

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

Agenda Item 7

Falkirk Health and Social Care Partnership

Falkirk Council

Title: Falkirk Health and Social Care Partnership

Update Meeting: Scrutiny Committee (External)

Date: 10 October 2019

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

1. PURPOSE OF REPORT

- 1.1. The purpose of this report is to provide a summary of the progress made by the Falkirk Health and Social Care Partnership (HSCP). This report covers progress with performance since the last update to the Scrutiny Committee on 7 March 2019.
- 1.2. The report to Scrutiny Committee presents:
- recent information contained in the IJB reports
 - the Annual Performance Report 2018 – 19
 - the Performance Monitoring Report presented to the IJB on 6 September 2019
 - summary updates from the IJB Audit Committee and Clinical and Care Governance Committee.

2. RECOMMENDATIONS

- 2.1. It is recommended that the Committee considers the performance of the Health and Social Care Partnership, and select a course of action from the following options:
- 1) Note the report and progress by the HSCP in meeting its priorities under the Strategic Plan;
 - 2) Note the Annual Performance Report, Annual Audit Report and MSG self evaluation
 - 3) Request further information on specific aspects of the performance of the HSCP;
 - 4) Request a follow up report for future Scrutiny Committee consideration.

3. BACKGROUND

- 3.1. The Falkirk Integration Joint Board (IJB) is responsible for overseeing the planning, management and delivery of all relevant functions within scope of health and social care integration. This involves the delegation of functions and services by Falkirk Council and NHS Forth Valley and these services are delivered through the Falkirk Health and Social Care Partnership.
- 3.2. The Board has 6 voting members – 3 Falkirk Council Elected Members; Councillors Black, Collie (who is Chair) and Meiklejohn and 3 NHS Forth Valley non-executive Board members. The membership also includes senior officer representation from health, social work and wider stakeholders including service users, carers, Third sector and staff representatives.
- 3.3. The Board has established an Audit Committee and a Clinical and Care Governance Committee.
- 3.4. The IJB controls an annual budget of approximately £227m, and the Board decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2019-2022. The plan details how the Partnership will prioritise services in response to the key issues for the Falkirk area and is supported by a Strategic Needs Assessment (SNA).
- 3.5. The Strategic Plan describes how the Partnership will continue to make changes and improvements to health and social care services for all adults. It identifies four specific local outcomes which align with the Scottish Government national health and wellbeing outcomes, the National Health and Social Care Delivery Plan and the Falkirk Community Planning Partnership Strategic Outcomes and Local Delivery (SOLD) Plan.

4. FALKIRK IJB SCRUTINY AND MONITORING ARRANGEMENTS

- 4.1. The IJB 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. By managing performance the delivery of the Strategic Plan outcomes and priorities can be assessed, assuring the Board that services improve outcomes for people.
- 4.2. 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.
- 4.3. The Board monitors and reports on performance in a number of ways:

- Annual Performance Report
- Performance Monitoring reports are presented to each of its regular meetings, and these are accessible online
- Reports on a range of subjects, including the Chief Officer report and Finance report.

4.4. **IJB Audit and Clinical and Care Governance Committees**

- The Audit Committee is responsible for assessing the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements and considering the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated;
- The JB Clinical and Care Governance Committee provides assurance to the Board on the systems for delivery of safe, effective, person-centred care in line with the IJB's statutory duty for the quality of health and care services.

4.5. **IJB Audit Committee - business**

Since the last report to Scrutiny Committee, the Audit Committee has met 3 times and considered reports on.

28 March 2019

- Risk Management Strategy and Strategic Risk Register Update
- Audit Sharing Protocol
- Internal Audit Progress Report
- 2018/19 External Audit Annual Audit Plan

27 June 2019

- Falkirk IJB 2018/19 Unaudited Annual Report and Accounts
- Internal Audit Plan 2019/20
- Strategic Risk Register
- Governance Action Plan
- National Audit and Inspection Report Overview
- Social Work in Scotland Impact Report
- How Councils Work - Safeguarding Money

23 September 2019

- Falkirk IJB 2018/19 Audited Annual Accounts
- 2018/19 Annual Audit Report to the Integration Joint Board and the Controller of Audit
Risk Management Arrangements
- IJB Audit Committee Programme of Meetings and Workplan 2020
- National Audit and Inspection Overview

IJB Clinical and Care Governance Committee

- 4.6. Since the last report to Scrutiny Committee in March 2019, the committee has met twice – 20 June and 22 August 2019. The reports considered include:
- CCGC Terms of Reference
 - CCGC Workplan
 - Strategic Plan 2019 - 22
 - Inspection Reports on Summerford Care Home and Care at Home services
 - Gabapentinoid Prescribing within NHS Forth Valley 2017-2019
 - Governance and Management Arrangements for Falkirk Community Hospital
 - National Health and Social Care Standards
 - Healthcare Acquired Infection Quarterly Report.
- 4.7. The Audit Committee and CCGC formally submit their minutes to the IJB as part of its assurance processes and are available publically. Regular reports go from the CCGC to the Falkirk Public Protection Chief Officers Group and the NHS Forth Valley Clinical Governance Working Group.
- 5. 2018/19 ANNUAL AUDIT REPORT TO THE IJB AND CONTROLLER OF AUDIT**
- 5.1. The IJB's appointed auditors, Ernst & Young, presented its' Annual Audit Report to the IJB and Controller of Audit' to the Audit Committee on 23 September 2019. The auditors are required to (1) to communicate matters relating to the audit of the financial statements to those charged with governance of a body, in sufficient time to enable action.
- 5.2. (2)to prepare, an annual report on matters of significance that have arisen out of the audit process . The Ernst & Young report was presented to the IJB Audit Committee on 23 September 2019 and a link to the report is [here](#).
- 5.3. The annual Audit report to the IJB and Controller of Audit fulfills both these requirements.
- 5.4. Following approval by the Audit Committee, the accounts, which were free from qualification were signed by the Chair of the IJB and the Chief Officer. This process is in line with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.

5.5. There are a number of points to note in respect of the audited annual accounts:-

- There were no adjusted or unadjusted audit differences arising from the audit
- No material issues or unusual transactions were found
- No material weaknesses were found in the controls tested as part of the audit work.

5.6. The executive summary of the key conclusions from the Annual Audit Report is attached at appendix1 . Three areas of the wider scope audit are rated as red: Financial sustainability;. Governance and transparency and; Value for money. The Auditors highlight that the pace of integration has fallen significantly short of the expectations of integration.

5.7. A number of improvement actions were identified as part of the wider scope audit work covering financial sustainability, financial management, governance and transparency and value for money. These have been included in an action plan in appendix two. . These actions are:

- The IJB must ensure that the timeliness of financial reporting from partners supports greater transparency on the use and impact of reserves.
- Risk sharing arrangements need to be embedded and agreed between the partners.
- Work is required to finalise a medium term financial strategy.
- There is an urgent need to agree support service arrangements to provide additional resource and capacity for the IJB to deliver the Strategic Plan.
- Board members need to be clear about their corporate responsibilities to the IJB and demonstrate the leadership needed to deliver the necessary change and make key decisions about the future shape of services.
- The IJB must satisfy itself that risk management support is sufficient from both partners and that mitigation arrangements for key strategic risks are prioritised and appropriate.
- The IJB should review the processes in place to produce the Annual Performance Report to ensure that it provides sufficient information to allow users to assess whether the IJB is achieving Best Value.

- The IJB must ensure that key areas of performance are prioritised to deliver improvement and pace.
- 5.8. Whilst the actions have been accepted, the full action plan, including responsible officers and deadlines, has not been finalised completed due to the timescales involved in finalising the report. A finalised action plan will be brought to the December 2019 IJB Audit Committee.
- 5.9. In addition, of the four recommendations identified as part of the 2017/18 audit, two were incomplete and two were assessed as limited progress being made. These are also included in the report and link with some of the recommendations listed at paragraph 7.6, particularly the medium term financial strategy and risk sharing agreement.
- 5.10. The recommendations of the external audit report suggest that progress is not being made in critical areas. This poses a risk to the delivery of the Strategic Plan.

6. FALKIRK HSCP UPDATE

HSCP Strategic Plan

- 6.1. The IJB approved its new **Strategic Plan 2019 – 2022** on 5 April 2019. This was presented to Falkirk Council on 8 May 2019. The plan sets out the agreed direction to redesign integrated health and social care services to better support people and communities. This will be supported by a Delivery Plan and Medium Term Financial Plan.

National review of progress with integration of health and social care

- 6.2. Council was advised in March 2019 of the review on progress of the integration of health and social care at a national level. This has been taken forward by a Leadership Group led by the Ministerial Strategic Group (MSG) and Convention of Scottish Local Authorities (COSLA).
- 6.3. The purpose of the review is to help ensure that there is an increase in pace in delivering all of the integration principles and national health and well-being outcomes. The findings of this review were published in February 2019, and noted the Leadership Group agreement with the Audit Scotland report on integration, published in November 2018.
- 6.4. The review report noted the expectation that Health Boards, Local Authorities and IJBs would evaluate their current position in relation to both national reports, and take action to make progress.
- 6.5. The IJB submitted a self-evaluation to the MSG on 15 May 2019. This followed a process to seek initial views of the Board, Strategic Planning Group and HSCP Leadership Group through completion of an online survey. A Board development session was then held on 10 May 2019 to refine the submission and agree a final position. The full report can be found here and is summarised at appendix 3 .

6.6. IJBs have also been asked to submit an improvement plan to the Scottish Government. This was presented to the IJB at a meeting on 6 September 2019. The improvement plan has been developed based on the self-evaluation, with prioritised improvement actions. Further work will be done to include lead officers and timescales. The full report is available here and a summary of the improvement actions is attached at appendix 4. The improvement actions have been aligned, where relevant, to the IJB Risk Register. Finally, the plan sets out how progress will be monitored and reported through the arrangements outlined. This will provide assurance to the Board on how evidence of progress will be reported. A follow up report will also be presented to the IJB early in 2020.

6.7. The recent Ministerial Strategic Group (MSG) self evaluation by Falkirk IJB as detailed in section 5 and summarised in appendix 3 highlights the lack of pace with full integration; the majority of indicators rated as 'partly established'.

Local progress with integration

6.8. The Partnership has appointed two Heads of Integration who have been in post since July 2019. The new integrated structure provides an opportunity to have two Heads of Integration – one with a health background and the other from a Social Work background. They will work with the Chief Officer to deliver a programme of transformational change and continuous improvement to provide a seamless and integrated health and social care service. Collectively, the Leadership Group will provide leadership to ensure the Boards vision, set of values and organisational culture underpin delivery of whole system change to improve outcomes for adults in the Falkirk area.

6.9. Recruitment to two of the three Locality Manager posts has been successful, with recruitment ongoing for the third post. The Locality Managers will establish integrated locality teams including assessment and care planning, Home Care and community nursing teams. They will also lead on the development of Locality Plans that reflect the Strategic Plan priorities and local priorities, as reflected in local Strategic Needs Assessment work.

6.10. A timescale for the transfer of the operational management of in-scope NHS services will be agreed with the IJB and NHS Board once further due diligence work has been concluded and reported to the Board. Interim arrangements for the management of IJB functions and services by NHS Forth Valley have been agreed until the transfer takes place. The Associate Director of Nursing will manage services until the Falkirk HSCP integrated management structure is in place. This provides assurance to the NHS Board and IJB that services are being maintained and appropriately managed. This has been approved by the NHS Forth Valley Board meeting on 28 May 2019.

6.11. The phased transfer of health services will enable the IJB to realise the opportunities that integration offers in Falkirk and across Forth Valley.

- 6.12. Further work is required to agree the principles and arrangements for the co-ordination of Forth Valley wide health services. This will also include discussion on Phases 2 and 3 of the transfer of services and a review of the management capacity once the details are shared by NHS Forth Valley. This will require agreement between both Falkirk and Clackmannanshire and Stirling IJB and the Health Board. In addition the IJBs will require an agreement to ensure that each Chief Officer has clear accountability to the other IJB for any services delivered on their behalf.
- 6.13. The IJB requires sufficient corporate support to discharge its responsibilities as a public body and for the HSCP to properly administer and deliver £227m of public services. Discussions continue with the Chief Executives to agree how this requirement is met through a Support Services Agreement.
- 6.14. The HSCP Leadership Group, chaired by the Chief Officer continues to meet. The Heads of Integration have set up Shadow Integrated Management Team meetings. This work will also be supported by a transformation programme team to work with the services, and links with the discussions required to finalise the Support Services Agreement.

Financial Position

- 6.15. The IJB achieved financial balance in 2018/19. However, this required additional funding from NHS Forth Valley of £1.264m to cover overspends in areas such as the community hospitals and prescribing. In addition there was an overspend of £1.416m for large hospital services (known as Set Aside) which was again met by NHS Forth Valley. The year end financial position reflected difficulties within NHS Forth Valley in delivering recurring, sustainable savings. As a result, much of this pressure (£2.4m in total) was carried forward to 2019/20.
- 6.16. The most recent financial position update report to the IJB in September forecast an overspend of £3.241m for 2019/20. This is made up of £1.845m for areas such as community hospitals and prescribing, and £1.396m for Set Aside services. To date, savings have not been identified to fully address this financial gap. Furthermore, whilst the adult social work elements of the budget are predicted to breakeven, this is predicated on delivery of savings, some of which are rated “amber” in terms of deliverability.
- 6.17. The IJB has requested that NHS Forth Valley and Falkirk Council agree a risk sharing agreement which would set out how the financial pressures in 2019/20 will be addressed. In 2018/19, it was agreed that each partner would cover the overspend in their respective area. Falkirk Council has proposed the same arrangement for 2019/20. NHS Forth Valley has yet to submit their proposal.
- 6.18. The achievement of financial balance in 2019/20 is considered very high risk for the IJB.

Unscheduled Care and Delayed Discharges

- 6.19. The Partnership continues to have a focus on preventing unplanned admissions to hospital as well as identifying the reasons for people being delayed in their discharge home.
- 6.20. The work of the Unscheduled Care Programme Board has highlighted the interconnections between all parts of the unscheduled care pathway and its performance.
- 6.21. The IJB received a report in September 2019 with an update on the whole system work and plans for Unscheduled Care including the development of a specific Falkirk HSCP unscheduled care plan. The plan will be integral to the whole system approach to unscheduled care and support an improvement in performance against delivery targets, including delays in discharge. This will support better care, promote independence and improve outcomes for people in our communities.
- 6.22. Falkirk Council was advised in March 2019 that under the NHS Board Performance Escalation Framework, NHS Forth Valley is currently receiving tailored support from the Scottish Government concerning unscheduled care performance. A formal recovery plan for NHS Forth Valley has been agreed with the Scottish Government and support has been made available to the NHS Board to support delivery of the recovery plan.

Falkirk Carers Strategy

- 6.23. The IJB approved its new Carers Strategy on 5 April 2019 which can be found **here**.
- 6.24. The Carers (Scotland) Act 2016 was enacted on 1 April 2018. It introduced a number of duties on local authorities and the NHS, some of which are delegated to Integration Joint Boards. This includes the duty to prepare a local carer strategy.
- 6.25. To inform the development of the Carers Strategy, a Carers Needs Assessment was produced. This was used as part of the engagement and consultation process with carers to identify priority areas for the plan. These priority areas are:
- Reduce impact of caring on health and well-being
 - Carers employability (Carer Positive)
 - Developing community support
 - Market shaping – build on Respite, creative breaks, new commissioning approaches etc.
 - Breaks from Caring
 - Emergency Planning
 - Carer involvement in hospital discharge

- Preventative support
- Transition Pathways
- Identifying hidden carers.

6.26. An action plan has been developed and included in the Strategy. The Falkirk Carers Act Implementation Group will monitor the progress of the Carers Strategy Action Plan on a quarterly basis and report back to Falkirk Council and the Integration Joint Board twice yearly.

7. **FALKIRK HSCP ANNUAL PERFORMANCE REPORT**

7.1. The Partnership published an **Annual Performance Report 2018 - 19** in line with statutory requirements on 31 July 2019. This reflects the Partnership's activity in relation to the Strategic Plan 2016 – 2019 outcomes and local priorities, and the national outcomes. The first annual performance report for the new Strategic Plan 2019 – 2022 will be July 2020.

7.2. It reports on performance against the Partnership's local outcomes as required by the legislation, and highlights achievements throughout the year, with some case studies included. Partnerships are expected and encouraged to include relevant information beyond the minimum required, to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities. This is attached at appendix 5 for information.

7.3. The report provides an opportunity to describe the numerous service developments and redesigns being taken forward. Many of these changes will take time to become established given the complexity of the whole health and social care system and recognising the current position of the Partnership with the phased integration of health services. It is anticipated that over time these changes should start to demonstrate impact and benefits for people and have a positive impact on Partnership performance.

7.4. In reviewing the Partnership's performance, there are no changes to national indicators 1-9, as these are populated by the bi-annual Health and Care Experience Survey. As this survey runs every 2 years the most recently available data relates to 2017 - 2018 and is the same as presented in the Annual Performance Report 2017 - 2018.

7.5. It is not possible to present full year data for a number of indicators due to NHS FV data completeness issues. However, complete data is available for April 2018 to December 2019 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. 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).

7.6. Performance against indicator 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 (87% in 17/18 to 86% in 18/19)
- 16: Falls rate per 1,000 population aged 65+ years (5.4 in 17/18 to 5.8 in 18/19).

7.7. The Annual Performance Report has been published online and has been widely disseminated across the Partnership through existing networks.

8. IJB PERFORMANCE MONITORING REPORT

8.1. The IJB Performance Monitoring Report presented to the Board in September 2019 is attached at Appendix 6 for information. The report presented:

- a comprehensive review of local performance indicators based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison.
- progress against the suite of national integration indicators
- a summary of Falkirk's performance is reported in the Insights into Social Care 2017 – 18 report.

8.2. 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.

8.3. 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.

- 8.4. Section 2 provides an overview of the Format and Structure of the Performance Report.
- 8.5. 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.
- 8.6. Section 4 provides exception reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.
- 8.7. 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. NHS Forth Valley 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.
- 8.8. 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.
- 8.9. The Performance Monitoring Report appendices are Appendix 1 – Falkirk IJB Strategy Map and Appendix 2 – Glossary.

9. CONSULTATION

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

10. IMPLICATIONS

Financial

There are no financial requirements arising from this report.

Resources

There are no resource requirements arising from this report.

Legal

There are no legal implications arising from this report.

Risk

There are no risk implications arising from this report.

Equalities

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

Sustainability/Environmental Impact

This is not required for this report.

11. CONCLUSIONS

The integration of Health and Social Care remains at an early stage in its development at the national level, and in particular at a local level. This report summarises performance information covering a range of key areas of service activity. This is within a context of growing demand, an ageing population, people living with more complex health conditions and financial constraints.

As noted at section 5.7 the external Annual Audit Report suggests that progress is not being made in critical areas. The self-evaluation required by the MSG also highlights the lack of pace with full integration.

The Scrutiny Committee is invited to consider recommendations at paragraph 2.1 of this report presented by the Falkirk HSCP.

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Chief Officer, Health and Social Care Partnership

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Date: 19 September 2019

Appendices:

Appendix 1: Executive Summary Annual Audit Report
Appendix 2: Annual Audit Action Plan
Appendix 3: MSG self-evaluation summary
Appendix 4: MSG prioritised improvement actions
Appendix 5: Falkirk HSCP Annual Performance Report 2018 - 19
Appendix 6: Performance Monitoring Report presented to IJB on
6 September 2019

List of Background Papers:

IJB reports

Executive Summary: Key Conclusions from our 2018/19 audit

Financial statements: Audit Opinion	<p>We have concluded our audit of the IJB's financial statements for the year ended 31 March 2019.</p> <p>No audit adjustments were required to be made and there are no unadjusted differences that we are required to communicate.</p> <p>We concluded that the other information subject to audit, including parts of the Remuneration Report and the Annual Governance Statement were appropriate.</p>	GREEN
Presentation and disclosures	<p>The draft financial statements and supporting working papers were of a good quality. We worked with the Chief Finance Officer to draw upon good practice guidance issued by Audit Scotland to make improvements to the Management Commentary and other minor disclosures.</p> <p>We were satisfied that the Annual Governance Statement materially reflects the requirements of the <i>Delivering Good Governance Framework</i>.</p>	GREEN
Wider Scope: Financial Management	<p>The IJB relied on non-recurring funding to deliver a £19,000 surplus in 2018/19, including transfers from reserves and £2.7 million in additional contributions from NHS Forth Valley to meet overspends on health services.</p> <p>Unexpected reserve transfers underlines that there has been insufficient transparency about spending and the impact of priority areas of investment from partners during the year.</p>	AMBER
Financial Sustainability	<p>The IJB does not yet have key strategies to support the delivery of the Strategic Plan, including a Medium Term Financial Plan and Integrated Workforce Plan.</p> <p>Only 61% (£2.6 million) of planned savings were delivered in 2018/19. A funding gap of £5.2 million has been identified for 2019/20 but it is unclear how NHS Forth Valley will deliver their share of savings, totalling £3.47 million (68.7%).</p>	RED
Governance and Transparency	<p>While progress has been made on implementing integrated structures, the pace of change remains slow and, as reported by us in 2017/18, a number of key governance processes that are required to support integration have not been completed.</p> <p>The IJB's self-evaluation of progress against key features of integration highlights that a significant level of work is required to provide the level of collaborative leadership necessary to increase the pace of change.</p>	RED
Value for money	<p>The IJB receives regular performance reports that provide assessments of areas for improvement. The Annual Performance Report was published by 31 July 2019, in line with legislation, but was subject to substantial data gaps which mean that it is difficult to assess whether the IJB is delivering Best Value.</p> <p>During the year, the IJB and its partners responded to significant performance challenges. While the IJB can demonstrate that specific interventions in adult social care have been effective in delivering improvements in a short period of time, performance overall remains poor.</p>	RED

Appendix D: Action Plan

This action plan summarises specific recommendations included elsewhere within this Annual Audit Report. We have graded these findings according to our consideration of their priority for the IJB or management to action.

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
1	The final reserves position was a significant improvement on levels projected throughout the financial year. Unexpected underspends against earmarked funds meant that priority areas of investment for the IJB may not have had the impact envisaged.	The IJB must ensure that the timeliness of financial reporting from partners supports greater transparency on the use and impact of reserves. <i>Grade 2</i>	Responsible officer: Implementation date:
2	The IJB recognised within its self-evaluation that insufficient progress has been made to ensure that funding loses its identity. Current financial monitoring reports focus on the source of funding rather than how the funding has been used to support the delivery of the Strategic Plan. One of the contributing factors is the short term risk sharing agreement which necessitates budget monitoring by partner bodies'.	Longer-term budget management arrangements, especially in respect of risk sharing arrangements need to be embedded and agreed between the partners. Robust recovery plans must be developed for areas of overspend to ensure that partners are not subject to unexpected financial risk. <i>Grade 1</i>	Responsible officer: Implementation date:
3	The IJB has identified that changes in service delivery are needed to develop financial sustainability. Insufficient support has been provided by partners to allow the IJB to prepare a robust Medium Term Financial Plan, particularly for health services. A key element of the plan will be the identification of sustainable savings through both service change and efficiency.	Continued work is required to finalise a medium-term financial strategy, underpinned by identified and agreed budget savings over the term of the plan to not only manage in year financial positions, but also to ensure that the forecast pressures are addressed on a timely basis and the IJBs Strategic Plan is delivered. <i>Grade 1</i>	Responsible officer: Implementation date:

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
4	While progress has been made to develop integrated structures, the pace has been slower than anticipated and a number of key governance arrangements necessary to support integration are not in place. The level of management capacity available means that the scale and pace of change is at risk.	Partners must agree support service arrangements to provide additional resource and capacity for the IJB to deliver the Strategic Plan. <i>Grade 2</i>	Responsible officer: Implementation date:
5	During our attendance and observations at meetings, we noted occasions where there continue to be disagreements and confusion about the lines of accountability.	Board members need to be clear about their corporate responsibilities to the IJB, and demonstrate the leadership needed to deliver the necessary change and make key decisions about the future shape of services. <i>Grade 1</i>	Responsible officer: Implementation date:
6	We note that the IJB has taken steps to improve risk management arrangements during 2018-19. However, the lack of dedicated risk management support from NHS Forth Valley may not provide sufficient assurance to the IJB that appropriate arrangements are in place to identify and mitigate risk.	The IJB must satisfy itself that risk management support is sufficient from both partners, and that mitigation arrangements for key strategic risks are prioritised and appropriate. <i>Grade 1</i>	Responsible officer: Implementation date:

Classification of recommendations

Grade 1: Key risks and / or significant deficiencies which are critical to the achievement of strategic objectives. Consequently management needs to address and seek resolution urgently.

Grade 2: Risks or potential weaknesses which impact on individual objectives, or impact the operation of a single process, and so require prompt but not immediate action by management.

Grade 3: Less significant issues and / or areas for improvement which we consider merit attention but do not require to be prioritised by management.

No.	Findings and / or risk	Recommendation / grading	Management response / Implementation timeframe
7	<p>There to scope to make the Annual Performance Report more accessible and user friendly by focusing on key priorities, achievements and challenges.</p> <p>We also note that the report was published before it had been considered by the IJB in order to meet the statutory deadline of 31 July.</p>	<p>The IJB should review the processes in place to produce the Annual Performance Report to ensure that it provides sufficient information to allow users to assess whether the IJB is achieving Best Value.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Responsible officer:</p> <p>Implementation date:</p>
8	<p>The IJB reports performance against a range of indicators and outcomes in the Financial Statements and its Annual Performance report.</p> <p>Performance against a number of indicators has declined both against prior year and against comparators.</p>	<p>The IJB must ensure that key areas of performance are prioritised to deliver constituent improvement and pace.</p> <p style="text-align: right;"><i>Grade 1</i></p>	<p>Responsible officer:</p> <p>Implementation date:</p>

MSG Proposal	Rating
Key Feature 1: Collaborative leadership and building relationships	
1.1: All leadership development will be focused on shared and collaborative practice	Partly established
1.2: Relationships and collaborative working between partners must improve	Partly established
1.3: Relationships and partnership working with the third and independent sectors must improve	Partly established
Key Feature 2: Integrated Finances and Financial Planning	
2.1: Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration	Partly established
2.2: Delegated budgets for IJBs must be agreed timeously	Partly established
2.3: Delegated hospital budgets and set aside budget requirements must be fully implemented	Not yet established
2.4: Each IJB must develop a transparent and prudent reserves policy	Partly established
2.5: Statutory partners must ensure appropriate support is provided to IJB S95 Officers	Partly established
2.6: IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations	Partly established
Key Feature 3: Effective strategic planning for improvement	
3.1: Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB	Partly established
3.4: Improved strategic planning and commissioning arrangements must be put in place	Partly established
3.5: Improved capacity for strategic commissioning of delegated hospital services must be in place	Not yet established
Key Feature 4: Governance and accountability arrangements	
4.1: The understanding of accountabilities and responsibilities between statutory partners must improve	Partly established
4.2: Accountability processes across statutory partners will be streamlined	Not yet established
4.3: IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis	Partly established
4.4: Clear directions must be provided by IJB to Health Boards and Local Authorities	Partly established
4.5: Effective, coherent and joined up clinical and care governance arrangements must be in place	Partly established
Key Feature 5: Ability and willingness to share information	
5.1: IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data	Established
5.2: Identifying and implementing good practice will be systematically undertaken by all partnerships	Established
Key Feature 6: Meaningful and sustained engagement	
6.1: Effective approaches for community engagement and participation must be put in place for integration	Established
6.2: Improved understanding of effective working relationships with carers, people using services and local communities is required	Established
6.3: We will support carers and representatives of people using services better to enable their full involvement in integration	Partly established

Falkirk HSCP MSG Priorities Improvement Actions

Key Feature	Improvement Actions
1.1	Drive improvements in collaborative leadership
1.1	Implement the integrated management structure
1.1	Establish operational Integrated Locality Teams
1.2	Co-design a 'Working with Communities, Working with Third Sector' framework / strategy that aligns joint commitment to partnership outcomes
2.3	Develop and provide transparent set aside and delegated hospital budgets with clear understanding of how best to use these budgets to meet local needs, improve outcomes and achieve transformation (and a balanced long term budget)
2.6	Improve financial transparency to ensure a full awareness of risks, budget gaps and how the IJB budget can be best used to bring about the transformation needed
3.1	Ensure that there are sufficient resources in the Chief Officer's team and the Board, to support the successful operation of the Board, its committees and sub groups
3.4	Target investment to meet strategic objectives over period of Strategic Plan, in line with medium term financial planning and evidence based transformation planning
3.4	Ensure robust commissioning arrangements are in place
4.1	Review governance and decision making processes to ensure they are fit for purpose and that accountabilities are clear
4.2	Develop and implement: <ul style="list-style-type: none"> Organisational Development plan Integrated Workforce Plan
4.5	Continue to develop the Clinical and Care Governance Committee
6.1	Review the role of the Participation and Engagement Group and Strategy to support partners to plan and develop engagement and participation approaches



Title / Subject	Falkirk Health & Social Care Partnership Annual Performance Report 2018 - 2019
Meeting:	Integration Joint Board
Date:	6 September 2019
Submitted by:	Senior Service Manager
Action:	For Noting

1. INTRODUCTION

- 1.1. The report presents the Falkirk HSCP Annual Performance Report 2018 - 2019, which outlines how the Partnership is working towards delivering the Strategic Plan and the nine national Health and Wellbeing Outcomes.
- 1.2. The Board agreed at its June meeting that to meet publication timescales the draft report would be circulated to members for comments in July, with the final agreement to publish delegated to the Chair, Vice-Chair, Chief Officer and Chief Finance Officer.

2. RECOMMENDATION

The Integration Joint Board is asked to:

- 2.1. note the publication of the Annual Performance Report 2018 - 2019
- 2.2. note that there will be a revision published to local performance against the national indicators once completeness issues have been resolved.

3. BACKGROUND

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014 specifies that a performance report must be produced by an Integration Authority to ensure that performance is open and accountable and sets out an assessment of performance in planning and carrying out the integration functions for which they are responsible. This is to be produced for the benefit of Partnership and their communities.
- 3.2. The Public Bodies (Joint Working) (Scotland) Act 2014 obliges the Integration Authority to prepare a Performance Report for the previous reporting year and for this to be published by the end of July. For example, a Performance Report covering the period April 2018 to March 2019 is required to be published no later than the end of July 2019.



- 3.3. The required content of the Annual Performance Report is set out in the Public Bodies (Joint Working) (Content of Performance Report) (Scotland) Regulations 2014. The regulations and associated guidance set out the minimum expectations on the content of these reports. There is particular reference to the reporting of the core integration indicators to support assessment and performance in relation to the National Health and Wellbeing Outcomes. The report should include data for both the reporting year and the previous years since integration, i.e. from 2016 - 2017, where this is available.
- 3.4. It is for Partnerships to decide the layout of their Annual Performance Report. Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out below in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities. This should be presented in a way that is clear for non-experts and should include:
- Financial Performance and Best Value
 - Reporting on localities
 - Inspection of services
 - Review of Strategic Plan.
- 3.5. Timescales to produce the Annual Performance Report have been challenging. The timeframe coincides with the production of the Annual Accounts and verified data from the Information Services Division (ISD) and Social Care systems have become available as the report has been drafted.
- 3.6. NHS Forth Valley is currently experiencing a SMR01 hospital data completeness issue meaning 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.
- 3.7. However, there is a statutory deadline to publish the report and therefore the best information available has been utilised.

4. ANNUAL PERFORMANCE REPORT 2018-19

- 4.1. The Annual Performance Report has been developed with input from colleagues across the Partnership. It reports on performance against the Partnership's local outcomes as required by the legislation, and highlights achievements throughout the year, with some case studies included.
- 4.2. The HSCP Annual Performance for 2018 -19 is attached at Appendix 1. This reflects the Partnership's activity in relation to the Strategic Plan 2016 – 2019 outcomes and local priorities, and the national outcomes. The first annual performance report for the new Strategic Plan 2019 – 2022 will be July 2020.

- 4.3. The report provides an opportunity to describe the numerous service developments and redesigns being taken forward. Many of these changes will take time to become established given the complexity of the whole health and social care system and recognising the current position of the Partnership with the phased integration of health services. It is anticipated that over time these changes should start to demonstrate impact and benefits for people and have a positive impact on Partnership performance.
- 4.4. In reviewing the Partnership's performance, there are no changes to national indicators 1-9, as these are populated by the bi-annual Health and Care Experience Survey. As this survey runs every 2 years the most recently available data relates to 2017 - 2018 and is the same as presented in the Annual Performance report 2017 - 2018.
- 4.5. 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. These figures do not represent full year figures and 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).
- 4.6. 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.
- 4.7. Further work will take place with services to develop local indicators that will better represent the performance across a wider range of services and service user and carer experiences.
- 4.8. The Board is asked to note the publication of the Annual Performance Report. This has been published online and widely disseminated across the Partnership through existing networks.
- 4.9. As a key part of the monitoring arrangements for the Partnership, the Annual Performance Report will be reported to:
- NHS Forth Valley Board on 24 September 2019.
 - Falkirk Council on 25 September 2019
 - Falkirk Council Scrutiny Committee (External) on 10 October 2019

- Community Planning Executive Group on 17 October 2019
- Community Planning Strategic Board on 21 November 2019

5. CONCLUSION

- 5.1. The Partnership's Annual Performance Report is an opportunity to reflect on the varied activities and improvements that have been achieved over the year, and consider how well the Partnership is delivering the Strategic Plan.

Resource Implications

There are no resource implications arising specifically from this report. The Annual Performance Report includes information on the use of the Partnership Funding and other funding.

Impact on Strategic Plan Outcomes and Priorities

The Annual Performance Report 2018 -2019 will help to measure the impact of progress against the Strategic Plan local outcomes and priorities.

Legal and Risk Implications

The Annual Performance Report is a statutory requirement. This report ensures that the Partnership has met its statutory obligations to publish an Annual Performance Report by 31 July 2019 and illustrate our performance against our local and national outcomes.

Consultation

There has been ongoing engagement during the year which has already informed the Partnership's activity and core business.

Equalities and Human Rights Impact Assessment

The Annual Performance Report is a review of the previous year of Partnership activity. As such there is no requirement to carry out an assessment.

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Approved for submission by: Patricia Cassidy, Chief Officer, Falkirk HSCP

Author: Suzanne Thomson, Programme Manager, Falkirk HSCP

Date: 27 August 2019

Appendix 1: Falkirk Health and Social Care Partnership Annual Performance Report
2018 -2019



Falkirk Health and Social Care Partnership Annual Performance Report 2018 – 2019



Falkirk
Health and Social Care
Partnership

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Introduction

Welcome from the Integration Joint Board (IJB) Chair

Welcome to our third Annual Performance Report. The report summarises the progress made by the Health and Social Care Partnership over the past year.

With our new Strategic Plan 2019 – 2022, the Integration Joint Board is ambitious and enthusiastic about the opportunities that integrating health and social care services can bring and seeing the difference this will make to people.



The Board is committed to creating the environment, space and capacity to support the Chief Officer to establish the integrated management team that will enable the phased transfer of services under the Partnership. The Board acknowledges the Partnership is in the early stages and is working hard to increase the pace of change, recognising that there is huge complexity in our services, and challenges, including increasing demand and workforce pressures. This is all the more reason to look at ways to deliver services in a different way, making sure that they are responsive to people's needs and improve their outcomes.

On behalf of the Board, I would like to extend thanks to our workforce, Third and Independent Sector partners, Community Planning Partners, communities and volunteers for their commitment to delivering services. This has sometimes been under challenging circumstances, and you continue to do this with professionalism, commitment and passion. Importantly thanks to people who have used our services for sharing their thoughts with us about what we have done well that we can build on, and ways that we can improve. We will listen to this feedback and take the appropriate actions.

I would like to extend thanks to the Strategic Planning Group (SPG) for their invaluable contribution to the refresh of the Strategic Plan and the review of this going forward. More information about services is available online through the HSCP, Falkirk Council or NHS Forth Valley websites.

I hope you find this report informative.

Fiona Collie
Falkirk IJB Chair

Welcome from the IJB Chief Officer

Welcome to our Annual Performance Report.



The report provides an overview of our progress to transform the way we deliver Health and Social Care services for people living in the Falkirk area. This is reflected in the case studies that show how we are reshaping our services to better support people to achieve their personal outcomes. The report also provides information of our performance against the national integration indicators.

During the last year we have made progress with the development of new services to support adults with a learning disability. The highlight of my year was attending the Dates n Mates St Valentines disco and enjoying a dance with young people and their families. Through the review of day services we have been able to work with younger adults and their carers to improve access to a range of community based activities.

We are making key appointments to the senior management team to support the development of integrated locality teams. NHS Forth Valley has agreed to transfer some operational services and planning is underway to establish the integrated teams by winter 2019.

We have built strong foundations to collaborate with local communities to transform the way we provide support and meet local need.

Thank you for taking the time to read our Annual Performance Report.

Patricia Cassidy
Chief Officer

Our Partnership

Strategic Plan 2019 – 2022

Our vision for Falkirk, set out in the Strategic Plan, is:

“to enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities”

The Health and Social Care Partnership (HSCP) has published a refreshed Strategic Plan. This sets out how the Integration Joint Board (IJB) will plan and deliver local adult health and social care services over the next 3 years. We will use the integrated budgets under our control to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:

- improve the quality and consistency of services for patients, carers, service users and their families
- provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Since we produced our first Strategic Plan, there has been significant change to the local and national policy context. This includes the Community Planning Partnership Single Outcome and Local Delivery (SOLD) Plan; Primary Care Transformation Programme and General Medical Services (GMS) Contract; Carers Act; Ministerial Strategic Group integration indicators; Regional Planning; and the national strategies for Mental Health and Dementia.

We have worked with the IJB and Strategic Planning Group (SPG) members to develop the refreshed Strategic Plan for our local area. This approach recognised that the key messages from the first plan remain relevant given the short period of time since it was prepared.

There have however, been some minor changes made to the vision and local outcomes. Our local outcomes continue to align with the Scottish Government’s national health and wellbeing outcomes, the National Health and Social Care Delivery Plan and the Falkirk Community Planning Partnership Strategic Outcomes and Local Delivery (SOLD) Plan.

The Strategic Plan describes how the Partnership will continue to make changes and improvements to health and social care services for all adults. The plan details how the partnership will prioritise services in response to the key issues for the Falkirk area. This is supported by a Strategic Needs Assessment (SNA). We will focus on delivering high quality health and social care services with Third and Independent sectors and our Community Planning partners providing a valuable contribution.

The changes to the Strategic Plan vision and outcomes from the original plan are set out in table 1 below:

Strategic Plan 2016 - 2019	Strategic Plan 2019 - 2022
To enable people in the Falkirk Council area to live full and positive lives within supportive communities	To enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities
Self Management Individuals, their carers and families are enabled to manage their own health, care and well being	Self Management (merge with Autonomy and Decision Making) Individuals, their carers and families can plan and manage their own health, care and well being. Where supports are required, people have control and choice over what and how care is provided
Autonomy and Decision Making Where formal supports are required, people are enabled to exercise as much control and choice as possible over what is provided	
Safe Health and social care support systems help to keep people safe and live well for longer	Safe High quality health and social care services are delivered that promote keeping people safe and well for longer
Experience People have a fair and positive experience of health and social care	Experience People have a fair and positive experience of health and social care, delivered by a supported workforce that are skilled, committed, motivated and valued
Community based Supports Informal supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community	Strong Sustainable Communities Individuals and communities are resilient and empowered with a range of supports in place, that are accessible and reduce health and social inequalities

Table 1

The following page sets out the national health and wellbeing outcomes and the national integration priority areas for IJBs.

National Health and Wellbeing Outcomes

The Scottish Government has nine national health and wellbeing outcomes to improve the quality and consistency of services for individuals, carers and their families, and those who work within health and social care.

1		People are able to look after and improve their own health and wellbeing and live in good health for longer
2		People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3		People who use health and social care services have positive experiences of those services, and have their dignity respected
4		Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5		Health and social care services contribute to reducing health inequalities
6		People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
7		People who use health and social care services are safe from harm
8		People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9		Resources are used effectively and efficiently in the provision of health and social care services

Integration Priorities

1		Reduce occupied hospital bed days associated with avoidable admissions and delayed discharge
2		Increase provision of good quality, appropriate palliative and end of life care
3		Enhance primary care provision
4		Reflect delivery of the new Mental Health Strategy
5		Support delivery of agreed service levels for Alcohol and Drugs Partnerships work
6		Ensure provision of the living wage to adult care workers and plan for sustainability of social care provision
7		Continue implementation of Self Directed Support
8		Prepare for commencements of the Carers (Scotland) Act 2016 on 1 April 2018



Locality Planning

The development of localities lies at the heart of the integration legislation – the Public Bodies (Joint Working) (Scotland) Act 2014. It is also reflected in the Community Empowerment (Scotland) Act 2015.

The Partnership has identified its locality areas for service planning purposes. There are three localities within the Falkirk Council area, which are illustrated in Figure 1 and are:

1. West
2. Central
3. East

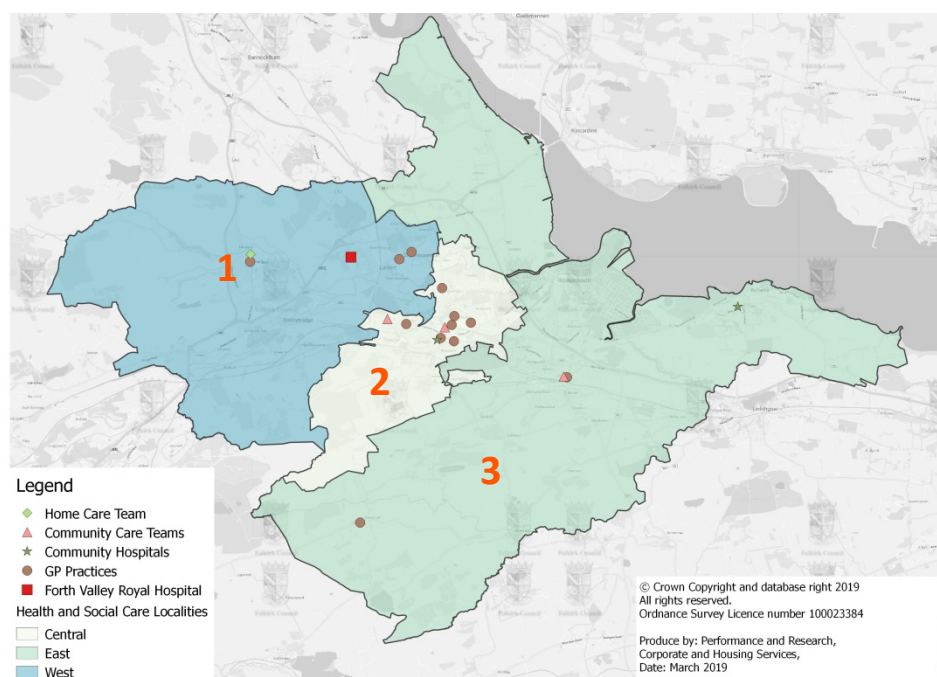


Figure 1: Falkirk HSCP Localities

Locality working provides the opportunity for the Partnership to design integrated services and realign resources to deliver the Strategic Plan. This will also include working alongside our partners and their plans. This includes the Community Planning Partnership (CPP) Strategic Outcomes and Local Delivery (SOLD) Plan.

The Partnership has appointed two Heads of Integration and two of the three Locality Managers, with recruitment ongoing for the third post. The Locality Managers will have a key role to establish integrated locality teams including assessment and care planning, Home Care and community nursing teams. They will also lead on the development of Locality Plans that reflect the Strategic Plan priorities and local priorities.

In developing our locality plans we will align with the work of our partners to:

- co-produce locality plans with partners, communities and people who use services
- design integrated and localised services, including health improvement and prevention support

- build community capacity to improve health and wellbeing outcomes and address health inequalities.

These locality plans will show how the Strategic Plan is being implemented at a local level to ensure services respond to the priorities, needs and issues of communities.

The following table summarises information taken from the [Locality Profiles](#) for each of the locality areas.

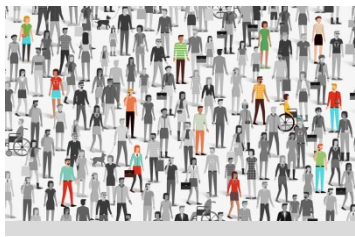



	POPULATION	Central Locality	East Locality	West Locality	Falkirk HSCP
	Total Population	44,500	67,136	47,744	159,380
	Percentage over 65 years old	18.9%	18.6%	17.3%	18.3%
	EQUALITY				
	Ethnicity (ethnic minority population)	5.1%	3.3%	3.3%	3.6%
	Physical Disability (per 1,000 population)	74.9	70	64.3	69.7
	Learning Disability (per 1,000 population)	5.3	3.9	5.6	4.8
	CIRCUMSTANCES LIFESTYLE & RISK				
	Population Income Deprived	14.3%	10.8%	10.1%	11.6%
	Drug related hospital stays (per 100,000 population)	158.5	73.4	83	100.8
	Alcohol related hospital stays (per 100,000 population)	697	460.8	514.9	543.7
	MENTAL HEALTH Quality Outcomes Framework				
	Dementia Count	360	460	361	1,181
	Mental Health (rate per 1,000 population)	11	7.7	6.2	8.1
	Psychiatric Hospitalisation (rate per 1,000 population)	389.1	248.4	281.1	297.6

Table 2: Locality Information, extracted from the HSCP Locality Profile produced in 2019

How We are Making a Difference

Our Strategic Plan sets out the Partnership's vision, outcomes and priorities for people who live in the Falkirk area.

In this section of the report we have provided an update on our progress. This is over the year 1 April 2018 – 31 March 2019. This means we are reporting progress on the outcomes and priorities of the first Strategic Plan 2016 – 2019. We will report progress on our new Strategic Plan next year.

In this report we have merged the outcomes *Self-management* and *Autonomy and Decision-making* and provided an update on both these areas. This reflects our new Strategic Plan *Self-management* outcome.

Local Outcome 1: Self-management, autonomy and decision-making

Individuals, their carers and families can plan and manage their own health, care and well being. Where supports are required, people have control and choice over what and how care is provided	
<p>What will this mean for people?</p> <p>People, their carers and families will be at the centre of their own care by prioritising the provision of support which meets the personal outcomes they have identified as most important to them. Services will encourage independence by focusing on reablement, rehabilitation and recovery.</p> <p>People are able to access services quickly by an accessible point of contact. Information that enables people to manage their condition is accessible and presented in a consistent way. This will include a range of information on services and community based supports.</p> <p>In addition, services are responsive and available consistently throughout the year, on a 24/7 basis, if appropriate.</p> <p>Health education and information is accessible and readily available to people, their carers and families, which allows them to make informed choices and manage their own health and wellbeing. Person-centred care is reinforced, acknowledging family/carer views. Care and support is underpinned by informed choices and decision making throughout life.</p>	<p>What will this mean for our communities?</p> <p>Communities will feel they are involved in decisions that affect them. Their views are gathered and they are listened to. They know what services we are able to provide and have confidence in them.</p> <p>Communities are enabled to continue to develop and manage a variety of good quality local services to meet community need.</p>
<p>Examples of work progressed during 2018 - 2019</p> <ol style="list-style-type: none"> 1. Living Well Falkirk Website 2. Living Well Falkirk Centre 3. Supporting carers 4. Redesign of day services for younger adults 5. Specialist Dementia Services 6. Unscheduled Care and delayed discharge 	

Table 3 Local Outcome one

1. Living Well Falkirk

Living Well Falkirk (www.falkirk.gov.uk/livingwell) launched in May 2018. It is a guided self management web based service. It offers people an opportunity to find support, advice and solutions about their health, well being and self-management.

The tool gives people choice and control by providing a wide range of information about local and national health and social care services. It also helps people to connect in to local groups and services. People can use it on behalf of someone they live with or who they care for. If people need assistance using the tool, staff at local libraries can help. An information leaflet is available in NHS and Social Work offices as well as libraries and information hubs across Falkirk.

Research underpinning the website shows that prevention and early intervention strategies can mean that people stay well and independent for longer. This in turn can lead to less need for health and social care services. The average age of people accessing the website is 65 years.

The website has also offered an alternative route to contacting services such as the Duty Social Work Team. People are able to access information quickly, solving their issues, rather than waiting on a list to be visited by the team. The system also has inbuilt assessment features that mean if someone needs to be seen by a professional, the system tells them who they need to contact. This could be their GP, Community Nurse or Social Worker.

In the first year of the website, over 2250 people have used the site, with a total of 3792 visits. The following summarises what areas of the site were most used by people.

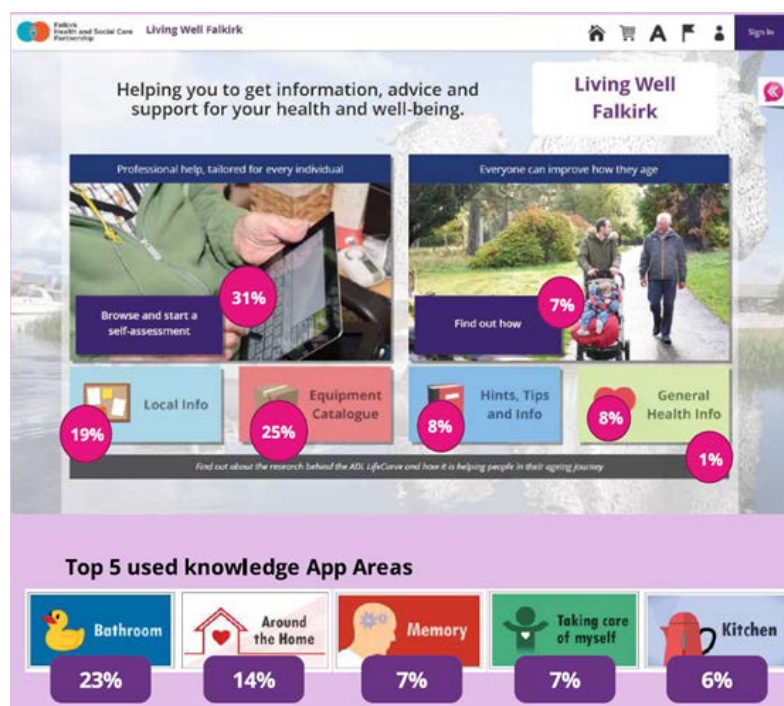


Figure 2 Living Well Falkirk

2. Living Well Falkirk Centre

When people identify that they have difficulty with daily living tasks, for example bathing or managing the stairs, it is important that they receive the right support at the right time. The aim of the Living Well Falkirk Centre is to assess people quickly and where there is a need, provide equipment or adaptations to help maintain independence. This work has taken place over the year and has in turn, improved our waiting times.

The introduction of the Living Well Falkirk Centre means we are able to reduce the waiting time for new referrals for this type of assessment to 2-3 weeks. The first Living Well Falkirk Centre was launched on 9 April 2019, within the Forth Valley Sensory Centre.

The service runs three days a week, and people are offered an appointment with an experienced worker. Using the Living Well web based assessment, people can get personalised advice on healthy ageing and on keeping active and independent for longer.

3. Supporting Carers

Over the year we have been working with carers and carer organisations to implement the Carer's (Scotland) Act 2016. The Partnership's Strategic Plan 2016 - 2019 (and 2019 – 2022) has prioritised support for unpaid carers as a key issue. We recognise the need to support carers in a range of ways to meet the projected increase in the older population and people with complex needs. The work we have been doing is consistent with the main direction of the Act.



The Act extends and enhances the rights of unpaid carers. It aims to ensure that carers are supported more consistently, so they can continue to care if they wish, and are able to do so in good health and with a life alongside their caring responsibilities.

The Act introduced a number of duties on local authorities and the NHS, some of which are delegated to IJB's. One duty was to develop a Carer's Strategy. This was agreed by Falkirk Council and the IJB in April 2019 and covers both young carers and adult carers.

Working with carers, we have agreed a shared local vision:

'everyone has freedom to live their own lives while they are caring'

The Partnership has also published a Short Breaks Services Statement. This sets out information about local short breaks provision. It describes a variety of ways carers can access short breaks through funded support from the local authority or through access to community based support. We will review this every year to make sure the information it contains is kept up to date.

We have also put in place arrangements to support carers through the completion of Adult Carer Support Plans (replacing Carers' assessments) or Young Carers' Statements.

There is ongoing work to maintain services for carers that provide information and advice about carers' rights, income maximisation, education and training, advocacy for carers, health and wellbeing, bereavement support, and emergency planning and future care planning. This also involves carers in hospital discharge planning for the person they care for.

In 2018 – 2019 the Carers Centre has:



- supported 1069 individual carers
- provided 73 health and wellbeing sessions
- provided 94 carers with a grant to purchase a short break. We also provided an additional 74 grants funded by the Short Breaks Fund.
- delivered 152 Care with Confidence sessions
- provided 24 carer involvement opportunities
- delivered carer awareness sessions to 311 professionals
- participated in 46 meetings with external organisations
- represented the views of carers at 36 planning group meetings
- offered 447 Adult Carer Support Plans
- completed 372 Adult Carer Support Plans.

4. Redesign of Day Services for Younger Adults

The Partnership has continued to take forward a programme of work to redesign day services for younger adults. This involved engagement with people who use services, their carers and staff about what changes should happen to develop alternative community based services.

The redesign work reflects Self-Directed Support principles to empower and enable people to have choice and control over the design of their own support. People identify through their reviews and reassessments opportunities to use their existing care differently. For example, people can access more community based activities, rather than in-house care, with day service staff supporting them where this is needed. People can use their hours of support more flexibly and have control over their personal outcomes. This promotes and supports personal independence and social inclusion.

The Partnership hosted a successful event on 23 April 2018. The purpose of organising the “Believe and Achieve” event was to demonstrate the many opportunities there are for people with a disability and their carers in the Falkirk area.

On the day 179 people attended the event where there was information available from 25 exhibitors. These covered a range of services from Falkirk Community Trust, Third Sector organisations and other services.



The Partnership has invested in a range of community based supports to provide alternative choices to people. We have been able to reinvest money from the closure of Camelon and Bainsford Day Centres to do this.

These community supports include dates-n-mates in Falkirk ([Dates n Mates Falkirk](#)). This is Scotland’s national dating and friendship agency run by and for adults with learning disabilities. People can become members and will have opportunities to make new friends through invitations to social events and activities. These could be from cinema and shopping trips, bowling to Halloween Parties and much more. There are also volunteer opportunities to help other members. Dates-n-mates launched in Falkirk in early 2019, and held a pre-launch Christmas Party at the Falkirk Stadium on 20 December 2018.