehensive complaints performance report is examined and discussed in detail as a standing item on the NHS Clinical Governance Committee agenda for all NHS Forth Valley complaints. Those complaints relating to delegated functions will be considered by the Falkirk IJB Clinical and Care Governance Committee.

1.7 Attendance Management - Falkirk Council Social Work Adult Services

Performance

- The sickness absence figure for 2018/19 was 8.4% compared with 8.4% in 2017/18, but remains significantly above the target of 5.5%

Position

- Social Work Adult Service's managers will continue to work in partnership with the HR to identify concerns around absence at the earliest stage, with prompt referrals to Occupational Health and Long Term Sickness absence meetings.

1.8 Attendance Management - NHS Forth Valley

Target

To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed.

Performance

Overall June 2019 sickness absence position is reported as 5.26%, with Scotland noted as 4.98%. The 12 month rolling average for the period July 2018 to June 2019 show that NHS Forth Valley remains behind the Scottish average; Forth Valley 5.97%, Scotland 5.47%. Long term absence has decreased by 0.02% to 3.47% in June 2019 from 3.49% in June 2018, with Short Term absence increasing to 1.88% from 1.78% in June 2018.

Position

- A monthly Health and Wellbeing Absence Management Programme Group has been set up to review a variety of interventions and best practice across NHS Forth Valley.

1.9 Number of people who had a Community Care Assessment Review or Review completed during the year

Performance

- The number of people who received either an assessment or review during 2018/19 fell by nearly 9% compared to 2017/18

Position

- Community planning initiatives with our partners, such as locality planning, are important in building and maintaining resilient communities that are best able to support local people as their needs change through life.

1.10 Overdue pending Occupational Therapy (OT) Assessments - Falkirk Council Social Work Adult Services

Performance

- The number of overdue OT pending assessments increased by 15% from 275 at the end of March 2018 to 315 at the end of March 2019.

Position

- The service has consistently been able to respond to priority one assessments and there is no waiting list for these.
- Since April of this year the service has successfully recruited 9.5 whole time equivalent OTs. This is a significant development in addressing the pending list when the need for an assessment by a qualified Occupational Therapist has been identified.
- A review of all these cases pending an assessment by a qualified Occupational Therapist was undertaken in the first quarter of 2019/20. This will assist in addressing consistency of assessment, advice and provision across Social Work Adult and Health based OTs, avoid any duplication of effort and develop more timely responses.
- The partnership is continuing work towards embedding a reablement approach for people living at home as well as those who are being discharged from hospital.
- Living Well Falkirk provides a self assessment opportunity for Falkirk citizens. Living Well Clinics (previously Independence Clinics), beginning in April 2019, have given people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer.

2 FORMAT AND STRUCTURE

2.1 Format and Structure

The Partnership focus is across the local outcomes with work on going to support a balanced approach to measurement and reporting. Trajectories have been set against MSG national standards which could be applied to local outcomes facilitating the development of local and national balanced scorecards.

Section 3 – Table 1 onwards highlights local data for a rolling 12 month average as at June 2018 against the average as at June 2019. For the social care indicators, the latest performance data is compared against the 2015 - 16 baseline. Performance data pertain to adults aged 18 and over.

Section 4 of the report provides exception information on issues and actions pertaining to each of those local indicators where performance has deteriorated since the previous timeframe to give assurance to the Board of work being undertaken to address areas of challenge.

Key:

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

3 PERFORMANCE DASHBOARD

3.1 Table 1: Self Management Indicators

TABLE 1: Self Management Indicators 24 - 40					
Ref	Measure	June 2018	June 2019	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley (18+)	89.5%	87.5%	▼	on page 14
25	Emergency department 4 hour wait Falkirk (18+)	86.5%	85.8%	▼	
26	Emergency department attendances per 100,000 Forth Valley Population	1,805.86	2,104.32	▼	
27	Emergency department attendances per 100,000 Falkirk	2,008.87	2,257.43	▼	
28	Emergency admission rate per 100,000 Forth Valley population (all ages)	914.58	1029.87	▼	
29	Emergency admission rate per 100,000 Falkirk population	962.0	1,031.0	▼	
Ref	Measure	April 2018	April 2019	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	792.2	677.7	▲	Page 15
31	Acute emergency bed days per 1000 Falkirk population	862.17	737.5	▲	-
Ref	Measure	June 2018	June 2019	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	15,683	16,486	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	6,755	7,281	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	4.9%	5.1%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.2%	4.6%	▲	-

Ref	Measure	Baseline 2015/16	End Sept 20/18	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	33 (2.0%)	31 (1.1%)	N/A	-
38	SDS Option 2: Directing the available resource (data only)	46 (2.9%)	159 (5.4%)	N/A	-
39	SDS Option 3: Local Authority arranged (data only)	1,505 (93.2%)	2,506 (85.6%)	N/A	-
40	SDS Option 4: Mix of options, 1,2 (data only)	30 (1.9%)	231 (7.9%)	N/A	-
<ul style="list-style-type: none"> Total service option choices: Option 1 – 49 (1.7%); Option 2 – 270 (9.2%); Option 3 – 2,718 (92.9%) Latest available data is as at the end of September 2018 					

3.2 Table 2: Safety Indicators

TABLE 2: Safety Indicators 42 - 49					
Ref	Measure	April 2018	April 2019	Direction of travel	Exception Report
42	Readmission rate within 28 days per 1000 FV population	0.69	0.43	▲	-
43	Readmission rate within 28 days per 1000 Falkirk population	0.81	0.44	▲	-
44	Readmission rate within 28 days per 1000 Falkirk population 75+	1.43	0.96	▲	-
Ref	Measure	Baseline 2015/16	2018/19 H1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	579	250	-	-
46	Number of Adult Protection Investigations (data only)	45	28	-	-
47	Number of Adult Protection Support Plans (data only)	12	19	-	-
Ref	Measure	Baseline 2015/16	2018/19	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,426	4,027 (at 31/3/19)	▼	Page 16
49	Percentage of community care service users feeling safe	90%	90%	◀▶	-

3.3 Table 3: Experience Indicators

TABLE 3: Experience Indicators 54 - 66							
Ref	Measure	June 2018	June 2019	Direction of travel	Exception Report		
54	Standard delayed discharges	45	38	▲	Page 17		
55	Delayed discharges over 2 weeks	32	26	▲			
56	Bed days occupied by delayed discharges	1,500	1,344	▲			
57	Number of code 9 delays	6	2	▲			
58	Number of code 100 delays	4	3	▲			
59	Delays - including Code 9 and Guardianship	65	52	▲			
Ref	Measure	Baseline 2015/16	2018/19	Direction of travel	Exception Report		
60	Percentage of service users satisfied with their involvement in the design of their care package	98%	98%	◀▶	-		
61	Percentage of service users satisfied with opportunities for social interaction	93%	90%	▼	-		
62	Percentage of carers satisfied with their involvement in the design of care package	92%	93%	▲	-		
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	89%	91%	▲	-		
Ref	Measure	Baseline 2015/16	2018/19 All	2018/19 Stage 1	2018/19 Stage 2	Direction of travel	Exception Report
64	The number of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales.	113/156	61/106	54/92	7/14	-	Page 21
	The proportion of Social Work	73.4%	57.5%	58.7%	50.0%	▼	

TABLE 3: Experience Indicators 54 - 66

	Adult Services (Stage 1 & 2) complaints completed within timescales.						
	Proportion of Social Work Adult Services complaints upheld NB: The 2015/16 Baseline data was reported under the previous complaints system which had a target of 70%. The target for the current complaints process is 100%.	% Upheld		43.5%	42.9%	-	-
		% Partially upheld		19.6%	21.4%	-	-
		% Not upheld		37.0%	35.7%	-	-
Ref	Measure			Baseline	Apr-Jun 2019	Direction of travel	Exception Report
65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB			-	23	-	Page 22
	The percentage of complaints responded to within 20 days			-	86.96%	-	
	The number of SPSO cases received			-	0	-	
Ref	Measure			Baseline 2015/16	2018/19	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (target – 5.5%)			7.9%	8.4%	▼	Page 24
Ref	Measure			June 2018	June 2019	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Target 4%)			5.53%	5.26%	▲	Page 25
	Percentage of days lost to short term absence each month within			1.78%	1.88%	▼	

TABLE 3: Experience Indicators 54 - 66

	NHS Forth Valley				
	Percentage of days lost to long term absence each month within NHS Forth Valley	3.49%	3.47%	▲	

3.4 Table 4: Strong Sustainable Communities Indicators

TABLE 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End March 2016	End Sept 2018	Direction of travel	Exception Report
69	Number of people aged 65+ receiving homecare	1,703	1,636	-	-
70	Number of homecare hours for people aged 65+	14,622	10,975	-	-
71	Rate of homecare hours per 1000 population aged 65+	512.2	371.6	-	-
72	Number receiving 10+ hrs of home care	406	366	-	-
73	The proportion of Home Care service users aged 65+ receiving personal care	91.6%	98.8%	-	-

Note that the Home Care data in indicators 69 to 73 are affected by changes made by the Scottish Government to the annual Social Care Survey, now reported to ISD as SOURCE. This data will be reported on a six monthly basis in 2018-19 with the latest available data return being for quarter 1 and quarter 2 (April to end September 2018) and this is used to provide the snapshot at the end of September. The data reported here for is not directly comparable with previous reported data as it now omits services delivered under housing support

Ref	Measure	Baseline 2015/16	2018/19	Direction of travel	Exception Report
78	Number of new Telecare service users 65+	102	177	▲	-
79	The number of people who had a community care assessment or review completed	9,571	8,434	▼	Page26
80	Number of Adult Care Support Plans that have been completed by the Carers Centre	N/a	340	N/a	-

Ref	Measure	March 2016	At 31/03/19	Direction of travel	Exception Report
81	The number of overdue 'OT' pending assessments at end of the period	298	314	◀▶	Page 27

Ref	Measure	2015/16	2018/19	Direction of travel	Exception Report
82	Proportion of last six months of life spent at home	86%	86%	◀▶	-

4 PERFORMANCE EXCEPTION REPORTS

4.1 Local Outcome: Self Management - Unscheduled Care – Emergency Department Compliance

Target

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard, with a stretch aim of 98%.

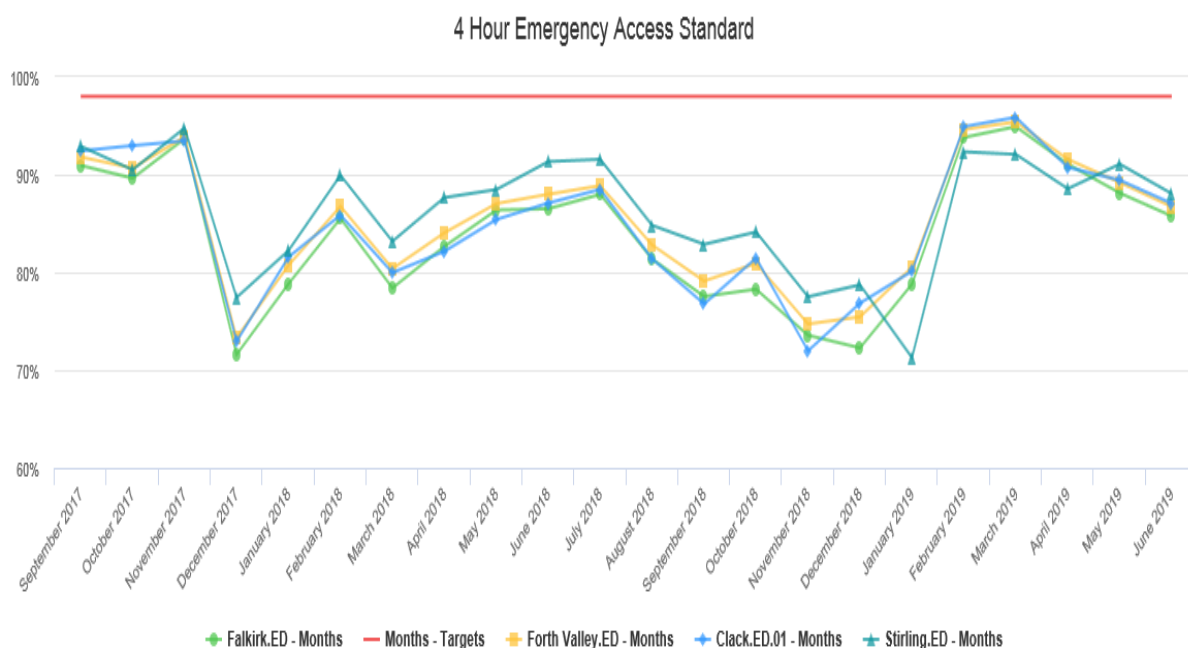
Performance

Overall Forth Valley compliance for June 2019 was 87.5%; MIU 99.8%, ED 83.7%. In June 2019, a total of 967 patients waited longer than the 4 hour target across both the ED and Minor Injuries Unit (MIU); with 35 waits longer than eight hours and 6 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 669 patients.

Following an improvement in performance January to March 2019 there has been a month on month deterioration April to June 2019 with the position noted as 85.8%. The June 2018 comparison is noted as 86.5%.

Throughout all age ranges in those aged over 18, the main reason for waits beyond 4 hours was recorded as 'Wait for First Assessment'.

Chart 1: A&E Compliance with the 4 Hour Emergency Access Standard



4.2 Local Outcome: Self Management - Unscheduled Care – Emergency Department Attendances

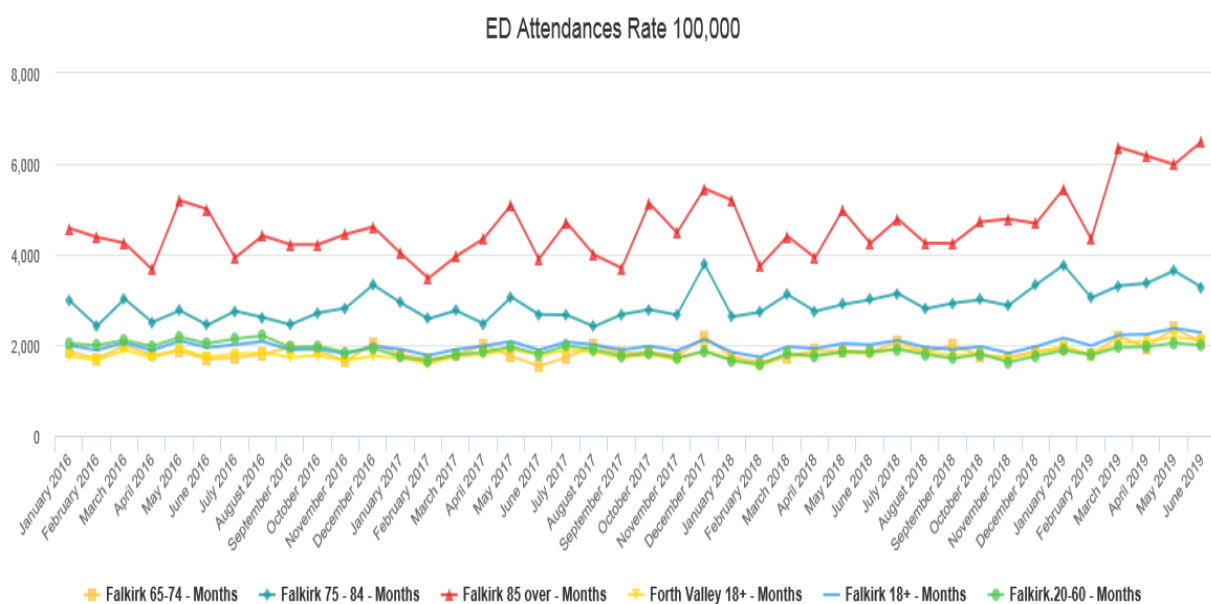
Target

Reduction in the number of attendances at the Emergency Department (Rate per 100,000 population)

Performance

The average monthly Emergency Department attendance rate in Forth Valley over the rolling 12 months from July 2018 to June 2019 is 1771.24. The Falkirk partnership average monthly position for the same time period is 2082.57.

Chart 2: ED Attendances Rate per 100,000 populations



The challenge for the Partnership is to enable more residents to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital.

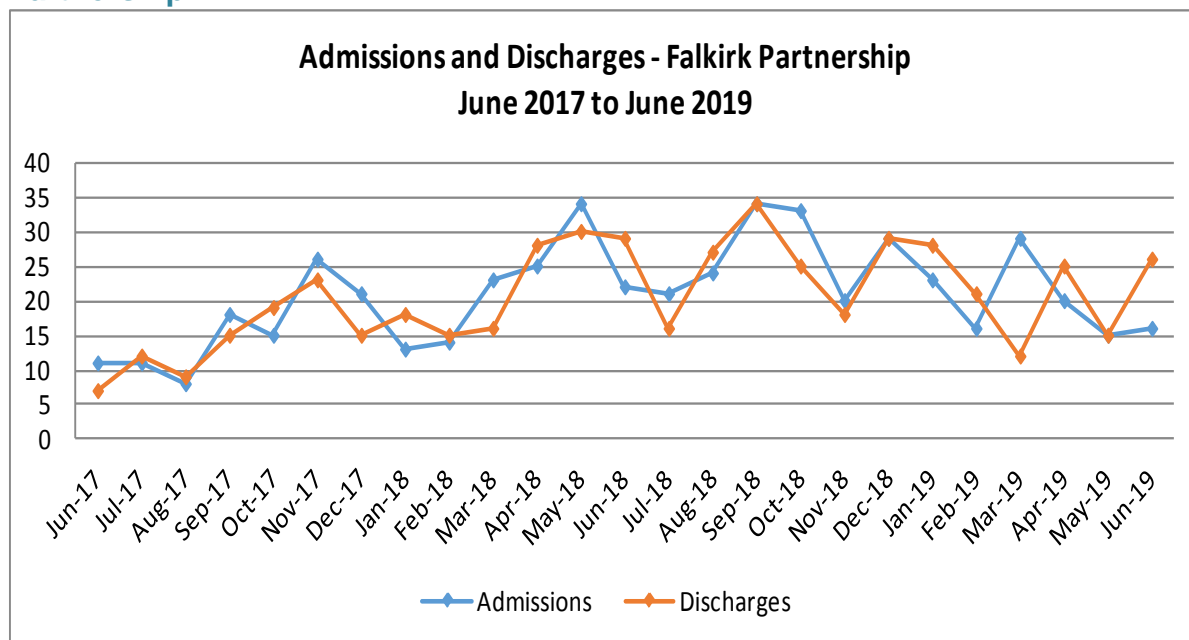
The Closer to Home model aims to support individuals to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community have available. At a time of escalating need or 'crisis' the model supports them to access care or support at the lowest level of intervention appropriate to address their needs.

The service aims to:

- reduce the number of unplanned admissions to hospital
- support the development of single care pathways over 7 days
- provide more single points of entry to services.

Chart 3 highlights the number of monthly admissions received by the Enhanced Community Team (ECT) along with the number of discharges. Note that 'admissions' relate to admission to the ECT service/ caseload.

Chart 3: Enhanced Community Team Admissions and Discharges by Falkirk Partnership



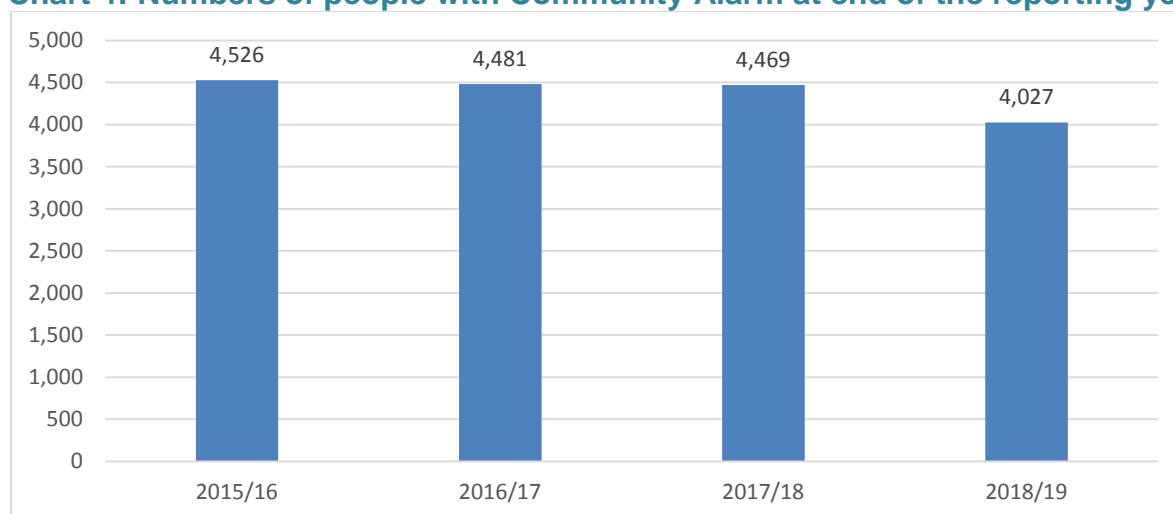
Service admissions (referrals) by Patient Categorisation

As at June 2019 the following people were admitted (referred) to the service

- 40% (6/15) are categorised as unwell adult
- 33.4%(5/15) Other categories
- 26.6% (4/15) were referred as part of discharge facilitation.

4.3 Local Outcome: Safety - Number of People with Community Alarms

Chart 4: Numbers of people with Community Alarm at end of the reporting year



Purpose

The provision of Community Alarms assists with maintaining people in their own homes in the community. They help to facilitate a timely and appropriate response when wellbeing and safety are at risk and can be a reassurance to both service users and carers.

Position

The number of people with a Community Alarm has fallen by 10% by the end of 2018/19. This reduction in numbers reflects the changes that were made to the referral and eligibility criteria to ensure that people most in need of the service received this.

Prior to the change, MECS applications were being submitted on people's behalf even though the individuals didn't want to apply and had never used the service. This resulted in an inflated number of service users being previously reported. The service has also introduced changes in the way the service is delivered, including the introduction to key safes. This has resulted in improvements in the efficiency of the service.

The service consistently completes 100% installations for Critical cases within 48 hours, against a national standard of 1-2 weeks.

Last year when the contract with MECS and Registered Scottish Landlords (RSL) expired, there were 746 RSL MECS service users who received the service for free. Now only those people who had an assessed need retained the MECS service. This service is also provided to 278 people who have an assessed need and who are Falkirk Council Sheltered Housing residents.

For the last 2/3 years, MECS have been undergoing a considerable equipment upgrading and replacement exercise. All the field equipment has gradually been upgraded from analogue to digital devices at significantly increased costs. Therefore, reviewing and evaluating the number of MECS service users has been a valuable exercise at this particular time of substantial financial outlay.

4.4 Local Outcome: Experience – Unscheduled Care - Delayed Discharge

The Board will note at Table 3.3 there has been an improvement in the numbers of people delayed in their discharge compared with 2018 across all the delayed discharge measures. However, trend information, particularly in respect of the number of bed days occupied by people delayed in their discharge, indicates that challenges remain. Reducing the number of patients delayed in their discharge is an area of priority for the Board, with detailed performance information included at this section.

Target

No patient should be waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.

Performance

Table 1: Delayed Discharge Breakdown

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100
Falkirk	12	26	38	9	2	49	3
Total FV	27	36	63	15	6	84	8

The June 2019 census position for Forth Valley delays over 14 days is 36 against a zero standard. A further 27 delays waiting under 2 weeks brings the total number of standard delays to 63. Including 21 code 9 exemptions the total number of delayed discharges at the June 2019 census point is noted as 84; 82 Forth Valley residents and 2 from out with Forth Valley.

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

- 38 standard delays, 26 of which are delayed over 2 weeks
- 11 code 9 exemptions
- 49 total delays

There were also 8 patient code 100 delays within Forth Valley, 3 for Falkirk Partnership.

Of the 38 Standard Delays:

- 25 awaiting care homes - (19 patients are over two weeks and 6 patient under two weeks)
- 9 allocated and assessment ongoing (5 patients are over two weeks and 4 under two weeks)
- 2 awaiting care packages for home (2 under two weeks)
- 1 Awaiting Housing (over two weeks)
- 1 Awaiting housing adaptations (over two weeks)

Chart 5: Standard Delays

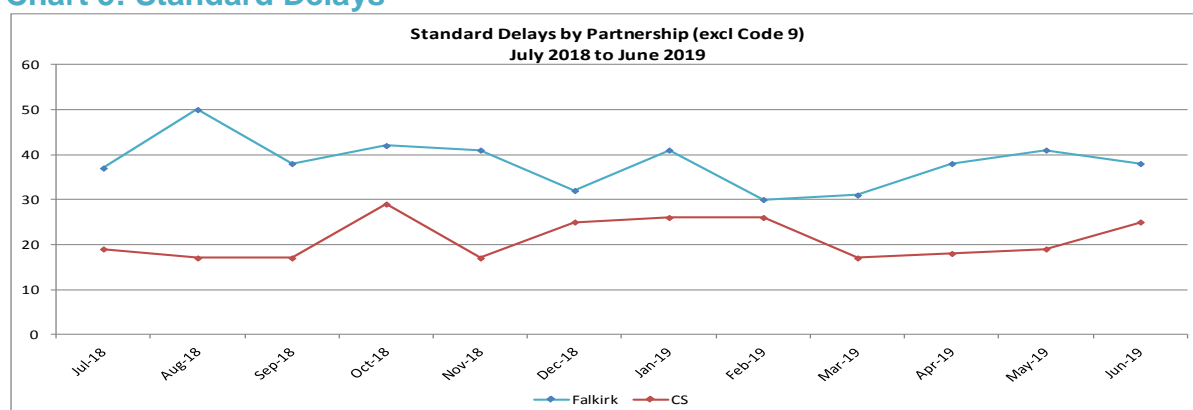


Table 2: Bed Days Occupied: 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	114	1230	1344
Total FV	236	1613	1849

Across Forth Valley, the number of bed days occupied by people delayed in their discharge at the June 2019 census was 1849, a decrease of 69 from June 2018. An increasing or worsening trend of 56% is noted July to June 2018/19 compared with 2017/18.

In respect of the Falkirk Partnership there is a decrease of 156 in the number of bed days occupied by delayed discharges in June 2019 compared with June 2018. There is however an increasing or worsening trend in respect of the average monthly bed days occupied by delayed discharges July to June 2018/19 compared with 2017/18, with a 45% increase highlighted.

Of note is the volatility in relation to the number of bed days occupied by people delayed in their discharge with month on month variability. A marked reduction is noted to March 2019 from a high in October 2018 however this has started to increase April to June 2019. The position will be kept under review.

Chart 6: Occupied Bed Days

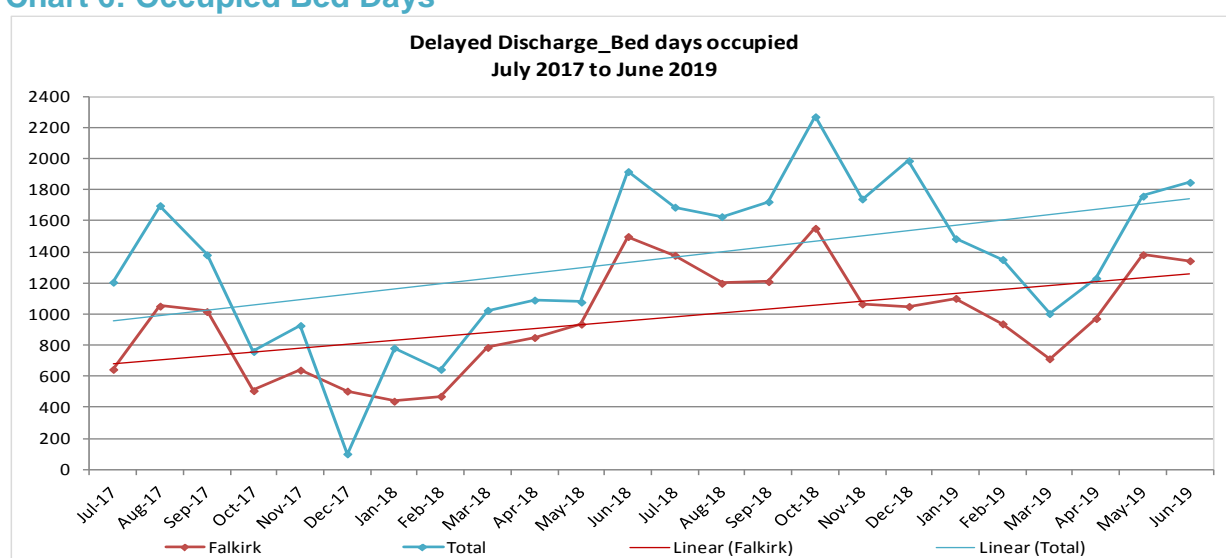
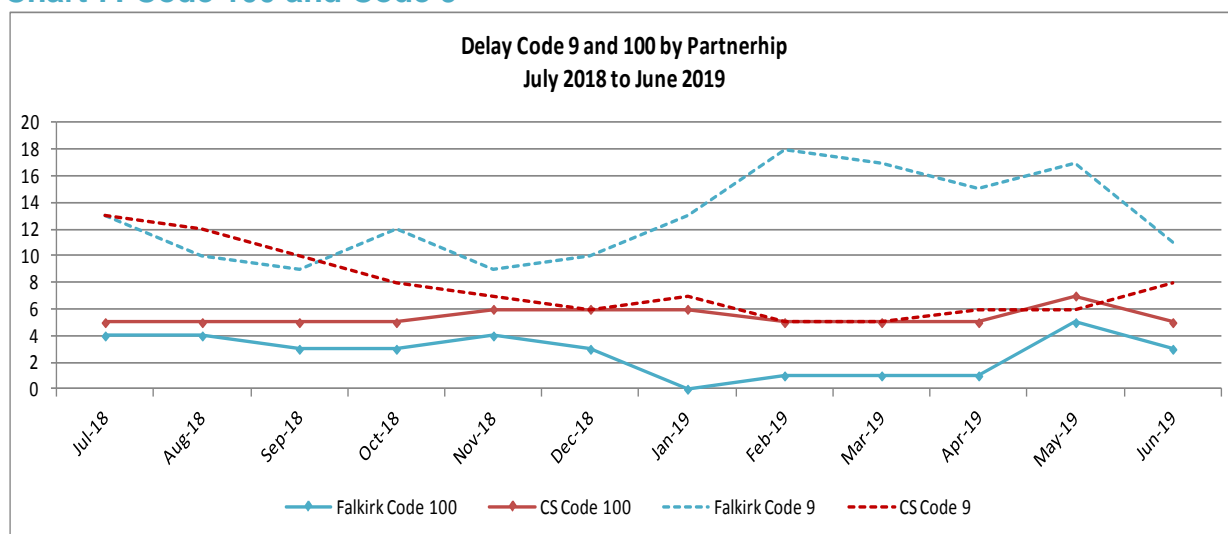


Chart 7: Code 100 and Code 9



Position

- Issues in relation to Guardianship and Power of Attorney remain however this position is improving. The monthly average number of delays due to these issues over the last year is 18 patients. Work is on-going work to address and manage this issue.
- Waits for care packages and home care places continue to fluctuate on a day by day basis and can be challenging, with work on going to support this. The number of available care home places remains pressured in respect to demand from the hospital environment as well as those people in the community waiting for a placement.
- Choice Policy allows patients to exercise their statutory right of choice, over the destination of their ongoing care and can have a significant impact on the length of time a patient remains in hospital once ready for discharge.

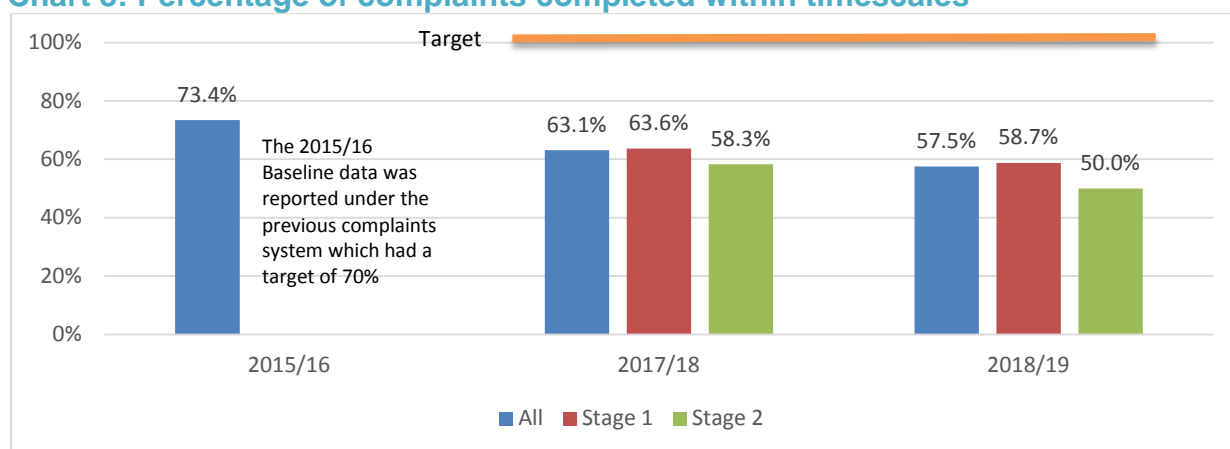
On-going actions to support timely discharge:

- Input from the discharge team means patients are reviewed within 72 hours including early identification of patients who are ready for discharge either home or from hospital to Short Term Assessment (STA)/Community Hospital or in appropriate cases to care homes.
- Review of patients with a length of stay over 7 days with regular monitoring, analysis and improvement with escalation to help prevent extended delays.
- Multi Disciplinary Team (MDT) meetings to identify discharge pathways and goals along with on-going review of patients who are identified for moves to community hospital to explore all options ensuring only those who require community hospitals are moved there.

- Increased monitoring and scrutiny of delayed discharge performance via the weekly delayed discharge dashboard
- Use of Frailty Model and implementation of Dynamic Daily Discharge taking a proactive and systematic multidisciplinary approach to facilitating early and appropriate discharge plans and ongoing care.
- Introduction of Carer Centre support workers in FVRH to raise awareness of The Carers Strategy, identifying carers who may require assessment and support at discharge.

4.5 Local Outcome: Experience – Complaints to Social Work Adult Services

Chart 8: Percentage of complaints completed within timescales



Purpose

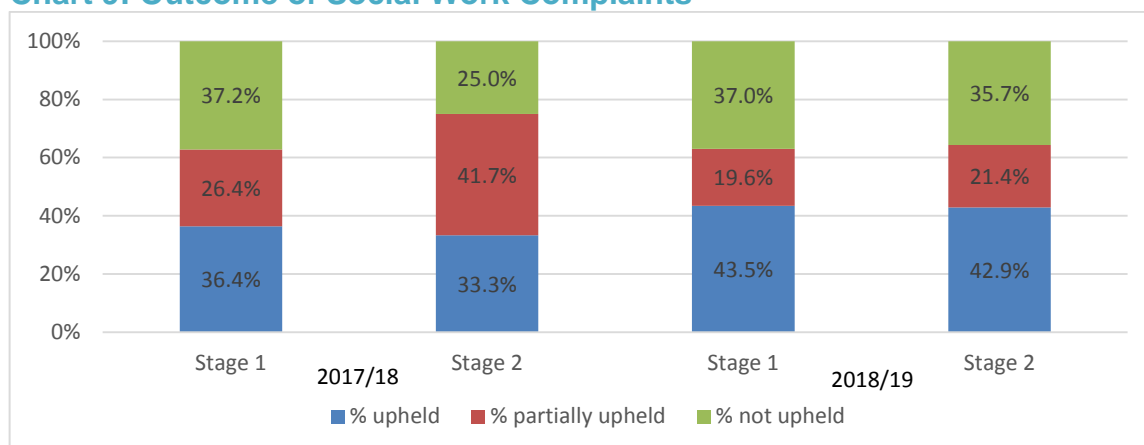
Monitoring and managing complaints is an important aspect of governance and quality management. It also helps ensure that any necessary improvement actions arising from complaints are followed up and implemented.

Position

In April 2017 the social work complaints handling procedure changed to comply with SPSO requirements. Prior to this a series of training sessions were delivered to raise staff awareness of the new procedure. Support with logging and closing off complaints is now handled centrally. Weekly reports of complaints outstanding are provided to the Head of Service and Service Managers.

Performance of complaints completed within timescale overall fell from 63.1% in 2017/18 to 57.5% in 2018/19; Stage 1 performance declined by 5% and Stage 2 by 8%. The number of complaints fell from 122 (Stage 1 - 110; Stage 2 - 12) in 2017/18 to 106 (Stage 1 - 92; Stage 2 - 14) in 2018/19.

Chart 9: Outcome of Social Work Complaints



The chart above shows the outcomes of the complaints for the last 2 years. A greater proportion of complaints were upheld rather than partially upheld in 2018/19 for stage 1 and stage 2. However, at Stage 2 a higher proportion was not upheld.

However, it is important to note that the number of complaints is low given the large number of service user contacts during the year, with over 8,500 people receiving an assessment/review. Because of the low numbers, relatively small changes to meeting the timescales can seem significant.

The partnership leadership team is keen to learn from complaints and ensure that all complaints are responded to within appropriate timescales. Complaint compliance now forms part of the standing agenda for their meeting, as such we expect to see significant improvement over the coming months. The improvement plan is currently being updated to reflect the new roles and responsibilities while we continue to restructure.

4.6 Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

During the period April to June 2018, a total of 23 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the delegated functions for Falkirk Health & Social Care Partnership. There year to date response rate is noted as 86.96%. 100% of Stage 1 complaints were responded to within the timescale with 83.3% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints during April – June 2019.

In total there are approximately 59 departments listed against the delegated functions. During the period April – June 2019, 17 departments have received complaints.

A breakdown of the complaint themes and departments are provided in table 3 detailing the number of issues raised against each theme. A complainant can raise multiple issues within their complaint and these themes can crossover into a variety of departments. The table provides a clearer understanding of the issues raised by complainants and areas to enable focus on any key learning required or improvements to be made to services provided.

Table 3: Complaint Themes

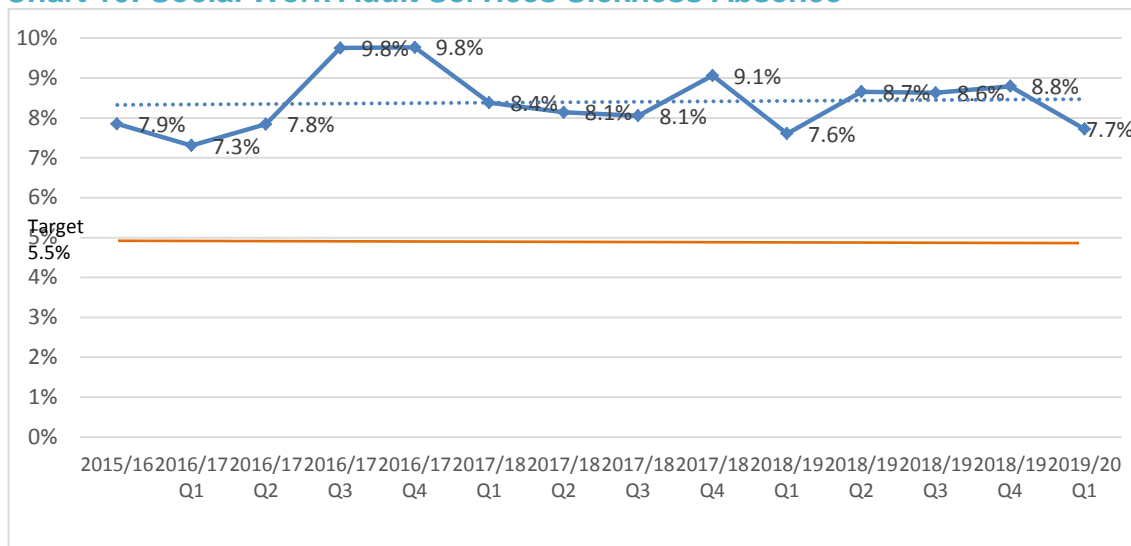
Month	Category Type	Category	Department
April	Env/Dom/Personal Records	Accuracy of Records	Ward B21, FVRH
	Clinical Treatment	Disagreement with treatment/care	AHP Rehab Care Group
			Ward B21, FVRH
	Staff Communication (Oral)	Lack of Clear Explanation	Woodlands Resource Centre x 2
		Face to Face	AHP Rehab Care Group
	Staff Attitude & Behaviour	Staff Attitude	Woodlands Resource Centre
			AHP Rehab Care Group
	Waiting Time/Date of Appointment	SERCO/Forth Health, SCH	
		Unacceptable Waiting Time for Appointment	AHP Rehab Care Group
		Waiting Time/Date of Appointment/Other	Child & Adolescent Mental Health
May	Clinical Treatment	Co-ordination of Clinical Treatment	Child & Adolescent Mental Health
		Disagreement with treatment/care	Unit 2, FCH
	Staff Attitude & Behaviour	Inappropriate Comments	Ward 3, FVRH
		Staff Attitude	Ward 1, FVRH
	Staff Communication (Oral)	Lack of Explanation	Woodlands Resource Centre
		Misunderstanding	Unit 2, FVRH
	Staff Competence	Staff Competence/Other	AHP Rehab Care Group
		Cancelation of Admission	Psychological Therapies
	Waiting Time/Date of Appointment	Waiting for Referral	Ward 2, FVRH
			AHP Rehab Care Group
June	Clinical Treatment	Disagreement with treatment/care	AHP Rehab Care Group
		Nursing Care	Woodlands Resource Centre
		Treatment Outcome not As Expected	Ward 1, Bo'ness
	Env/Dom/Catering	Poor Choice of Menus	AHP Out-patients Care Group
	Staff Attitude & Behaviour	Abruptness	Ward 4, SCH
		Insensitive to Patient Needs	Out of Hours
		Lack of Support	Unit 3, FCH
		Inappropriate Comments	ESP Physio Orthopaedic
	Staff Communication (Oral)	Telephone	AHP Out-patients Care Group
	Staff Communication (Written)	Lack of Explanation	Ward 1, FVRH
	Waiting Time/Admission/Attendance	Waiting for Referral	Woodlands Resource Centre
	Waiting Time/Date of Appointment	Unacceptable Waiting Time for Appointment	Woodlands Resource Centre

Position

- To support staff in locally resolving complaints NHS Forth Valley continues to raise awareness of Care Opinion, an on-line, independent website which enables patients, families and carers to leave feedback about their healthcare experience. This supports NHS Forth Valley to gather feedback, resolve issues and to enable improvements to services quickly and timeously.
- The Complaints Handling Procedure has been recently reviewed and update with this presented to the NHS Board in August.
- A comprehensive complaints performance report is examined and discussed in detail as a standing item on the NHS Clinical Governance Committee agenda for all NHS Forth Valley complaints. Those complaints relating to delegated functions will be considered by the Falkirk IJB Clinical and Care Governance Committee.
- The NHS Forth Valley Annual Report: Feedback, Comments, Concerns, Compliments and Complaints 2018 – 2019 has recently been submitted to the Scottish Government and published on the NHS Forth Valley website.

4.7 Experience – Attendance Management in Social Work Adult Services - Indicator 66a

Chart 10: Social Work Adult Services Sickness Absence



Purpose

The management of sickness absence is an important management priority since it reduces the availability of staff resources and increases costs of covering service. A target of 5.5% has been set for Social Work Adult Services in recognition of the fact that the service includes those engaged in Home Care and Residential Care which are recognised nationally as physically demanding and stressful occupations.

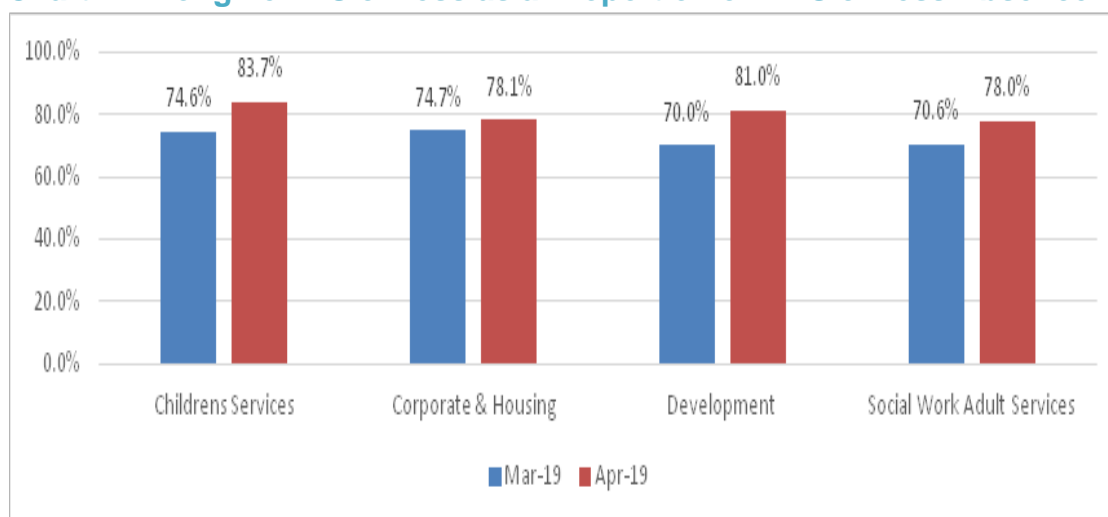
Position

The sickness absence figure for 2018/19 was 8.4%. The chart above shows a marginal trend upwards since the baseline measure in 2015/16. There is some seasonal trend with quarters 3 and 4 having the highest rates in the year. Quarter 1 consistently shows a fall which has continued into the current year (2019/20 Q1 - 7.7%).

Care Homes ended last calendar year on 15% and have gradually reduced over the last 6 months to 6.2% in June as long term cases have resolved. Homecare was similarly achieving a downward trend in absence from 8.9% in January down to 7.9% in May, again with the resolution of long term cases.

Cumulatively this resulted in low rates of absence of 7.8% being recorded for Social Work Adult Services overall in March and April 2019. This was also reflected in lower proportions of Long Term Sickness (defined as over 4 weeks) when compared to other areas of the Council, see the chart below.

Chart 11: Long Term Sickness as a Proportion of All Sickness Absence



From May / June Care Homes sustained their reduction, except Homecare where long term absence has increased. The rates are expected to drop as August continues. This is under review by Homecare managers.

As a result there has been more operational absence management activity with early referrals to Occupational Health and Long Term Sickness absence meetings taking place frequently. This was supported by development sessions on sickness absence for Team Managers conducted by HR in March.

4.8 Experience – Attendance Management in NHS Forth Valley Indicator 66b

Target

To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed.

Performance

Overall June 2019 sickness absence position is reported as 5.26%, with Scotland noted as 4.98%. The 12 month rolling average for the period July 2018 to June 2019 show that NHS Forth Valley remains behind the Scottish average; Forth Valley 5.97%, Scotland 5.47%. Long term absence has decreased by 0.02% to 3.47% in June 2019 from 3.49% in June 2018, with Short Term absence increasing to 1.88% from 1.78% in June 2018.

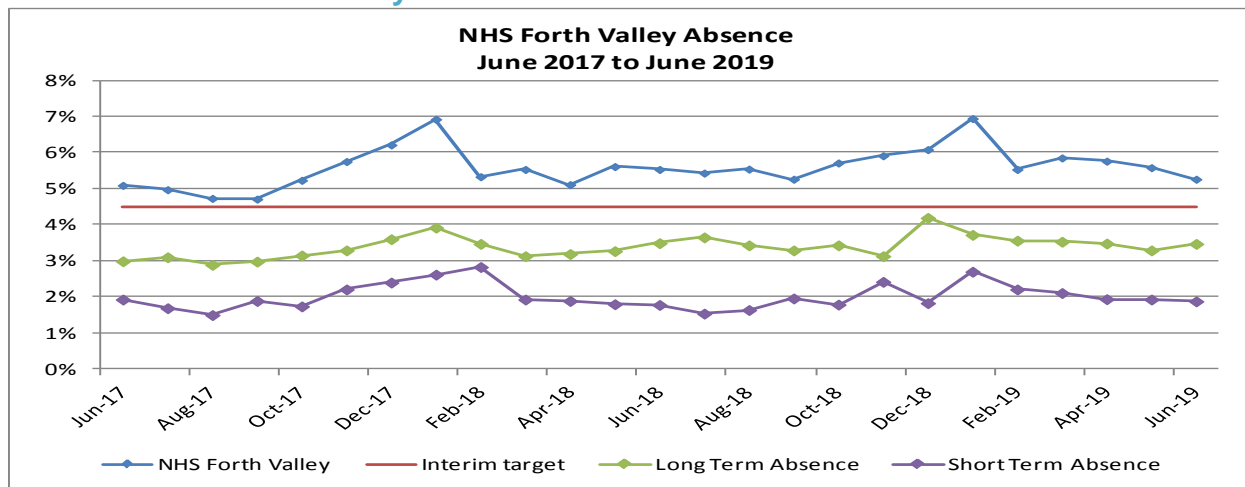
‘Anxiety/Stress/Depression/Other Psychiatric illness’ remains the top single reason for sickness absence across NHS Forth Valley.

Position

- A monthly Health and Wellbeing Absence Management Programme Group has been set up to review a variety of interventions and best practice across NHS Forth Valley.

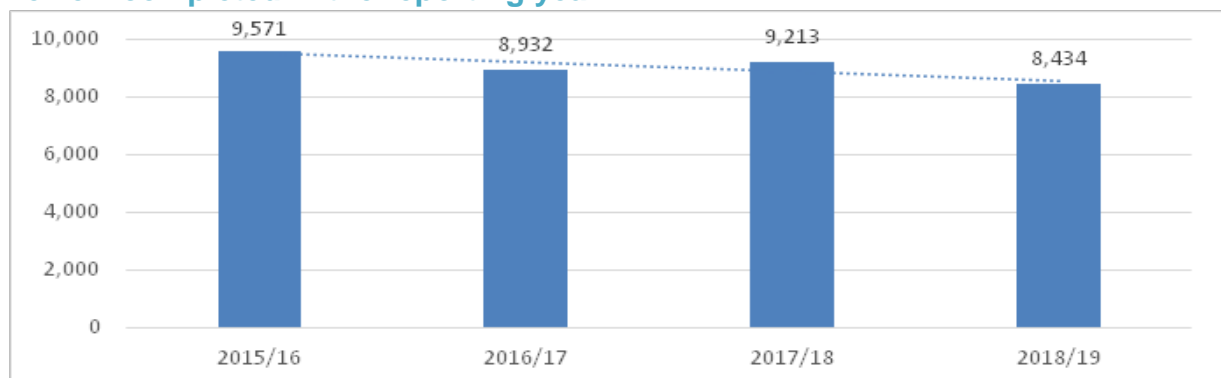
- One for Scotland Workforce Policy – The One for Scotland Workforce model is to create single, standardised policies that will be used consistently and seamlessly across NHS Scotland. A review of existing workforce policies will be undertaken by 2019.
- A full range of Occupational Health Services are available to all employees such as Physiotherapy, Counselling, Psychology and Podiatry.
- Support frameworks are available to enable staff to return to work early or stay in modified work.

Chart 12: NHS Forth Valley Absence



4.9 Local Outcome: Strong Sustainable Communities - Number of People who had a Community Care Assessment or Review completed during the year

Chart 13: Number of People who had a Community Care Assessment or Review completed in the reporting year



Purpose

Community care assessments identify and address people's needs consistently through a framework of eligibility and focussed outcomes. They are the basis for support plans that outline the provision and arrangement of services that help people to live in their own homes for as long as possible. Reviews ensure that services continue to be aligned to individual needs and achievable outcomes.

Position

The number of people who received either an assessment or review during 2018/19 fell by nearly 9% compared to 2017/18.

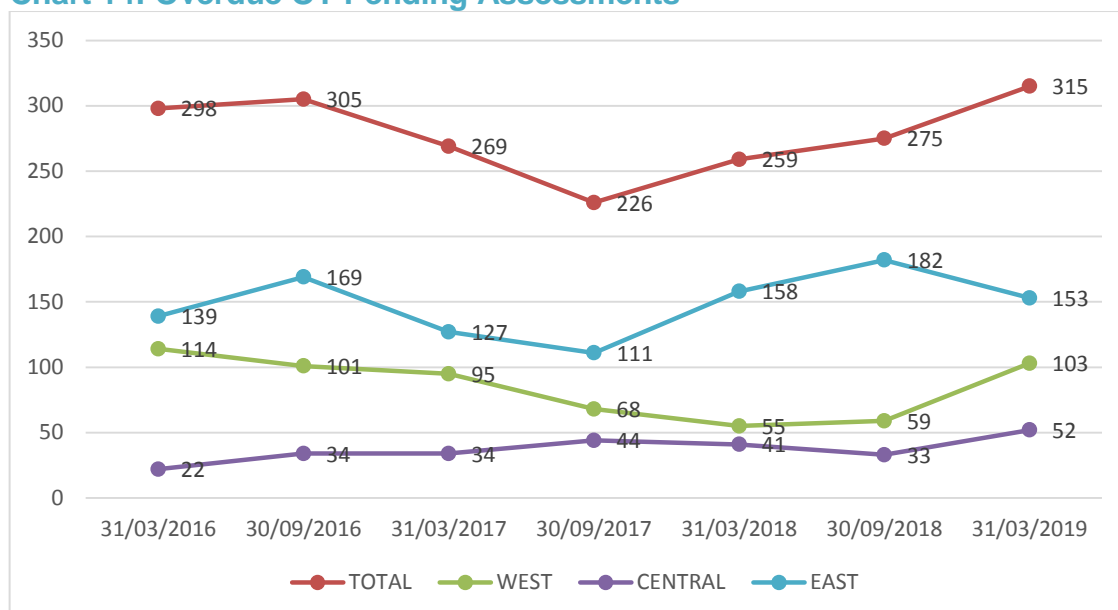
This is a positive reflection of the impact of two local developments: firstly, the revising of the eligibility criteria introduced in October 2017 and, secondly, the introduction of the Living Well Falkirk initiative from April 2018.

The intention and consequence of both is to divert low level need to more appropriate community based support. This allows the partnership's limited resources to be targeted at more vulnerable individuals with highest need.

However, these changes are cultural as well as organisational and they require time to embed. So, community planning initiatives with our partners, such as locality planning, are important in building and maintaining resilient communities that are best able to support local people as their needs change through life.

4.10 Strong Sustainable Communities – Overdue pending Occupational Therapy (OT) Assessments - Indicator 81

Chart 14: Overdue OT Pending Assessments



Purpose

The provision of OT assessments and the subsequent provision or arrangement of equipment or adaptations helps to maintain people in the community for longer.

Position

The number of overdue OT pending assessments increased by 15% from 275 at the end of March 2018 to 314 at the end of March 2019. Of those 314 cases, 150 (48%) were priority 2 and the remainder - 164 (52%) - were priority 3. These assessments are specifically identified as requiring an assessment by a qualified Occupational Therapist (OT). The service has consistently been able to respond to priority one assessment and there has been no waiting list for these.

Chart 14 above shows the numbers have been consistently higher in the more populated East locality since the baseline measure in March 2016, though their figure declined in the second half of the 2018/19. West and Central teams have increased as they experienced most retention issues. Note a small number of people are allocated to non-Locality Teams.

Three factors in particular continued to affect performance in this area:

- Recruitment and retention of OTs continued to be a challenge
- The figure was increased partially as a result of a recording issue and work continues to improve recording practice in this area
- Growing demand.

The partnership is focused on making improvements and there are a number of developments in progress which will help address this long standing issue:

- Since April 2019, the service has recruited 9.5 WTE OTs. This is a significant development in addressing the pending list when the need for an assessment by an OT has been identified.
- A review of all these cases pending an assessment by an OT was undertaken in the first quarter of 2019/20. This will assist in addressing consistency of assessment, advice and provision across Social Work Adult and Health based OTs, avoid any duplication of effort and develop more timely responses.
- The partnership is continuing work towards embedding a reablement approach for people living at home as well as those who are being discharged from hospital.
- Living Well Falkirk provides a self assessment opportunity for Falkirk citizens. During 2018/19 the website had 2,629 visitors and 306 self-assessments were completed.

- With this service well underway, during November last year 460 people who had been awaiting an assessment had their SWIS records reviewed. As a result, 147 people (32%) were supplied with information about Living Well Falkirk and signposted to the website as a way to find a solution.
- Living Well Clinics (previously Independence Clinics), beginning in April 2019, have given people with lower level needs an alternative to waiting on a pending list for a home assessment by a Social Care Officer. Between April and July 114 people have received an assessment through the Clinic

5 FALKIRK HEALTH & SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of national integration indicators. This supports an understanding of how well services are meeting the needs of people who use the services and communities.

Performance for 2018/2019 is set out in the following tables. Indicators 1-9 are populated by the bi-annual Health & Care Experience Survey. As this survey runs every 2 years the most recently available data relates to 2017/18 and is the same as presented in the previous iteration of the Annual Performance report.

National Indicators

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

NI		Title	Falkirk Partnership		Comparator Average	Scotland
			2015/16	2017/18	2017/18	2017/18
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84%	78%	82%	80%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	43%	37%	37%	37%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	85%	84%	84%	83%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA

	NI	Title	Falkirk Partnership				Comparator Average	Scotland
			2015/16	2016/17	2017/18	2018/19	Latest	Latest
Data Indicators	NI - 11	Premature mortality rate per 100,000 persons	440	466	427	449	421	434
	NI - 12	Emergency admission rate (per 100,000 population)	11,528	11,769	12,331	*	*	*
	NI - 13	Emergency bed day rate (per 100,000 population)	137,626	146,267	139,361	*	*	*
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	113	121	121	*	*	*
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	86%	87%	*	*	*
	NI - 16	Falls rate per 1,000 population aged 65+	20	20	22	*	*	*

NI	Title	Falkirk Partnership				Comparator Average	Scotland
		2015/16	2016/17	2017/18	2018/19	Latest	Latest
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84%	86%	88%	86%	84%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	64%	64%	63%	NA	63%	61%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	864	1,023	910	1,201	838	805
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	24%	24%	*	*	*
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA

Source: ISD Scotland

Notes

1. * NHS Scotland is currently experiencing hospital data (SMR01) completeness issues meaning it is not possible at this time to present full year data for these indicators.

2. NA indicates where data is not available yet.

3. Indicator 11 is presented on calendar year rather than financial year.

Comparators: Include members of Family Group 3: Dumfries and Galloway; Fife; South Ayrshire; West Lothian; South Lanarkshire; Renfrewshire and Clackmannanshire. <http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html>

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

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

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

NI	Title	Falkirk Partnership				Comparator Average	Scotland
		2015/16	2016/17	2017/18	2018/19	2018/19	2018/19
	aged 65+						
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	24%	24%	24%	25%	24%

As previously noted, it is not possible to present full year data for indicators 12, 13, 14, 15, 16 and 20. However, complete data is available for April 2018 to December 2019 and allows like for like comparisons against the comparator group and Scotland. As figures do not represent full year figures they are intended as a proxy only.

For the following indicators there was some local improvement evident from the partial year data, although performance remains below comparator and Scottish position:

- 12: Emergency admission rate (per 100,000 population)
- 13: Emergency bed day rate (per 100,000 population)
- 14: Readmission to hospital within 28 days (per 1,000 population)

Performance against indicators 20 - percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency – has been maintained.

There has been a slight reduction in performance for indicators:

- 15: Proportion of last 6 months of life spent at home or in a community setting
- 16: Falls rate per 1,000 population aged 65+ years.

Insights into Social Care in Scotland: Support provided or funded by health and social care partnerships in Scotland 2017/18.

6.1 Introduction

Insights into Social Care in Scotland was published on 11 June 2019. It is based on information submitted by Health & Social Care Partnerships for 2017/18. It is a mixture of quarterly and full year data as requested by ISD.

The publication consists of summary, main report, technical report and balance of care workbook, supported by an online dashboard that provides further detail and opportunity for comparison between Partnerships.

Comparisons with the 'family' group of local authorities identified by the Local Government Benchmarking Framework (LGBF) based on some demographic similarities. These are Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

6.2 Headline Summary

- 1) An estimated 1 in 24 people of all ages in Scotland received social care support and services during 2017/18. The figure for Falkirk is slightly higher at 1 in 20.
- 2) Those receiving social care and support have a similar demography locally as nationally.
- 3) There are slightly higher rates of the adult population for all social care services in Falkirk compared to Scotland, other than meals.
- 4) Emergency hospital admission and bed day rates for people receiving home care in Falkirk are slightly lower than national and most comparator partnerships.
- 5) Falkirk had a 9% higher rate of adult population supported in care homes than nationally; the difference was less (6%) when compared to LGBF family group partnerships. The report also suggests we have a bigger percentage of residents requiring nursing care.
- 6) As with people receiving home care in Falkirk, emergency hospital admission and bed day rates for people supported in care homes are slightly lower than national and most comparator partnerships.
- 7) The balance of care indicators show Falkirk trending:

- above the Scottish and LGBF family group average for the 1) percentage of people aged 18 and over with long-term care needs receiving personal care at home, although the difference between Falkirk and Scotland is narrowing
 - below the national and family group figures for 2) percentage of people aged 65 and over with long-term care needs receiving 10+ hours of home care, though here again the difference appears to be narrowing.
- 8) On 31 March 2018 HSCP's were financially (partly or fully) supporting 7.7 people per 1,000 of the adult population to live in a care home in Scotland; in Falkirk it was slightly higher at 8.4.

6.3 Main Report

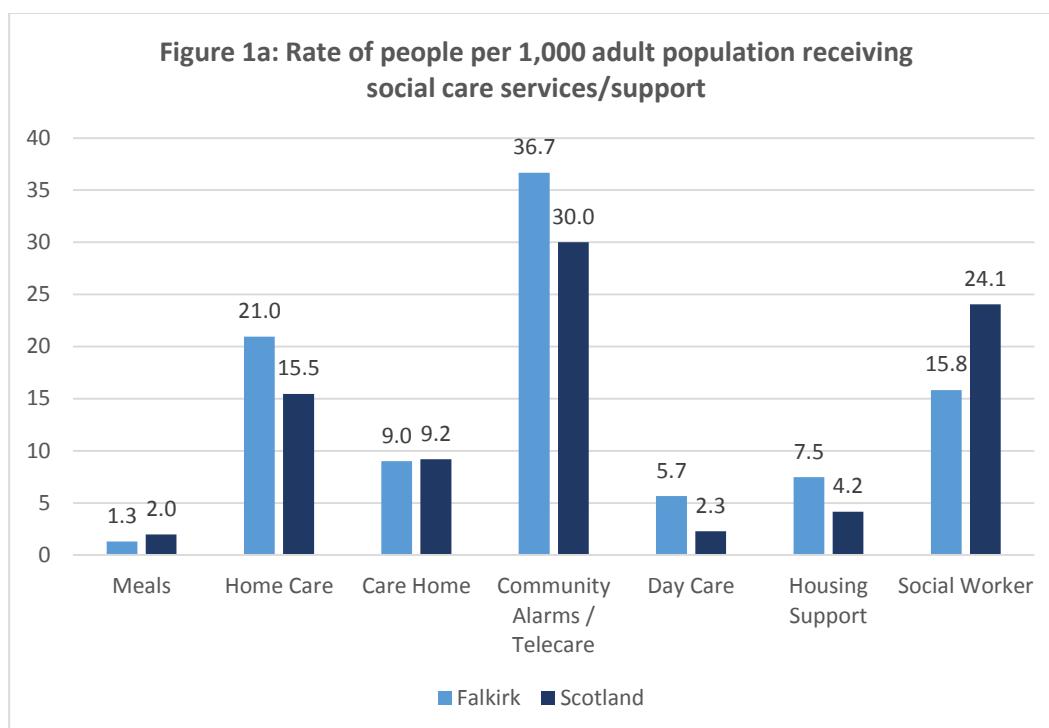
Section 1 - Social care support and services summary information

- 1.1 Nationally 62.1% of people receiving social care and support in 2017/18 were female and 37.9% were male. Local figures are within 1% of these.
- 1.2 A local age and gender breakdown is shown below in a heat map in Table 1a and is very similar to the national pattern, highlighting the predominance of older females.

Table 1a: Age & gender of people receiving social care and support in Falkirk 2017/18

Age Band	Male	Female	Total
0-17	137	77	214
18-64	922	918	1,840
65-74	554	732	1,286
75-84	894	1,586	2,480
85+	646	1,650	2,296
Total	3,153	4,963	8,116

- 1.3 Figure 1a compares people receiving social care services in Falkirk with Scotland as a whole. Note reporting time periods vary for different services.
- 1.4 Falkirk has the same proportion of people receiving social care services from a non-white ethnicity, 0.7%, where ethnicity was known. The report does not make comment, but this is low given that over 4% of the Scottish population are from a non-white background.



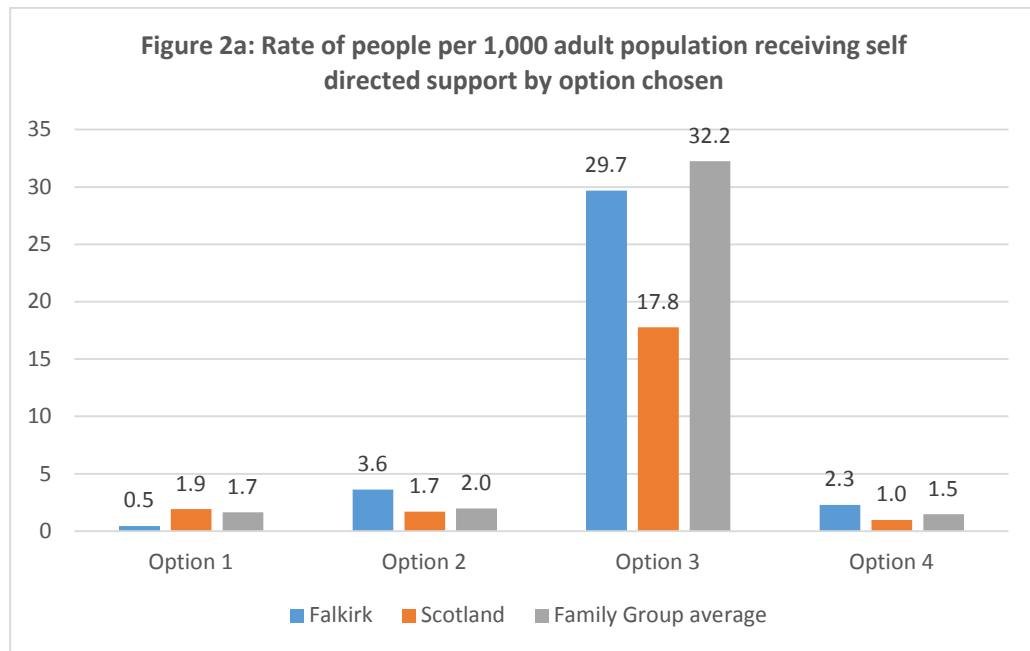
Section 2 - Self-directed support (SDS)

- 2.1 Falkirk has a higher take up of SDS options than nationally. Of the total number of people receiving social care services/support nationally in 2017/18 an estimated 75% were provided with self-directed support during this time; the equivalent figure in Falkirk was 97%.
- 2.2 The percentage of all those receiving SDS options by SDS option chosen is shown below in Table 2a. Note the totals sum to more than 100% since individuals who may have chosen more than one option, i.e. Option 4, are counted against each chosen option.

Table 2a: Percentage of people receiving self-directed support by self-directed support option chosen

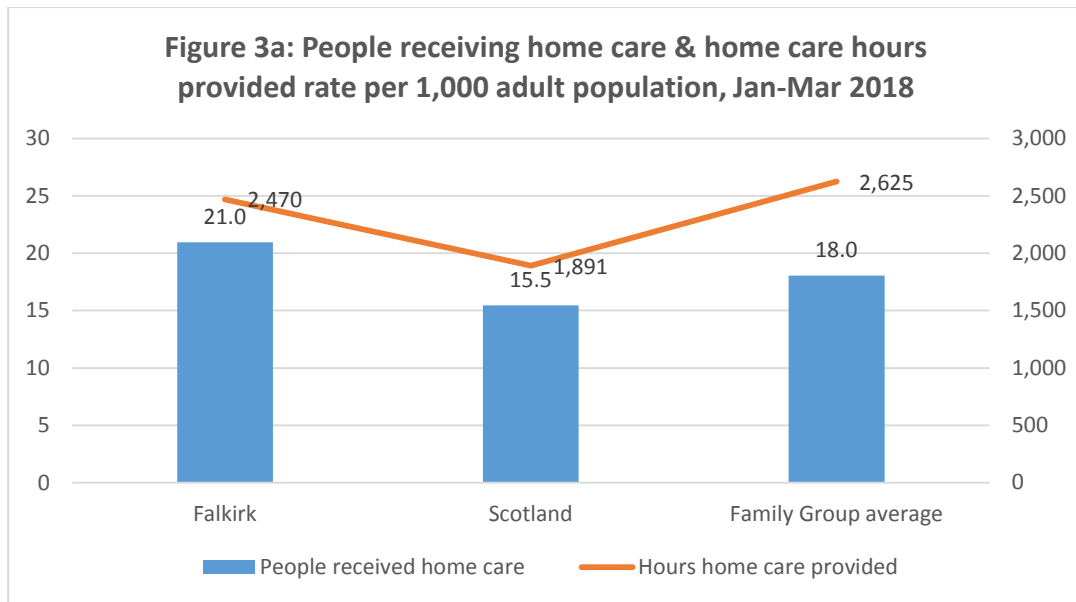
Self-directed support option	Falkirk	Scotland
Option 1	1.4%	9.4%
Option 2	11.5%	8.3%
Option 3	94.4%	87.2%
Option 4	7.2%	4.8%

- 2.3 Falkirk has a lower percentage of Option 1s (Direct Payments) and a higher percentage of Options 2, 3 and 4. A broader perspective of self-directed support by option chosen is shown in Figure 2a, comparing Falkirk with Scotland and the LGBF 'family' group. This shows that Options 2 and 4 are more frequently chosen in Falkirk than either comparator here whilst the LGBF comparative is highest for Option 3.

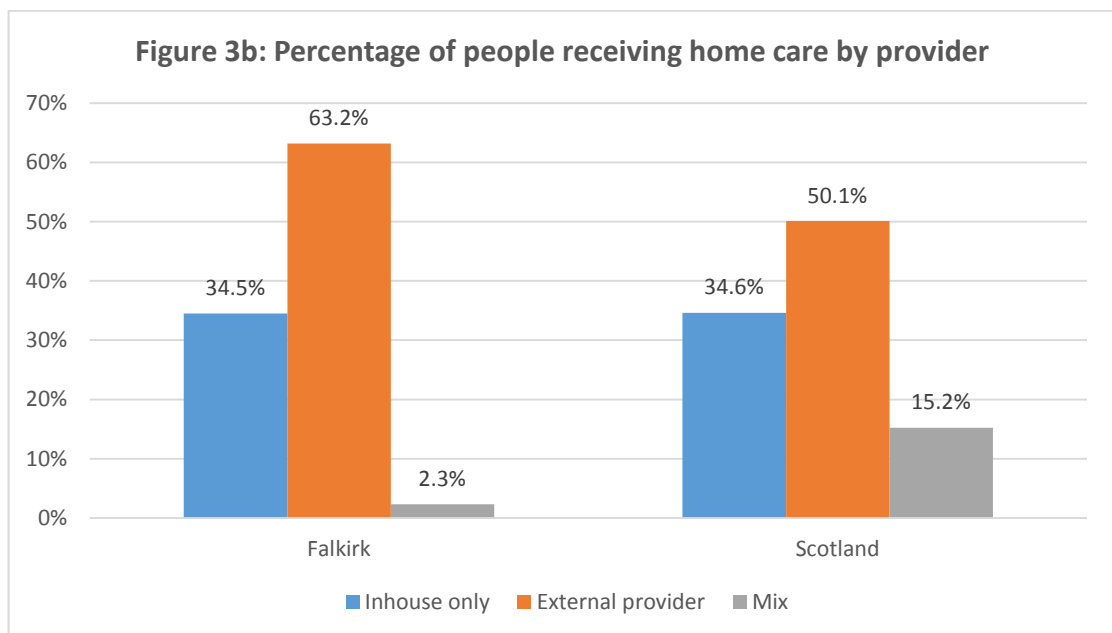


Section 3 – Home Care

- 3.1 Falkirk Home Care figures include people and hours received as housing support, though not 'live in' and 24 hour services that the report explicitly requests should be omitted from the dataset. There is not consistency around this reporting and housing support is included to varying degrees across local authorities.
- 3.2 The percentage of people receiving home care with housing support varies according to this publication, where known, from 0.2% (North Ayrshire) to 33.4% (City of Edinburgh). The figure for Scotland is 11.9% and Falkirk is 32.4%. For these reasons comparisons of Home Care across partnerships should be treated with caution.
- 3.3 Given our local focus over the last 18 months on the review of Care At Home and the analysis of activity, we will not include housing support hours in our SOURCE submissions from 1 April 2018.
- 3.4 Figure 3a shows Falkirk home care by people and hours compared with Scotland as a whole and with the LGBF family group averages. Falkirk is higher in both than in the national picture and higher rate of people but lower rate of hours than the LGBF family.

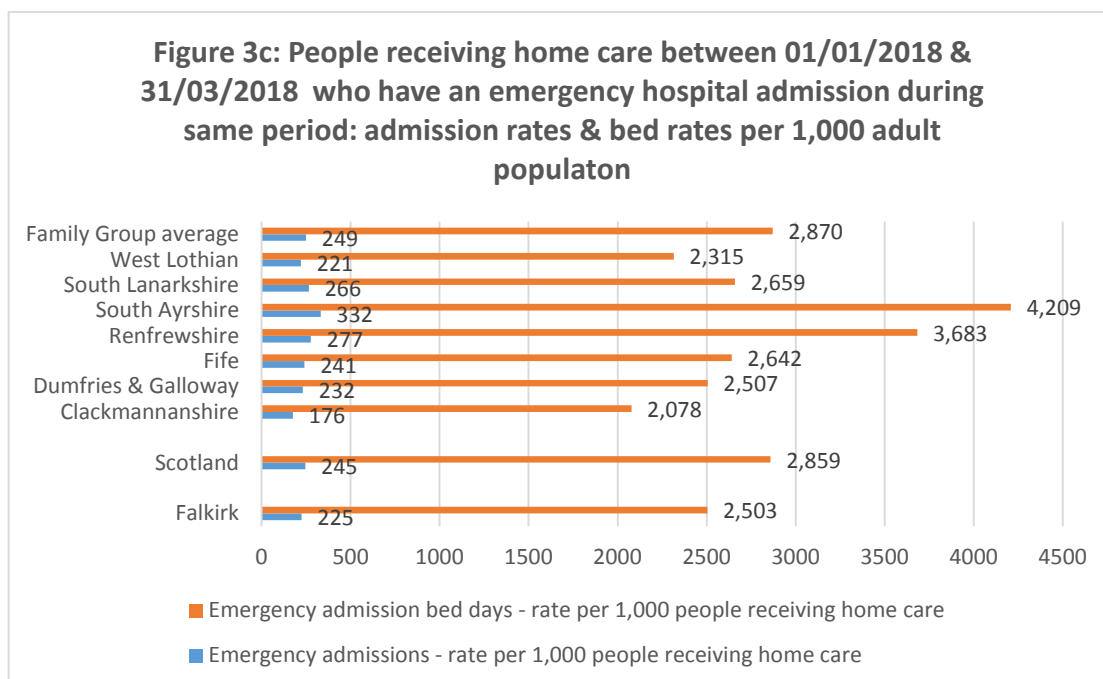


3.5 The percentage of people receiving home care by provider is in Figure 3b. Falkirk's external provider figure is exaggerated by the inclusion of housing support hours.



3.6 The publication reports Falkirk having lower percentage of people receiving home care with personal care than nationally, 81% compared to 93%. However, here again housing support may be skewing Falkirk's figures.

- 3.7 The publication considers emergency admissions and bed days of people receiving home care. In figure 3c Falkirk's position alongside Scotland and the LGBF family group is presented. On the whole, Falkirk appears to have slightly lower rates in this analysis.

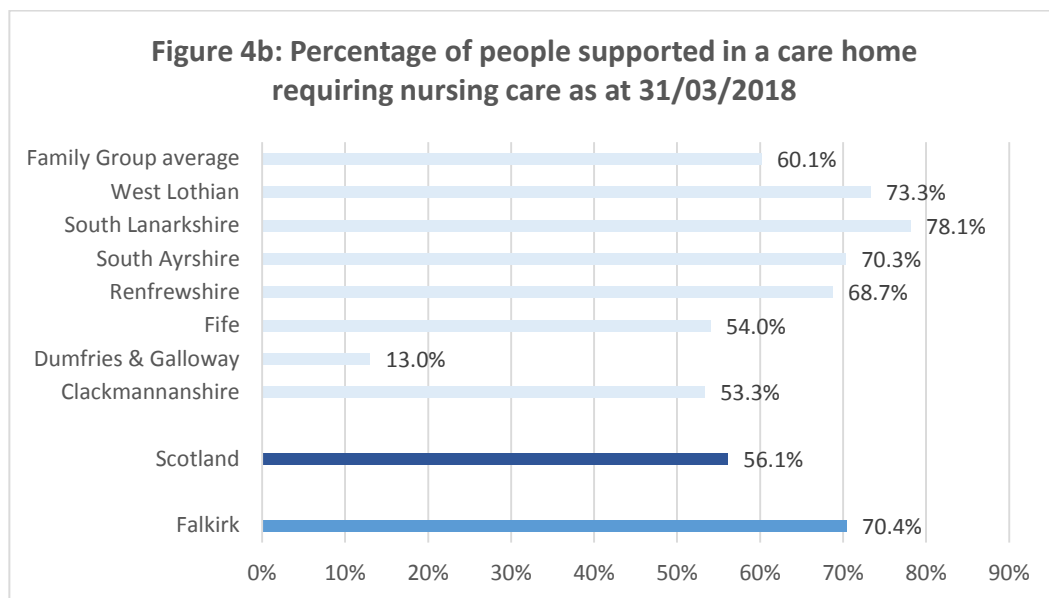


Section 4 – People supported in care homes

- 4.1 This section reports people supported in care homes as at 31 March 2018 and includes respite care placements. Figure 4a compares partnerships by rates per 1000 adult population. Falkirk had a rate per 1000 adult population (8.4) which is 9% above the national average (7.7).

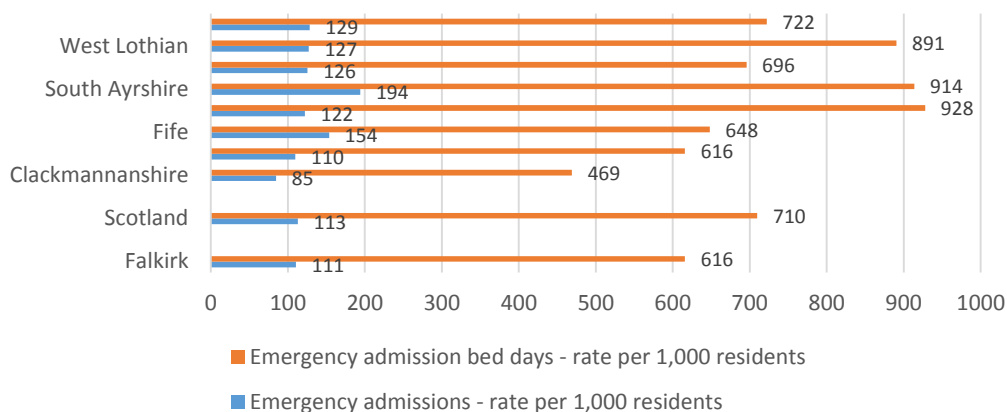
Figure 4a: People supported in care homes (residents ages 18+) rate per 1,000 population at 31 March 2018

- 4.2 The LGBF family group average is 7.9 with three of the seven local authorities having higher rates than Falkirk – Dumfries & Galloway (8.6), Fife (8.4) and South Ayrshire (11.8).
- 4.3 The report refers to the median length of stay for residents in care homes and, erroneously, has Falkirk with shortest of all partnerships. This is because of a consolidation exercise in the financial system (Abacus) which reframed many admission dates in 2017. We have been reassured that the report will note this by the relevant chart.
- 4.4 Falkirk has a higher percentage of residents requiring nursing care than the national average and all but two of the LGBF comparators, see figure 4b.



- 4.5 Finally, the section looks at the association between people supported in care homes and emergency hospital admissions and bed days. Figure 4c shows these for Falkirk compared with national and comparator partnerships. Falkirk's figures are lower than national and most LGBF comparators.

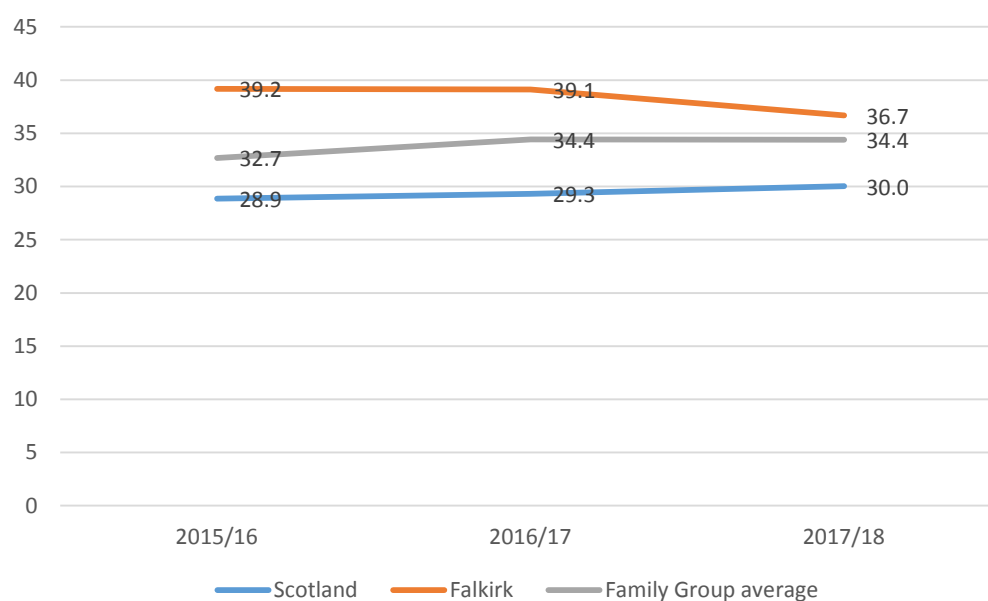
Figure 4c: People supported in care homes between 01/01/2018 & 31/03/2018 who have an emergency hospital admission during same period: admission rates & bed rates per 1,000 adult population



Section 5 - Community alarms and telecare

- 5.1 Figure 5a shows that whilst the rate of people in Falkirk with either a community alarm or telecare is marginally decreasing over the last two years and Scotland and the LGBF marginally increasing, the Falkirk rate remained higher than both in 2017/18.

Figure 5a: Rate of people per 1,000 adult population with Community Alarms &/or Telecare



6.4 Balance of Care

ISD have a dashboard on the website to accompany the Insights into Social Care in Scotland publication and these relate to two balance of care indicators which are published annually by LGBF.

These are:

- 1) Percentage of people aged 18 and over with long-term care needs receiving personal care at home, the calculation being:

$$\frac{\text{Persons receiving home care with personal care}}{(\text{Persons receiving home care with personal care} + \text{long stay care home residents} + \text{continuing care 65+})}$$

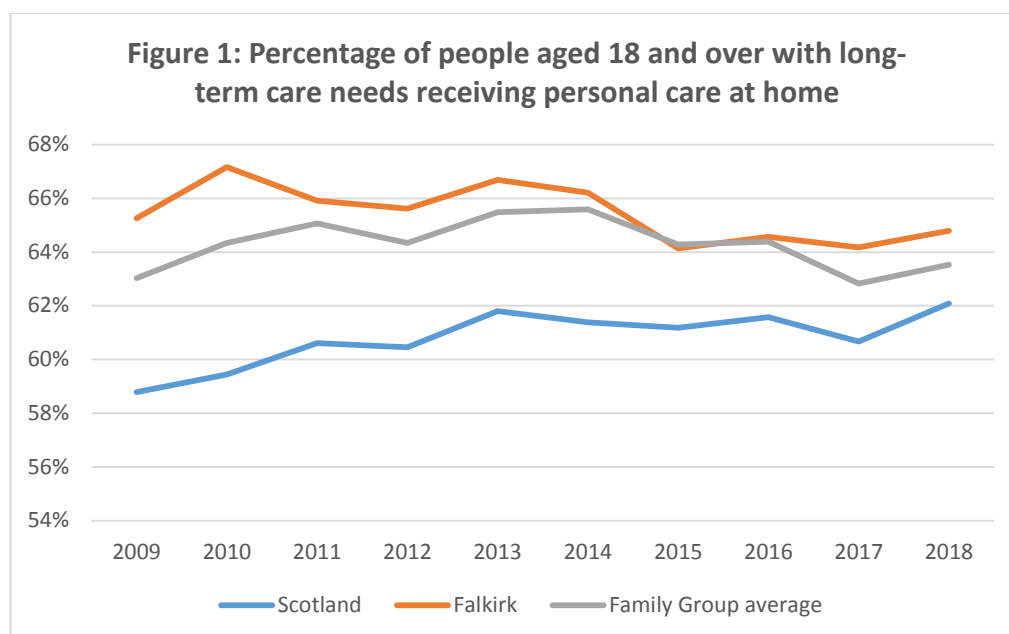
- 2) Percentage of people aged 65 and over with long-term care needs receiving 10+ hrs of home care, the calculation being:

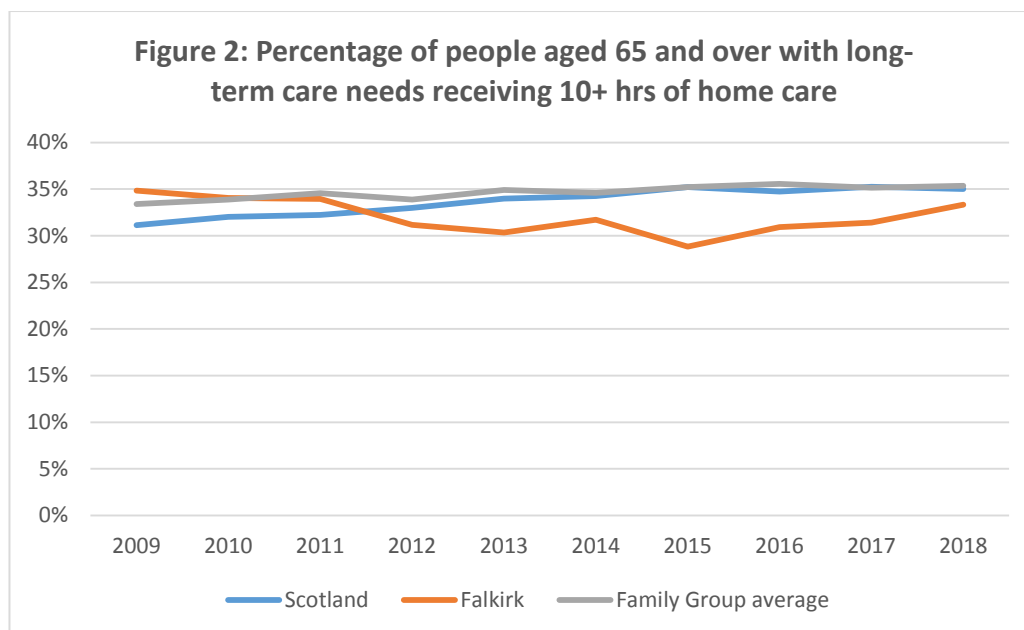
$$\frac{\text{Persons with home care 10+ hours}}{(\text{Persons with home care 10+ hours} + \text{long stay care home residents} + \text{continuing care 65+})}$$

The trends for these two indicators since 2009 are shown in Figures 1 and 2. Falkirk comparisons with the LGBF family group to sit with the Scottish comparison have been included.

Figure 1 shows Falkirk trending above the Scottish and LGBF family group average for indicator 1, although the difference between Falkirk and Scotland is narrowing.

Falkirk falls below the national and family group figures for indicator 2, though here again the difference appears to be narrowing, see Figure 2.





Note, given these indicators are calculated with home care figures from each of the partnerships, comparisons need to be treated with caution as outlined in Section 3 of the report.

Falkirk Integration Joint Board Strategy Map Appendix 1

Vision		“to enable people in Falkirk HSCP are to live full and positive lives within supportive and inclusive communities”		
Local Outcomes	Self Management	Safe	Experience	Strong Sustainable Communities
National Outcomes (9)	1) Healthier living 4) Quality of Life 5) Reduce Inequalities	7) People are safe	3) Positive experience and outcomes 8) Engaged work force 9) Resources are used effectively	2) Independent living 6) Carers are supported
National Indicators (23) (* Indicator under development nationally)	1) % of adults able to look after their health well/quite well 7) % of adults who agree support has impacted on improving/maintaining quality of life 11) Premature mortality rate 12*) Rate of Emergency admissions for adults 17) % of care services graded 'good' (4) or better by Care Inspectorate	9) % of adults supported at home who felt safe 13) * Emergency bed day rate for adults 14) * Readmission to hospital within 28 days rate 16) * Falls rate per 1000 population 65+yrs	3) % of adults who agree that they had a say in how their help/care was provided 4) % of adults supported at home who agree their health and care services are co-ordinated 5) % of adults receiving care and support rated as excellent or good 6) % of people with positive GP experiences 10) % of staff who recommend their place of work as good 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged, 20) % of total health and care spend on hospital stays where the patient admitted as an emergency 22) * % people discharged from hospital within 72 hours of being ready 23) Expenditure on end of life care	2) % of adults supported at home who agree they are supported to be independent 8) % of carers who feel supported in their role 15) % of last 6 months of life spent at home or in community 18) % of adults 18+ years receiving intensive support at home 21) * % of people admitted to hospital from home then discharged to care home 22) * % people discharged from hospital within 72 hours of being ready
MSG Indicators	a. Number of A&E attendances and the number of patients seen within 4 hours b. Number of emergency admissions into Acute specialties	c. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health specialties	d. Number of delayed discharge bed days	e. Percentage of last six months of life spent in the community f. Percentage of population residing in non-hospital setting for all adults and people aged 75+

[illegible]

Accident & Emergency (A&E) Services - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.

Admission - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.

Admission rate - the number of admissions attributed to a group or region divided by the number of people in that group (the population).

Anticipatory Care Plan (ACP) - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

Attendance - The presence of a patient in an A&E service seeking medical attention.

Attendance rate - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).

COPD – Chronic Obstructive Pulmonary Disease

Delayed Discharge

Code 9 - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:

- The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available
- Patients for whom an interim move is not possible or reasonable
- The patient lacks capacity, is going through a Guardianship process

Code 100 - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:

- Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care

- Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies
- Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.

Emergency Department (ED) – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care

4 hour wait standard - since 2007 the national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.

Frequent attenders - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.

HAI - Healthcare Acquired Infections

MSG – Ministerial Strategic Group (Scottish Government)

Pentana – Performance Management eHealth system formerly referred to as Covalent

RAG – Red, Amber or Green status of a measure against agreed target.

Readmission – admission to hospital within either 7 or 28 days of an index admission standardised by specialty

SAS – Scottish Ambulance Service

Scottish Index of Multiple Deprivation - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.

SPSO - The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water providers, the Scottish Government and its agencies and departments and most Scottish authorities.

Unscheduled Care - is "NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

Variance Range – The percentage difference between data at 2 different points in time.