

The background of the slide is the Falkirk Council Coat of Arms. It features 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 red 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 red field. Above the shield is a crown with four fleurs-de-lis. A ribbon scrolls across the bottom with the motto 'A'NE FOR A'.

## **Agenda Item 4**

### **Falkirk Health and Social Care Partnership**

**Falkirk Council**

**Title:** Falkirk Health and Social Care Partnership

**Update Meeting:** Scrutiny Committee (External)

**Date:** 10 February 2022

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

**1. PURPOSE OF REPORT**

- 1.1. The report provides a summary of the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to the Scrutiny Committee on 11 December 2020.
- 1.2. The report to Scrutiny Committee presents:
- extracts of recent information contained in IJB reports
  - Annual Assurance Statements provide to the Integration Joint Board (IJB) from the Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum
  - 2020/21 Annual Audit Report to the IJB and Controller of Audit
  - the Annual Performance Report 2020/21
  - the IJB Performance Monitoring Report and information on the Partnership's performance reported within the Local Government Benchmarking Framework
  - complaints and feedback information.
- 1.3. In addition to the report presented to Committee, the HSCP has provided reports to Council and members briefings throughout 2021.

**2. RECOMMENDATIONS**

- 2.1. It is recommended that the Committee considers the performance of Falkirk 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 in the Strategic Plan
  2. Request a follow up report for future Scrutiny Committee consideration

### **3. BACKGROUND**

- 3.1. The 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 the Council and NHS Forth Valley with services delivered through the HSCP. The Board has established an Audit Committee and a Clinical and Care Governance Committee. The Board has 6 voting members – 3 Falkirk Council Elected Members and 3 NHS Forth Valley non-executive Board members.
- 3.2. The IJB controls an annual budget of approximately £257m and decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2019-2022. The 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 and the National Health and Social Care Delivery Plan.

### **4. FALKIRK HSCP UPDATE**

- 4.1. **Covid-19 response and remobilisation**  
This section of the report gives a high-level summary of current actions being undertaken.
- 4.2. The HSCP began planning its response to the emerging Covid-19 pandemic in early March 2020 and since then has continued to respond in line with national guidance and the local position. This includes updating business continuity plans to review services and build resilience in key services.
- 4.3. The pandemic has had and continues to have a significant impact on the HSCP's delivery of services. Over recent weeks demand for and capacity to deliver health and social care services have experienced significant pressures:
- there has been an increase in length of stay for unscheduled care admissions at the Forth Valley Royal Hospital
  - delayed discharges have been improving since October although numbers have increased slightly since Christmas
  - there has been an increase in the number of people at end of life at home (around 45% increase from pre-pandemic levels)
  - there has been an increase in demand for packages of care with a waiting list
  - staff sickness absence levels are running at a level significantly higher than that seen pre-pandemic. Examples of increased absence can be seen within District Nursing in Falkirk which has an absence rate of 7.19% in September 2021 compared to 5.32% in January 2019. Across

Social Work Adult Services average absence in 2019 was 9.19% and in 2021 is 11.93%.

- provider organisations are seeking to and have handed back packages of care citing sickness absence and staff leaving as reasons.

- 4.4. Concurrently with this, our staff and carers have been working above and beyond, facing unprecedented challenges, for a significantly extended period. This is resulting in staff and carer fatigue and with resultant impacts on health and wellbeing. The staff absence data reflects absence due to covid and self-isolation requirements, but additionally there are staff experiencing significant longer term health challenges, at a level that is higher than usual.
- 4.5. The NHS in Scotland continues under an emergency footing and the demand pressures on the system are such that we are very much still in response mode: ensuring the provision of safe services to the most vulnerable during a period of increased demand for services and reduced staffing availability.
- 4.6. In response, NHS Forth Valley has reintroduced the Gold and Silver command structure to support strategic management and decision making. The Chief Officer and Heads of Integration are members of these command structures. The Chief Officer and CFO meet twice weekly with the Heads of Integration and Locality Managers since 28 July 2021 in response to the system pressures and associated risks. The IJB Chair and Vice-chair meet fortnightly with the Chief Officer and Chief Finance Officer. This provides an opportunity for an update and discussion about decisions required.
- 4.7. The HSCP mobilisation centre and Huddle meeting has been stepped up again in response to the current increasing demand pressures and the level of staff absence and vacancies. The Huddle continues to have representation from all HSCP partners and service areas and ensures the HSCP response is well co-ordinated. Daily flow meetings are also in place to support timely discharge from hospital.
- 4.8. The HSCP continues to work in partnership with Clackmannanshire and Stirling HSCP and NHS Forth Valley to progress the Falkirk HSCP Remobilisation Plan 2021/22. The plan and accompanying finance submissions are regularly reviewed and updated. An update to the remobilisation plan was reported to the IJB in November 2021 and the report is attached at appendix 1. The report noted the significant number of actions being taken to address the pressures and these are summarised below:
- **Bed Based Care** - additional hospital bed space has been created in the remaining ward 5 in Falkirk Community Hospital and Bo'ness Community Hospital. The provision of increased intermediate care beds is being supplemented through a spot purchasing arrangement with care homes. This will support sideways moves from the acute and

community hospital until the identified longer term care arrangement is put in place. The intermediate care beds will provide a reablement approach. Care Homes have been asked to submit expressions of interest for potential available beds which would be suitable for interim sideways moves. Such moves would support people in a more appropriate place than an acute hospital while awaiting a suitable package of care or their preferred long term care home.

- **Supporting timely discharge** – we are working in partnership with third sector organisations who will support patients to go home from hospital when they are clinically fit to do so. This support may include: arranging transport including a volunteer travelling with the person to their home and undertaking a home safety check including: resolving any obvious trip hazards and ensuring basic supplies are available; arranging collection of any prescriptions; providing safe and well calls as required; providing basic food packages at time of discharge and following up with an ongoing shopping service, befriending and occasional visit for heavier household tasks; linking in with community assets to ensure medium term supports as required.
- **Care at home** - to manage the challenges in Care at Home services, we are working in conjunction with Scottish Care and providers to enhance productivity.
- **Creating staff capacity** through recruitment. This includes the use of NHS Bank Health Care Support Workers (HCSW) to support our care at home staff during periods of sickness and leave to help support resilience in the team.

#### 4.9. **Care Home Assurance**

An update on care home assurance work was presented to the Clinical and Care Governance Committee meeting on 26 November 2021. The report summarised the current work to date with care homes and care home staff to support and assure infection prevention and control measures, support outbreak management and to ensure that fundamental care needs of residents are being met during the pandemic.

#### 4.10. **Care at Home Oversight**

In September Scottish Government requested HSCP's set up local oversight groups for care at home including both in-house and commissioned services outlining minimum terms of reference covering Care at Home and Community Health. Each area was asked to stand up these groups immediately, if they didn't already exist, to meet weekly, at minimum. The group's remit covers the care and treatment of adults in our community and includes, at minimum, weekly monitoring of care at home and community health pressures in their area and the implementation of solutions to address these pressures, with a particular focus on managing risk.

- 4.11. The group is chaired by the HSCP Chief Officer and reports to the Chief Executive of the Local Authority. Locally the group aligns with the Care Home Assurance group with some common membership, to complement the work of the HSCP leadership teams.
- 4.12. Throughout the pandemic we have been able to safely sustain our core services including: care at home, community care team, community nursing and mental health officers, care homes and MECS.
- 4.13. **Herbert Protocol**  
The Partnership is supporting the national launch of The Herbert Protocol. Since 2017 the Herbert Protocol has been used to help police and other agencies quickly and safely locate missing people who have dementia. The scheme is being rolled out nationwide from 21 September 2021.
- 4.14. Families of a person with dementia are asked to complete the Herbert Protocol form. This provides information such as places of importance to the person, often visited places, health issues and places they have been found in the past if reported missing. Ownership and responsibility for updating the form remains with the family. This means the process for recording information is standardised and accessible.
- 4.15. Following its introduction in Scotland, the Hebert Protocol has been used many times to trace missing people with dementia and return them home. It is another example of how emergency and care services are working together to keep people with dementia safe.
- 4.16. The Partnership participated in the national launch of the Protocol and promotion of the App, sharing the news release on the HSCP website, social media, and newsletter. Continued promotion of the Protocol will support awareness raising and information sharing on these important initiatives.
- 4.17. This work also links closely with the promotion of Power of Attorney (PoA). The Partnership recently participated in PoA day, taking part in national media and social activity. National toolkit content will continue to be shared via social media and Partnership newsletters.
- 4.18. **Joint Inspection of Adult Support and Protection Arrangements**  
The inspection of our Adult Support and Protection arrangements is ongoing. The focus of the joint inspection will be to provide:
- independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported
  - assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007
  - an opportunity to identify good practice and support improvement more broadly across Scotland.

- 4.19. The inspection activity to date has included a staff survey, case file reading and focus groups. A Position Statement was also submitted and provides a partnership response against two quality indicators:
- Key adult support and protection processes
  - Leadership for adult support and protection.
- 4.20. At the time of preparing the report, the Joint Inspection report is due to be published on 8 February 2022. An update will be provided to the Adult Protection Committee, IJB and Elected Member briefing when this is available. A verbal update will be provided to the Scrutiny Committee.

## **5. FALKIRK IJB SCRUTINY AND MONITORING ARRANGEMENTS**

- 5.1. The IJB is responsible for the effective monitoring and reporting on the delivery of services, relevant targets and measures. The management of performance is critical to managing the overall budget of the IJB and to provide assurance on the impact of the Strategic Plan to improve outcomes.
- 5.2. The Board monitors and reports on performance in a number of ways:
- Audit Committee and Clinical and Care Governance Committee are established with specific remits and responsibilities
  - Annual Assurance Statements – the presentation of these statements reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan. It also supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations
  - Annual Performance Report
  - Performance Monitoring reports are presented to each IJB meeting
  - Reports on a range of subjects, including the Chief Officer report and Finance reports.
- 5.3. The reports presented to the IJB and its Committees are all accessible online.
- 5.4. **IJB Audit Committee**  
The Audit Committee is responsible for assessing the adequacy and effectiveness of the IJB's internal controls and corporate governance arrangements. Committee considers the annual governance reports and assurances to ensure that the highest standards of probity and public accountability are demonstrated.
- 5.5. The IJB Audit Committee Annual Assurance Statement was presented to the IJB on 3 September 2021. The Assurance Statement sets out the attendance, meeting dates and business of the Audit Committee during the financial year April 2020 to March 2021.

- 5.6. Through the Audit Committee meetings, reports and action plans presented and agreed, output from internal and external audit, together with assurance provided from respective Partners, the Annual Assurance Statement concludes that the Audit Committee has effectively discharged its duties during 2020/21.
- 5.7. **IJB Clinical and Care Governance Committee**  
The IJB Clinical and Care Governance Committee (CCGC) 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.
- 5.8. The Committee presented their Annual Assurance Statement to the IJB on 3 September 2021. The statement sets out the attendance, meeting dates and business of the CCGC over the reporting year April 2020 to March 2021.
- 5.9. Assurance and governance are provided to a large extent by having an oversight and adequate reporting mechanisms from the various NHS committees, Public Protection Groups and Health and Social Care groups within the IJB governance infrastructure. These groups can demonstrate in-depth consideration of a broad range of agendas relevant to their specialities. The Committee can scrutinise proposed changes to systems and processes that deliver improvement to the quality of care delivered by the Partnership.
- 5.10. There is ongoing work to audit and develop these assurance arrangements. This is in response to the integration of health services in to the HSCP and the development of co-ordinated services arrangements and the impact of Covid-19 which has required services to respond differently.
- 5.11. Through the CCGC meetings and reports presented, assurance is provided from respective partners on how services have ensured the safe, efficient delivery of health and care services throughout the year, and how services have been delivered in line with the IJB strategic objectives.
- 5.12. **Joint Staff Forum**  
The Joint Staff Forum (JSF) provides a forum to enable effective joint discussions between employer and employee representatives, on relevant workforce matters relating to the effective implementation of health and social care integration. Assurance is provided to a large extent by having an oversight, engagement, and adequate discussions on relevant matters.
- 5.13. The JSF will anticipate, and plan workforce matters arising from the Health and Social Care Partnership and recommend good practice methods of working and solutions to issues as they arise.
- 5.14. The JSF will take account of relevant legislation including employment legislation and other Acts or guidance documents as relevant to health



and social care integration. The JSF will also take account of locally agreed plans and strategies for the Partnership.

- 5.15. Through the Forum meetings and reports presented, assurance is provided from respective partners and Trade Unions on how staff and services have ensured the safe, efficient delivery of health and care services, and how services have been delivered in line with the strategic objectives of the IJB. The Annual Assurance Statement for the reporting year April 2020 to March 2021 was presented to the IJB on 3 September 2021.
- 5.16. The Audit Committee, Clinical and Care Governance Committee and the Joint Staff Forum formally provide a copy of their approved minutes to the IJB as part of its assurance processes and are therefore publicly available. The Annual Assurance Statement report presented to the IJB is attached at appendix 2 for information.

## **6. 2020/21 ANNUAL AUDIT REPORT TO THE IJB AND CONTROLLER OF AUDIT**

- 6.1. The IJB's appointed auditors, Ernst & Young, presented the findings of External Auditors Annual Report to the Audit Committee on 24 September 2021.
- 6.2. The auditors are required to:
  - 1. communicate matters relating to the audit of the financial statements to those charged with governance of a body, in sufficient time to enable action.
  - 2. prepare, an annual report on matters of significance that have arisen out of the audit process.
- 6.3. The annual Audit report to the IJB and Controller of Audit fulfills both these requirements.
- 6.4. External Audit provided an unqualified audit opinion on the IJB's 2020/21 financial statements. The accounts are therefore considered to provide a true and fair view of the IJB's financial position.
- 6.5. In terms of the wider scope areas of the audit, the report highlights a number of ongoing risks in relation to the pace of integration and capacity in terms of support services, financial sustainability/longer term risk sharing arrangements and best value.
- 6.6. Three specific recommendations were made in the report, and these were accepted by the Chief Officer and Chief Finance Officer as summarised in table 1 below:

**TABLE 1: Falkirk IJB 2020/21 External Audit Recommendations**

<b>Findings and / or risk</b>	<b>Recommendation / grading</b>	<b>Management response / Implementation timeframe</b>
The IJB has been in place for 5 years, but operational responsibility for key services has not yet transferred. This limits the benefits that can be achieved through transformation and may prevent achievement of the aims in the Strategic Plan.	<p>The IJB and its partners must ensure that planning and operational management responsibility is transferred for remaining services, including Primary Care, to allow the benefits of integration to be achieved.</p> <p><i>Grade 1</i></p>	<p>Accepted.</p> <p>Discussions are ongoing in conjunction with NHS Forth Valley and colleagues in Clackmannanshire &amp; Stirling IJB regarding the transfer of planning and operational management responsibility for all outstanding in scope health services.</p> <p><b>Responsible officer:</b> IJB Chief Officer &amp; NHS Forth Valley Chief Executive.</p> <p><b>Implementation date:</b> 31 Mar 2022</p>
As an Integration Authority, the IJB does not directly employ its own staff. The ability to respond to key legislative and governance requirements therefore relies on the resource capacity provided by partners in NHS Forth Valley and Falkirk Council.	<p>The IJB should ensure that the revised Integration Scheme establishes arrangements for key support services.</p> <p><i>Grade 2</i></p>	<p>Accepted.</p> <p>Provision of adequate and equitable corporate support functions is essential if the IJB is to operate effectively and deliver transformational change. The review of the Integration Scheme will consider the need for a more formal corporate support agreement with partners.</p> <p><b>Responsible officer:</b> IJB Chief Officer, Falkirk Council Chief Executive &amp; NHS Forth Valley Chief Executive.</p> <p><b>Implementation date:</b> 30 Sept 2021</p>

<p>The IJB will continue to face significant decisions to deliver the Strategic Plan and to respond to the significant budget gap across services. In our view, the papers presented to the Board could be enhanced by additional financial analysis. This may require additional financial capacity to be provided by partners.</p>	<p>Key decisions should be supported by options appraisal or financial analysis of the net impact.</p> <p style="text-align: right;"><i>Grade 2</i></p>	<p>Accepted.</p> <p>It is important to strike an appropriate balance in the level of detail provided in publicly available reports compared to internal management information and analyses used to inform decision making.</p> <p><b>Responsible officer:</b> Chief Finance Officer</p> <p><b>Implementation date:</b> 30 Sept 2021</p>
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- 6.7. Regular updates are provided to the Audit Committee to monitor progress in implementing all internal and external audit recommendations and other improvement actions identified through the annual review of the IJB's governance arrangements.

## 7. FALKIRK HSCP ANNUAL PERFORMANCE REPORT

- 7.1. The Falkirk HSCP Annual Performance Report 2020/21 outlines how the Partnership is working towards delivering the Strategic Plan and the nine national Health and Wellbeing Outcomes. It also highlights achievements throughout the year. This is attached at appendix 3. The Board agreed to delay the publication date for the annual performance report in exercise of the power granted to public authorities under the Coronavirus (Scotland) Act 2020.
- 7.2. Partnerships are expected and encouraged to include additional relevant information beyond the minimum set out below. This is 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 and should include:
- review of Strategic Plan
  - an assessment of performance in relation to national health and wellbeing outcomes, integration delivery principles, strategic planning
  - financial planning and performance
  - Best Value in planning and carrying out integration functions
  - performance in respect to localities
  - inspection of services.

- 7.3. The Annual Performance Report (APR) describes our response to the pandemic as well as the numerous service developments and redesigns being taken forward. In previous reports to the Board and Scrutiny Committee we have explained that many of these changes will take time to become established given the complexity of the whole health and social care system. We will continue to report to the IJB through various reports including the IJB Performance Monitoring Reports.
- 7.4. The APR sets out progress against the national health and well-being outcomes and Strategic Plan priorities. Page 11 of the APR illustrates the linkages across our Strategic Plan priorities to the nine national Health and Wellbeing Outcomes and Integration Priorities.
- 7.5. The IJB fulfils its responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions. The Partnership reports progress against the suite of 23 national integration indicators. This enables us to understand how well our services are meeting the needs of the people who use them.
- 7.6. Indicators 1-9 are populated by the bi-annual Health and Care Experience Survey (HACE). The most recently available data for these indicators is for 2019/20. Indicators 11-20 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS). As the records are generated on discharge, PHS has recommended using calendar year 2020 instead of financial year 2020/21 for some indicators in order to avoid under reporting.
- 7.7. In previous years the analyses of the National Indicators included a focus on direction of travel and whether performance had improved, deteriorated or the position had been maintained. Due to various changes in the 2019/20 HACE survey wording, indicators 2, 3, 4, 5, 7 and 9 are no longer directly comparable to previous years. The impact of COVID means comparisons to previous years are also more challenging for other indicators. For the reasons outlined the annual performance report will focus on comparison to the national average.
- 7.8. Our performance for 2020/21 is set out in the section 'Performance at a Glance', with more detailed tables available on page 84 - 87. The summary shows that for 13 out of the 19 (68.4%) indicators for which data are available Falkirk compares either well or similar to the national average.
- 7.9. As a key part of the monitoring arrangements for the Partnership, the Annual Performance Report has been presented to Falkirk Council and NHS Forth Valley Health Board.

## 8. IJB PERFORMANCE MONITORING REPORT

- 8.1. The regular IJB Performance Monitoring Report presented to the Board in November 2021 is attached at appendix 4 for information. The content of the Performance Monitoring report covers the reporting period September 2020 – September 2021. 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.
- 8.2. 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.
- 8.3. Section 1 provides a summary of key performance issues with an extract provided below:

- **ED Performance against the 4 Hour Access Standard**

The September 2021 compliance for the Falkirk Partnership highlights a decrease in performance to 64.8% compared with 90.0% in September 2020.

- **Adult Protection Referrals**

There were 55% more of Adult Protection referrals in the first half of 2020/21 compared to the same period last year.

The Adult Protection Committee monitors and oversees activity.

- **Delayed Discharge**

The Falkirk partnership breakdown at the September 2021 census is noted as:

- 46 Standard delays, 27 are delayed over 2 weeks
- 18 guardianship/code 9 exemptions
- 64 total delays.

- **Complaints – Falkirk Council Social Work Adult Services**

In the first half of 2021/22, 32 complaints were resolved with 25 (73%) of them completed within timescales. This compares to 25 complaints resolved and 16 (64%) completed within timescales in the equivalent period in the year before.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

- **Complaints – NHS Forth Valley**  
In the period April 2021 to August 2021, a total of 9 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 77.8%.
  - **Attendance management – Social Work Adult Services**  
The overall sickness absence figure for 2021/22 to the end of Q2 was 12.4%. For the same period last year sickness absence was 10.3%.
  - **Attendance management - NHS Forth Valley**  
The overall August 2021 sickness absence position is reported as 6.2% with the 12-month rolling position noted as 6.0%.
  - **Psychological Therapies**  
In September 2021, 63.8% of patients started treatment within 18 weeks of referral. This is static from 63.7% in August 2021 and a deterioration from 66.4% in September 2020.
  - **Overdue pending Occupational Therapy Assessments**  
The number of overdue OT pending assessments increased by 35% from 208 at the end of June 2021 to 280 at the end of September 2021.
- 8.4. Section 2 provides the Performance Dashboard which maps to the local outcomes detailed in the Strategy Map. This reflects the Strategic Plan outcomes.
- 8.5. 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.
- 8.6. Section 4 provides an overview of the Falkirk HSCP performance against the national core suite of integration indicators. These are reported in the Annual Performance Report.
- 8.7. **Local Government Benchmarking Framework 2019/20**  
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 improve key council services.
- 8.8. 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:
- Home care services and providing a balance of care - with effective prevention and early intervention strategies, such as enablement and re-enablement, this indicator can promote independence to sustain people in their home

- System capacity and future sustainability - strengthening our understanding of local system capacity and long-term social care sustainability. Furthermore, supporting progress to develop strategic commissions that meet the complex needs of the population.
- Preserving the quality of life – quantifying the outcomes and experience of those in the social care system
- Quality of service provided - dedicated to improving the quality of service provided to social care services recipients
- Personalisation of care services – providing recipients of social care services with increased autonomy over their care, support and assessments in accordance with the Personalisation Agenda
- Supporting Carers – working to ensure that carers, throughout the pandemic and beyond, feel valued and appreciated. Moreover, to support carers in their responsibilities and duties as outlined in the Carers (Scotland) Act 2016.

8.9. The IJB received a briefing note on the Partnerships performance, as reported in the national publication at their meeting on 4 June 2021. This was included in the Performance Monitoring Report and is attached at appendix 5 for information.

8.10. The report provides a summary of performance against the above areas of focus and the eight performance indicators. This provides a contextual understanding of how Falkirk compares alongside the LGBF ‘family grouping’ of the following authorities: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian.

## **9. HSCP COMPLAINTS AND FEEDBACK**

9.1. The IJB and CCGC receive regular reports on complaints and feedback received about HSCP services. 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.

9.2. An annual report of complaints activity across the HSCP from April 2020 – March 2021 was presented to the CCGC meeting on 26 November 2021. This is attached at appendix 6 for information.

9.3. The report takes into account the number of complaints received, local resolution, compliance with the 20-day national target, SPSO referrals and the themes raised within complaints.

9.4. In line with the current Complaints Handling Procedures (CHP), HSCP staff responding to complaints about social work services use the Falkirk Council CHP. HSCP staff responding to complaints about health use the NHS CHP. Where complaints cut across services, we have an agreed

process that ensures there is clarity and a consistent approach as to which service will take the lead on investigating and responding to these complaints. For complaints relating to the actions and processes of the IJB itself, the IJB CHP is used.

#### 9.5. **Social Work Adult Services**

During the reporting year there were 57 complaints received about Social Work Adult Services. These complaints are summarised in the table below:

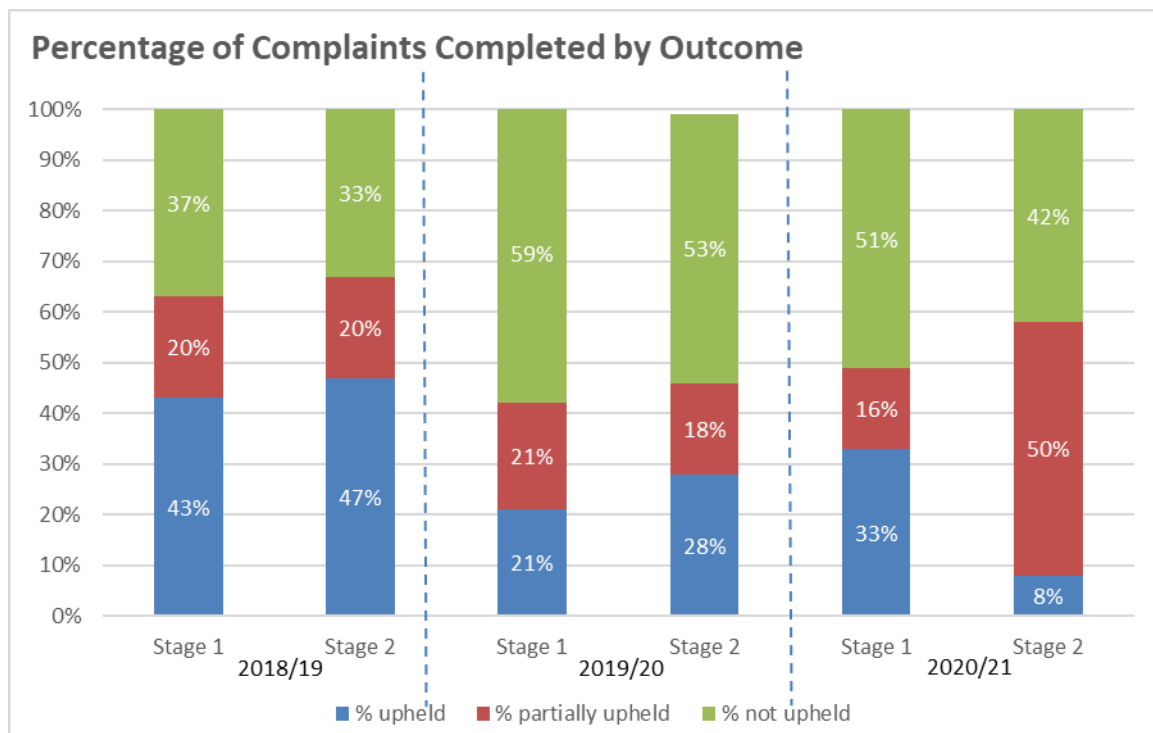
Measure	2019 - 2020	2020 - 2021	2020 - 2021 Stage 1	2020 - 2021 Stage 2	Direction of travel
The number of SWAS (Stage 1 & 2) complaints completed within 20 days	59/114	32/57	25/45	7/12	-
<b>b.</b> The proportion of SWAS (Stage 1 & 2) complaints completed within timescales	52%	56%	56%	58%	▲
<b>c.</b> Proportion of SWAS complaints upheld  <b>NB:</b> The 2015/16 Baseline data was reported under the previous complaints system which had a target of 70%. The target for the current complaints process is 100%.	% Upheld		33%	8%	-
	% Partially upheld		16%	50%	-
	% Not upheld		51%	42%	-

#### 9.6. The key points to note are:

- performance of complaints completed within the time scale increased from 52% to 56%
- both Stage 1 and Stage 2 performance increased over the 12-month period
- Stage 1 improved from 54% to 56%, whilst Stage 2 improved from 41% to 58%
- the number of complaints received has reduced in the reporting period. In 2019/20 there were 114 complaints (97 Stage 1 and 17 Stage 2) compared to 57 complaints (45 Stage 1 & 12 Stage 2) in the reporting period.

#### 9.7. Outcomes of complaints show significant variation year on year. Given the small numbers involved the variation could be expected however is the subject of ongoing analysis. The chart below shows the outcome of complaints since April 2018.





9.8. 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. Because of the low numbers, relatively small changes to meeting the timescales can seem significant.

#### 9.9. **NHS Forth Valley**

During the period between April 2020 to March 2021, a total of 24 complaints were received by the Patient Relations Team relating to the delegated functions for the HSCP. This excludes complaints transferred, withdrawn or where consent was not received. The overall year end performance for responding to complaints with the Stage 1 and Stage 2 response targets is 80%.

9.10. When analysing Stage 1 complaints, it is noted that the HSCP received 9 Stage 1 complaints during 2020/21 and an 89% year end performance for responding to complaints within 20 working days. For the same period, 15 Stage 2 complaints were received, and a 60% performance target achieved in responding to complaints within 20 working days.

9.11. A breakdown of the overall figure into stage 1 and Stage 2 complaints for April 2020 - March 2021 indicate

- 8 complaints were responded to within 5 working days (Stage 1)
- 9 complaints were responded to within 20 working days (Stage 2)

9.12. The top themes for April 2020 - March 2021 are

- Clinical Care and Treatment – 21 issues
- Staff Attitude & Behaviour – 11 issues
- Staff Communication (Oral) – 8 issues

- 9.13. In total are approximately 17 departments listed against the delegated functions. During the period April 2020 – March 2021, 12 departments have received complaints.
- 9.14. **Scottish Public Ombudsman Office (SPSO)**  
The SPSO has received 1 case relating to Falkirk HSCP complaints April 2020 to March 2021.
- 9.15. **IJB**  
There have been no complaints received over the reporting period that relate to the IJB as a public body in relation to the IJB's action or lack of action, or about the standard of service the IJB has provided in fulfilling its statutory responsibilities.
- 9.16. 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 each month with any action being taken forward by senior managers

## **10. CONSULTATION**

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

## **11. 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.

## **12. CONCLUSIONS**

- 12.1. This report summarises the HSCP performance information covering a range of key areas of service activity. This is within a context of the pandemic, growing demand, an ageing population, people living with more complex health conditions and financial constraints.
- 12.2. Throughout the pandemic we have been able to safely sustain our core services including care at home, community care team, community nursing and mental health officers, care homes and MECS.
- 12.3. 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

**Author:** Suzanne Thomson, Senior Service Manager, Falkirk Health and Social Care Partnership

**Date:** 31 January 2021

### **Appendices:**

- Appendix 1: Improvement Plan/ Remobilisation Plan Update
- Appendix 2: Annual Assurance Statement 2020/21
- Appendix 3: HSCP Annual Performance Report 2020/21
- Appendix 4: IJB Performance Monitoring Report Nov 2021
- Appendix 5: Local Government Benchmarking Framework 2019/20
- Appendix 6: Falkirk HSCP Complaints and Feedback Annual Performance Report 2020 /21

### **List of Background Papers:**

IJB reports