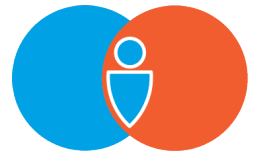# Agenda Item 12

Performance Monitoring Report

Agenda Item: 12

Falkirk Integration Joint Board

20 November 2020
Performance Monitoring Report
For Noting

1. Executive Summary

1.1 The Performance Monitoring Report September 2019 – September 2020 is presented to support the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery. The report provides a summary of key performance issues and draws on a basic balanced scorecard approach with a focus on exception reporting.

1.2 The report also includes information from the national Local Government Benchmarking Framework (LGBF) Overview Report 2018/19 for information.

2. Recommendations

The Integration Joint Board 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 and Approach

3.1 The overall approach to performance underlines the principle that robust performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability.

3.2 The Performance Monitoring Report is presented to support focus on current key performance issues and actions in relation to the delivery of services and relevant national and local targets and measures aligned to the Strategic Plan. Performance reporting will continue to develop in a responsive manner taking account of Scottish Government directives and local changes. It supports the IJB to fulfil its ongoing responsibility to ensure effective monitoring and reporting of service delivery.

3.3 Performance indicators within the report are monitored on an ongoing basis through a variety of groups, including the Partnership Management Team.

4. Performance Monitoring Report

4.1 The IJB approved a structured and themed timetable to performance reporting in 2020. The content of the Performance Monitoring report covers the reporting period September 2019 to September 2020. It focuses on local performance indicators and data, providing a year on year comparison. This includes information on delayed discharges and Emergency Department (ED) performance. The report is attached at Appendix 1.

4.2 The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting with measures displaying a deteriorating position against the last comparable reporting timeframe or are particular areas of challenge.

4.3 Section 1 provides a summary of key performance issues for the Integration Joint Board, with an extract provided below:

- **ED Performance against the 4 Hour Access Standard**
  September 2020 compliance for the Falkirk Partnership highlights an improvement in performance to 89.9% compared with 85.7% in September 2019

- **Delayed Discharge**
  September 2020 census is noted as:
  - 29 Standard delays, 11 are delayed over 2 weeks
  - 13 guardianship/code 9 exemptions
  - 42 total delays

- **Complaints – Falkirk Council Social Work Adult Services**
  Performance of complaints completed within timescale improved to 64% in the first half of 2020/21. There were over a half fewer complaints than is usual in a half year.

- **Complaints – NHS Forth Valley**
  In the period April 2020 to August 2020, a total of 5 complaints were received. The 20-day response rate is noted as 60%. 100% of Stage 1 complaints were responded to within the timescale with 50% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints.

- **Attendance management – Falkirk Council Social Work Adult Services**
  The overall sickness absence figure for 2019/20 Q1 was 10.5%, with Covid-19 having an impact on this.

- **Attendance management - NHS Forth Valley**
  Overall August 2020 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 6.1%.

- The number of adult carer support plans that have been completed by the carers centre

  The number of Adult Carer Support Plans (ASCPs) decreased significantly in the first half of 2020/21 due to Covid-19 restrictions.

4.4 Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the new Strategic Plan outcomes.

4.5 Section 3 provides Performance Exception Reports for all indicators with a deteriorating position since the last reporting period, or indicators that require on-going monitoring.

5. LGBF Overview report 2018/2019

5.1 The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service designed to support senior management teams and elected members to ask questions about key council services.

5.2 This year, the framework has been strengthened to include key indicators from the core suite of health and social care integration measures particularly in relation to the following areas:

- Balance of care and sustaining people at home – to provide insight in relation to the success of prevention and early intervention approaches (enablement/re-enablement) designed to promote independence and sustain people at home for as long as possible

- System capacity and sustainability – to better understand local system capacity pressures and longer-term sustainability issues in relation to social care markets, and support progress in developing strategic commissioning approaches to design and deliver services which meet the needs of local populations

- Quality of Life – to provide a focus on the outcomes experienced by those in receipt of social care services

- Service Quality – to provide a focus on the quality of services provided

- Personalisation – to better understand progress in relation to the Personalisation agenda, and whether people in receipt of services feel involved in their assessment, and have a say in how their care is delivered

- Carers – to provide a focus on the growing role for carers and new duties to support carers introduced under the Carers (Scotland) Act 2016.

5.3   A briefing note is attached at Appendix 2 and covers the 8 indicators and sections in the Adult Social care section of the LGBF and provides comment on how Falkirk compares to its LGBF 'family' group.

6.   Conclusions

The Performance Monitoring Report presents a range of information on local indicators for the reporting period September 2019 – September 2020.

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 redesign.

Directions
No amendment or new Direction is required for this report.

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.

Equalities Assessment
This is not required for the report.

7.   Report Authors

Kerry Mackenzie, Head of Performance, NHS Forth Valley
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8.   List of Background Papers
n/a

9.   Appendices

Appendix 1:   Performance Monitoring Report Sept 2019 – Sept 2020
Appendix 2:   LGBF Overview Report 2018-19

Performance Monitoring Report

Reporting Period
September 2019 – September 2020

Contents

1.   KEY PERFORMANCE ISSUES

1.1   Emergency Department (ED) Performance against the 4 hour Access Standard
95% of patients should wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment.

The September 2020 compliance for the Falkirk Partnership highlights an improvement in performance to 89.9% compared with 85.7% in September 2019.

1.2   Delayed Discharge
The Falkirk partnership breakdown at the September 2020 census is noted as:

- 29 Standard delays, 11 are delayed over 2 weeks
- 13 guardianship/code 9 exemptions
- 42 total delays

Within the Falkirk Partnership the number of bed days occupied by delayed discharges is noted as 476 at the September 2020 census. As with the Forth Valley position this is a significant improvement from the September 2019 census position of 1294.

1.3   Complaints - Falkirk Council Social Work Adult Services
Performance of complaints completed within timescale improved to 64% in the first half of 2020/21. There were over a half fewer complaints than is usual in a half year.

The trend towards a lower proportion of complaints being upheld has continued into a third year.

1.4   Complaints - NHS Forth Valley
In the period April 2020 to August 2020, a total of 5 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The 20-day response rate is noted as 60%.

100% of Stage 1 complaints were responded to within the timescale with 50% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints between April 2020 to September 2020.

1.5   Attendance Management - Falkirk Council Social Work Adult Services
The overall sickness absence figure for 2019/20 Q1 was 10.5%. Obviously Covid-19 had a significant impact this year and if this reason for absence is omitted the figure is 8.9%. For the same period last year sickness absence was 7.8%.

Most services continue to be challenged in meeting the 5.5% target consistently. However, prior to Covid-19, Care Homes made significant improvements through 2019, with a reverse trend from March 2020. Home Care however saw a steady

increase through the second half of 2019 with a decrease since the beginning of the year.

1.6   **Attendance Management - NHS Forth Valley**
The target is to reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed. Overall August 2020 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 6.1%.

1.7   **Number of Adult Carer Support Plans that have been completed by the Carers Centre**
The number of Adult Carer Support Plans (ASCPs) decreased significantly in the first half of 2020/21 due to Covid-19 restrictions.

However, changes in patterns of activity are expected as the focus in the previous year was on promoting ASCPs with existing carers receiving support from Social Work Adult Services. As new ACSP activity shifts to newly identified carers, numbers may fall though reviews of current plans increase.

2. PERFORMANCE EXCEPTION REPORTS

2.1. Format and Structure

The Partnership focus is across the local outcomes with work continuing to support a balanced approach to measurement and reporting.

This section of the report highlights local data based on the most up to date position against the previously reported timeframe where applicable, giving a year on year comparison. Performance data relates to adults aged 18 and over.

The Performance Exception Reports at section 3 detail areas of challenging performance or indicators that require on-going monitoring. Key issues are highlighted along with actions underway to support improvements.

Key:

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

2.2. Table 1: Self Management Indicators 24 – 40

Ref	Measure	Sept 2019	Sept 2020	Direction of travel	Exception Report
24	Emergency department 4 hour wait Forth Valley	87.4%	91.5%	▲	Page 10
25	Emergency department 4 hour wait Falkirk	85.7%	89.9%	▲	
26	Emergency department attendances per 100,000 Forth Valley Population	2113	1473	▲	
27	Emergency department attendances per 100,000 Falkirk	2215	1550	▲	
28	Emergency admission rate per 100,000 Forth Valley population (all ages	1246	959	▲	

29	Emergency admission rate per 100,000 Falkirk population	1230	962	▲	

Ref	Measure	Aug 2019	Aug 2020	Direction of travel	Exception Report
30	Acute emergency bed days per 1000 Forth Valley population	770	264	▲	
31	Acute emergency bed days per 1000 Falkirk population	818	255	▲	

Ref	Measure	Sep 2019	Sep 2020	Direction of travel	Exception Report
32	Number of patients with an Anticipatory Care Plan in Forth Valley	16,568	55,721	▲	-
33	Number of patients with an Anticipatory Care Plan in Falkirk	7,329	28,499	▲	-
34	Key Information Summary as a percentage of the Board area list size Forth Valley	5.4%	18.2%	▲	-
35	Key Information Summary as a percentage of the Board area list size Falkirk	4.6%	9.3%	▲	-

Ref	Measure	2018/19	2019/20	Direction of travel	Exception Report
Self Directed Support (SDS) options selected: People choosing					
37	SDS Option 1: Direct payments (data only)	35 (0.8%)	27 (0.6%)	-	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	-	-
39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009(88.8%)	-	-
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)	-	-

Total service option choices -   Option 1 – 60 (1.3% of people choosing)
                                        -    Option 2 – 454 (10.1%)
                                        - Option 3 – 4,377 (97.0%)					

2.3. Table 2: Safety Indicators 42 - 49

Ref	Measure	Sep 2019	Sep 2020	Direction of travel	Report Exception
42	Readmission rate within 28 days per 1000 FV population	1.68	1.28	▲	-
43	Readmission rate within 28 days per 1000 Falkirk population	2.27	1.79	▲	-

Ref	Measure	2019/20 H1	2020/21 H1	Direction of travel	Exception Report
45	Number of Adult Protection Referrals (data only)	307	335	-	-
46	Number of Adult Protection Investigations (data only)	34	81	-	Note figures for 2020/21 are not comparable since they include Police only investigations reported by Police
47	Number of Adult Protection Support Plans at end of period (data only)	14	33	-	There has been an improvement in the collation of this information which is the most significant reason for the increased figure

Ref	Measure	2019/20	2020/21 H1	Direction of travel	Exception Report
48	The total number of people with community alarms at end of the period	4,087 (at 29/02/20)	3,973 (at 30/09/20)	-	-

Ref	Measure	2018/19	2020/21 H1	Direction of travel	Exception Report
49	Percentage of community care service users feeling safe	90%	90%	◄►	-

2.4. Table 3: Experience Indicators 54-68

Ref	Measure	Sep 2019	Sep 2020	Direction of travel	Exception Report
54	Standard delayed discharges	35	29	▲	Page 12
55	Standard delayed discharges over 2 weeks	29	11	▲	
56	Bed days occupied by delayed discharges	1294	476	▲	
57	Number of code 9 delays, including guardianship	16	13	▲	

| 58 | Number of code 100 delays | 7 | 3 | ▲ | |
| 59 | Delays - including Code 9 and Guardianship | 51 | 42 | ▲ | |

Ref	Measure	2019/20	2020/21 H1	Direction of travel	Exception Report
60	Percentage of service users satisfied with their involvement in the design of their care package	99%	98%	▼	-
61	Percentage of service users satisfied with opportunities for social interaction	91%	89%	▼	-
62	Percentage of carers satisfied with their involvement in the design of care package	93%	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	91%	92%	▲	-

Ref	Measure	2019/ 20 H1	2020/21 H1	2020/21 H1 Stage 1	2020/21 H1 Stage 2	Direction of travel	Exception Report
64	**a**. The number of Social Work Adult Services (Stage 1 & 2) complaints completed within 20 days	36/63	16/25	13/20	3/5	-	Page 15
	b. The proportion of Social Work Adult Services (Stage 1 & 2) complaints completed within timescales	57.1%	64.0%	65.0%	60.0%	▲	
	c. Proportion of Social Work Adult Services complaints upheld	% Upheld	20.0%	0.0%	-	-	
		% Partially upheld	15.0%	20.0%	-	-	
		% Not upheld	65.0%	80.0%	-	-	

Ref	Measure	Baseline	Apr-Aug 2020	Direction of travel	Exception Report
65	**a**. The number of complaints to NHS Forth Valley applicable to Falkirk IJB (Stage 1 & Stage 2)	-	5	-	Page 17
	b. The percentage of complaints responded to within 20 days (Stage 1 & Stage 2)	-	60%	-	
	c. The number of SPSO cases received	-	0	-	

Ref	Measure	2019/20	2020/21 Q1	Direction of travel	Exception Report
66a	Attendance Management - Social Work Adult Services (Target – 5.5%)	8.9%	10.5% (8.9% absence; 1.6% Covid-19)	▼	Page 18
Ref	Measure	Aug 2019	Aug 2020	Direction of travel	Exception Report
66b	Attendance Management – NHS Forth Valley (Interim target 4.5%)	5.46%	5.59%	▼	Page 20
Ref	Measure	Apr 2019-Mar 2020	Apr 2019-Mar 2020	Direction of travel	Exception Report
67	Number of Alcohol Brief Interventions delivered – annual target 3410	7368	8955	▲	-
		Apr 2019-Jun 2019	Apr 2020-Jun 2020	Direction of travel	Exception Report
		2495	561	▼	
Ref	Measure	Apr 2019-Jun 2019	Apr 2020-Jun 2020	Direction of travel	Exception Report
68a	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Alcohol & Drug Partnership (90% target)	96.0%	90.1%	▼	-
68b	Substance Use - Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	96.9%	92.3%	▼	-
69	Access to Psychological Therapies – Percentage of people that commenced treatment within 18 week of referral (65% trajectory March 2020)	66.6%	66.4%	◀▶	-

2.5. Table 4: Strong Sustainable Communities Indicators 69 - 82

Ref	Measure	End Mar 2019	End Mar 2020	Direction of travel	Exception Report
72	Number of people aged 65+ receiving homecare	1,697	1,660		-
73	Number of homecare hours for people aged 65+	11,618	11,352	**	-
74	Rate of homecare hours per 1000 population aged 65+	371.6	371.4		-
75	Number people aged 65+ receiving 10+ hrs of home care	388	373		-

Ref	Measure				
76	**a.** Number & percentage of Home Care service users aged 65+ receiving personal care	1,678 & 98.9%	1,650 & 99.4%		-
76	**b**. Number & percentage of Home Care service users aged 18-64 receiving personal care	194 & 99.5%	205 & 100.0%	-	-

Please note that the Home Care data in indicators 72 - 76 are affected by changes made by the Scottish Government (SG) to the annual Social Care Survey, now reported to ISD as SOURCE. This data is now reported on a six monthly basis in 2018-19 with the latest available data return being for quarters 1 and 2 (April to September 2019) and this is used to provide the snapshot at the end of September. The data relates to Care At Home services only and omits services delivered under housing support.

Ref	Measure	2019/20 H1	2020/21 H1	Direction of travel	Exception Report
77	Number of new Telecare service users 65+	67	85	-	-

The increase in Telecare over the first half of 2020/21 was due to a large rise in Q2. Installations in Q1 were limited by Covid-19 restrictions, although referrals increased through the period. These were addressed when lockdown restrictions eased in Q2.

Ref	Measure	2019/20 H1	2020/21 H1	Direction of travel	Exception Report
83	The number of people who had a community care assessment or review completed	6,237 people (7,700 assessments 3,276 reviews)	5,384 people (7,170 assessments 3,314 reviews)	-	Page 22
84	Number of Adult Carer Support Plans that have been completed by the Carers Centre	302	42	N/A	Page 22

Ref	Measure	At Sep 2019	At 30 Sep 2020	Direction of travel	Exception Report
85	The number of overdue 'OT' pending assessments at end of the period	210	179	▲	-

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

3. PERFORMANCE EXCEPTION REPORTS

3.1. Local Outcome: Self-Management - Unscheduled Care – Emergency Department (ED) Compliance

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 September 2020 was 91.5%; Minor Injuries Unit (MIU) 99.8%, ED 86.4%. A total of 545 patients waited longer than the 4 hour target across both the ED and MIU; with 18 waits longer than eight hours and 3 longer than 12 hours. The main reason for patients waiting beyond 4 hours remains 'wait for first assessment' with 342 patients.

The September 2020 compliance for the Falkirk Partnership highlights an improvement in performance to 89.9% compared with 85.7% in September 2019.

It should be noted that there is an improving trend across the period September 2019 to September 2020.

The chart below notes performance from September 2018 –September 2020.

Chart 1: A&E Compliance with the 4 Hour Emergency Access Standard
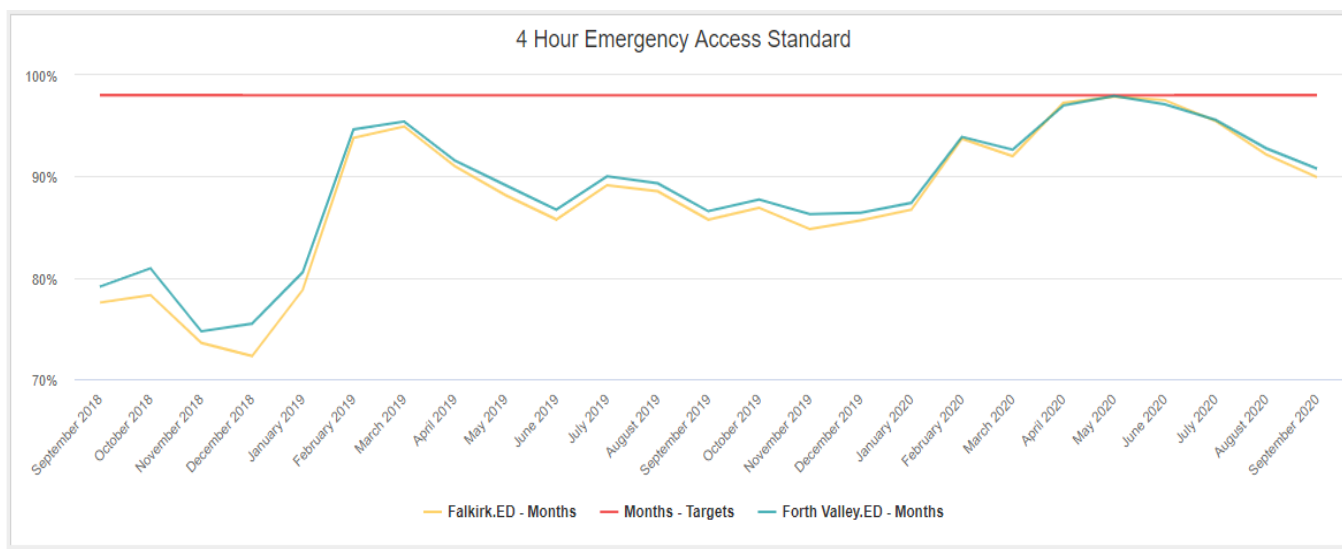
The current unscheduled care system can sometimes be complicated to negotiate however recent challenges have provided an opportunity for unscheduled care services to evolve and adapt beyond the initial COVID-19 mobilisation phase to continue to provide safe and effective care for patients consistent with the national direction.

It is key that Unscheduled Care workstreams are structured to reflect this changed context. The NHS Forth Valley & HSCP's Unscheduled Care Group has agreed that the Forth Valley approach moving into winter will blend:

- existing workstreams from 6EA and Getting ForthRight that are still pertinent, post COVID-19. This includes aspects of front door redesign and community-based admission prevention model
- the changes in Unscheduled Care necessitated by COVID-19 response. This includes triaging and redirection successes; Minor Injuries scale up and redesign of Geriatrician service
- the national directions for a Flow Management Centre and establishing scheduling of unscheduled care with the infrastructure that this will require
- support for General Practice and Community resources who will revert to a pre-COVID Unscheduled Care pathway model, as per national direction

There is a clear imperative to develop a safe and sustainable model utilising telephone and electronic forms of communication and blending elements of previous and new workstreams.

The Scottish Government has established a "Redesigning Unscheduled Care" Programme. This aims to improve access to urgent care, respond to capacity challenges in ED and acute assessment areas and to ensure that urgent care can be delivered in a way which meets the requirements to maintain COVID safe pathways and achieve physical distancing. All Boards are expected to implement Flow Navigation Centres with access to Senior Clinical Decision makers simultaneously, alongside the launch of a new way for the public to access urgent care by calling NHS 24 on 111. This launch will be accompanied by social marketing and the expected operational date is at the beginning of December.

The Partnership is committed to supporting people to receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital. There are a range of services in place that aim to support people to remain more resilient at home by identifying and addressing gaps and utilising the assets they have and their care circle/community available. At a time of escalating need or 'crisis' services support people to access care or support at the lowest level of intervention appropriate to address their needs.

3.2. Local Outcome: Experience – Unscheduled Care - Delayed Discharge

Performance

Table 1: Delayed Discharge Breakdown – September 2020

	Under 2 wks	Over 2 wks	Standard Delays	Guardianship 9/51X	Code 9_Other	TOTAL (Ex code 100)	Code 100	Infection Codes
Falkirk	18	11	29	11	2	**42**	3	3
Total FV	34	18	52	15	7	**74**	6	0

Table 1 provides a breakdown of Delayed Discharge performance at the September 2020 census.

The September 2020 census position for Forth Valley delays over 14 days is 18 against a zero standard. A further 34 delays waiting under 2 weeks brings the total number of standard delays to 52. Including 22 code 9 exemptions the total number of delayed discharges at the September 2020 census point is noted as 74; 70 Forth Valley residents and 4 from out with Forth Valley.

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

- 29 Standard delays, 11 are delayed over 2 weeks
- 13 guardianship/code 9 exemptions
- 42 total delays

Standard delays September 2018 to September 2020 are detailed in chart 2 below.

In addition, at the September census there were 6 code 100 delays within Forth Valley, 3 for Falkirk Partnership. It should also be noted that there were 3 delays as a result of COVID-19 infection.

Of the 29 Standard Delays in Falkirk:

- 15 awaiting care homes (9 over two weeks; 6 under 2 weeks)
- 3 awaiting care packages for home (1 over two weeks; 2 under two weeks)
- 9 allocated and assessment commenced (1 over two weeks; 8 under two weeks)
- 2 legal issues delaying discharge

Chart 2: Standard Delays

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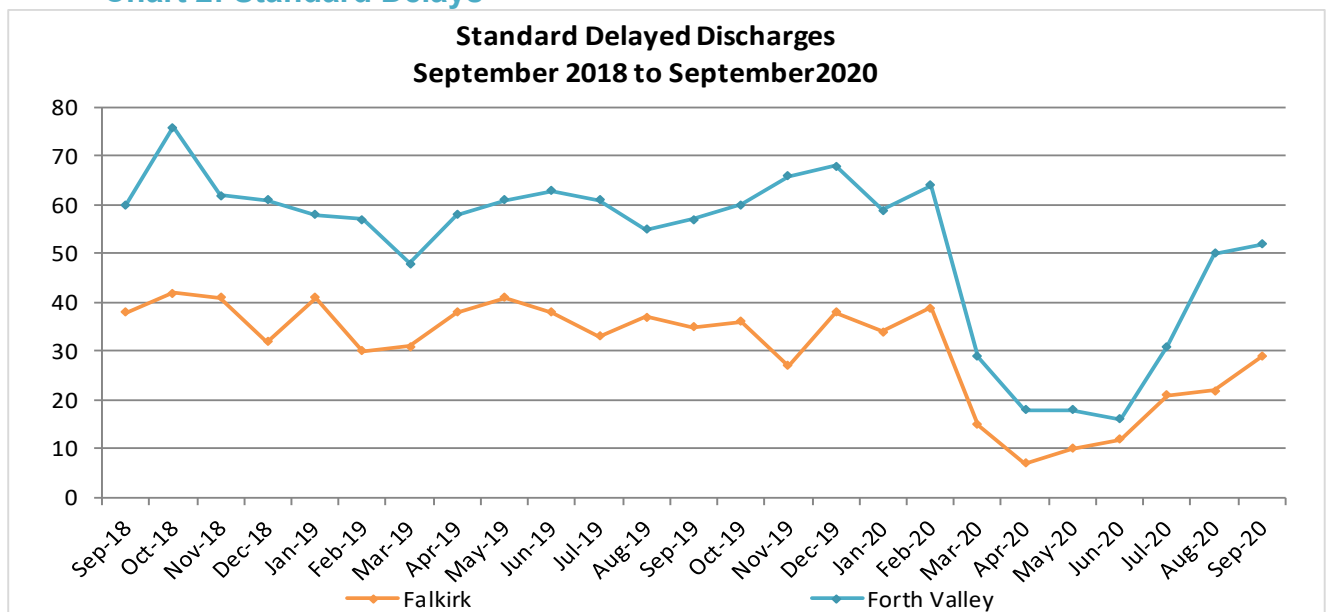
Table 2: Bed Days Occupied: 2-week Target at Census Point (Exc. Codes 9 and 100)

	Under 2 wks	Over 2 wks	Total BDO
Falkirk	128	348	476
Total FV	236	525	790

Across Forth Valley, the number of bed days occupied (BDO) by people delayed in their discharge at the September 2020 census was 790, as noted in table 2 above.

There is an improving trend October 2019 to September 2020 compared with October 2018 to September 2019, with a 44% improvement in the average number of occupied bed days. An average of 921 bed days occupied was noted at the monthly census October 2019 to September 2020.

In respect of the Falkirk Partnership there is a significant reduction in the number of bed days occupied by delayed discharges in September 2020 compared to September 2019. A decreasing or improving trend is noted October 2019 to September 2020 compared with October 2018 to September 2019, with a 51% improvement highlighted.

There remains month on month variability in the number of bed days occupied by people delayed in their discharge with the position September 2018 to September 2020 detailed in chart 3 below. Of note is a month on month increase in the number of bed days occupied by delayed discharges June 2020 to September 2020.
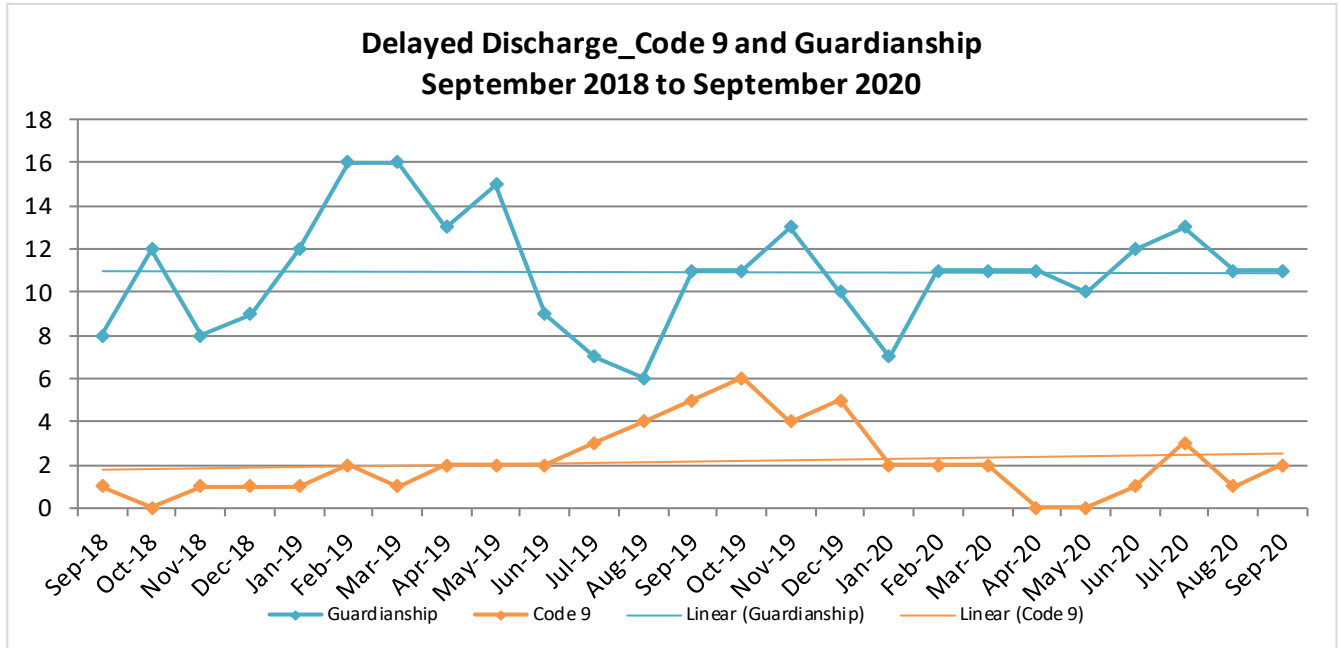
Chart 4 highlights position in relation to Code 9 and Guardianship numbers.

The overall position remains under continual review.

Chart 3: Occupied Bed Days

Chart 3: Occupied Bed Days — Delayed Discharge_Bed days occupied September 2018 to September 2020

**Delayed Discharge_Code 9 and Guardianship
September 2018 to September 2020**
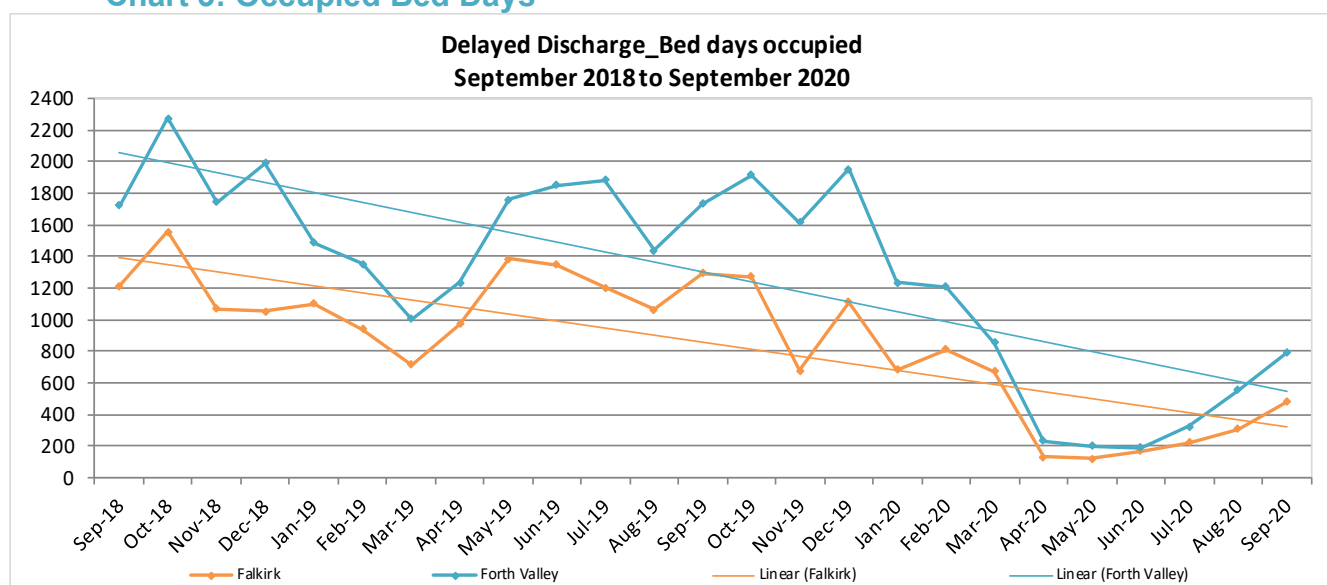
Position

As a result of COVID-19 there has been a significant focus on care in the community, community intermediate care and community hospital facilities. Work to support and develop these activities is on-going through the Falkirk HSCP remobilisation plan. An update is provided as a separate agenda item.

Actions include:
- implement an integrated Home First Service for Falkirk
- ensure frailty assessment in community is the norm
- enable the right short term support at home through agile community care and support
- coordinate community support with less duplication and a more efficient support model
- deliver an effective community model of care including effective response services, recovery, reablement, and community support
- ensure timely access to specialist rehabilitation
- develop an approach to formal supports that is 'realistic' and personal outcome focussed
- develop an Enhanced Community Response Team
- implement the Winter Plan
- increase the capacity in Summerford Intermediate Care Facility including a review of admission criteria.

3.3. Local Outcome: Experience – Complaints to Social Work Adult Services

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

Performance of complaints completed within timescale improved to 64% during the first half of 2020/21. This was due to Stage 1 performance increasing from 56% to 65% and Stage 2 rising from 41% to 60%, see Chart 5. There were over a half fewer complaints than is usual in a half year. There were 25 (Stage 1 - 20; Stage 2 - 5) in the six months compared to 63 in the same period last year (Stage 1 - 55; Stage 2 - 8).

Chart 5: Percentage of complaints completed within timescales
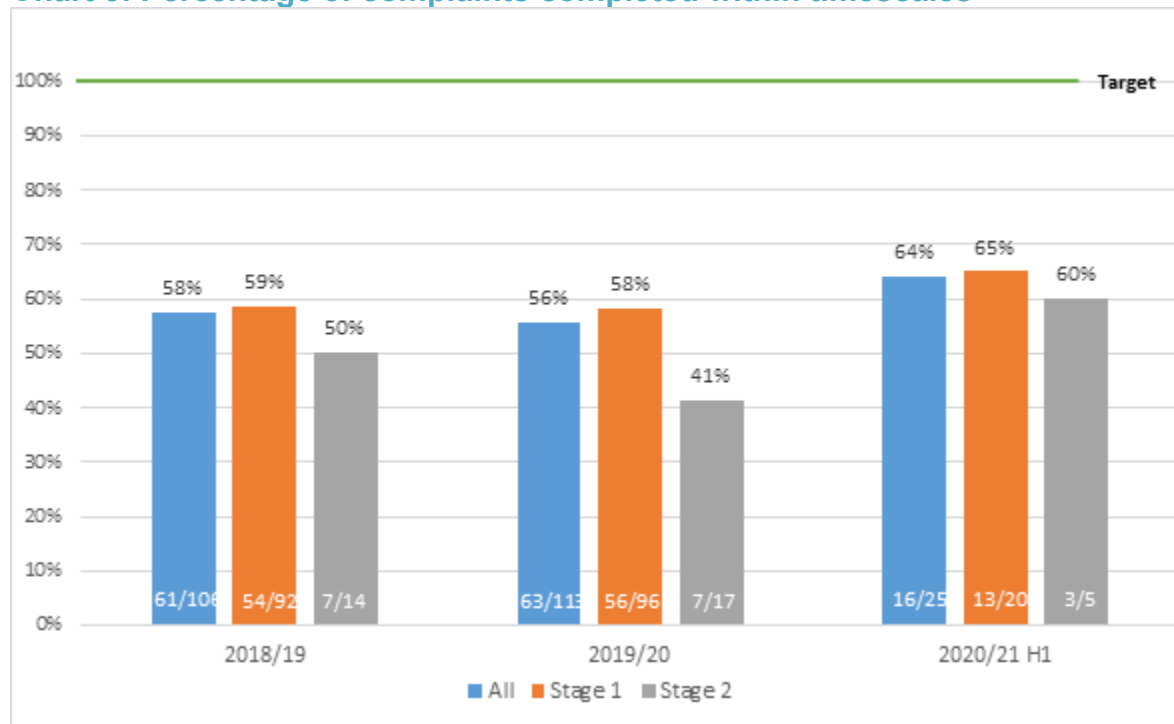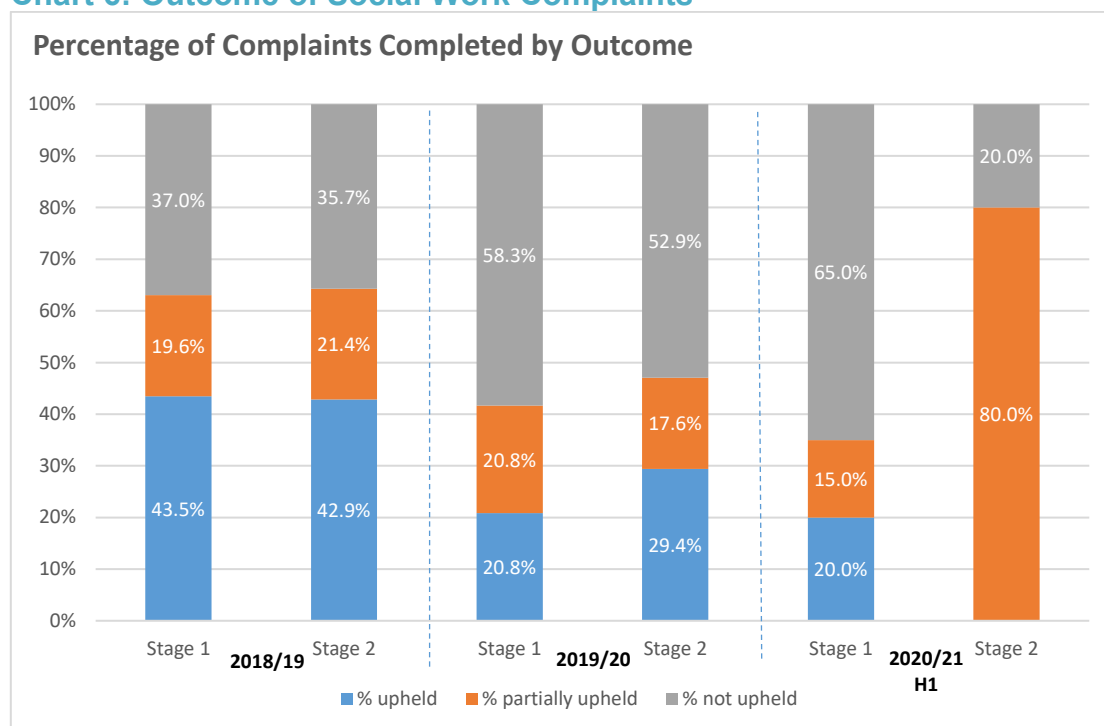

Chart 6 shows the outcomes of the complaints for the last 3 years. A significantly lower proportion of both Stage 1 and 2 complaints were upheld in the first half of 2020/21, a trend since 2018/19.

It is important to note that the number of complaints remains low given the large number of service user contacts during the year, with around 9,000 people receiving an assessment/review. Due to the low numbers, relatively small changes to meeting the timescales can seem significant.

Chart 6: Outcome of Social Work Complaints

Percentage of Complaints Completed by Outcome

Legend: ■ % upheld ■ % partially upheld ■ % not upheld

	2018/19		2019/20		2020/21 H1	
	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
% not upheld	37.0%	35.7%	58.3%	52.9%	65.0%	20.0%
% partially upheld	19.6%	21.4%	20.8%	17.6%	15.0%	80.0%
% upheld	43.5%	42.9%	20.8%	29.4%	20.0%	

The Partnership Management 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, and complaints will be reviewed on a monthly basis with any action being taken forward by senior managers. Weekly reports of complaints outstanding are provided to the Head of Service and Service Managers.

3.4. Local Outcome: Experience – Complaints to NHS Forth Valley

Performance

Services transferred to the partnership have been included within NHS Forth Valley's Risk Management Reporting System (Safeguard) with complaints data generated from the system. This enables a detailed performance analysis on the number of complaints received. Of note is the report has been amended to reflect the updated delegated functions transferred to the Partnership therefore a comparison with the previous year cannot be made.

During the period April – August 2020, a total of 5 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. The response rate is noted as 60%.

100% of Stage 1 complaints were responded to within the timescale with 50% of Stage 2 complaints. The SPSO has received no cases relating to Falkirk HSCP complaints for April 2020 to August 2020.

In total there are approximately 17 departments listed against the delegated functions. During the period April 2020 to August 2020, 7 departments have received complaints, detailed in table 3.

Table 3: Complaint Themes

| Month	Category Type	Category	Department
April	Clinical Treatment	Disagreement with treatment/care	Ward 1, Bo'ness
			Unit 3, FCH
		Nursing Care	Unit 1, FCH
	Staff Communication (Oral)	Face to Face	Ward 1, Bo'ness
		Lack of Clear Explanation	Unit 3, FCH
May	WT/Date of Appointment	Unacceptable Waiting Time for Appointment	AHP Out-patient Care Group
June	Clinical Treatment	Poor Aftercare	District Nursing (Falkirk) x2
		Co-ordination of Clinical Treatment	Woodlands Resource Centre
August	Clinical Treatment	Nursing Care	District Nursing (Falkirk)
	Staff Attitude & Behaviour	Insenstive to Patient Needs	Unit 1, FCH

Of the complaints received, 4 out of 5 have not been upheld with one complaint fully upheld.

Position

- Table 3 provides detail of the issues raised by complainants and areas for the Directorates to focus any key learning required or improvements to be made to services provided
- Learning needs are identified in relation to upheld complaints with appropriate support in place
- 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.
- A comprehensive complaints performance report is examined and discussed at the Falkirk IJB Clinical and Care Governance Committee.

3.5. Experience – Attendance Management in Social Work Adult Services

Chart 7: Social Work Adult Services Sickness Absence
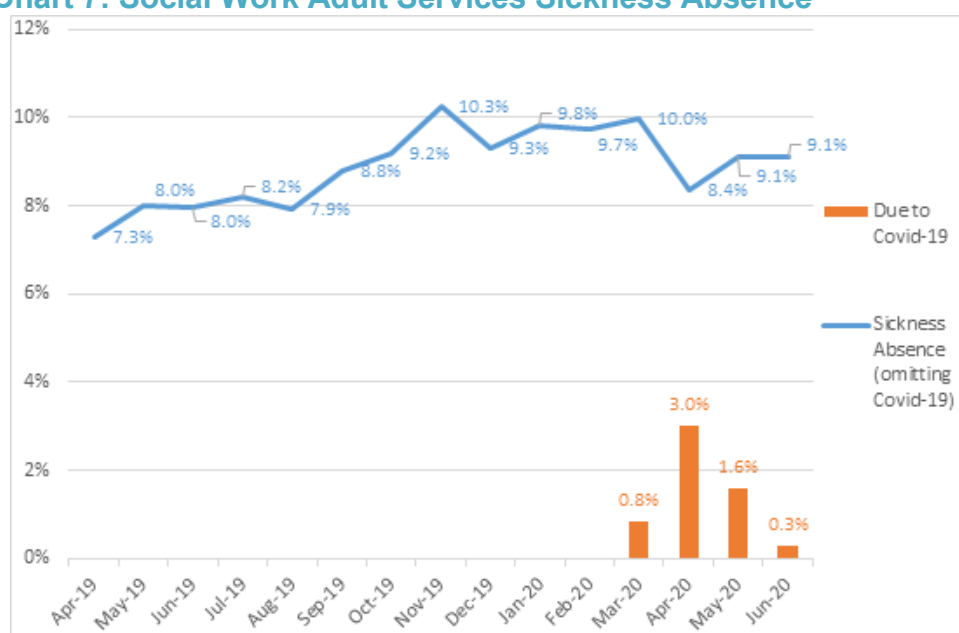
Purpose

The management of sickness absence is an important management priority since it reduces the availability of staff resources and increases costs of covering services. 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 overall sickness absence figure for 2019/20 Q1 was 10.5%. Obviously Covid-19 had a significant impact this year and if this reason for absence is omitted the figure is 8.9%. For the same period last year sickness absence was 7.8%.

Chart 7 shows the monthly trend from April 2019 to the end of 2020/21 quarter 1, distinguishing Covid absence over the last four months. Whilst the trend appears upwards, the peak was in November and general sickness absence has since declined by about 10%.

Covid-19 sickness absence was 1.6% of working days during 2020/21 quarter 1, peaking in April at 3%. This was about a sixth of all sickness absences in the quarter. However, the impact was exacerbated by Covid related absences due to individuals self-isolating and/or having underlying health conditions, shielding or Carer responsibilities.

Chart 8 below has the number of working days lost to staff absent with Covid-19 sickness and also the number of people on the last day of each month who had a Covid-19 related absence and were not able to work from home. March figures are unavailable to show the early impact of Covid.

Chart 8: Covid-19 Staffing Impact on Social Work Adult Services
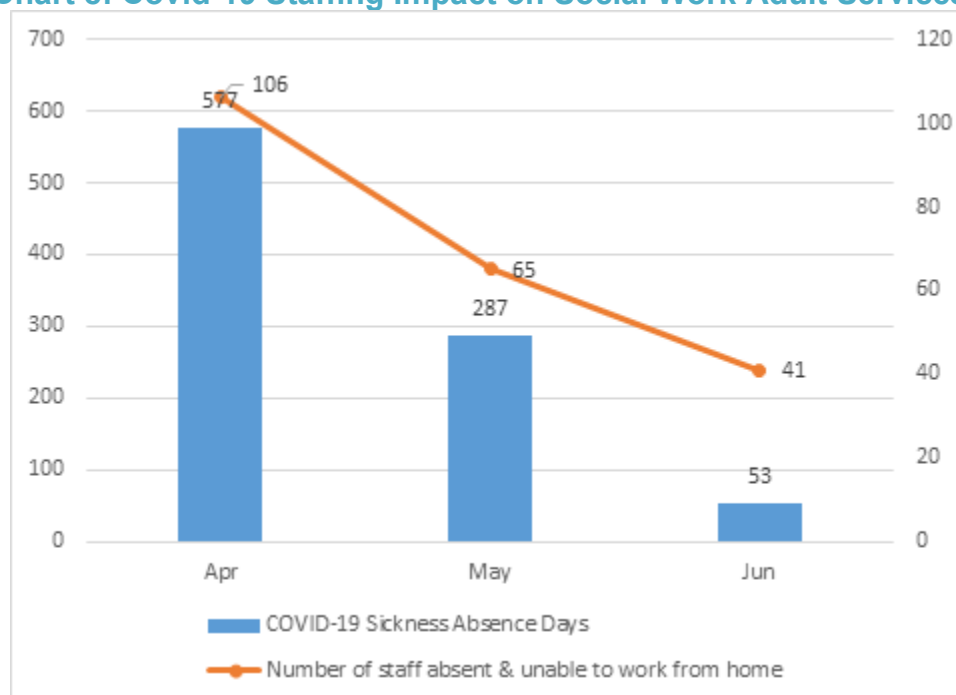
Most services continue to be challenged in meeting the 5.5% target consistently, as can be seen in Table 4, which shows absence excluding Covid by service area. Care Homes made significant improvements through the year from 9% in April 2019 to 6% in January 2020, but the trend reversed since March.

Home Care saw a steady increase through the year peaking in January at 13% but has managed to establish a downward trend since then. Day Centres maintained single figure absence through 2019 but rose at the beginning of this year.

Table 4: Absence Rates (excluding Covid-19)

	SWAS	Care Homes	Home Care	Community Care	JLES	Day Centres	Community Care 6 (IMH, LD, CC, SI)
Jan-19	9.9%	15.2%	10.3%	8.3%	1.0%	2.6%	1.8%
Feb-19	8.5%	11.4%	8.8%	9.0%	1.5%	4.7%	3.2%
Mar-19	7.6%	9.7%	8.4%	6.6%	2.7%	4.0%	2.7%
Apr-19	7.1%	8.9%	7.8%	4.5%	0.0%	6.9%	4.5%
May-19	8.0%	8.1%	9.6%	5.9%	5.6%	5.5%	3.9%
Jun-19	7.9%	6.2%	10.1%	7.2%	7.1%	3.9%	2.6%
Jul-19	8.1%	7.6%	10.5%	5.1%	7.1%	3.4%	2.8%
Aug-19	7.7%	5.7%	10.3%	4.8%	7.7%	4.2%	4.6%
Sep-19	8.8%	6.6%	11.9%	6.2%	1.1%	5.8%	4.4%
Oct-19	9.1%	8.4%	11.9%	7.6%	2.0%	3.8%	2.2%
Nov-19	10.4%	9.0%	12.9%	10.3%	0.0%	5.9%	2.5%
Dec-19	9.4%	5.8%	12.4%	9.8%	0.0%	9.6%	2.1%
Jan-20	10.0%	5.9%	13.2%	10.5%	0.0%	10.1%	3.9%
Feb-20	9.9%	6.6%	12.1%	10.0%	0.0%	11.9%	7.5%
Mar-20	10.1%	9.5%	11.4%	9.9%	0.0%	11.6%	4.3%
Apr-20	8.4%	9.2%	10.0%	5.5%	0.0%	10.4%	3.8%
May-20	9.1%	12.5%	9.9%	5.4%	0.0%	10.1%	5.4%
Jun-20	9.1%	10.6%	10.4%	6.3%	0.0%	8.3%	6.6%

Covid-19 is now at the forefront of the absence management agenda and this 2020/21 activity will be reported to the IJB in due course. However, inevitably it has had an impact on more routine practice of managing long term absence and the service will address this in its recovery planning as the pandemic progresses.

3.6. Experience – Attendance Management in NHS Forth Valley

Target
To reduce sickness absence to 4% or less however an interim or milestone target of 4.5% has been agreed at the Staff Governance Committee.

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

absence to 4% or less however an interim or milestone target of 4.5% has been agreed. Overall August 2020 sickness absence position is reported as 5.6% with the 12-month rolling position noted as 6.1%.

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

Chart 8: NHS Forth Valley Absence

NHS Forth Valley Absence
August 2018 to August 2020
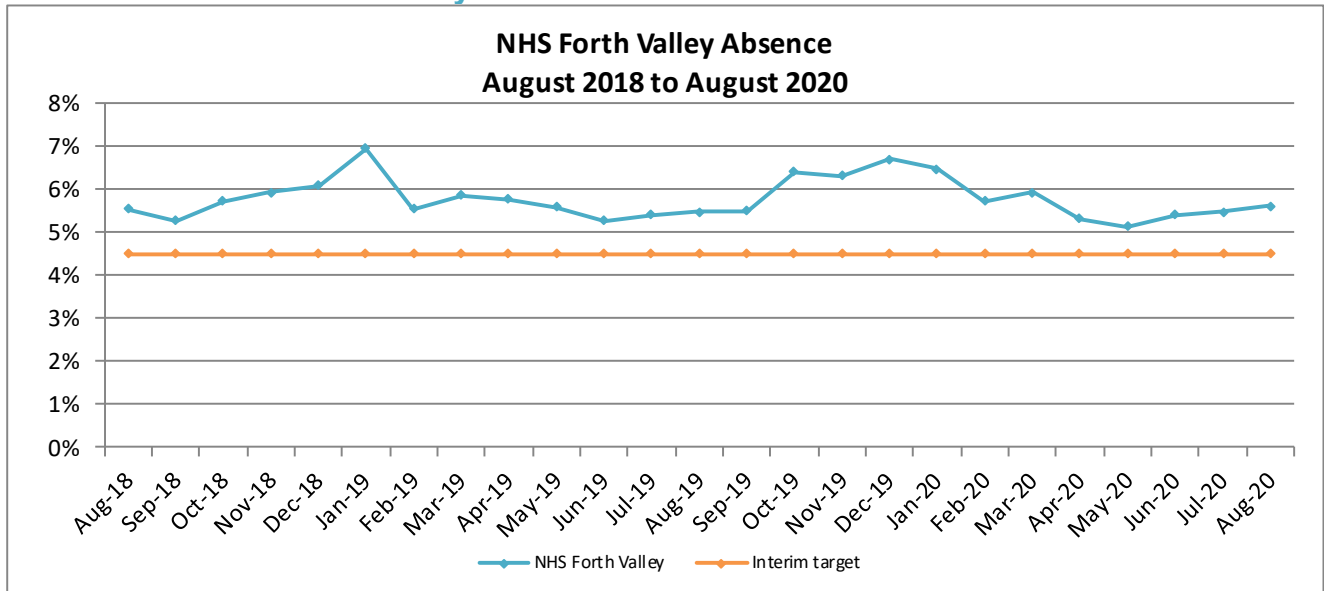
Position

- The national sickness absence target NHS Forth Valley is working towards a local milestone target of 4.5% agreed at the Staff Governance Committee. This is a high priority for managers across the organisation. A multidisciplinary improvement programme has commenced with the establishment of a partnership working group.
- The Health and Wellbeing Absence Management Programme Board is working in support of the remit to:
  o Improve wellbeing and achieve an absence rate below 4.5%
  o Review and refresh all existing practice to achieve streamlined effective processes
  o Introduce Partnership Absence Management Clinics
  o Introduce early return to work system
  o Improve available workforce information to all managers.
- NHS FV Human Resources Director has been appointed as Wellbeing Champion with National Staff Mental Health and Wellbeing resources issued to the service.
- National Wellbeing Hub 'live' in May 2020
- Staff Support and Wellbeing Website accessed through the intranet, along with a support helpline for staff
- Fortnightly meetings ongoing between Area Partnership Forum and Senior Staff Representatives, including the Chief Executive and Human Resources Director.

It should be noted that providing support to maintain and sustain health and wellbeing of staff as a result of the pressures in relation to the on-going pandemic and recovery work is crucial, with focussed work currently ongoing. The NHS FV Human Resources Director has been instrumental in developing a redeployment hub with input from AHP, medical and senior nursing decision makers in line with clinical priorities and in response to staff absence as it presents across NHS Forth Valley. This measure along with a comprehensive skills register enables the reassignment of staff to temporary roles to support new services and ways of working.

3.7 Local Outcome: Strong Sustainable Communities – The number of people who had a community care assessment or review completed

There were 14% less people receiving a completed assessment and nearly 5% less receiving a review during the first six months of 2020/21 compared to 2019/20. Whilst Covid-19 lockdown may have been a contributing factor, there have been fluctuations in activity across the period. Further exploration and analysis is needed to distinguish demand based reasons for these differences from ongoing administrative and recording issues. The service will continue to monitor this assessment and review activity, particularly as the locality teams embed, develop and respond to the Covid-19 restrictions environment.

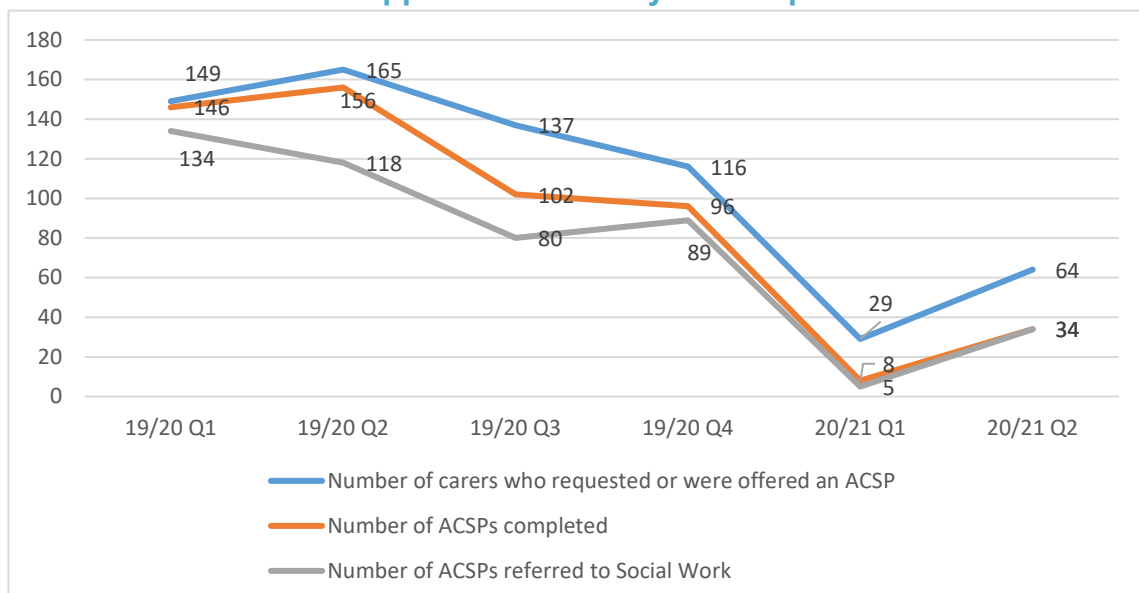## 3.8 Number of Adult Carer Support Plans that have been completed by the Carers Centre

Purpose
The Carers (Scotland) Act 2016 gave local authorities responsibility to offer an adult carer support plan to anyone they identify as an adult carer, or if an adult carer requests one. The process of completing the plan ensures that carer needs are assessed and addressed to support them in their caring role.

Position
The dramatic impact of Covid-19 restrictions in the first half of 2020/21 can be seen in Chart 9.

Chart 9: Adult Carer Support Plan Activity since April 2019

Legend:
- Number of carers who requested or were offered an ACSP
- Number of ACSPs completed
- Number of ACSPs referred to Social Work

The chart also indicates that there was a downward trend through the second half of 2019/20. This was expected since the service promoted ACSP to existing carers during the first half of the year, those already receiving support from Social Work Adult Services, having targeted new carers in 2018/19. Addressing existing carers created a peak of activity between April and September last year and there is confidence that the majority of these have now been completed.

As a consequence new ACSP activity will increasingly focus on newly identified carers. This may account for an easing off of the percentage of ACSPs that are passed to Social Work Adult Services. Chart 10 shows this falling since that initial strategy with known carers, with many people supported directly by the Carers Centre without the need for funded support from the local authority. Indeed, the number of plans held by the Council/HSCP will always be lower than the total number of local plans for this reason, as they are not shared with Social Work services unless there is a need for funded support.

Chart 10: Percentage of Adult Carer Support Plans Completed & Percentage Passed to Social Work
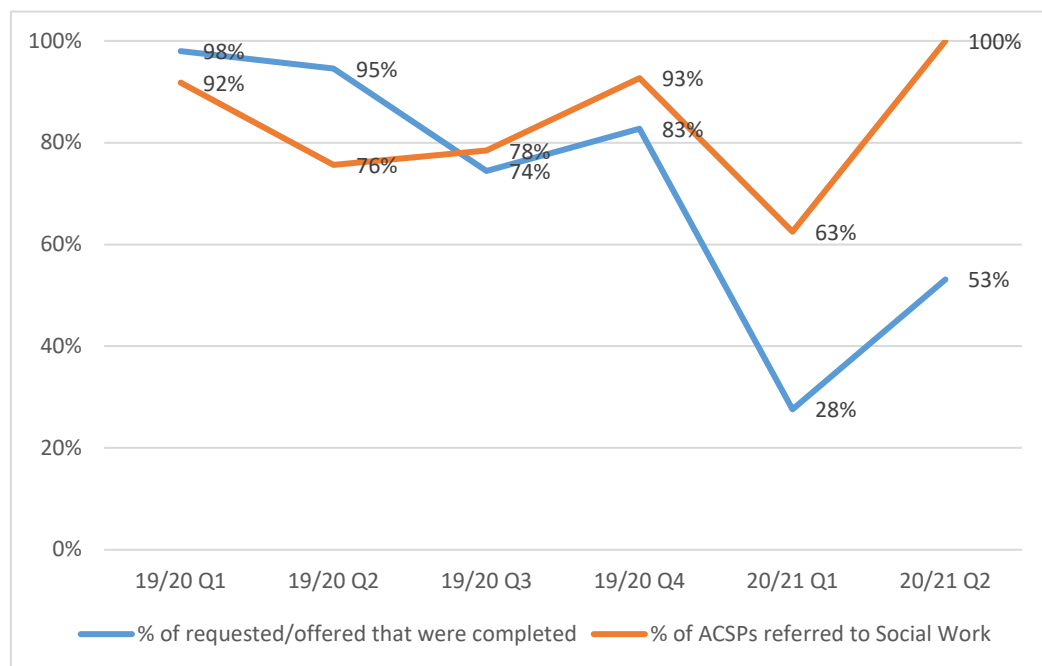
Existing ACSPs will, of course, be subject to ongoing review.

There is a publicity campaign being launched at the end of November which may result in an increase in request for ACSPs as efforts to serve new carers are sustained.

The HSCP has continued to support carers as far as possible during the Covid-19 pandemic. This includes direct communication with carers regarding access to short breaks/respite and other services including the fact that many services closed during the initial lockdown period.

Short Breaks have been offered to carers in urgent need or to cover emergencies. It has been difficult to provide any planned respite because many services were not offering short breaks due to restrictions within care homes, restrictions/closure of community groups/activities, travel restrictions and the number of people who were shielding or in higher risk groups. Where it has been possible some limited short break provision has been continued.

Support was offered to carers in a joint approach between Falkirk Carers Centre, local voluntary groups and Falkirk Council/HSCP. This included online support, telephone calls, access to PPE where required, mobilisation of local voluntary activities (food delivery, collection of prescriptions etc).

As restrictions were eased, a proactive approach was made to carers from August 2020 to ask if there was any other kind of support that would be of benefit to them to help them maintain their caring role and their own health and wellbeing. Again this was jointly managed with Falkirk Carers Centre. This has resulted in a variety of supports e.g. access to technology, fitness equipment, support to create a safe space in the garden, to enable carers to find some time and space to relax and make contact with friends and family. This approach is ongoing. We have incorporated the Covid-19 SDS Guidance into our approach.

Appendix 1 Falkirk Integration Joint Board Strategy Map

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)	**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
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+

Partnership Indicators

	Self Management	Freq		Safe	Freq		Experience	Freq		Strong Sustainable Communities	Freq
24	Emergency department 4 hour wait NHSFV	M	42	Readmission rate within 28 days per 1000 FV population	M	54	Standard delayed discharges	M	70	The total respite weeks provided to older people aged 65+. Annual Indicator	Y
25	Emergency department 4 hour wait Falkirk	M	43	Readmission rate within 28 days per 1000 Falkirk population	M	55	Delayed discharges over 2 weeks	M	71	The total respite weeks provided to older people aged 18-64. Annual	Y
26	Emergency department attendance per 100,000 FV Population	M	44	Readmission rate within 28 days per 1000 Falkirk population 75+	M	56	Bed days occupied by delayed discharges	M	72	Number of people aged 65+ receiving homecare	Q
27	Emergency department attendances per 100,000 Falkirk	M	45	Number of Adult Protection (AP) Referrals (data only)	Q	57	Number of Code 9 delays	M	73	Number of homecare hours for people aged 65+	Q
28	Emergency admission rate per 100,000 FV population	M	46	Number of Adult Protection Investigations (data only)	Q	58	Number of Code 100 delays	M	74	Rate if homecare hours per 1000 population 65+	Q
29	Emergency admission rate per 100,000 Falkirk population	M	47	Number of Adult Protection Support Plans (data only)	Q	59	Delays – including Code 9 and Guardianship	M	75	Number receiving 10+ hours of homecare	
30	Acute emergency bed days per 1000 FV population	M	48	The total number of people with community alarms at the end of the period	Q	60	Percentage of service users satisfied with their involvement in the design of their care package		76a	Number & percentage of Home Care service users aged 65+ receiving personal care	Q
31	Acute emergency bed days per 1000 Falkirk population	M	49	Percentage of community care service users feeling safe	Q	61	Percentage of services users satisfied with opportunities for social interaction		76b	Number & percentage of Home Care service users aged 18-64 receiving personal care	
32	Number of patients with an Anticipatory Care Plan in FV	M	50	Number of new Telecare service users 65+	Q	62	Percentage of carers satisfied with their involvement in the design of their care package		77	Number of new Telecare service users 65+	
33	Number of patients with an Anticipatory Care Plan in Falkirk	M	51	Rate per 1,000 Acute Occupied Bed Days attributed to Staphylococcus Aureus Bacteraemia's (SABs)	M	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		82	The number of people who had a community care assessment or review completed	
34	Key Information Summary (KIS) as a percentage of the Board area list size FV	M	52	Rate per 1,000 Bed Days attributed to Device Associated Infections	M	64a	The proportion of SWAS (Stage 1 & 2) complaints completed within 20 days		83	Number of Adult Carer Support Plans that have been completed by the Carers Centre	
35	Key Information Summary (KIS) as a percentage of the Board area list size Falkirk	M	53	Rate per 1,000 Bed Days in the 65+ age group attributed to Clostridium Difficile	M	64b	The proportion of SWAS (stage 1&2) complaints completed within timescales		84	The number of overdue 'OT' pending assessments at end of the period	
36	Long term conditions - bed days per 100,000 population	M				64c	The proportion of SWAS (completed stage 1 & 2) complaints upheld		85	Proportion of last 6 months of life spent at home or community setting	
37	SDS Option 1: Direct payments (data only)					65	The number of complaints to NHS Forth Valley applicable to Falkirk IJB		86	Number of days by setting during the last six months of life: Community	
38	SDS Option 2: Directing the available resource (data only)					65a	The percentage of complaints responded to within 20 days				
39	SDS Option 3: Local Authority arranged (data only)					65b	The number of SPSO cases received				
40	SDS Option 4: Mix of options, 1,2,3 (data only)					66	Medical Absence in SWAS (target -5.5%)				

				66a	Attendance Management – SWAS (target – 5.5%)			
				66b	Attendance Management – NHS Forth Valley (target 4%)			
				67	Delivery of Alcohol Brief Interventions	Q		
				68a	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral – Alcohol & Drug Partnership (ADP)	Q		
				68b	Percentage of patients that commence treatment for substance misuse within 3 weeks of referral - Prison	Q		
				69	Access to Psychological Therapies (18 week referral to treatment – 90% target)	M		

Local Indicators no longer needed / superseded

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
41 No recorded SDS option						78 The proportion of Home Care service users aged 65+ receiving a service during evening/overnight	
						79 The proportion of Home Care service users aged 65+ receiving a service at weekends	
						80 Percentage of Rehab At Home service users who attained independence after 6 weeks (target – 80%)	
						81 Percentage of Crisis Care service users who are retained in the community when service ends (target - 70%)	

Local Indicators Under Development

Self Management	Freq	Safe	Freq	Experience	Freq	Strong Sustainable Communities	Freq
				Alcohol related deaths (per 100,000 population aged 19 and over)			
				Suicide Rate per 100,000 population			

Appendix 2 GLOSSARY

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.

LGBF Overview Report 2018/19
Briefing note – Adult Social Care

The Local Government Benchmarking Framework (LGBF) is a high-level benchmarking tool developed by the Improvement Service designed to support senior management teams and elected members to ask questions about key council services.

LGBF Updates in Adult Social Care

This year, the framework has been strengthened to include key indicators from the core suite of health and social care integration measures particularly in relation to the following areas:

- **Balance of care and sustaining people at home** – To provide insight in relation to the success of prevention and early intervention approaches (enablement/re-enablement) designed to promote independence and sustain people at home for as long as possible.

- **System capacity and sustainability** – To better understand local system capacity pressures and longer-term sustainability issues in relation to social care markets, and support progress in developing strategic commissioning approaches to design and deliver services which meet the needs of local populations.

- **Quality of Life** – To provide a focus on the outcomes experienced by those in receipt of social care services.

- **Service Quality** – To provide a focus on the quality of services provided.

- **Personalisation** – To better understand progress in relation to the Personalisation agenda, and whether people in receipt of services feel involved in their assessment, and have a say in how their care is delivered.

- **Carers** – To provide a focus on the growing role for carers and new duties to support carers introduced under the Carers (Scotland) Act 2016.

This briefing note will cover the 8 indicators and sections in the Adult Social care section of the LGBF and provide comment on how Falkirk compares to its LGBF 'family' group.

Home care services

Council spend on home care services has been standardised around home care costs per hour for each council. This includes expenditure across all providers. Since 2010/11 there has been a real- terms increase of 6.9% in spending per hour on home care for people over 65 across Scotland. This reflects an overall 17.3% increase in gross expenditure and 9.7% increase in the number of hours delivered during this period, although movement between years has fluctuated.

There is significant variation across councils, with spend per hour ranging from £11.22 to £51.01. The level of variation observed is wider than any preceding year, however there is no longer any systematic relationship with rurality. Rural councils historically tended to have higher costs on average, often due to longer travel time between clients, this is no longer the case. Over time, average rural costs have reduced by 16.8% and average urban costs have increased by 11%.

However, caution is required in considering this indicator since local authorities do not calculate their home care costs consistently, since service elements are organised, therefore costed, differently.

How does Falkirk compare?

The chart below shows how Falkirk compares with its peer group. Falkirk lands roughly middle of the group (which includes Scotland average), but it is worth noting that Falkirk is roughly £2 cheaper per hour for 65+ home care vs the national average.

Figure 1: SW1 – Older persons (65+) home care costs per hour (£) (2018/9)
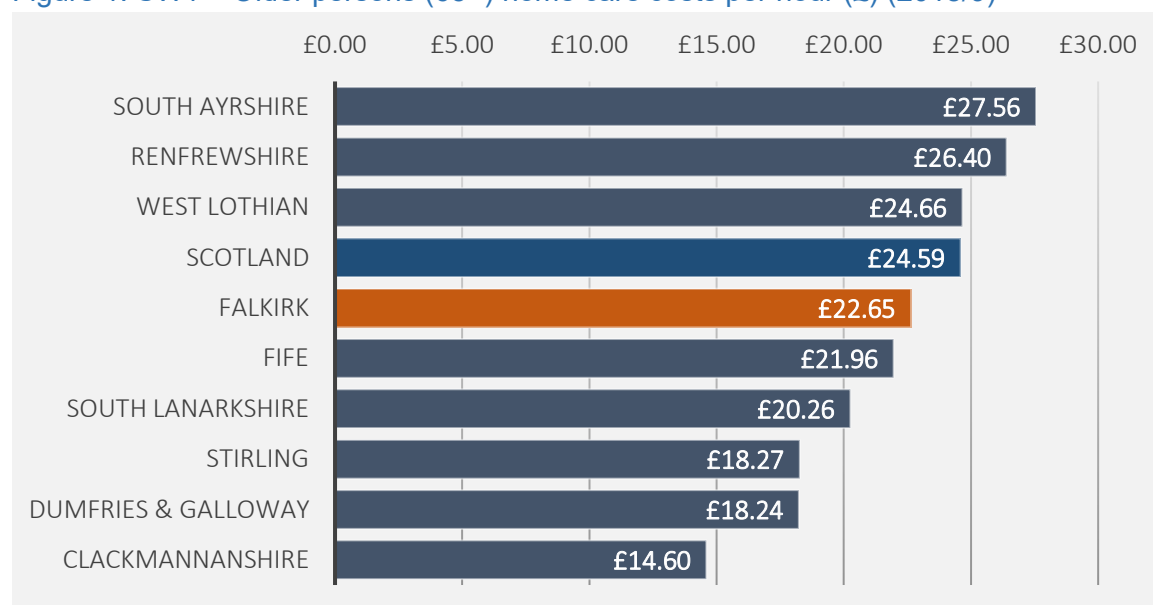
Source: Social Care Survey and Quarterly Survey, Scottish Government, council supplied expenditure figures

Balance of care

Balance of care is captured by the percentage of adults over 65 with long term care needs receiving care at home. This is an area of growing importance in an effort to care for more people in their own home rather than institutional setting such as hospitals. The effective design and delivery of home care services is central to independent living, citizenship, participation in society and in supporting a fulfilling life. Services can help prevent those most at risk of unplanned hospital admissions from entering the hospital sector unnecessarily. For those who do enter hospital, it can also help prevent delayed discharges.

The balance of care has shifted in line with policy objectives across the period with a growth in home care hours provided (9.7%) and a relative decline in residential places (-4.6%). The percentage of people with long-term needs who are now receiving personal care at home has increased from 58.9% in 2010/11 to 61.0% in 2018/19 (although this
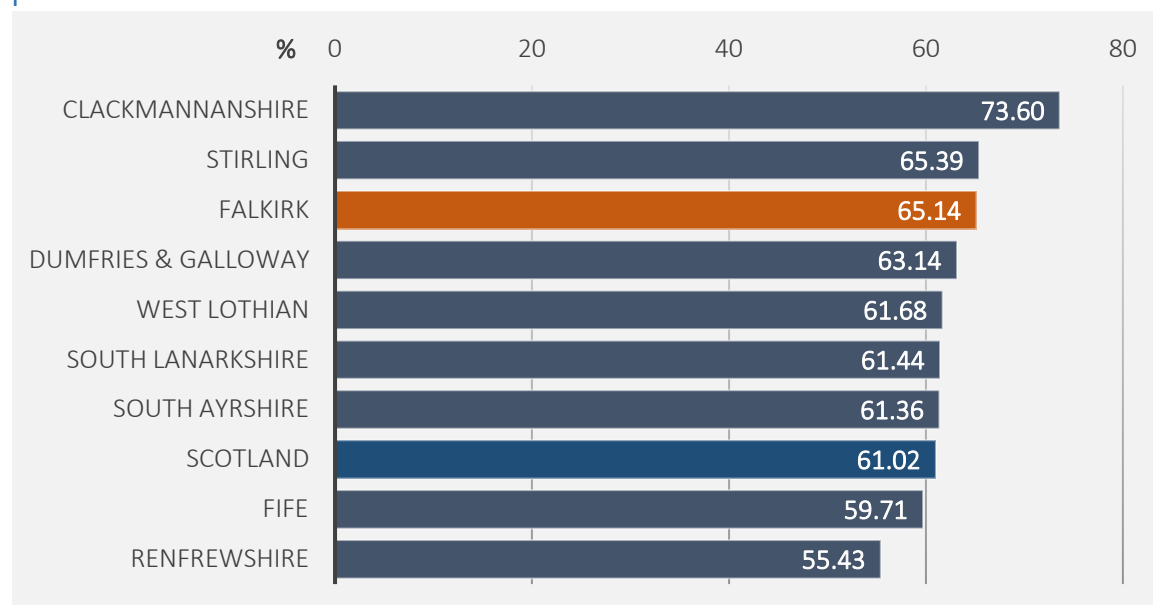
declined slightly from 61.7% in 2017/18). As importantly, the number of people receiving home care has decreased over time and the hours of care they receive on average has increased, i.e. in shifting the balance of care, a greater resource has become targeted on a smaller number of people with higher needs.

The Improvement Service introduced this indicator two years ago to replace another balance of care indicator: Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. The indicators have very different emphases for delivering care at home. Performance focusing on intensive needs (plus 10 hours) is an incentive to target more care to fewer people. However, the current indicator focusing on the percentage receiving personal care is an incentive to target more people with lower levels of care. Further, neither takes account of the benefits of reablement and equipment, such as telecare, which impact on the need for home care. Together these issues can lead to an unclear picture when evaluating Council's performance on balance of care over time.

How does Falkirk compare?
Figure 2 below shows that Falkirk is in the top 3 of the peer group with a percentage very close to neighbouring Stirling and 4% higher than the Scotland average.

Figure 2: SW3a - % of people aged 65 and over with long-term care needs who receive personal care at home

	%
CLACKMANNANSHIRE	73.60
STIRLING	65.39
FALKIRK	65.14
DUMFRIES & GALLOWAY	63.14
WEST LOTHIAN	61.68
SOUTH LANARKSHIRE	61.44
SOUTH AYRSHIRE	61.36
SCOTLAND	61.02
FIFE	59.71
RENFREWSHIRE	55.43

Source: Social Care Survey and Quarterly Survey, Scottish Government

Delayed discharges

Health and Social Care services strive to ensure that people do not have to wait unnecessarily for more appropriate care to be provided after treatment in hospital. Waiting unnecessarily in hospital is considered a poor outcome for the individual and can impact on the health and independence of older patients. It also ensures resources are used effectively.
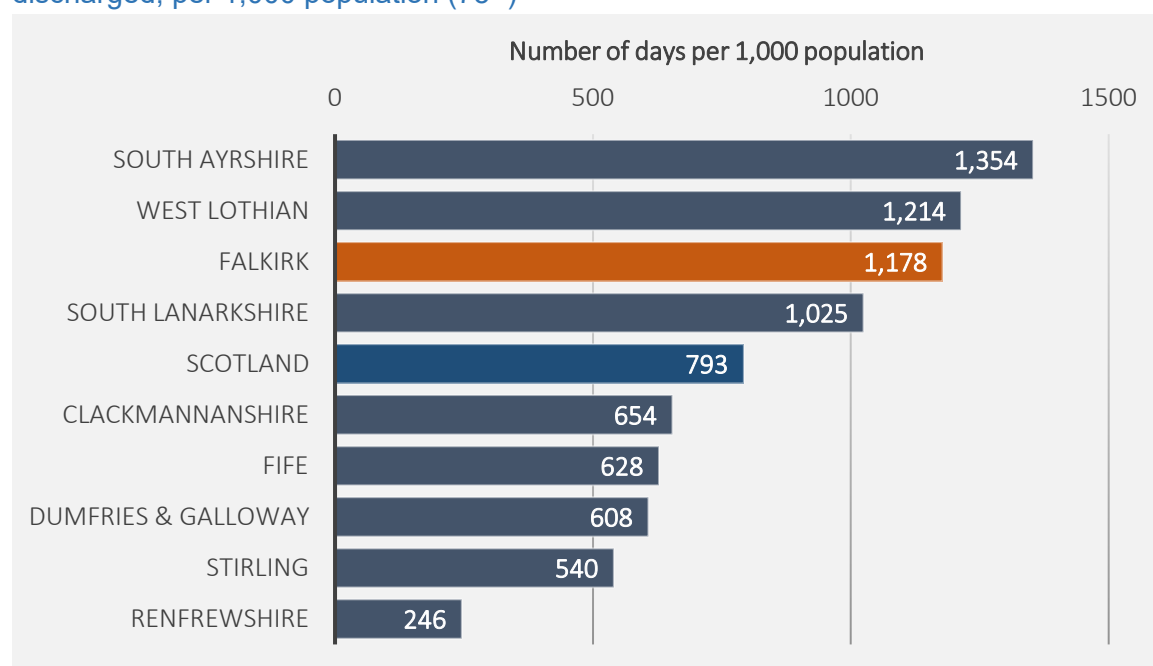
This indicator (SW8) presents the number of days over 75s spend in hospital when they are ready to be discharged. The indicator on its own does not tell us about the

outcomes, as people need to be discharged to an appropriate setting that is best for their reablement and any care needs. Focusing on discharging patients quickly at the expense of this is not desirable, and improvements need to be achieved by better joint working and use of resources.

How does Falkirk compare?

Falkirk does not compare well to peers in this indicator (*low rate is desirable*), while not the worst performing area in this indicator Falkirk is high above the national average (1,178 vs 793) and compares poorly to 6 of the 8 other local authority peers (Figure 3 below).

Figure 3: SW8 - Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (75+)

Number of days per 1,000 population

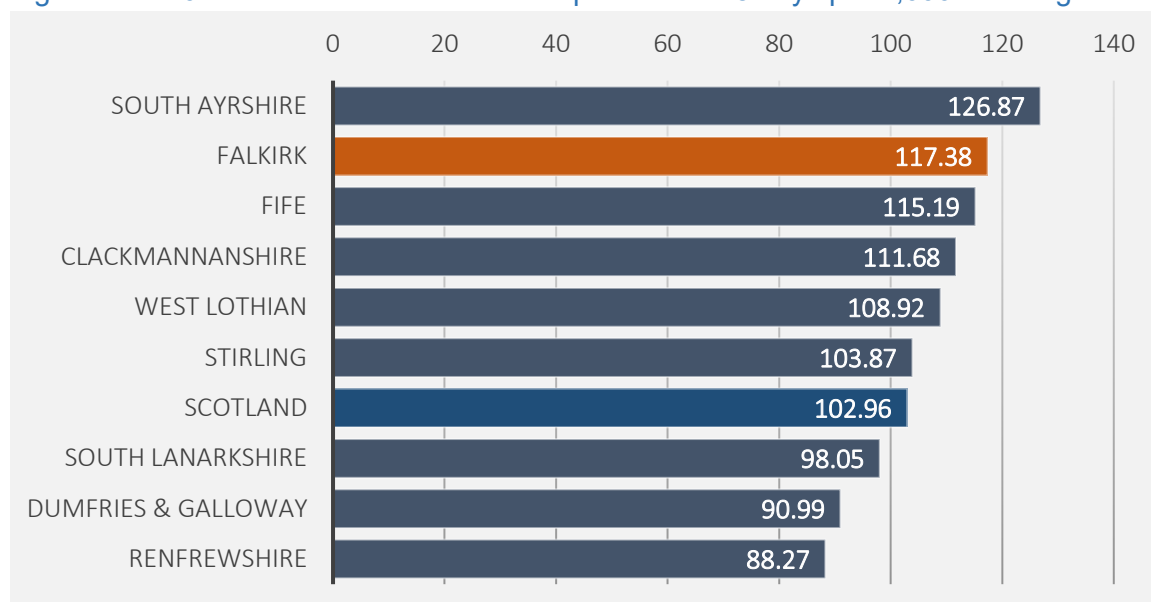| Area	Number of days per 1,000 population
SOUTH AYRSHIRE	1,354
WEST LOTHIAN	1,214
FALKIRK	1,178
SOUTH LANARKSHIRE	1,025
SCOTLAND	793
CLACKMANNANSHIRE	654
FIFE	628
DUMFRIES & GALLOWAY	608
STIRLING	540
RENFREWSHIRE	246

Source: PHS

Readmission to hospital

The readmission rate reflects several key elements of an integrated health and care service, including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners.

This measure captures the rate of readmission to hospital within 28 days per 1,000 discharges. The 28-day follow-up is selected as this is the time that the initial support on leaving hospital, including medicines safety, could have a negative impact and result in readmission. A longer period of follow up would be more likely to include admissions that are unrelated to the initial one, whereas a shorter period (e.g. 7 days) is more likely to only pick up immediate issues linked to the hospital care.

How does Falkirk compare?

Of the 8 peers, Falkirk is the second worst performer in this indicator (low rate is desirable) and performs worse than both of the local authorities in the Forth Valley area. The rate is also considerably higher than the overall Scotland rate.

Figure 4: SW6 - Rate of readmission to hospital within 28 days per 1,000 discharges

Council	Rate
SOUTH AYRSHIRE	126.87
FALKIRK	117.38
FIFE	115.19
CLACKMANNANSHIRE	111.68
WEST LOTHIAN	108.92
STIRLING	103.87
SCOTLAND	102.96
SOUTH LANARKSHIRE	98.05
DUMFRIES & GALLOWAY	90.99
RENFREWSHIRE	88.27

Source: PHS

Care homes

The cost of care home services is reflected in the framework by a standardised measure using net costs per week per resident for people over the age of 65.
Residential care costs are acknowledged to be comparable since national rates apply. Over the six years for which we have comparable data, there has been a 6.8% reduction in unit costs from £409 to £381. This has been driven by an 8.8% reduction in net expenditure and a reduction in the number of adults supported in residential care homes of 2.1%.
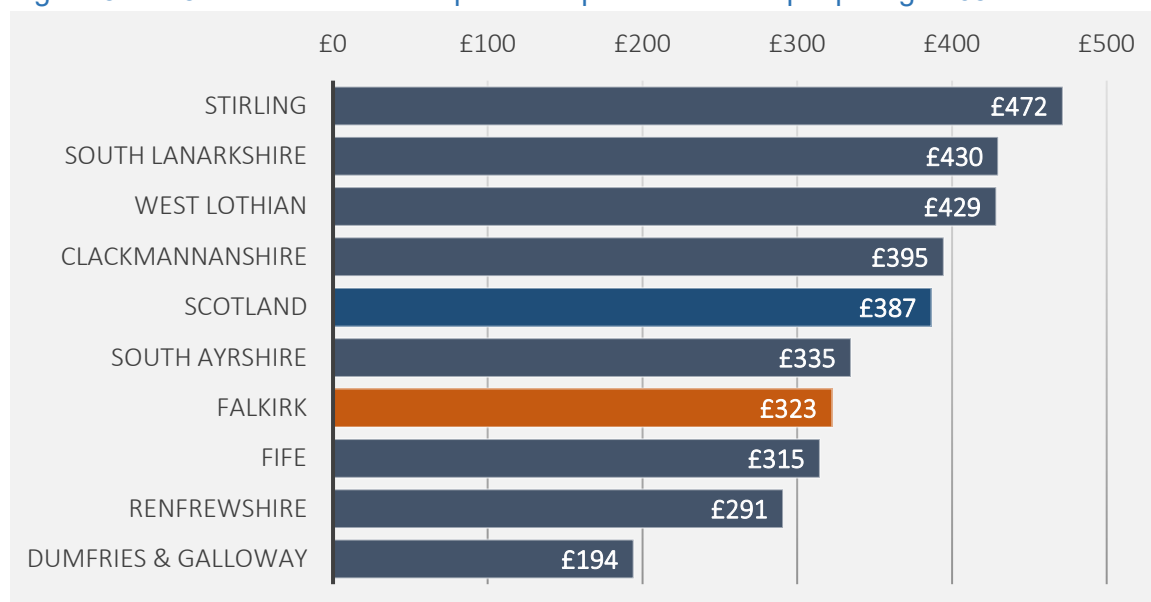
Gross expenditure levels have remained steady over this period therefore the reduction in net expenditure indicates an increase in the income received by councils rather than a reduction in expenditure. The growth in the number of privately or self-funded clients as a proportion of all long stay residents over this period would support this trend (an increase of 2.9% between 2010/11 and 2016/17).

In the last 12 months, the average cost per week per resident increased by 0.3% from £380 to £381. This reflects a 2.5% reduction in net expenditure and 2.8% reduction in the number of residents.

How does Falkirk compare?
Figure 5 below shows that Falkirk has a lower weekly cost per resident than the national average (£323 vs £387).

Council	Cost
STIRLING	£472
SOUTH LANARKSHIRE	£430
WEST LOTHIAN	£429
CLACKMANNANSHIRE	£395
SCOTLAND	£387
SOUTH AYRSHIRE	£335
FALKIRK	£323
FIFE	£315
RENFREWSHIRE	£291
DUMFRIES & GALLOWAY	£194

Source: Social Care Survey and Quarterly Survey, Scottish Government, council supplied expenditure figures

Direct payments and personalised managed budget

From 1st April 2014, self-directed support introduced a new approach which gives people who require social care support more choice and control over how their support is delivered. Social work services continue to drive forward changes to ensure people's outcomes are being met, rather than a person fitting in to a service.
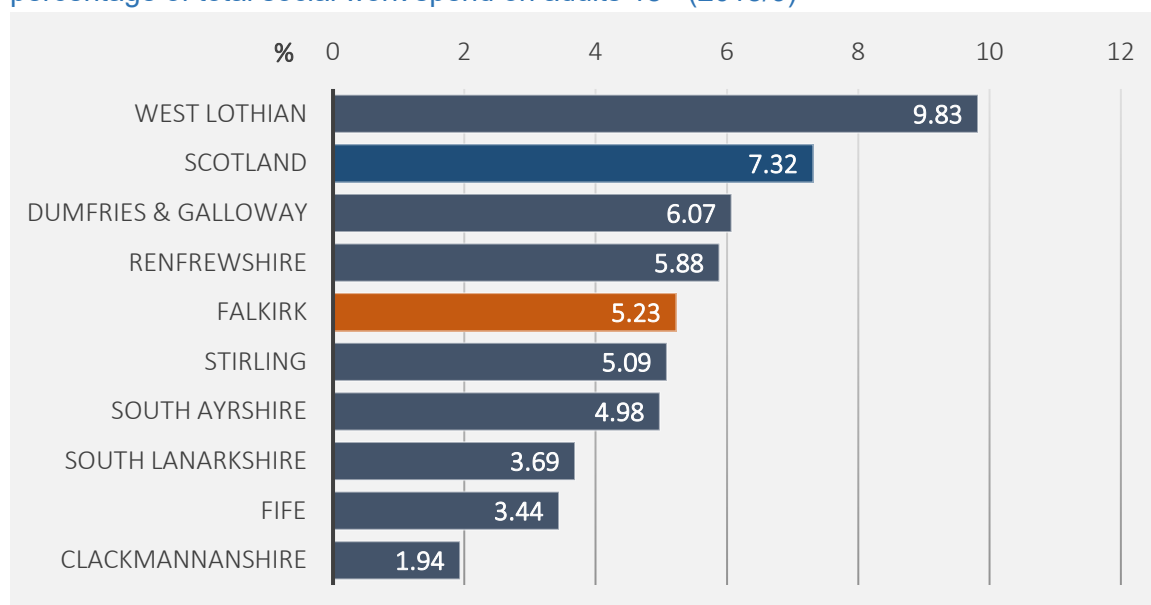
The Self-Directed Support Act 2013 puts a duty on local authorities to be transparent about the resources available to provide support and offer a choice as to how that support is managed/ delivered/ organised.

The indicator here refers to the percentage of total social work spend allocated via SDS Option 1 - direct payments - or Option2 - Personalised Managed Budgets. However all 4 SDS options can be considered as equitable choices.

How does Falkirk compare?

Falkirk sits middle of the pack on this indicator in terms of the peer group even though this is also a good bit below the Scotland average. However, it is important to note that this indicator is impacted by the picture in Glasgow (with such a large population) so with Glasgow excluded Falkirk is actually nearly identical to Scotland (5.2% vs 5.1%).

Figure 6: SW2 – Spend on direct payments and personalised managed budgets as a percentage of total social work spend on adults 18+ (2018/9)

Local Authority	Value
WEST LOTHIAN	9.83
SCOTLAND	7.32
DUMFRIES & GALLOWAY	6.07
RENFREWSHIRE	5.88
FALKIRK	5.23
STIRLING	5.09
SOUTH AYRSHIRE	4.98
SOUTH LANARKSHIRE	3.69
FIFE	3.44
CLACKMANNANSHIRE	1.94

Source: Council supplied expenditure figures

Quality ratings of care services

This indicator provides a measure of assurance that adult care services meet a reasonable standard. This includes care provision provided by Local Authority, Health Board, Third Sector and Private Sector and includes the following care services:

- Care Homes for adults and older people
- Housing Support Services
- Support Services including Care at Home and adult Day care
- Adult placements
- Nurse Agency

The Care Inspectorate grades care services on the following themes:

- Quality of Care and Support
- Quality of Environment (Care Homes only)
- Quality of Staffing
- Quality of Management and Leadership

There has been an overall improvement in quality ratings since 2011/12, with the % of care services graded 'good' (4) or 'better' (5) increasing from 80.9% to 82.2%. After 4 years of improvement, in the last 12 months inspectorate quality ratings have fallen from 85.4% to 82.2%.

How does Falkirk compare?

Falkirk sits in the centre in this indicator within the LGBF peer group of 9 local authorities, however in percentage terms, Falkirk is nearer the worse performing areas than the top areas and below the Scotland average.

Figure 7: SW7 – Proportion (%) of care services graded 'good' (4) or better in Care Inspectorate inspections
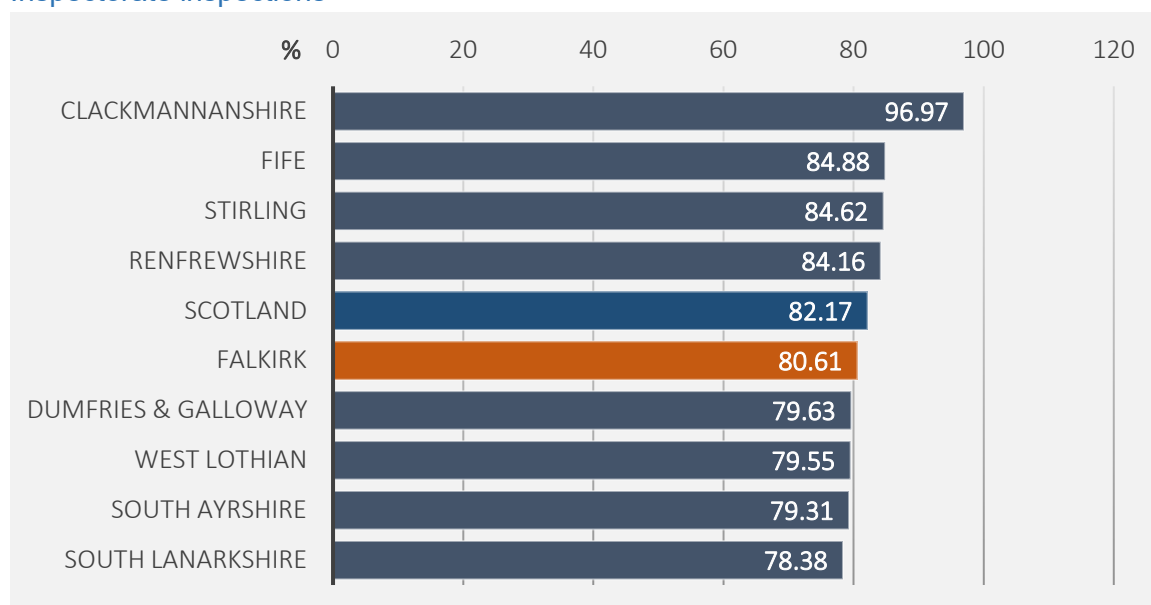
Source: Care Inspectorate

Satisfaction with care services

This year the LGBF includes a suite of 'satisfaction' measures to capture progress made in relation to improving personal outcomes, promoting enablement, increasing choice and control, and supporting carers.

These measures are taken from the HSC Core Suite of integration Indicators with data drawn from the biannual Health and Care Experience Survey, for which the most recent data is 2017/18. The next data available is for 2019/20. The survey takes place every two years, and only three years of data is currently available limiting trend analysis at this stage.

The Health and Care Experience Survey provides a more locally robust sample than is available from the Scottish Household Survey in relation to social care. The experience survey is part of the GP survey and asks about experience of 'care'. The data cannot be related to a specific element of social care and may reflect users experience across a mixture of health care, social care, and district nursing for example.

How does Falkirk compare?

There are 4 indicators in this section: SW4b, SW4c, SW4d and SW4e. Please also note that these indicators are all 2017/8 rather than 2018/9 like the previous sections.
In Figure 8 below (Indicator SW4b), it is clear that while nearly 4 in 5 people in Falkirk consider their social care services had an impact on improving or maintaining their quality of life, Falkirk doesn't compare as well to its peer group and sits 2nd bottom in this list.

Comparatively Falkirk does perform well in the next two indicators (SW4c and SW4d) with the Falkirk people surveyed agreeing that they are supported to live as independently as possible and also get a say in how their help, care or support is provided. In both cases Falkirk also performs better than the Scotland average.

In the final indicator (SW4e) Falkirk sits right in the middle of the peer group and just better than the Scotland average. Albeit this indicator suggests only 37% of carers feel supported to continue in their caring role so there is room for improvement.

Figure 8: SW4b - % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
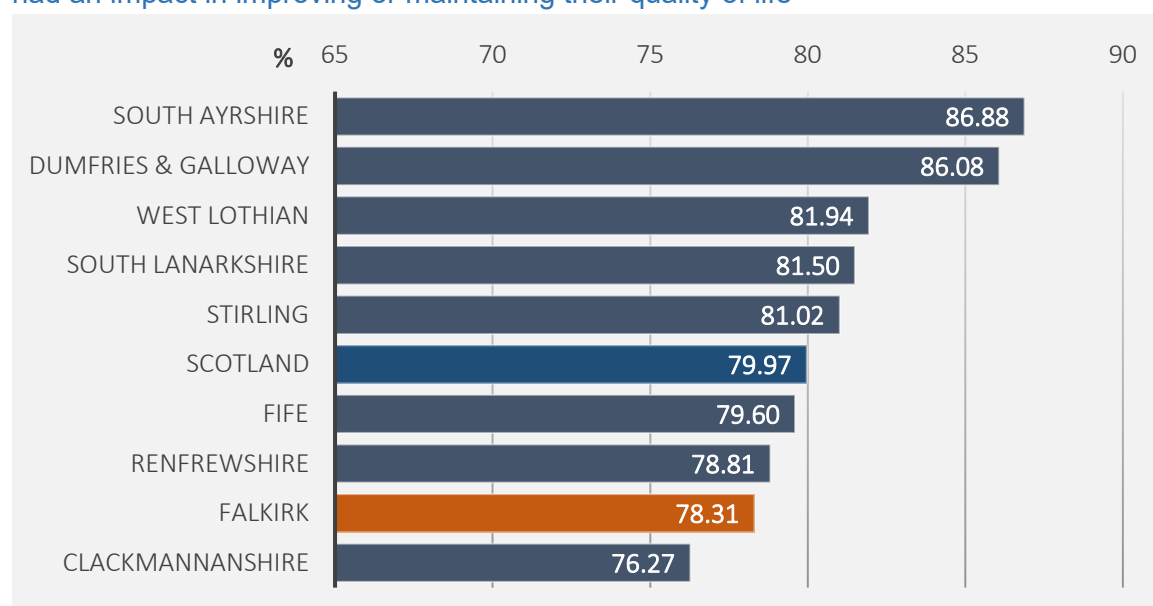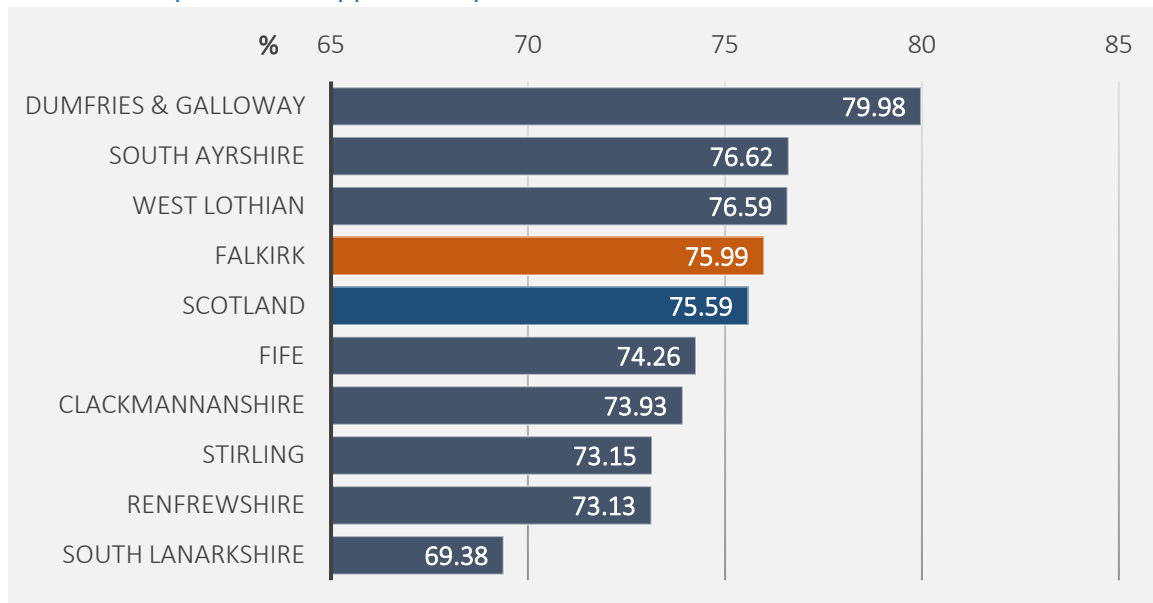

Source: Health and Care Experience Survey, 2017/18

Figure 9: SW4c - Percentage of adults supported at home who agree that they are supported to live as independently as possible
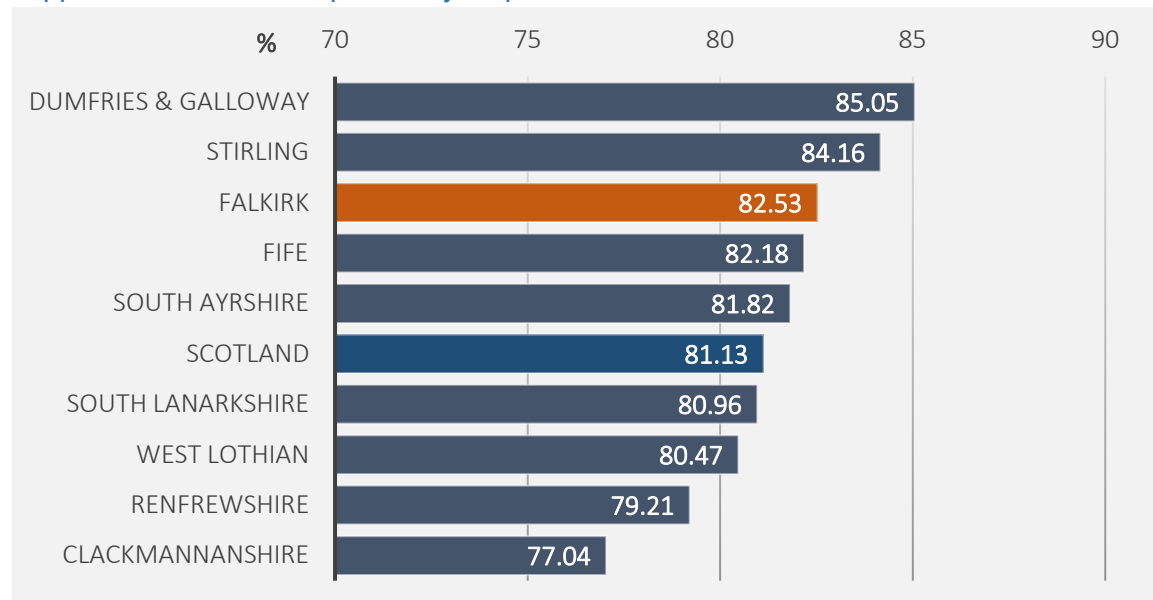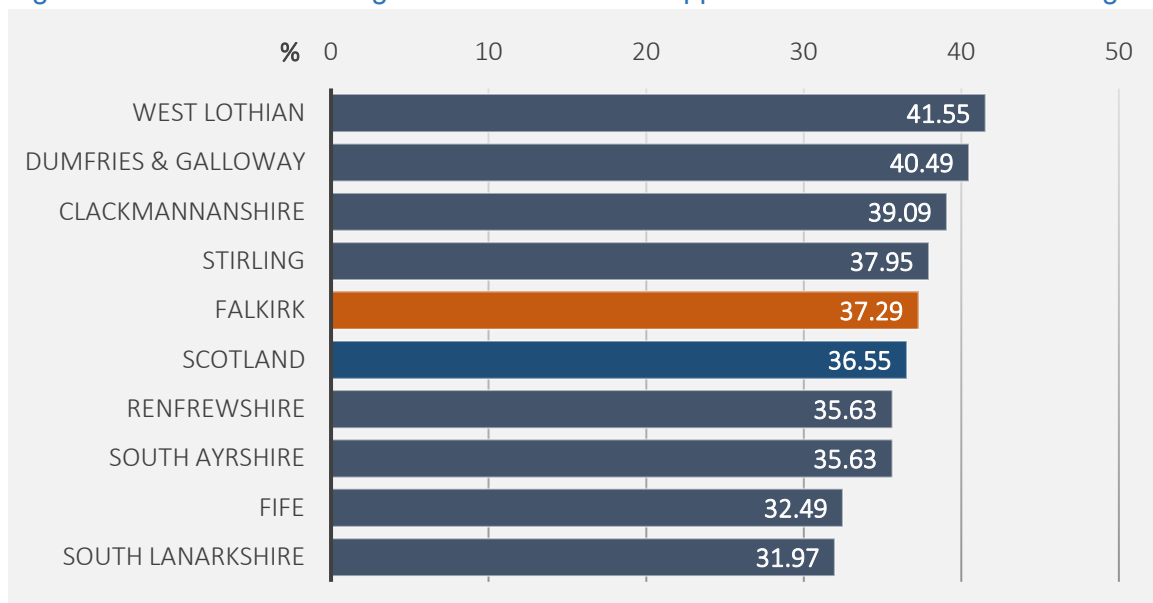

Source: Health and Care Experience Survey, for which the most recent data is 2017/18

Figure 10: SW4d - Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

	%
DUMFRIES & GALLOWAY	79.98
SOUTH AYRSHIRE	76.62
WEST LOTHIAN	76.59
FALKIRK	75.99
SCOTLAND	75.59
FIFE	74.26
CLACKMANNANSHIRE	73.93
STIRLING	73.15
RENFREWSHIRE	73.13
SOUTH LANARKSHIRE	69.38

Source: Health and Care Experience Survey, for which the most recent data is 2017/18

Figure 11: SW4e - Percentage of carers who feel supported to continue in their caring role

	%
WEST LOTHIAN	41.55
DUMFRIES & GALLOWAY	40.49
CLACKMANNANSHIRE	39.09
STIRLING	37.95
FALKIRK	37.29
SCOTLAND	36.55
RENFREWSHIRE	35.63
SOUTH AYRSHIRE	35.63
FIFE	32.49
SOUTH LANARKSHIRE	31.97

Source: Health and Care Experience Survey, for which the most recent data is 2017/18