
Report to Clackmannanshire Council

Performance and Partnership Committee

Date of Meeting: 31 January 2019

Subject: Health and Social Care Partnership

Report by: Chief Officer, Health and Social Care Partnership

1.0 Purpose

- 1.1. This paper provides a summary of the work being undertaken within the Health and Social Care Partnership and raises awareness of any regional, national and UK wide issues which have implications for the Partnership. The report provides an up-date on overall performance of the Partnership.

2.0 Recommendations

- 2.1. Note the content of this paper and the work being undertaken to develop services.
- 2.2. Note the projected overspend within Health and Social Care of £1.152m.

3.0 Considerations

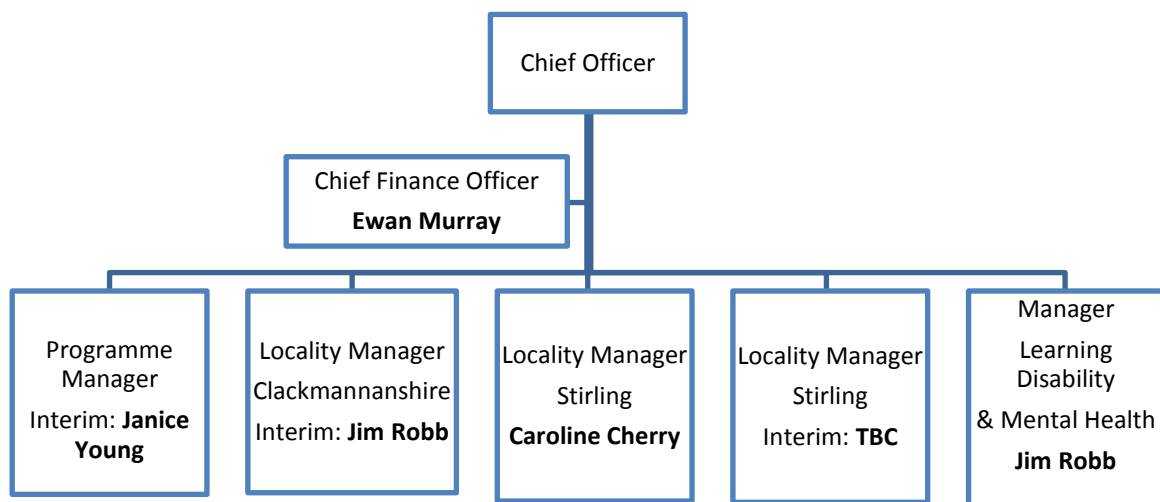
3.1. Delegation of Services, Corporate Service Support Agreement and Interim Management Arrangements

- 3.2. There has been continual work during 2017 and 2018 on the stepped delegation of services to develop the integrated structures which will support the delivery of the Strategic Plan of the Health and Social Care Partnership. The partnership's approach to delegation forms part of the findings of the recently published report arising from the Joint Inspection (Adults) which concludes as follows:

“The partnership needs to strengthen its collaborative leadership, develop collective governance and accountability and commit to a fully integrated approach to the development and delivery of services to improve outcomes for people across the partnership.” [p 36]

- 3.3. All social services in scope within Stirling Council [ie adult social care services; services to women; housing services – grass cutting; aids and adaptations] were delegated on 30 September 2018.

- 3.4.** Work has continued with NHS Forth Valley to clarify the services and their related staff, management structures and professional support across the Forth Valley area. A supported session with voting and professional advisory members of the two Integration Joint Boards and the senior management team of NHS Forth Valley took place on 26 November 2018. This session was supported by the Scottish Government.
- 3.5.** A workshop to agree support services took place on 24 September 2018. This is a positive step forward and was approached as an integrated way with all 3 corporate services represented. The final proposal for support services requires to further develop the support required for the Chief Finance Officer, and to include the support required for any hosted services.
- 3.6.** The first level structure of senior management for this Partnership has been agreed and reflects the discussions to date. It should be reviewed once the hosting arrangements for the Forth Valley wide community based health services have been agreed and the Health and Social Care Partnership is more fully established to ensure it is fit for purpose and in particular the spans of management and professional control are adequate.
- 3.7.** The first level structure is as follows:



- 3.8.** Interim arrangements have been put in place for the following posts:

- Programme Manager – Janice Young
- Locality Manager – Clackmannanshire – Jim Robb

The Clackmannanshire post will be covered by Jim Robb [who is also the senior manager for mental health and learning disability services] until the end of March 2019 to allow time for the advert and appointment to be progressed.

- 3.9.** The Chief Officer will be formally vacant from 31 December 2018, and approval to appoint Mr Ian Aitken as Interim Chief Officer was approved at the Integration Joint Board meeting held on 28 November 2018.
- 3.10.** This is a period of significant change for the Partnership and the period of transition carries a not insignificant risk that the services will have insufficient stability or resources to carry out the range of strategic planning, implementation, operational and financial management tasks required across three constituent parties and the Integration Authority.
- 3.11.** While the steps described above are being taken to mitigate the risks it is important to recognise that these are short term and that as the hosting arrangements across Forth Valley are concluded, the requirements of the management and professional leadership are reviewed in the light of any decisions taken and the outcome of the other corporate re designs are taking place within the constituent partners.
- 3.12. Alcohol and Drug Partnership**
- 3.13.** The Alcohol and Drugs Partnership Plan was submitted in draft to the Scottish Government in October 2018 and has been approved the Forth Valley wide Alcohol and Drugs Partnership. The final plan and implementation update requires to be formally reviewed and approved by the Integration Joint Board. This will be taken to the Board in March 2019.
- 3.14. Transforming Care and Strategic Planning**
- 3.15.** These key areas of service development follow the priorities set out in the Strategic Plan 2016-2019. A full end of year report will be provided to the Integration Joint Board in March 2019 along with the next Strategic Commissioning Plan.
- 3.16. Intermediate Care** – Following a facilitated session to actively develop an action plan for the next phases of Intermediate Care delivery in late August 2018, a draft Implementation Plan has been developed. This will inform a whole systems approach to Intermediate Care services and will encompass a re-design of internal Reablement service, along with appropriate pathways and responses to opening of the Bellfield Centre.
- 3.17. Day Services for Older People** – Day services within the Clackmannanshire locality have been re-designed, with Clackmannanshire Third Sector Interface supporting opportunities to use community based supports for older people. The use of Ludgate House is being considered for continued use for Third Sector organisations with Alzheimer’s Scotland and Active Clacks delivering services from this base.
- 3.18. Model of Neighbourhood Care** – The planning group for this initiative have continued to meet fortnightly, developing appropriate referral pathways, systems and opportunities for information sharing. The team have identified a service base and are moving into an operational phase. Learning from this approach will support implementation of community led

services across localities as part of the next iteration of the Strategic Commissioning Plan 2019-22.

- 3.19. Health and Care Village – Bellfield Centre** – This service is now operational. The service has worked closely with the Care Inspectorate to ensure safe transition of service users, and employees over recent months. Evaluation of the service and lessons learned from this will be carried out in the Spring of 2019.
- 3.20. Learning Disability** – There has been on-going engagement with employees and staff representatives to develop new working patterns to support service delivery over 7 days, while consultation with service users and unpaid carers has been supported via reviews of current users' needs and expectations. It is anticipated that a re-commissioning plan will be developed to allow for appropriate care for all current service users.
- 3.21. Primrose Street** – The Partnership is working closely with Housing colleagues in Clackmannanshire to develop an appropriate core and cluster care model for a new housing with care model for Primrose Street in Alloa. The development of this currently vacant site, is expected to commence in Spring 2019, and will support the transformation of care services and further reduce reliance on traditional models of service support.

4.0 National Up-dates

- 4.1. National Review on Progress of Integration** – The Ministerial review is due in early 2019 and it is expected that it will reflect some of the key messages from the Audit Scotland reports, the NHS in Scotland Report and the three strategic inspections which have been carried out, including this Partnership.
- 4.2. Audit Scotland Health and Social Care Integration: update on progress** - was published on 15 November 2018 and can be accessed on audit-scotland.gov.uk
- 4.3.** The core message is that while some improvements are evident in the delivery of health and social care services, Integration Authorities, councils and NHS Boards need to show a stronger commitment to collaborative working to achieve the long term changes required.
- 4.4.** The report notes that responsibility for the success of integration does not rest with one organisation. It notes that financial planning is not integrated, long term or focused on the outcomes for the population. The Audit Scotland report further notes that:

“Financial pressures across health and care services make it difficult for IA’s to achieve meaningful change. IA’s were designed to control some service provided by acute hospitals and their related budgets. This key part of the legislation has not been enacted in most areas.” [page 5]
- 4.5.** The report highlights the need to get some pace behind the changes and that to do so some significant barriers need to be addressed including a lack of collaborative leadership; a high turnover in Integration Authority

leadership teams; disagreement over governance arrangements; and, an inability or unwillingness to share data with staff and the public.

5.0 Performance

INDICATOR TYPE	RED	AMBER	GREEN	GREY	TOTAL
National Indicators	1	3	0	6	10
Local Self Management Indicators	2	0	0	2	4
Local Community Based Support Indicators	2	0	4	1	7
Local Safety Indicators	0	2	0	5	7
Local Decision Making Indicators	0	0	0	2	2
Local Experience Indicators	3	0	0	3	6
National MSG Indicators	4	6	1	0	11

5.1. The table above shows the summary performance for the Partnership at the end of Q2 September 2018. This information was reported to the last IJB ([link](#) to full report) and highlighted the following:

- The recently published [Joint Inspection](#) (Adults) looking at the effectiveness of strategic planning within the Partnership evaluated key performance outcomes as good. Stating the Partnership demonstrates that it has robust systems in place to collate and analyse data from across the Partnership.
- The Strategic Risk Register was reviewed by Joint Management Team 15 November 2018 and Audit Committee 10 December 2018. There are 12 high level risks, 4 of which have been scored high.
- Locality based performance reporting is now being developed and it is proposed that in line with the wider Partnership performance is monitored by both the Joint Management Team and the multi agency Strategic Planning Group (SPG).
- The Winter Plan focuses on the period from November 2018 to March 2019 highlighting arrangements for the festive holiday periods in December and January. It should be noted however that many of the arrangements described in the plan to deal with peaks in demand and associated capacity are applicable all year round. The plan represents a whole-system approach, incorporating local contingency plans and ensuring formal links with the plans of key stakeholders including the Integration Joint Boards, NHS Board, Local Authorities, Scottish Ambulance Service, NHS 24, the Third and Independent sectors.

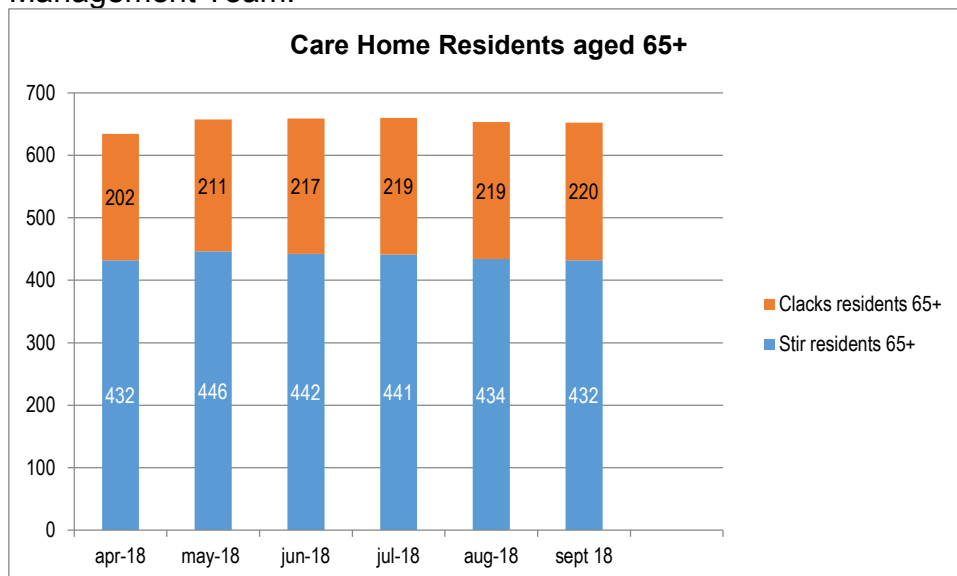
5.2. The challenge for the Partnership is to play its part in ensuring that more residents receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital.

5.3. The average monthly Emergency Department attendance rate in Forth Valley has increased by 3.1% in comparison to September 2017. The CS HSCP position has remained relatively static, and attendances are below the Forth Valley average by 31%. A brief look at attendance by postcode shows approximately 82% of all annual C&S attendances at Accident and Emergency originate from the following areas:

- FK10 – 29% Alloa, Cambus, Kincardine, Sauchie, Tullibody, Clackmannan and Kennet
- FK 7 – 28.7% Bannockburn, Cambusbarron, Cowie, Fallin, Plean, South Alloa, St Ninians
- FK8 – 24.4% Stirling, Aberfoyle, Arnprior, Buchlyvie to Ruskie and Thornhill

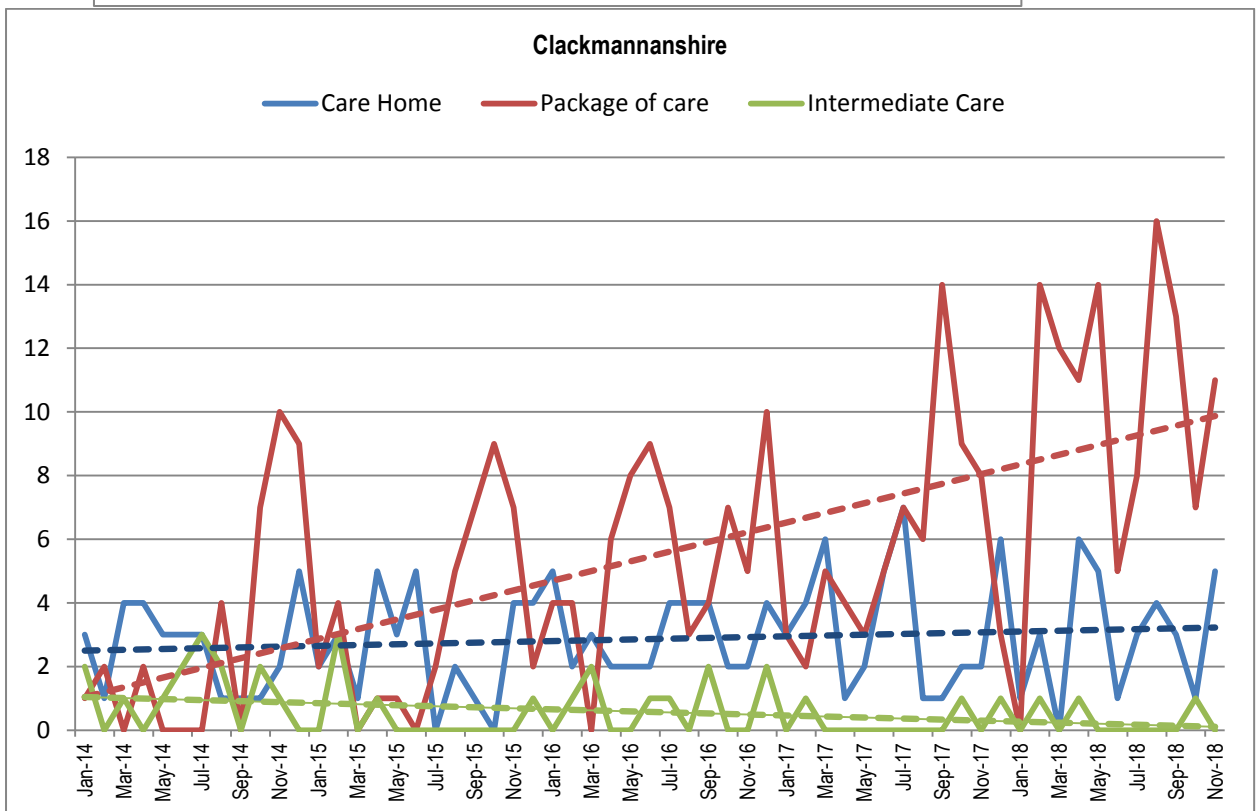
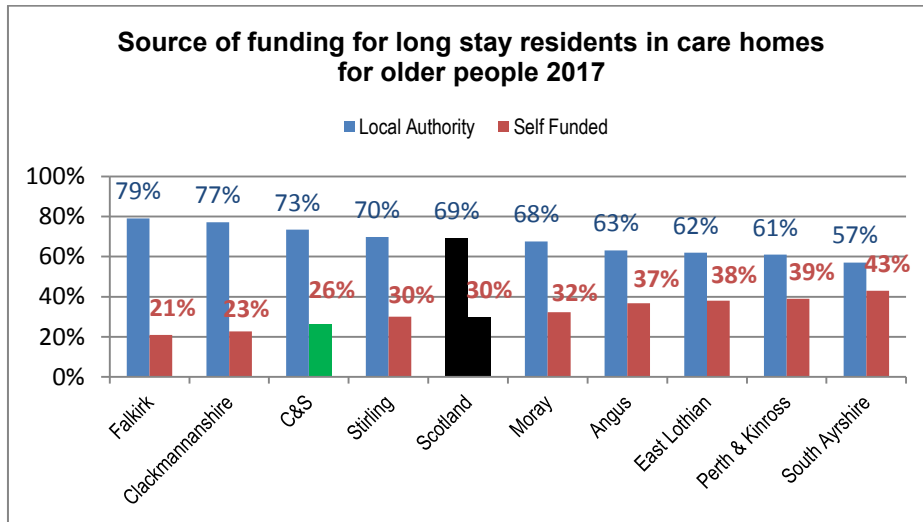
5.4. In Clackmannanshire Adult Support and Protection referrals were down by a third (9 to 6) from previous month. In Clackmannanshire care home referrals were down 2 from August and represent 17% of referrals. However, there was an increase in the number of referrals that led to an investigation with half of referrals received in September progressing to an investigation compared with an average 21% for the previous 3 months.

The performance of operational Social Care is monitored closely in regard to timeliness of response and outcome. This performance is overseen within the Adult Support and Protection Committee, and social Care operational management scorecards and meetings. When performance is below expectations, these are reported as exceptions to the Joint Management Team.



5.5. The biggest increase in Care Home residents aged (65+) since April 2018 has been in the Clackmannanshire locality, 66% of Clackmannanshire care home residents live in nursing homes which have higher fees than residential homes, reflecting the high level of 24 hour health and personal care required for residents which cannot be provided within the community. However more people continue to be returned home from

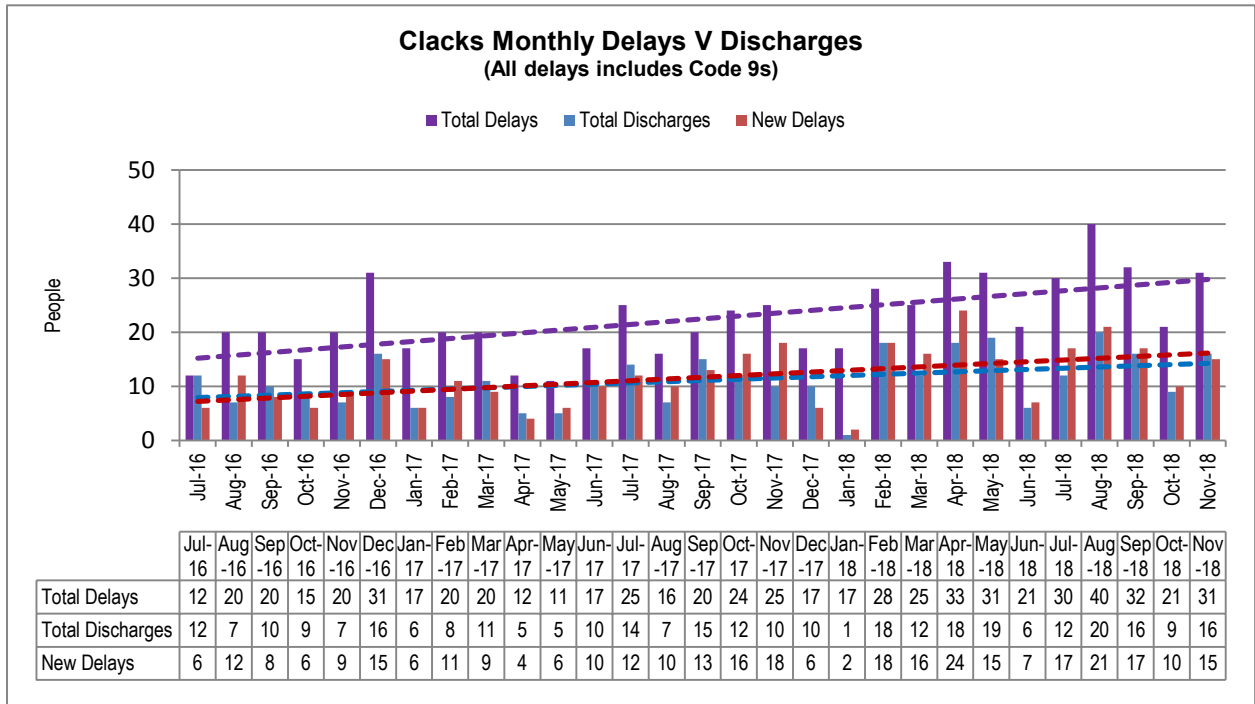
hospital with large packages of care rather than discharge to care home. Discussions are ongoing at a strategic level around appropriateness of budget setting given predicted rise in older people with more complex health conditions. Both areas continue to have more care home residents than budgeted for. Proportionally the Partnership, and in particular Clackmannanshire, are funded by the local authority far higher than the national average and many of our comparators.



5.6. A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. Delays can occur for a variety of reasons, but are usually due to a lack of appropriate care or services available within the community. For example, there may not be a place available in a local care home, or a person's house may need altered to help them get around. The Partnership position at the September 2018 census was 205 occupied bed days attributed to delayed

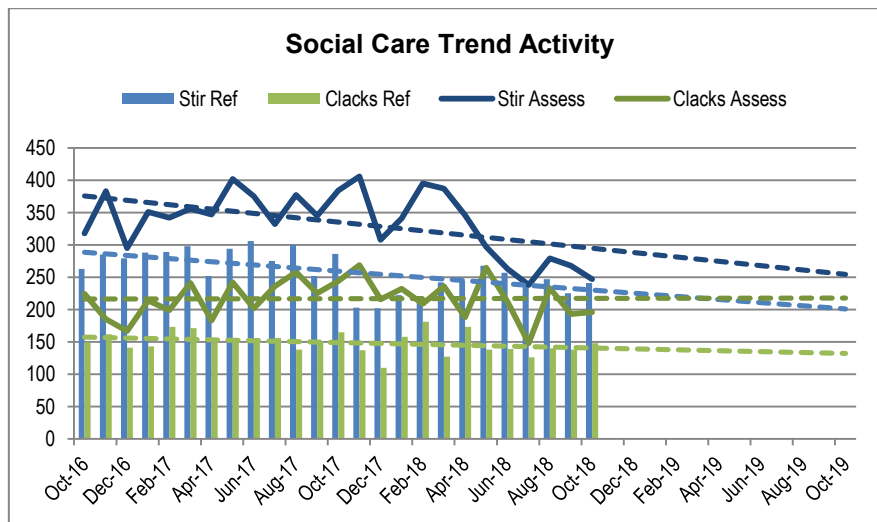
discharges. This is 11% (205/1724) of the occupied bed days within Forth Valley attributed to delayed discharges.

- 5.7.** The chart below shows total activity over the month for Clackmannanshire and not just at the census snapshot. The data includes all delays (standard and code 9) reflecting more of the work undertaken by health and social care within a monthly period. It shows the relationship between those entering hospital (new delays) and those leaving (discharges). The September position shows the overall numbers (total delays) are rising, with the number of new admissions continuing to be higher than the number of people being discharged.



- 5.8.** This data is discussed in detail within the Joint Management Team, and Operational Management meetings. Work is also undertaken through the Discharge Improvement Plan monitored by the Delayed Discharge Steering Group aims which aims to reduce the number of new admissions (new delays) and speed up the number leaving hospital (discharges) through a range of interventions and tests of change.

- 5.9.** Social Care in both local authorities are prioritising review activity which is having a positive impact on budget recovery, however the high level of new service demand means that any impact is mitigated. Demand and capacity is discussed within the Budget Recovery group and in the monthly management meetings. Clackmannanshire has completed a large proportion of the outstanding reviews which is evident in the rising trend in the graph below, Stirling is an ongoing position.



- 5.10.** The graph above demonstrates some of the activity and demand on the social care service. Although the trendline for referrals is a reducing one, the number of assessments undertaken continues to increase especially in the Clackmannanshire locality. This suggests that most of the referrals are appropriate requests for service.
- 5.11.** Service redesign across the Partnership will look at ensuring a better fit between demand and resources. Vacancy management and absence impacts on the capacity of the service to undertake assessments and other core areas of work. Operational management meetings monitor and ensure that absence management is maximised.
- 5.12.** Appendix 1 shows a summary of a range of Health and Social Care data for the Partnership and Clackmannanshire.

6.0 Budget

- 6.1.** At the end of October Health and Social Care was projecting total expenditure of £17.193m, an over spend of £1.152 (7.1%) on the budget of £16.041m. This was an improvement of £(0.389m) on the position reported in August.
- 6.2.** This projection is subject to a number of uncertainties, the out comes of which could have a significant impact on the final outturn.
- 6.3.** The service continues to experience significant pressures within Long Term Care, £0.830m and Community Based Care, including Care at Home, £1.201m.
- 6.4.** Overall service levels are relatively stable. The number of people in long term care is 237. However, at the end of October there were 23 service users waiting to be allocated a Nursing Home place that were not included within the outturn forecast on the assumption that numbers will remain stable this financial year. These 23 service users have a potential full year costs of £0.600m.
- 6.5.** Within Care at Home commitments have stabilised at around 10,000 hours per week after showing a steady increase in the early part of the

year. It is assumed that this position will continue through to the end of the year.

- 6.6. The above pressures are offset by an under spending on staffing costs on £(0.500)m.
- 6.7. Overall, the staffing position remains fluid with new structures still to be fully implemented. Whilst the impact of the changes has been anticipated within the forecast, the long term position will become clearer once the new structures are fully implemented.
- 6.8. Whilst the Partnership has an agreed additional set of in year savings measures for 2018/19 at this time is little sign of these impacting on the overall level of financial risk facing the Partnership.

7.0 Conclusions

- 7.1. This report provides Clackmannanshire Council Partnership and Performance Committee with an up-date on progress made by the Health and Social Care Partnership over the previous quarter.

8.0 Sustainability Implications

9.0 Resource Implications

9.1. *Financial Details*

- 9.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes

- 9.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

9.4. *Staffing- not applicable*

10.0 Exempt Reports

- 10.1. Is this report exempt? No X

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities** (Please double click on the check box)

- The area has a positive image and attracts people and businesses
- Our communities are more cohesive and inclusive
- People are better skilled, trained and ready for learning and employment

- Our communities are safer
- Vulnerable people and families are supported
- Substance misuse and its effects are reduced
- Health is improving and health inequalities are reducing
- The environment is protected and enhanced for all
- The Council is effective, efficient and recognised for excellence

(2) **Council Policies** (Please detail)

8.0 Equalities Impact

8.1 Equalities and Human Rights Impact Assessment is not required at this stage in relation to the report, which is for noting. Yes No

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

10.0 Appendices

Appendix 1 – Summary of Clackmannanshire locality performance

11.0 Background Papers

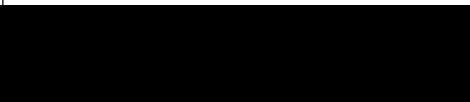
11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Ian Aitken	Interim Chief Officer	

Appendix 1 – HSCP Performance Summary Report

The Partnership focus is across the nine National Outcomes with work on-going to support a balanced approach to measurement and reporting. It should be noted that work is required in terms of developing a Balanced Scorecard to provide a broader range of measures and build upon qualitative and quantitative data which will enable and support quality improvement and assurance.

Key:

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

The tables below highlight local data for a rolling 12 month average as at September 2018 against the average as at September 2017. This also looks at a monthly breakdown of Delayed Discharges as at September 18 census. Performance data pertain to adults aged 18 and over.

At a glance summary:

INDICATOR TYPE	RED	AMBER	GREEN	GREY	TOTAL
National Indicators	1	3	0	6	10
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TABLE 1 National Indicators 11-23

Ref	Measure	Year	C&S	Scotland	Comparator	Baseline 15/16	Annual Direction of travel	Annual HSCP Status	Clackmannanshire
11	Premature mortality rate for people aged under 75 (per 100,000 population)	2017	379	425	383	425	▲	Amber	410
12	Emergency admission rate for adults (per 100,000 population).	Q1 18	2,447			2,592	▼	Amber	2,746
13	Emergency bed day rate for adults (per 100,000 population)	Q1 18	23,643			29,6945	▲	Amber	27,872
14	Readmission to hospital within 28 days (per 1,000 admissions)	Q1 18	84			103	▼	Red	91
15	Proportion of the last six months of life spent at home or community setting	Q1 18	88%			86%	▲	Grey	87%
16	Falls rate per 1,000 population aged 65+	Q1 18	5			4.5	◀▶	Grey	3.9
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections (not just LA services)	17/18	94%	85%	86%	82%	◀▶	Grey	98%
18	Percentage of adults with long term care needs receiving care at home	16/17	67%	62%	62%	69%	—	Grey	68%
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Q1 18	162			160	◀▶	Grey	159
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	17/18	22%	24%	25%	23%	▲	Grey	23%
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
22	Percentage of people who are discharged from hospital within 72 hours of being ready	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
23	Expenditure on end of life care, cost in last 6 months per death	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Source: ISD

The tables below highlights local data for a rolling 12 month average as at September 2018 against the September 2017 position. This also looks at a monthly breakdown of Delayed Discharges as at September 18 census. Performance data pertains to adults aged 18 and over unless otherwise stated.

TABLE 2 Local Self Management Indicators 24-27

Ref	Measure	September 2017	September 2018	Direction of travel	HSCP Status
24	Emergency department 4 hour wait Forth Valley	91.8%	85%	▼	RED
25	Emergency department 4 hour wait Clackmannanshire & Stirling	92.0%	86.2%	▼	RED
26	Emergency department attendances per 100,000 Forth Valley population	1,822.35	1,828.14	▼	GREY
27	Emergency department attendances per 100,000 Clackmannanshire & Stirling population	1,241.69	1,243.40	▼	GREY

Source: NHS Forth Valley

TABLE 3 Local Community Focussed Supports 28-34

Ref	Measure	September 2017	September 2018	Direction of travel	HSCP Status	Clackmannanshire
28	Number of patients with an Anticipatory Care Plan in Forth Valley	15,231	15,872	◀▶	GREEN	
29	Number of patients with an Anticipatory Care Plan in Clackmannanshire & Stirling	8,225	8,221	◀▶	GREEN	
30	Key Information Summary as a percentage of the Board List size for Forth Valley	4.9%	5.0%	◀▶	GREEN	
31	Key Information Summary as a percentage of the Board List size for Clackmannanshire & Stirling	5.7%	5.7%	◀▶	GREEN	
32	Number of Social Care referrals	403	363	▼	GREY	138
33	Number of Social Care assessments completed	570	461	▼	RED	193
34	Number of Care Home residents aged 65+	—	652	▼	RED	220

Source: NHS Forth Valley & Social Care

TABLE 4 Local Safety Indicators 35-41

Ref	Measure	September 2017	September 2018	Direction of travel	HSCP Status	Clackmannanshire
35	Readmission rate within 28 days per 1,000 Forth Valley population	0.72	0.61	▲	GREY	
36	Readmission rate within 28 days per 1,000 Clackmannanshire & Stirling population	0.60	0.46	▲	GREY	
37	Readmission rate within 28 days per 1,000 Clackmannanshire & Stirling 75+ population	1.17	0.85	▲	GREY	
38	Acute emergency bed days per 1,000 Forth Valley population	782.75	774.49	▲	GREY	
39	Acute emergency bed days per 1,000 Clackmannanshire & Stirling population	697.37	691.93	▲	GREY	
40	Number of Adult Support Protection referrals	62	47	▼	AMBER	6
41	Number of Adult Support Protection investigations	12	9	▼	AMBER	3

Source: NHS Forth Valley

TABLE 5 Local Decision Making Indicators 42-43

Ref	Measure	September 2017	September 2018	Direction of travel	HSCP Status
42	Emergency admission rate per 100,000 Forth Valley population	986	949	▲	GREY
43	Emergency admission rate per 100,000 Clackmannanshire & Stirling population	850	810	▲	GREY

Source: NHS Forth Valley

TABLE 6 Local Experience Indicators 44-49

Ref	Measure	September 2017	September 2018	Direction of travel	HSCP Status	Clackmannanshire
44	Standard delayed discharges	13	17	▼	RED	9
45	Delayed discharges over 2 weeks	5	4	▲	RED	3
46	Bed days occupied by delayed discharges	250	205	▲	RED	216
47	Number of code 9 delays	15	10	▲	GREY	3
48	Number of code 100 delays	7	5	▲	GREY	
49	Delays – including code 9 and Guardianship	28	27	▲	GREY	12

Source: NHS Forth Valley