
Report to Clackmannanshire Council

Date of Meeting: 9 November 2017

**Subject: Clackmannanshire & Stirling Health & Social Care Partnership-
Annual Performance Report**

Report by: Shiona Strachan, Chief Officer

1.0 Purpose

- 1.1. This report presents the Clackmannanshire and Stirling Health and Social Care Partnership's first Annual Performance Report (APR) which was approved in draft form by the Integration Joint Board (IJB) on 27 June 2017. The report, covering the financial year 2016/17, is a statutory document which was required to be published before the end of July 2017.
- 1.2. The Annual Performance Report has been drawn up with input from colleagues across the Partnership. It reports on performance against the National Outcomes and Indicators, as required by the legislation, and is an opportunity for the Partnership to reflect on the wide and varied activities and improvements that have been achieved over the year, and consider how well we are moving towards delivering the Partnership's Strategic Plan outcomes

2.0 Recommendations

The Council agrees:

- 2.1. to note Clackmannanshire and Stirling Health and Social Care Partnership's Annual Performance Report for 2016/17, contained in Appendix 1.

3.0 Considerations

- 3.1. The Public Bodies (Joint Working) (Scotland) Act 2014, along with the Regulations compiled to implement the Act, provides the legislative framework for the integration of Health and Social Care Services in Scotland. This includes the requirement to publish an Annual Performance Report (APR), which should be as accessible as possible to the public, no later than four months after the end of that reporting year i.e. 31 July 2017.

- 3.2.** The draft APR was approved by the Clackmannanshire and Stirling Integration Joint Board on 27 June 2017. As a key part of the monitoring arrangements for the Partnership, the final document is now being reported to Stirling and Clackmannanshire Councils and NHS Forth Valley Board.
- 3.3.** Government guidance states that the purpose of the APR is to provide an overview of performance and that it is produced for “the benefit of Partnerships and their communities”. The Regulations which accompany the 2014 Act set out the expectations of the APR, with particular reference to reporting of the Core Integration Indicators to support the assessment of performance in relation to the National Health and Wellbeing Outcomes. The Outcomes and supporting Indicators are presented in Section 4 of the APR.
- 3.4.** The Regulations require Partnerships to assess performance in relation to the National Health and Wellbeing Outcomes which have been developed to measure the experiences and quality of services for service users. Performance must also be set out in the context of the strategic commissioning plan and financial statement.
- 3.5.** Data should be included for both the year which the report covers and the preceding 5 years, or for all previous years if less than 5. The first performance report to include the full set of historical information will be 2021/22.
- 3.6.** The APR for 2016/17, included in Appendix 1, has been compiled with input from colleagues across the Partnership. It reflects the Partnership activity in relation to the Strategic Plan, approved by the Integration Joint Board (IJB) in March 2016, and the core delivery priorities agreed as part of the Delivery Plan, approved by the IJB at its meeting in April 2017.
- 3.7.** Timescales have been challenging, particularly as the timeframe coincides with production of the annual accounts and budget recovery plan and verified data from the Information Services Division (ISD) and social care systems is not fully available when the Performance Report is being drafted. However, the deadline of the end of July is statutory and therefore the best information available is utilised. It is acknowledged that annual performance reporting, involving joint working across several disciplines and recording systems, will develop over the coming years.
- 3.8.** This is an opportunity to highlight the many milestones and successes achieved over the Partnership’s first year of operation, recognising there are always areas for improvement.
- 3.9.** The indicators for each outcome are reported both in summary format in the table on page 20 and in detail. The information includes a benchmark against the Scottish average as well as one for a small group of ‘comparator’ Partnerships, which are similar in terms of population, geography and key indicators, such as deprivation.
- 3.10.** The Partnership performs positively in respect of the percentage of adults aged 18 years and older with intensive care needs receiving care at home; people being supported to live as independently as possible; the

standard of Care Services; emergency hospital admissions and use of emergency beds. Areas such as 'having a say' in how care services are provided, and experience of GP services, are in line with the Scottish average. The indicators where the Partnership falls below both the national and the comparator figures primarily relate to patient service users and unpaid carer experience. A considerable amount of work is already carried out within services, but this is an area that would benefit from a further focus on how we can capture and report on engagement and systematic feedback and learning.

- 3.11. The Partnership recognises that staff and service user feedback mechanisms need more focus. In the coming year, Stirling and Clackmannanshire Councils will conduct the matching staff survey- focusing on satisfaction with the organisation, understanding the strategic aims of the Partnership and areas of support, learning and development for staff.
- 3.12. In terms of service user feedback, there is ongoing work to move on from more traditional ways of gathering service user feedback through postal surveys, to developing the Partnerships' strategic oversight of service user engagement methods.
- 3.13. A Multi Agency Adult Support and Protection audit was also undertaken with a range of improvements reported to the Clackmannanshire and Stirling Adult Protection Committee. These were focused on improving practice in relation to recording, information sharing and risk assessment. Whilst some of these issues will be taken forward within Adult Services within Stirling, others will be taken forward on a partnership basis. Improvements in relation to Adult Support and Protection are monitored through a performance framework within the Adult Protection Committee work plan.

4.0 Conclusions

- 4.1. This is the first Annual Performance Report for the Clackmannanshire & Stirling Health and Social Care Partnership and it is recognised this will evolve in its approach over the coming years.

5.0 Sustainability Implications

- 5.1. None to note

6.0 Resource Implications

- 6.1. *Financial Details*

- 6.2. There are no financial implications of noting this report.

7.0 Exempt Reports

- 7.1. Is this report exempt? No

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. No

9.0 Legality

- 9.1 This paper is for the Council to agree to note.

10.0 Appendices

- 10.1 **Appendix 1** – Clackmannanshire & Stirling HSCP Annual Performance Report

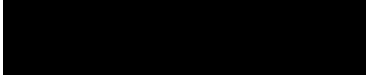
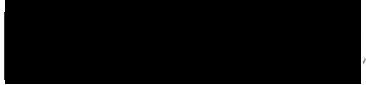
11.0 Background Papers

- 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)
No

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Lesley Fulford	Programme Manager	01786 434406

Approved by

NAME	DESIGNATION	SIGNATURE
Shiona Strachan	Chief Officer	
Elaine McPherson	Chief Executive	

Clackmannanshire & Stirling Health & Social Care Partnership

Annual Performance Report

2016 – 2017



Clackmannanshire
Council



Contents

Our First Year	2
Section 1 About Us	3
Background.....	3
Our Strategic Plan and Partnership Priorities.....	3
Localities.....	5
Section 2 Transforming Care: Delivery Priorities 2017/19	6
Models of Neighbourhood Care	6
Learning Disability and Mental Health.....	6
Intermediate Care, Day Support & Care Homes.....	7
Stirling Care Village.....	9
High Health Gains.....	10
Delayed Discharge	11
Section 3 Transforming Care: The Enablers	12
Strategic Needs Assessment.....	12
Housing Contribution.....	12
Technology Enabled Care.....	12
Data Sharing and Shared Assessments.....	13
Commissioning: Market Position Statement & Providers.....	13
Workforce	14
Financial Plan	15
Section 4 Outcomes: Our Performance	18
National Outcomes and our Local Framework.....	18
Performance Under Integration	19
Our Performance: A Summary	20
Our Performance: In Detail.....	22
Inspections	27
Inspection Recommendations	29
Section 5 Next Steps	30
Section 6 Glossary	31

Our First Year

The Integration Authority was fully established on 1 April 2016, supported by a governing Integration Joint Board. This is our first Annual Performance Report and it provides us with an opportunity to reflect on our progress together as a Partnership. This is the only Health and Social Care Partnership in Scotland incorporating two Local Authorities and one Health Board – and it provides us with some unique opportunities to work together to improve our services and the outcomes for the citizens and communities across Clackmannanshire and Stirling.

Our vision for the Partnership is ‘to enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities.’

Our Strategic Plan and the underpinning Delivery Plan set out how we plan to work together to achieve this vision. Over this first year Clackmannanshire Council, NHS Forth Valley, Stirling Council, the independent and third sector providers for care homes, care at home and day care, our local Hospice and people using services and their family, friends, unpaid carers and communities have worked together to prioritise the areas where we would like to transform our services. In common with other Health and Social Care Partnerships across Scotland, we are working together to meet the challenge of growing levels of demand across services and a challenging financial environment. We have also initiated a range of reviews of services to ensure they offer best value in terms of both effectiveness and are efficient to help us live within the available resources.

“We have much to be proud of in this Partnership. This year has seen the further development of a range of services to support people to return home from hospital with care and support, including the further development of our reablement care at home and a ‘quick step’ fast response care at home service in Clackmannanshire.”

We have worked together and with other organisations, such as the Scottish Social Services Council, to explore and develop the opportunities for a new model of providing integrated care in our emerging localities based around Buurtzorg care at home.

The building work on the £35m Care Village in Stirling commenced in January 2017 and the majority of the new facilities are expected to be operational by autumn 2018. The Care Village will provide modern, purpose built facilities for a range of local services including GP services, 100 short stay beds for older people, including those with dementia, and the new Scottish Ambulance Service station. The Care Village design has recently featured at an international masterclass on design for dementia and ageing.

We have worked with our providers to develop a Market Position Statement and to deliver the Living Wage. Our services across the Partnership continue to perform well and this is reflected in the inspection reports.

Finally, I would like to take the opportunity to thank the Chair of the Integration Joint Board during 2016/2017, Councillor Les Sharp, the Vice Chair John Ford and the members of the Integration Joint Board for their work and support over this first year. Further thanks also go to the members of the Strategic Planning Group and to our partners and their staff, and not least to the many service users, patients and their unpaid carers, family and friends and local communities for their willing engagement, ideas and energy. The foundation laid in this first year will continue to serve the Partnership well in the coming year.



Shiona Strachan
Chief Officer

1. About Us

Background

Clackmannanshire and Stirling Integration Authority and its governing Integration Joint Board is a separate legal body which became responsible for the strategic planning and delivery of community based health and social care services to adults and older people from April 2016.

The Integration Joint Board, often referred to as the IJB, has 12 voting Members: 6 are NHS Forth Valley Board Members and 6 are Elected Members from the two Councils [3 from Clackmannanshire Council and 3 from Stirling Council]. There are also 7 non voting Members, including representatives from service user, patient and unpaid carer groups and from the third sector. The Board is supported in its work by the Strategic Planning Group which has membership drawn from across the services. These include the third and independent sector, carers' organisations, the local Hospice and palliative care services, service users/patients and carers.



Our Strategic Plan and Partnership Priorities

The Strategic Plan [2016-2019] established the Partnership vision and outlined the local and national outcomes [now being used as the basis for the developing performance framework], a high level approach to locality planning and the eight local priorities.

The eight priorities and the actions were developed following a period of extensive consultation and engagement across all services, partners and communities.

The high level priorities, expressed as a series of 'we will' statements, in the Strategic Plan are –

- ◆ Further develop systems to enable front line staff to access and share information
- ◆ Support more co location of staff from across professions and organisations
- ◆ Develop single care pathways
- ◆ Further develop anticipatory and planned care services
- ◆ Provide more single points of entry to services
- ◆ Deliver the Stirling Care Village
- ◆ Develop seven day access to appropriate services
- ◆ Take further steps to reduce the number of unplanned admissions to hospital and acute services

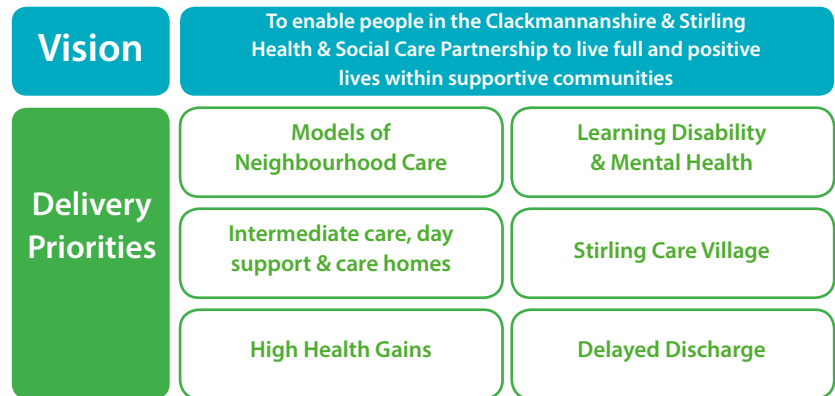
The '**we will**' high level priorities are statements of how the Partnership intends to develop services to deliver the vision. They have been further developed, again using a consultation and engagement approach, into core delivery priorities. These bring together the health and social care services along with the commissioned services and partners, to redesign and focus activity onto integrated service delivery models, which will significantly strengthen community and place based services.

207 staff across Health, Local Authorities (Social Services & Housing), Third & Independent Sectors, Primary Care and Fire & Ambulance Services participated in 7 multi-disciplinary and multi-agency staff engagement events held in June 2016. The purpose of these events was to work collaboratively to identify and shape core priorities that will deliver the outcomes in the Partnership Strategic Plan and ensure staff are well-informed of strategic Partnership activity and progress.

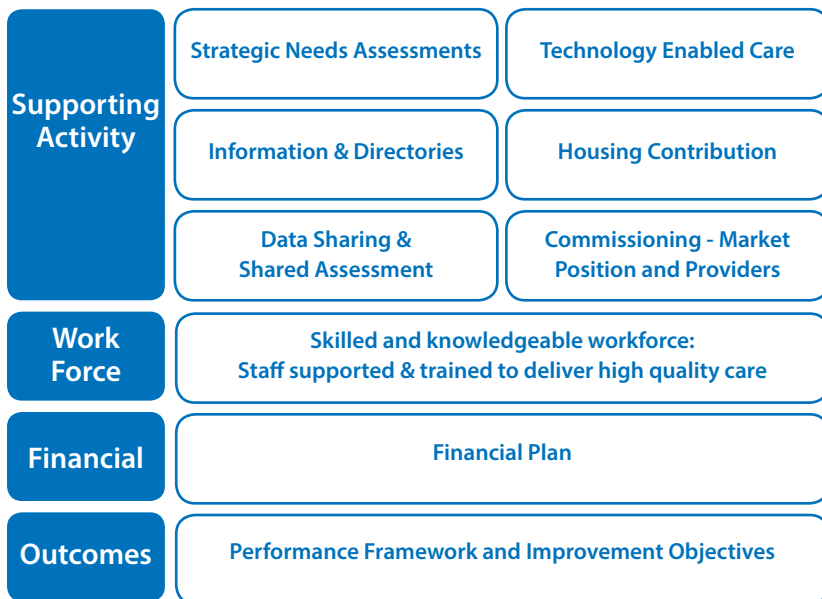
The following diagrams represent the core Partnership delivery priorities for 2017-2019 and the underpinning enablers, which also involve redesign activity. Together they make up the Partnership's Transforming Care Programme.

These delivery priorities do not cover the entire activity taking place within and between services and partners but focus on the actions the Partnership can take together to strengthen and develop the building blocks for community based services.

Transforming Care: Core Delivery Priorities 2017/19



Transforming Care: The Enablers



The enablers are a set of activities which support the development and delivery of the priorities.

Work is now underway in each of these areas, with workstreams established to support implementation of the core delivery priorities and the required progress and performance reporting to the Integration Joint Board over 2017-19.

Localities

The Strategic Plan identified the planning Localities for the Health and Social Care Partnership, which were agreed in October 2015.

Geographic spread of the population varies across the Partnership, with Clackmannanshire the most densely populated and Stirling Rural the least.

Over the course of this first year work has been carried out to complete the Locality profiles and to ensure alignment with the developing GP clusters and the evolving local authority and Community Planning Partnership/ Alliance community based approaches.

To support this we held a Whole Systems Working event in November 2016. This was to get wide discussion across the whole system on Locality Plans and gather multi-partner feedback to inform the next steps in Locality development and agree local priorities.

The work on the Models of Neighbourhood Care will also provide a strong foundation for the development of place based services and will support Locality planning. However, our development of Locality planning requires further work and emphasis over 2017/18.



- Community Hospitals
- Clackmannanshire Locality
- Rural Stirling Locality
- Stirling City with the Eastern Villages, Bridge of Allan and Dunblane Locality
- Clackmannanshire & Stirling Health & Social Care Partnership Area

64 multi-disciplinary staff from GP Practices and Services in the community participated in a Locality Planning event in November 2016

Clackmannanshire



15.5% People Income deprived compared to 13.1% for the whole of Scotland



Telecare rate per 1,000 Clackmannanshire - 42.1 compared to the whole of Scotland - 23.0



334 per 100k Psychiatric hospitalisations compared to the whole of Scotland - 286

Rural Stirling



22.2% of population are aged 65+ compared to the whole of Scotland - 18.0%



Cancer rate per 1,000 population - 29.4 compared to the whole of Scotland - 23



5,729 Emergency hospitalisations per 100k compared to the whole of Scotland - 7,473

Stirling City with the Eastern Villages of Bridge Of Allan and Dunblane



Coronary Heart Disease rate per 1,000 population - 35.9 compared to the whole of Scotland - 41.4



5,015 delayed discharge bed days occupied in 2015



536 people recorded on Dementia GP register

Source: Locality Profiles

2. Transforming Care: Core Delivery Priorities 2017/19

To support the delivery of our Transforming Care Programme we have established a series of work streams reporting to the Joint Management Team of the Partnership and to the Strategic Planning Group. We have agreed a supporting Delivery Plan and progress against the national and local outcomes will be reviewed by the Strategic Planning Group in autumn 2017.

This section highlights some of the work taking place.

Models of Neighbourhood Care

The community of the rural south west of Stirling has collectively identified the care of older people as a priority for them. Over this first year we have been working together to develop a new and innovative Model of Neighbourhood Care that will use the foundation principles of the successful Dutch programme of care in local communities called Buurtzorg. That is:

Person at the centre – promotion of supported self management; independence; active involvement of family, friends and the community

Autonomy for staff – streamlined administration; use of technology for care assessment, support and for record keeping and sharing

Hospital Admission – avoidance of unnecessary admission and support timely discharge



The multi disciplinary, place based services are scheduled to commence in 2017/18.



Learning Disability & Mental Health

The Learning Disability Service and community adult Mental Health Services have been integrated for some time. These services offer a range of assessment, support and intervention services. Work in the first year of the Partnership has established some priorities for review and development during 2017/18, including the redesign of day services and the wider use of Self Directed Support to support service users and their unpaid carers to exercise choice and control over their care.

Current published baseline data tells us that the majority of Guardianship Orders granted for adult residents in the Partnership area were private and the primary cause for nearly half of those was Dementia/Alzheimer’s disease.

Private & Local Authority	Rate per 100,000 population for Guardianship Orders granted for adults aged 16 and over.	
Partnership	54	 
Comparators	64	
Scotland	60	

Source: Mental Welfare Commission 2015/16

Table Symbols

Throughout this report we have information tables. Some are sourced through surveys or benchmarking. We have indicated if we have achieved our targets or if further work is required.

 Benchmark

 Survey

 Achieved

 More work required

Intermediate Care, Day Support & Care Homes

This Partnership has developed a range of intermediate care services for older people all operating within the national framework – Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland [Scottish Government, 2012].

Streams of Intermediate Care Services

Intermediate Care at Home

Bed Based Intermediate Care

Hospital at Home

We know that older people and their unpaid carers are concerned about the increasing likelihood of unplanned or emergency hospital admissions as they develop more long term conditions and complex needs - and about having to stay there for longer periods of time. This concern is reflected in the Partnership's Strategic Plan as part of Sam's journey. We also know from our own service developments and the wider research and evidence base that, while many admissions to hospital are necessary, some can be avoided if we take the right anticipatory care action and we have developed appropriate and effective alternatives in the community.

Intermediate Care at Home

This provides people with rapid access to assessment, rehabilitation and support at home in order to promote independence and prevent crisis situations. It is usually provided by a mix of health and social care professionals, for example occupational therapists and physiotherapists, home carers, and community support teams. This model is also often referred to as reablement.

Help will usually be provided within 24 hours, normally lasting for a period of no more than 6 weeks, and offers a safe alternative to admission to hospital, or short term support following discharge from hospital.

An average of 548 hours of reablement support per week was arranged in 2016/17 by Social Care for people living in the community in Clackmannanshire and Stirling.

Case Study

Paul is recently discharged from hospital

- ◆ He remains weak and is very anxious
- ◆ Has very limited mobility
- ◆ Remained in bed most of the day

Paul is supported on his return home

- ◆ Reablement support worker
- ◆ Occupational therapist
- ◆ His family help with meals and medication

The Reablement Team

- ◆ Provide specialist equipment
- ◆ Help Paul exercise to get stronger and moving again
- ◆ Help with personal care

The Service

- ◆ Listened to Paul and worked at his pace
- ◆ Helped foster a sense of achievement
- ◆ Improved his quality of life
- ◆ Helped make steps towards achieving his goals



Bed Based Intermediate Care

Similar to Intermediate Care at Home, this is a time limited episode of care provided in dedicated care homes, housing with care or community hospitals. It can be provided as an alternative to admission to hospital (step-up) or to provide further assessment and rehabilitation, following discharge from hospital (step-down).

Bed based intermediate care services have been established within the residential care homes owned by the Local Authorities - we have a total

of 37 beds. Care homes provide a more homely environment where people can be assessed, while giving them the opportunity to make informed decisions about their longer term care and support needs. Within this bed based provision, care and support is available 24 hours a day.

On average, 70% of service users access the service from a hospital setting (step down) and 30% of service users access the service from the community (step up).

2016-2017	Total Discharged from Intermediate Care Service	Home with package of care	Care home admission	Hospital re-admission	Death
Clackmannanshire	26 people	27%	46%	23%	4%
Stirling	97 people	55%	25%	17%	3%
Partnership	123 people				

Hospital at Home – Enhanced Community Team

The Enhanced Community Team (ECT) aims to support people at home, avoiding preventable hospital attendance and/or admission. The Team provides an urgent response 24 hours a day, 7 days a week, using a dedicated enhanced nursing, AHP and carer workforce to support people to remain at home during the day and overnight.

At the moment, the team’s work falls mainly into these categories:

- ◆ Assessment of an unwell patient (where a diagnosis has already been made e.g. by GP or frailty clinic but the patient has additional needs or is deteriorating and is at risk of hospital admission)
- ◆ Rapid assessment of an uninjured faller
- ◆ Discharge facilitation
- ◆ We are working on the “acutely unwell adult” pathway where there is no diagnosis, using the GP fellows to provide the medical input.

In 2016/17, 321 referrals were received. 289 of the people referred were accepted into the service, 238 (74%) of which were deemed urgent. Improvement measures indicated that all but 14 (9%) people supported by the service were enabled to stay at home. Assessment outcomes show that 124 (78%) of these people would otherwise have been admitted to hospital.

The Fellowship Programme developed by NHS Education for Scotland includes a one-year post-qualification GP Fellowship (GP Fellows employed by NES) followed by a two-year Health Board funded post as a “community physician” in newly developed community hubs.

During 2016 five Forth Valley located GP Fellows undertook training and were supported to develop and test a model of working to augment Closer to Home pathways and bridge gaps between acute and primary care in the Falkirk Partnership. From March 2016 the scope of the GP Fellows was widened to include the City of Stirling as a first step.

Care Homes

Currently, there are 18 care homes across the Clackmannanshire and Stirling Health and Social Care Partnership area providing 779 long term placements. There is also one very sheltered housing complex, as well as 4 Local Authority owned and operated care homes providing intermediate care services to older people.

- ◆ The Partnership has a low rate of registered Care Home beds for older people (aged 65 and over) for the size of its population. In 2016, the rate per 1,000 population was 29 compared to a national average of 38.
- ◆ There were 616 Care Home residents at the 2016 March 'census' who had stayed for an average of 2 years.
- ◆ Care Home residents in the March 2016 census made up approximately 0.6% of the population living in the Partnership area.
- ◆ Most residents live at home without support (97%), with just over 1% living at home with support.

The Partnership is working to enhance the care provided through Care Homes for older people. Research has shown that, in some cases, older people living in care homes can spend 80% of their time sitting, which can have a negative effective on both their physical and mental health.

The Care Inspectorate published guidance to support the promotion of physical activity, called "Care About Physical Activity" in 2014. This included a pack of resources which care homes could use to improve the assessment of activity in their setting, and a range of opportunities which they could work towards to improve activity levels for their residents. The Partnership was invited to join the national programme which includes access to programme advisers, an evaluation process and opportunities for learning and development for the workforce.

Stirling Care Village

Building work commenced in January 2017 on the £35 million Care Village. This is a joint venture by NHS Forth Valley, Stirling Council, the Scottish Ambulance service and the Health & Social Care Partnership. Forth Valley College is also a partner in the project, looking with Health and Social Services at the education and training needs of the workforce of the future.



Stirling Care Village - The Care Hub

The purpose built Care Hub is designed to be dementia friendly and will have more than 100 short stay beds to support rehabilitation, prevention of unnecessary admission to hospital, support timely discharge from hospital, palliative and end of life care. It is a key element of the Partnership's Intermediate Care services.



Stirling Care Village - The Primary and Urgent Care Centre

A new Primary and Urgent Care Centre will also see the location of a minor injuries service, X-ray facilities, GP out of hours and GP practices. In addition, the Scottish Ambulance Service plans to relocate their existing base to this new facility.

High Health Gains

A small number of people, with complex and intensive needs, account for half the total health expenditure in their local area. It is important that the Partnership focusses on this group to ensure that services are as efficient and effective as they can be and that people's experience of services is positive, with their outcomes met as far as possible.

For 2015/16, there were 1,134 individuals in Clackmannanshire (2.6% of service users) and 1,770 in Stirling (2.4% of service users) who accounted for 50% of health expenditure in their areas. The management of High Health Gain individuals is one of the key quality improvement areas which our new GP clusters will focus on. This work sits within a framework of change for General Practice, including a new quality focussed approach to contractual arrangements and a transformation of the way Primary Care is delivered in the future.

Exploring New Models for General Practice

Sustainable Primary and Community Care models, both in and out of working hours, are at the centre of our strategic vision and Delivery Plan. Across Forth Valley we have already seen successful models of transformation within Primary Care in practices such as Bannockburn and Kersiebank Health centres which, in May 2015, became '2c' practices (Health Board managed). These practices have developed an innovative, multi-disciplinary approach to delivering General Medical Services.

As a result:

- ◆ General Medical Services have been maintained for 20,000 patients
- ◆ Direct access to a new multi-disciplinary team model means most people now see the right person first time including; Advanced Nurse Practitioners, Extended Scope Physiotherapists and Mental Health Nurses
- ◆ This model delivers accessible medical services with around 50% less GP sessions per week and longer GP appointments for complex patients

- ◆ Referral rates to the Community Mental Health Team and to Orthopaedics have been significantly reduced (around 50%)
- ◆ User experience feedback is very positive.

We held an Innovation Session to identify how we can use technology to work together and support self management and people with high health gains

These challenges are not limited to these two practices, and Forth Valley wide Primary Care, Urgent Out of Hours Care and Mental Health Transformation plans were agreed in 2016. The plans are being implemented to:

- ◆ Encourage GP practices to work together and take a multi-disciplinary approach to patient care within the community, freeing up GPs to focus on more complex cases and provide clinical leadership
- ◆ Develop new models of Primary Care support for people with mental health problems
- ◆ Enable the conditions for practical change through:
 - ◆ Educational support for pharmacy, nursing and AHP advanced practice
 - ◆ Promoting the use of outcome focussed conversations within Primary Care to support shared decision making
 - ◆ Supporting accelerated quality improvement within GP clusters
 - ◆ Promoting innovation and technology.



Case Study

Jim values his independence and enjoys socialising.

He said "I have some great days and some not so great ones. I know I have a lot going on, I just wish I could get on with my life so all these health issues aren't the only thing in my life!"

Recently

- ◆ Emergency hospital admission due to UTI
- ◆ Being assessed by Social Work for Care at Home

Jim has multiple issues including

- ◆ Diabetes
- ◆ Waiting for a wheelchair assessment - uses a walking stick to walk short distances
- ◆ Continence problems & frequent UTI
- ◆ Pressure Ulcers

Services used by Jim

- ◆ District Nurse
- ◆ GP visits at least every month
- ◆ Physiotherapy
- ◆ Day Centre twice a week
- ◆ Diabetes Clinic
- ◆ Neurology Service
- ◆ Mecs Alarm



Delayed Discharge

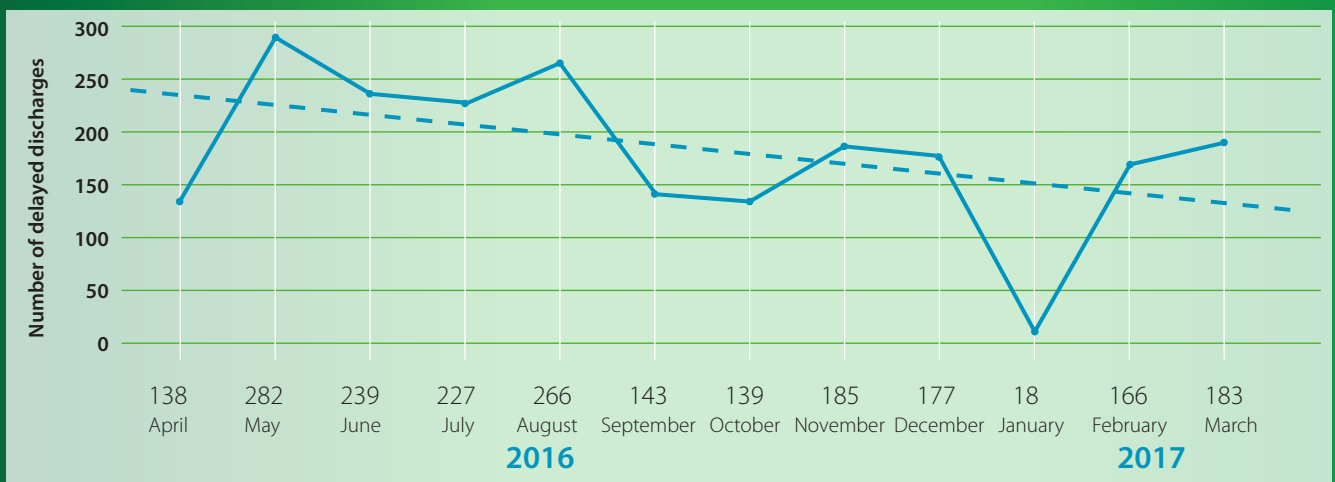
Although our performance shows some peaks and troughs there is a positive general downward trend for 2016/17. We continue to work together to reduce delays to discharge and to redesign services to support avoidance of unnecessary admission.

At the end of 2016/17 our performance for all delayed discharges is in the second quartile nationally.

As at March 17	Number of all delayed discharges	
Partnership	23	◆ ✓
Comparator Average	34	
Scotland Average	41	

Source: ISD 2016/17

Delayed Discharge Occupied Bed days over 2 weeks



Source: FV NHS 2016/17

3. Transforming Care: The Enablers

This section of the Annual Performance Report outlines the supporting activities (the underpinning Enablers) which also involve redesign activity but are often more about information and research or planning work that helps us to understand our population and services.

Strategic Needs Assessment

We based our Strategic Plan on a needs assessment and have continued to develop our understanding of our Partnership area and population over 2016/17. From this work we know that both Clackmannanshire and Stirling have an ageing population. The number, and proportion, of older adults across Clackmannanshire and Stirling is projected to double, and our area will have growing numbers of individuals living with long term conditions, multiple conditions and complex needs. We need to continue to work together to redesign our services to meet the needs of our population.

	65-74 yrs	75-84 yrs	85-90 yrs	Total 18+ population
2014	13%	7%	2%	113,517
2039	16%	12%	3%	120,040

Source: National Records of Scotland

Technology Enabled Care

The Partnership secured grant funding of £162,000 from the Scottish Government's Technology Enabled Care programme. The project will concentrate on promoting a net increase in users of telecare by 15% across the Partnership area – 500 more users over the 2 year period of the project.

We set a target for 2016/17 to increase our numbers of service users across the Partnership area by 250 and exceeded this with our total additional users at 392.

In addition, by streamlining our processes and up-skilling staff, we have provided advanced technology to an increasing number of existing service users.

Housing Contribution

The population projections raise questions about the suitability of current local housing provision and the capacity of housing support services to ensure effective delivery for older people.

The multi-agency Housing and Social Care Group has been set up to look at this. A significant piece of research was carried out in 2016 to find out more about the housing needs of two priority groups; older people and homelessness.

Homelessness applications in the Partnership area have been reducing in the last 15 years but there is an upward trend over the last couple of years, with applications rising from 819 in 2013/14 to 1,045 in 2015/16. Homelessness affects a small proportion, around 1%, of households in the Partnership area, but the impact on lives and on services can be high and is often caused by health and support issues rather than housing.

Workshops have been held to focus on housing and social care for mental health, older people and homelessness.

The findings of this research are now informing the two Councils' Local Housing Strategies.



Data Sharing & Shared Assessment

The Partnership has defined its key strategic service requirements covering; operational logistics, information management and governance. We are working within the Forth Valley Data Sharing Partnership to take forward the following priorities:

- ◆ **Delayed Discharge**
- ◆ **Single Shared Assessment**
- ◆ **Information Sharing Portal**
- ◆ **File Sharing Across Health and Social Care**

Data sharing and shared assessment processes have the potential to help us to reduce duplication and improve service user and carer experience.

Commissioning: Market Position and Providers

We have established provider fora and during the later part of 2016/17 have begun to jointly scope out the review our commissioning arrangements for the Partnership.

We developed a Market Position Statement for older people, learning disability and mental health. The Statement has been informed by consultation with our providers through a series of events and a survey.

Further work is required over the coming year to further develop our approach but development of our first Market Position Statement is a significant step forward.



We held 2 Market Position consultation events in 2016/17.



We held a focus group with providers in April 2017 to receive feedback on the draft Market Position Statement.



Workforce

Our workforce plays a key role in the delivery of our priorities. We have agreed and developed:

- ◆ **'Caring Together'**, our Integrated Workforce Plan (2016/19) - how we will support and develop staff across our Partners
- ◆ Partnership Workforce Development and Training – a framework for our joint approach
- ◆ Communication and Engagement Protocol on staff integration – delivering effective communication and a Partnership Participation & Engagement Strategy, to make sure any initiatives are aligned to our strategic priorities.

- ◆ We have engaged with the Collaborative Leadership in Practice [CLiP] national programme to support the development of the Joint Management Team
- ◆ The Scottish Social Services Council [SSSC] has been involved in the development of the Models of Neighbourhood Care pilot work and supported two sessions with senior managers using a collaborative enquiry process to build knowledge, understanding and commitment. They will continue to be involved as the work develops further
- ◆ The Partnership's work in using the Promoting Excellence framework to deliver training to improve skills and experience in relation to dementia was highlighted as good practice by the Scottish Social Services Council (SSSC) and NHS Education for Scotland (NES). The Programme is interactive and was initially piloted in a care home before being rolled out to a group of 250 staff. There is also a plan to create a local network of Dementia Ambassadors across all services
- ◆ We have established a Joint Staff Forum for the two Health and Social Care Partnerships which brings together the staff side and trade union representatives from NHS Forth Valley and the three Councils – Clackmannanshire, Falkirk and Stirling.



Promoting Excellence - Dementia programme highlighted as good practice by SSSC & NES

Some of the things we have carried out during the year include:

- ◆ Staff were involved in developing and informing the Strategic Plan and again in the setting of the Partnership core delivery priorities.
- ◆ During 2016/17 the two Health and Social Care Partnerships in Forth Valley issued newsletters to support information sharing.
- ◆ Further analysis of our work force is currently taking place with support from the Information Services Division. This is helping us to better understand our total staff group and identify where our resources are currently deployed, where we have pressures and skill gaps. This work will report during 2017/18.
- ◆ During this first year work has commenced on identifying and agreeing the best staff engagement and experience measurement tool.



'Not only has the Skilled Practice Programme affected how people communicate and support people with dementia, it has also led to staff taking the initiative to review and improve a number of service areas, including the review of care paperwork to make it even more outcome focussed, person-centred and service user friendly.'

Hazel Chalk, Registered Manager, Allan Lodge Short Term Assessment Care Home, Stirling



207 staff across Health, Local Authorities (Social Services and Housing), Third and Independent Sectors, Primary Care and Fire and Ambulance Services took part in 7 mixed Staff Engagement events held in June 2016.

Financial Plan

We will continue to utilise current Partnership funding plans, including the Integrated Care Fund (ICF), Delayed Discharge Funds, Technology Enabled Care, Out of Hours and the Primary Care and Mental Health Transformation Funds to support our Transforming Care Programme, aligned to the Strategic Plan priorities.

Financial Performance

The funding available to the Integration Joint Board to support the delivery of the Strategic Plan comes from contributions from the constituent authorities (Clackmannanshire and Stirling Councils and NHS Forth Valley) and funding allocated from Scottish Government.

The Integration Joint Board then issues directions to the constituent authorities to utilise the funding

available to deliver and/or commission services across the Partnership on its behalf to deliver the priorities of the Strategic Plan.

For the financial year ended 31 March 2017 the Partnership's underlying financial position was a net underspend of £0.003m. However, by utilising the terms of the Integration Scheme, the Reserves Policy and Strategy and to manage the difference in timing between allocation of funding and investing for optimal benefit the Integration Joint Board will carry forward funding totalling £3.412m into 2017/18, through a combination of general and earmarked reserves.

The expenditure of the Integration Joint Board for the year ending 31 March 2017 is detailed below. These figures are subject to audit.

Service Area	£'000
Set Aside Budget for Large Hospital Services*	19,816
Community Learning Disability Services	1,294
Community Mental Health and Addictions Services	6,846
Older People, Reablement, Physical and Sensory Impairments	4,348
Other Social Care Services	1,108
Care at Home	11,886
Residential and Respite Care	17,084
Day Care	3,052
MECS and Telecare	1,091
Housing & Equipment and Adaptations	7,299
Other Community Health Services	28,333
General Pharmaceutical Services and Primary Care Prescribing	31,930
Other Primary Care Services	33,453
Shared Partnership Posts	235
Integration (Social) Care Fund	5,733
Transformation	2,951
TOTAL EXPENDITURE	176,459

*Relates to Large Hospital Services delivered in the Acute Sector for which the IJB is responsible for Strategic Planning but not Operational Delivery. This is a notional budget.

Best Value

The constituent authorities, Clackmannanshire and Stirling Councils and NHS Forth Valley, delegate budgets to the Integration Joint Board which decides how to use these resources to achieve the objectives of the Strategic Plan. The Board then directs the Partnership through the constituent authorities to deliver services in line with this Plan.

The governance framework sets the rules, policies and procedures by which the Integration Joint Board ensures that decision making is accountable, transparent and carried out with integrity. The Integration Joint Board has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council areas.

The Integration Joint Board ensures proper administration of its financial affairs by having a Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973).

As part of governance arrangements to oversee the change programme, the Chief Officer chairs both a Senior Leadership Group and Joint Management Team.

The Partnership views the triangulation of key Performance Indicators, measurable progress in delivering the priorities of the Strategic Plan, and financial performance as the cornerstone of demonstrating Best Value. Therefore the evidence of Best Value can be seen through:

- ◆ The Performance Management Framework and Performance Reports
- ◆ Financial Reporting; and
- ◆ Reporting on Strategic Plan delivery through both the Chief Officer's reports to the Integration Joint Board and topic specific reports, such as those relating to the implementation of the Scottish Living Wage.

This approach is visually represented in the Best Value Diagram below.



Financial Reporting on Localities

The 2016/17 financial information is not split into Localities, as this level of financial reporting will be developed during 2017/18. This will be based on Locality Planning arrangements that the Integration Joint Board approved during 2016/17.



Integrated Care Fund

The Partnership received £2,480,000 from the Integrated Care Fund (ICF) from the Scottish Government during 2016/17. The spending priority was to support our strategic priorities.

Funding was allocated under the following areas:

- ◆ Test and deliver action to ensure a responsive 24/7 Health & Social Care Model
- ◆ Develop and extend the intermediate care model to all adults, particularly a dementia intermediate care pathway
- ◆ Embedding a range of person centred anticipatory and prevention planning across areas of poverty and high multi morbidity
- ◆ Extending Community Based Supports
- ◆ Direct support to Carers

- ◆ Communications and Navigation/Way Finding
- ◆ Targeted Resource to Support Lifestyle Change
- ◆ Enablers for Transformational Change
- ◆ Bridging to Stirling Care Village

To ensure Partnership investment is providing good value, and that projects are sustainable, reviews have been carried out. Further work is also planned to identify linkages and collaborative working in order to improve service delivery and ensure financial efficiencies.

We are also developing the way that funded projects will be monitored and reviewed in the future, ensuring close links with the performance framework, Strategic and Delivery Plan priorities, and National Outcomes. This approach will be more fully developed for 2018/19.



4. Outcomes: Our Performance

National Outcomes and our Local Framework

Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of services and targets and measures included in the Integration Functions and as set out in Strategic Plans.

The Scottish Government has developed National Health and Wellbeing Outcomes, supported by a Core Suite of Integration Indicators, to provide a framework for Partnerships to develop their performance management arrangements to help understand how well services are meeting the individual outcomes for people using services and for communities.

The national outcomes are currently subject to review, with a view to more closely aligning to the national Health and Social Care Delivery Plan, published by the Scottish Government in December 2016.

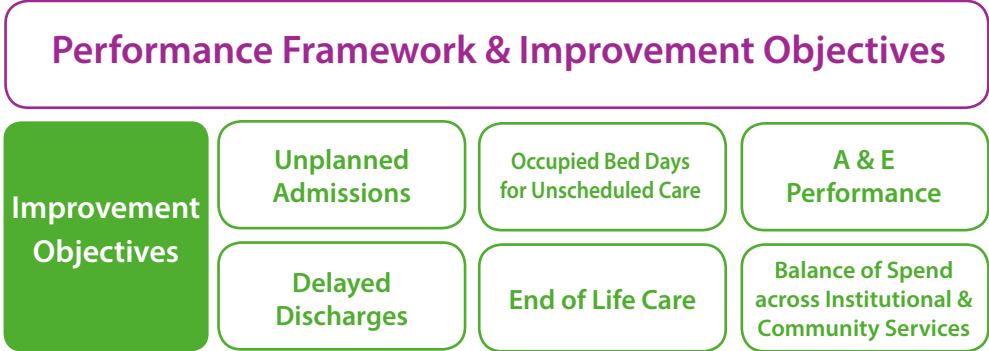
The national outcomes are-

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



Performance Under Integration

To support the delivery of the national priorities, Partnerships have also been invited to set out the local improvement objectives for each of the supporting 6 areas:



Work is ongoing to develop these and we have developed a Strategy Map which helps us to clearly link the Outcomes to the Strategic Plan.

The Outcomes are supported by a Core Suite of Integration Indicators. This data is provided to each Partnership by Information Services Division. The unique nature of our Partnership means that sometimes our data is provided at Local Authority level only, and existing formal Local Authority comparator or family groupings are not relevant. It is not always possible to provide a figure for the Partnership from the Local Authority based data, and it may at times be an average of the two figures. Work is ongoing to develop reporting processes at local and national level that provides data in the format that we require for the Partnership. For example, receiving Partnership only data would mean that we would lose the historical trend information for the two areas and this is very useful to help inform locality planning. In an effort to give a fuller understanding of our performance, the Partnership has identified a range of comparator Partnerships. Work is ongoing to develop collaborative working with our comparators and learn from good practice.



Our Performance: A Summary

Indicators 1-9 of the core indicators draw on questions from the Health & Care Experience Survey. The results from the 2015/16 survey will form part of the baseline from which improvements in people's experience of care can be monitored.

The Partnership has set baseline data for this first annual report (the most current data available at the time of publication).

Core Suite of Integration Indicators - Annual Performance (as at June 2017)

Indicator	Title	Partnership	Comparator Average	Clacks	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	94%	95%	94%	94%	94%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	83%	89%	82%	84%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	79%	82%	78%	79%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	78%	71%	76%	75%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	82%	87%	76%	81%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	89%	86%	87%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	85%	78%	77%	84%
NI - 8	Total combined % carers who feel supported to continue in their caring role	34%	43%	31%	35%	41%
NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	85%	84%	80%	84%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	N/A	N/A	N/A	N/A	N/A

Source: ISD is still developing these indicators and N/A defines where no data is available yet.

Comparators: South Ayrshire, East Lothian, Angus, Moray, Perth & Kinross, Falkirk. Figures as at June 2017

Core Suite of Integration Indicators - Annual Performance (as at June 2017)

	Indicator	Title	Partnership	Comparator Average	Clacks	Stirling	Scotland
Data indicators	NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	387	481	393	441
	NI - 12	Emergency admission rate (per 100,000 adult population)	9,874	11,346	10,854	9,344	12,037
	NI - 13	Emergency bed day rate (per 100,000 population)	107,243	123,028	116,845	102,050	119,649
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	101	103	108	96	95
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87%	88%	86%	86%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	16	20	14	17	21
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	84%	91%	78%	83%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	69%	62%	70%	68%	62%
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	723	964	641	764	842
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	25%	22%	20%	23%
	NI - 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
	NI - 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
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	N/A	N/A	N/A	N/A	N/A

Source: ISD is still developing these indicators and N/A defines where no data is available yet.



Comparators: South Ayrshire, East Lothian, Angus, Moray, Perth & Kinross, Falkirk. Figures as at June 2017

Our Performance: In Detail

This section outlines the Partnership's performance in each of the national Health and Wellbeing Outcomes where national data is available.

Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer.



NI 1	% of adults able to look after their health very well or quite well	
Partnership	94%	 
Comparators	95%	
Scotland	94%	

Source ISD 2015/16

The percentage reported for both Clackmannanshire and Stirling reflects a positive position comparable with the national and comparator average. **The vast majority of those surveyed reported that they are able to look after their own health and wellbeing and did not have any limiting illness or disability.**

Outcome 2

People (including those with disabilities, long term conditions, or frail) are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

NI 2	% of adults supported at home who agree that they are supported to live as independently as possible	
Partnership	85%	 
Comparators	83%	
Scotland	84%	



Source ISD 2015/16

This indicator reflects whether people who need support feel that it helps them maintain their independence as much as possible. The Partnership figure shows a positive position and is above national and comparator average. This is an area prioritised through the Integrated Care Fund to support the development of services such as bed based intermediate care and reablement care at home.

Table Symbols



 Benchmark	 Survey
 Achieved	 More work required

Outcome 2 cont'd

NI 18	% of adults aged 18+ with intensive care needs receiving care at home	
Partnership	69%	 
Comparators	62%	
Scotland	62%	

Source ISD 2015/16

The figure for the Partnership is a positive position and is above both national and comparator averages. **This indicator reflects the work of the Partnership to shift care from hospitals and care homes to the community.**

NI 15	Proportion of last 6 months of life spent at home or in a community setting	
Partnership	87%	 
Comparators	88%	
Scotland	87%	

Source ISD 2016/17

The figure for the Partnership reflects a positive position and is the same as the national average and just below the comparator average. One reason for this may be that the Partnership has traditionally used local community hospitals more than other Partnerships. **The development of the Care Village will change this type of hospital based support in the future to a full community based model. This will better support the delivery of more effective, person centred end of life care for residents of the Partnership.**

Outcome 3

People who use health and social care services have positive experiences of those services, and have their dignity respected

NI 3	% of adults supported at home who agree that they had a say in how their help, care or support was provided.	
Partnership	79%	
Comparators	79%	
Scotland	79%	

Source ISD 2015/16

The figure for the Partnership reflects a positive position and is in line with both national and comparator averages. **Most people receiving care and support feel that ‘having a say’ over the way their services are provided is very important. However, we do know that we have further work to do to more fully embed choice and control through the range of Self Directed Support options for individual service users and unpaid carers.**

NI 6	% of people with positive experience of the care provided by their GP practice	
Partnership	87%	
Comparators	87%	
Scotland	87%	

Source ISD 2015/16

The figure for the Partnership reflects a positive position and is in line with both the national and comparator averages. **GP services are central to the delivery of community based health and social care services and the Partnership continues to work together to support Primary Care services through, for example, investment of the Primary Care Transformation Fund and the developing cluster and Locality work.**

NI 5	% of adults receiving any care or support who rate it as excellent or good.	
Partnership	80%	
Comparators	82%	
Scotland	81%	

Source ISD 2015/16

The figure for the Partnership reflects a positive position and is only slightly less than both national and comparator averages.

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

NI 7	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	
Partnership	77%	
Comparators	85%	
Scotland	84%	

Source ISD 2015/16

The figure for the Partnership is lower than both the national and comparator average. A considerable amount of work is already carried out within and between services to gather and analyse feedback and impact. **The Partnership will review this work and identify any areas for further development.**

Outcome 4 cont'd

NI 12	Emergency Hospital Admission Rate per 100,000 adult persons	
Partnership	9,874	
Comparators	11,346	
Scotland	12,037	

Source ISD 2016/17

The figure for the Partnership reflects a positive position and is lower than both the national and comparator averages. Just under half of the emergency adult admissions in 2016/17 were for those aged 65 and over.

NI 13	Emergency bed day rate per 100,000 adult persons	
Partnership	107,243	
Comparators	123,028	
Scotland	119,649	

Source ISD 2016/17

The figure for the Partnership reflects a positive position and is lower than the national and comparator averages.

NI 14	Readmission to hospital within 28 days rate per 1,000 persons	
Partnership	101	
Comparators	103	
Scotland	95	

Source ISD 2016/17

This rate reflects several aspects of integrated health and care service, including discharge arrangements and co-ordination of follow up care. Although the figure for the Partnership is higher the national average it is lower than other similar Partnerships.

NI 16	Falls rate per 1,000 population aged 65+ who were admitted to hospital as an emergency	
Partnership	16	
Comparators	20	
Scotland	21	

Source ISD 16/17

The figure for the Partnership reflects a positive position and is lower than both national and comparator averages. **Examples of work in this area are the development of our Falls Pathway and expanded Technology Enabled Care services, such as personal alarms and responder services.**

NI 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	
Partnership	83%	
Comparators	84%	
Scotland	83%	

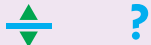
Source Care Inspectorate/ISD 2015/16

The Partnership figure reflects a positive position and is in line with the national and comparator average. This indicator includes all services registered within the Partnership provided by third, independent and local authorities.

Forth Valley Royal Hospital received an unannounced inspection in November 2016. The inspection focussed on care of the older people in the hospital. The inspection team found that there was very good feedback and evidence that older people were treated with dignity and respect.

Outcome 5

Health & social care services contribute to reducing health inequalities


NI 11	Premature mortality rate per 100,000 persons under 75 years	
Partnership Av	425	
Comparators Av	387	
Scotland Av	441	

Source ISD 2015

The Partnership figure is higher than our comparators but lower than the national average. This is an area that the Partnership will investigate, with a particular focus on Localities and communities to identify any areas for further development.

Outcome 6

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

NI 8	% of carers who feel supported to continue in their caring role	
Partnership	34%	
Comparators	43%	
Scotland	41%	

Source ISD 2015/16

The Partnership is lower than the national and comparator average. **As noted above 80% of adults receiving any care rate it as excellent or good.** This indicator highlights a need to continue to work closely with unpaid carers and our local carer organisations to develop our services in line with the provisions of the Carers (Scotland) Act 2016 and to focus on the way we gather local feedback on the experiences of unpaid carers.

Outcome 7

People who use health and social care services are safe from harm.

NI 9	% of adults supported at home who feel safe	
Partnership	82%	
Comparators	85%	
Scotland	84%	

Source ISD 2015/16

The figure for the Partnership is lower than both the national and comparator averages. **The Partnership is working with the Adult Support and Protection Committee to develop our responses.**

Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide


NI 10	% of staff who say they would recommend their workplace as a good place to work	
Partnership	N/A	
Comparators	N/A	
Scotland	N/A	

Source ISD. No published data available.

There are a number of pieces of work being carried out locally that support this outcome: iMatter is the staff experience continuous improvement tool designed with NHS Scotland to help individuals, teams and Health Boards understand and improve staff experience; a similar survey of Local Authority staff is planned for 2017/18. We have also established a Joint Staff Forum to support engagement.


Outcome 9

Resources are used effectively in the provision of health and social care services, without waste.

NI 4	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	
Partnership	74%	
Comparators	78%	
Scotland	75%	


Source ISD 2015/16

The figure for the Partnership is in line with the national average, but is slightly lower than our comparator Partnerships. **In terms of service examples, a considerable amount of work has been carried out in relation to the use of Single Shared Assessment and Anticipatory Care Plans and the development of the Model of Neighbourhood Care will provide further opportunity to develop community based, integrated responses.**

NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	
Partnership	723	
Comparators	964	
Scotland	842	

Source ISD 2016/17

The Partnership figure reflects a positive position with the rate much lower than both the national and comparator averages. The combined total of Standard and Code 9 delays is used for this indicator.

NI 20	% of Health & Social Care spend on hospital stays where the patient was admitted in an emergency	
Partnership	20%	
Comparators	25%	
Scotland	23%	

Source ISD 2016/17

The Partnership figure reflects a positive position and the rate is lower than both the national and comparator averages.



Inspections

The Care Inspectorate undertook both scheduled and unscheduled inspections across 9 services during 2016/17. The quality of care and support was assessed as 'good' or better in 100% of these inspections. There were no mandatory requirements and a number of recommendations made by inspectors, which have or are being acted upon by staff. Additional information and full detail on inspections can be found at the Care Inspectorate's website at www.careinspectorate.com/

Unit	Date Inspection completed	Quality Theme Care Grades (out of 6)				No. of recs	No. of requis
		Care and Support	Environment	Staffing	Management & Leadership		
Care Inspectorate							
Allan Lodge	24/06/16	5	N/A	5	N/A	0	0
Beech Gardens	05/12/16	5	5	5	5	7	0
Clacks Reablement & TEC Service	16/12/16	5	N/A	N/A	5	1	0
Stirling Reablement & TEC Service	29/09/16	5	N/A	N/A	5	0	0
Ludgate House Resource Centre	04/11/16	6	5	6	6	4	0
Menstrie House	25/07/16	4	4	4	4	7	0
Stirling Council Community Services Home Support	29/09/16	5	N/A	N/A	5	0	0
Strathendrick Care Home	04/07/16	5	N/A	N/A	5	0	0
Riverbank Day Centre	29/04/16	5	N/A	6	N/A	0	0
Customer Service Excellence							
Integrated Mental Health Service	Overall Self assessment		Satisfactory				
	Overall outcome		Successful				

Key to grading:

1. Unsatisfactory
2. Weak
3. Adequate
4. Good
5. Very Good
6. Excellent
- N/A Not Assessed

Rec A recommendation sets out actions that a provider should take to improve or develop service quality, but where failure to do so would not directly result in enforcement.

Requ A requirement sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in statutory requirements. Requirements are enforceable in law.

Inspection Recommendations

Unit	Action
Beech Gardens	
The service is currently gathering information about local community resources with the Carers Centre to help people reintegrate into their communities on their return home. We suggested this include services/ resources for people with dementia.	The service has developed an action plan to include development of dementia resources.
Some service users are in the service for an extended period of time awaiting packages of care. Consider providing activities for these people to provide social/ mental stimulation while they are waiting to move on.	The service has introduced activity plans for service users with a focus on improving access to community resources and benefiting from physical activity. The service is participating in the national CAPA programme.
The communal toilet in the unit is being used for storage. It should either be cleared, or taken out of use.	This has been actioned.
Hoists and turning equipment should be appropriately stored.	This has been actioned.
Staff should have one-to-one supervision meetings, giving them opportunities to discuss their work, development and give views on aspects of the service.	Supervision schedules have been devised to ensure discussion of service improvements/ development of Stirling Care Village.
Identified some poor recording on MAR sheets and some medication errors. The service should address this via refresher training, observation of practice and group supervision.	The Registered Manager has carried out weekly audits of all medication activity and improved access to training opportunities for all staff who administer medicines.
We found from the issues around medication that the service is under reporting to the Care Inspectorate. The service should ensure they are familiar with the guidance for reporting notifiable events. This will be observed by us and checked at the next inspection.	The Registered Manager is adhering to guidance on reporting notifiable events.
Clacks Reablement & TEC Service	
The service should review their medication policy and procedure to take account of the increased range of medications they now support people with. Warfarin and Controlled Drugs should be referred to specifically.	The internal policy has been amended, while the service is supporting the testing of a Community Medicines Management Policy with Pharmacy Service.
Ludgate House Resource Centre	
The service should ensure that wall switches are in a contrasting colour from the walls for ease of orientation for people with dementia.	This has been actioned.
The service should ensure that toilet seats are in a contrasting colour to aid ease of orientation.	This has been actioned.

The service has an easily accessible enclosed garden which could be developed further for residents with dementia e.g. using different colours or developing a sensory garden.	Improvements to the courtyard garden were made for Summer 2017 with use of flower beds to provide colour. Service engaging with Community Growing Group to develop this further.
The service could ensure they have small activities to hand for residents with dementia, such as rummage boxes and comfort blankets.	This has been actioned.
Menstrie House	
The provider should ensure that residents' personal plans set out how the health, welfare and safety needs of the individual are to be met.	Service personal plans have been improved to identify greater information relating to healthcare needs and personal outcomes. Wider service engaging with the national Anticipatory Care Planning work and will develop this further over next year.
The provider should review the provision of meaningful activities for residents.	Service has an Activities Co-ordinator who is supporting further development of meaningful activities. Service is engaged with national CAPA programme.
The provider should consider best practice guidance to improve the signage in the home to guide and orientate people who use the service.	Signage has been improved along with environmental improvements to support effective wayfinding.
The provider should ensure that the use of equipment that may restrain, such as bedrails, is fully assessed and monitored in line with the Mental Welfare Commission for Scotland's best practice guidance Rights, risks and limits to freedom.	The Registered Manager has improved assessment tools for assessing risk for bedrail management.
The provider should access the Promoting Excellence Framework for dementia learning and development for all staff working in the home.	Staff are working towards or have achieved the Dementia Skilled level of practice under the Promoting Excellence Framework.
The provider should utilise the outcome of risk assessments to inform an overview of risk within the service and monitor the management of risk for residents.	The Registered Manager has introduced an audit to be used monthly for the analysis of a range of tools including risk, nutrition and skin integrity. Further work required on falls risk tools/approach.
The provider should implement a system to ensure that six monthly care reviews are scheduled and undertaken within timescales.	The Registered Manager has introduced an audit tool to ensure compliance with 6 monthly reviews.

5. Next Steps

This Annual Performance Report highlights the range of activity taking place within and between services as part of the Transforming Care programme. The focus of the activity in this first year has been to jointly identify and work on the actions the Partnership can take together to strengthen and develop the building blocks for community based services.

The performance information helps us to:

- ◆ understand the impact of the services we provide
- ◆ identify the areas where outcomes are positive
- ◆ identify the areas where we need to work to improve services and impact for individuals.



We will continue to develop the areas identified within our Delivery Plan and work together across all service areas to ensure greater understanding of the impact of our services on individual patients/ service users and their unpaid carers.



6. Glossary And Abbreviations

Acute services

A branch of 'secondary' health care where a patient receives short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, it is the opposite of chronic or longer term care.

AHP

Allied Health Professionals (such as Physiotherapists, Occupational Therapists, Speech and Language Therapists, Podiatrists) provide treatment and help rehabilitate people who are ill, have disabilities or special needs, to live life as fully as possible.

Anticipatory Care Plan (ACP)

For individuals, particularly those with long term conditions, to plan ahead and understand their health to help have more control and to manage any changes in their health and wellbeing. It's about knowing how to use services better, helping people make choices about their future care.

Balance of Care

Shifting the Balance of Care describes changes at different levels across health and care systems, all of which are intended to bring about better health outcomes for people, provide services which reduce health inequalities, promote independence and are quicker, more personal and closer to home.

Benchmark

A benchmark is a standard or point of reference against which other things can be compared. This enables the Partnership to find out how well it is doing compared to others and can help to highlight areas to focus activity on.

Census

An agreed date to take a snapshot count to measure agreed information e.g. Annual Care Home Census on 31 March and the monthly Delayed Discharge Census on the last Thursday of every month.

Code 9

This is a very limited category for measuring reasons for delayed discharge from hospital where it has not been possible to secure a patient's safe, timely and appropriate discharge.

Collaborative Leadership in Practice Programme (CLiP)

Part of the Leadership for Integration development programme offered in joint partnership by NES, the Royal College of General Practitioners Scotland and SSSC.

Comparator

A selected grouping of other Partnerships who share agreed similarities e.g. population size. The group is then used to compare performance against.

'Discharge to Assess' approach

Supporting people to leave hospital, when safe and appropriate to do so, and continuing their longer term care and assessment out of hospital.

Enablers

These are people or things that help to make something happen.

GP Cluster

A grouping of GP practices who work together to discuss the quality of care provided to patients in the locality. Each GP cluster will have a GP designated as a Cluster Quality Lead who will have a coordinating role within the cluster.

GP Fellows

A trial project which aims to develop the skills and experience of recently qualified GPs in caring for older people. The doctors, known as GP Fellows, will provide support to a number of local GP Practices, develop strong links with staff in community hospitals and assess patients referred to the Frailty Unit at Forth Valley Royal Hospital.

Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legal framework for health and social care services in Scotland to be integrated. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services.

High Health Gain

The term used for the group of people who collectively account for 50% of the total health expenditure of their local area during the financial year.

Holistic

A holistic approach looks at the “whole” person, not just individual parts.

Integration Joint Board (IJB)

A legal body established under the Public Bodies (Joint Working) (Scotland) Act 2014. The Parties to our IJB are Clackmannanshire and Stirling Councils and NHS Forth Valley. The Parties agreed the Integration Scheme for our Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the IJB.

Intermediate Care

An umbrella term used to describe services which provide a bridge between health and social care with the aim of supporting people to live in their own homes, or in a homely setting, reducing dependence on acute hospital facilities.

ISD

The Information Services Division (ISD) is a division of National Services Scotland, part of NHS Scotland and provides health information, statistical services and advice to support the NHS in progressing quality planning and improvement in health and care.

Locality Planning

A locality is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 as a smaller area within the borders of an Integration Authority - their purpose is to provide an organisational mechanism for local leadership of service planning.

NES

NHS Education for Scotland (NES) is an education and training body with responsibility for developing and delivering education and training for the healthcare workforce in Scotland.

NI

National Indicator. In this case, the National Core Integration Indicators set by the Scottish Government to help measure performance.

Palliative Care

For people with an illness that can't be cured, palliative care makes them as comfortable as possible, by managing pain and other distressing symptoms. It also involves psychological, social and spiritual support for the person and their family or carers.

Primary Care

The first point of contact for health care for most people, mainly provided by GPs (general practitioners) but community pharmacists, opticians and dentists are also primary healthcare providers.

Reablement

Services for people with poor physical or mental health to help them accommodate their illness, by learning or re-learning the skills necessary for daily living.

Self Directed Support (SDS)

This gives people choice and control over their individual budget which helps to buy services, such as help with dressing and personal care, to help meet agreed health and social care outcomes.

SSSC

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland.

Technology Enabled Care

Technologies such as telehealth, telecare, telemedicine, telecoaching and self-care apps have the potential to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them.

Telecare

Telecare is technology to help people to stay living independently at home for longer. There have been many developments in technology to increase the options to help people, such as automatically alerting staff at a response centre or a carer if help is needed.

Third Sector

An umbrella term for a range of organisations with different structures and purposes belonging to neither the public nor private sectors (e.g. voluntary sector or non-profit organisations).

Whole Systems Working

An approach to change that helps people make connections, with both people and ideas, to enable them to find local solutions to local concerns.



Report to Council

Date of Meeting: 9th November 2017

Subject: Chief Social Work Officer's Annual Report 2016-2017

Report by: Head of Social Services

1.0 Purpose

- 1.1. The Chief Social Work Officer's Report provides an overview of the key priorities, challenges and achievements related to the delivery of the social work and social care services in Clackmannanshire in 2016-2017. This report also meets the statutory requirement to report annually on Social Services complaints.
- 1.2. The Chief Social Work Officer's report is submitted annually to Council for its consideration and for information.

2.0 Recommendations

- 2.1. Council is asked note the report as set out in Appendix 1 and provide comment and challenge as appropriate.

3.0 Considerations

- 3.1. The role of the Chief Social Work Officer is to provide professional governance, leadership and accountability for the delivery of social work and social care services. The Chief Social Work Officer role is pivotal at both local and national levels in leading, influencing and contributing to policy and practice change within social work and social care services.
- 3.2. This report is completed using the standard template produced by the Office of the Chief Social Work Adviser. This is designed to enable a consistent approach across Local Authorities.
- 3.3. The report reflects the Chief Social Work Officer's evaluation of the delivery and performance of social work and social care services and the progress that has been made in 2016-2017.
- 3.4. The report includes the complaints data for the Service and details the work completed in 2016-2017 to prepare for transition to the new Complaints Handling Procedure.

- 3.5. The report draws on self-evaluation and internal and external scrutiny. The report describes some of the key achievements and challenges for 2016-2017 and sets out the priorities for the Chief Social Work Officer for 2017-2018. It also provides an overview of the specific activities of the Chief Social Work Officer in respect of leadership, values and standards and decision making.
- 3.6. During 2016-2017, the Service moved from the Shared Service with Stirling Council to developing stand-alone services for Clackmannanshire Council. This has brought opportunities to re-establish a Clackmannanshire identity for the Service and further promote the role and contribution of social work and social care.
- 3.7. Redesign work commenced in 2016-2017 across adults, children's and criminal justice services in conjunction with partner organisations. The Chief Social Work Officer initiated a programme of engagement with front line staff across all areas of Service and used this to inform a whole service redesign across Children and Families and Criminal Justice Social Work services. Across all service areas, there is a clear focus on "*shifting the balance of care*" and promoting leadership capacity at all levels.

4.0 Sustainability Implications

- 4.1. This report does not relate to a Plan, Policy, Programme or Strategy therefore Strategic Environmental Assessment does not apply.

5.0 Resource Implications

5.1. Financial Details

- 5.2. There are no financial implications associated with the recommendations. Where appropriate, 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

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

5.4. Staffing

There are no staffing implications that directly arise from the contents of this report.

6.0 Exempt Reports

- 6.1. Is this report exempt? Yes (please detail the reasons for exemption below) No

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)

None identified.

8.0 Equalities Impact

8.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

The report does not in itself recommend changes to policies, plans or strategies. The day-to-day work of Social Services is to provide a positive impact on vulnerable sections of the community. It does not fall into any of the prescribed requirements for an EQIA.

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

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 – Chief Social Work Officer Annual Report 2016-2017

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



Social Services Annual Performance Report 2016-2017

Social Services Business Plan 2017 - 18

Author(s)

NAME	DESIGNATION	TEL NO / EXTENSION
Christine Sutton	Service Manager	x 5031

Approved by

NAME	DESIGNATION	SIGNATURE
Celia Gray	Head of Social Services / CSWO	
Elaine McPherson	Chief Executive	

Clackmannanshire Council

CHIEF SOCIAL WORK OFFICER ANNUAL REPORT

April 2016-March 2017



**Clackmannanshire
Council**

www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

The Chief Social Work Officer Function

Every local authority must appoint a professionally qualified Chief Social Work Officer (CSWO) as set out in Section 45 of the Local Government (Scotland) Act 1994.

The CSWO provides professional governance, leadership and accountability for the delivery of social work and social care services, whether directly provided or delivered by the private or voluntary sector on behalf of the local authority. The role assists the local authority to understand the responsibilities and the complexities involved in the delivery of social work services. The CSWO has a key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of social work services. The CSWO is required to ensure that all social services workers meet the requirements of the Scottish Social Services Council (SSSC) Code of Practice.

The CSWO is required to complete an annual report in accordance with Scottish Government guidance. The report evidences the contribution of Social Work Services to the delivery of positive outcomes for the people of Clackmannanshire. The report sets out the role of Social Work in providing support to those who are most vulnerable in our communities and reflects the scale and variety of activity.

CONTENTS

Foreword

1. Summary of Performance - Key Challenges, Developments and Improvements during the past year

2. Partnership Working - Governance and Accountability Arrangements

3. Social Services Delivery Landscape

4. Resources

5. Service Quality and Performance including Delivery of Statutory Functions

6. Workforce

a) Workforce Planning

b) Workforce Development

7. Conclusion

Appendix One: Statutory Social Work Complaints – Annual Report

FOREWORD

Welcome to the Chief Social Work Officer's Annual Report for 2016-2017 for Clackmannanshire Council. This is my first report since my appointment in October 2016. Thank you for taking the time to read my report. I hope that you find it both interesting and informative.



The delivery of safe, high quality social work services has continued to be our highest priority in the context of managing significant change at a national and local level in 2016-2017. During this period, I have placed an emphasis on increasing the pace of change while retaining a focus on improving outcomes for individuals.

My report provides an overview of Social Services activity, challenges and achievements across all care groups. It is organised in line with the template produced by the Scottish Government's Chief Social Work Adviser to support a consistent approach across all Chief Social Work Officers' Reports.

I would like to take this opportunity to offer my sincere thanks to all the staff who deliver social work services across Clackmannanshire, whether they work directly for the Council, or for the third and independent sectors. I would also like to express appreciation to staff in partner organisations who have worked alongside us to improve outcomes for adults, children and families in Clackmannanshire.

My report includes some case studies and examples of work in different areas, which highlight the range and complexity of social work services. Names and some individual details have been changed to preserve anonymity. This report also meets the statutory requirement to report annually on Social Services complaints. I have attached the complaints report as an appendix to my main report.

Celia Gray

Head of Social Services and Chief Social Work Officer

1. SUMMARY - KEY CHALLENGES AND DEVELOPMENTS IN THE PAST YEAR

The introductory section of my report sets out the key priorities and challenges in 2016-2017. I will highlight key development and achievements. I have provided a short summary across the different service areas. I include further details about our progress in 2016-2017 in Section 5 of my report.

1.1 Service Overview

The change agenda across Scotland for social work services continues to be significant. At a local level, for 2016-2017, this meant participation in the further development of the Clackmannanshire and Stirling Health and Social Care Partnership, the ongoing implementation of the Children and Young People (Scotland) Act 2014, the Social Care (Self Directed Support) (Scotland) Act 2013 and planning for the introduction of a new model for Community Justice Services.

We moved from the Shared Service with Stirling Council to developing stand-alone services for Clackmannanshire Council. This presented an opportunity to re-establish a Clackmannanshire identity for the Service. This transition was a significant change agenda and brought associated workload pressures and personnel changes. There were challenges linked to reduced capacity in some areas. This included the areas of policy and planning, learning and development, data analysis and performance reporting and in some specialist areas of service delivery e.g. fostering and adoption.

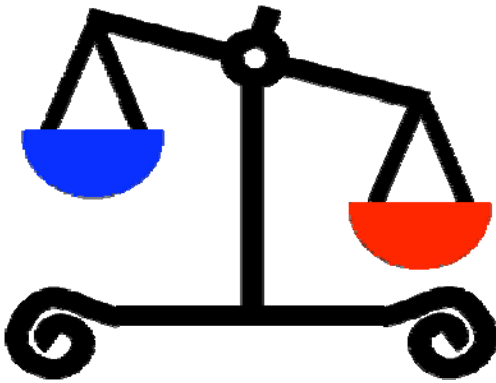
We continued to experience the pressure of reducing financial resources together with increasing demand for services. Section 4 of this report provides a summary of financial pressures and actions taken to manage and address demand, monitor spend and deliver efficiencies. There were signs of the benefits of key actions in the latter part of the financial year.

The number of days lost due to absence was also a significant challenge in 2016-2017. The average number of days of absence increased when compared with the previous year. There is recognition that this continues to be an area for improvement.

We secured key senior management and leadership posts in the Service. I took up post as the Head of Social Services and Chief Social Work Officer. For 2016-2017, I held operational responsibility for Children and Families, Criminal Justice and Adult Social Services with planning initiated for a transfer of operational management of Adult Services to the Chief Officer for the Health and Social Care Partnership.

As we progressed through this period of transition, we identified key risks and issues in conjunction with corporate services and progressed actions to resolve or mitigate their impact. I had a key role in supporting and developing a clear culture and vision for social work services across Clackmannanshire. Across all areas of service, this focuses on "*shifting the balance of care*" and enhancing leadership capacity at all levels. I initiated a programme of engagement with front line staff across all areas of Service and used this to inform a whole service redesign across Children and Families and Criminal Justice Social Work services.

2017-2018 will see the structure and design of the service further developed as the operational responsibility for Clackmannanshire's adult social services moves to the Chief Officer for the Clackmannanshire Health and Social Care Partnership. We will also implement the redesigned structure for Children and Families and Criminal Justice Social Work Services. A further priority area for development is the commissioning of a new social services case management system.



We continued to implement Self-Directed Support and in my report, I have highlighted some examples of where we have worked creatively with people who use our services using the principles and the provisions of the legislation, to make a tangible difference in their lives. We know that we have more to do to promote choice and control across service user groups and to ensure that a sufficient range and types of support are available in the Clackmannanshire Council area.

We involved those who use our services in service planning, commissioning and staff recruitment. There are some examples where this has worked well, for example, we involved young people in our recruitment for a new senior manager in Children's Services, but we need to do more to embed this across all service areas. I have identified this as a priority for development and I am committed to identifying ways in which we can place the voice of service users at the heart of all we do.

1.2 Adult Services

The Integration Authority was fully established on 1 April 2016, supported by a governing Integration Joint Board for the Clackmannanshire and Stirling Health and Social Care Partnership. We have built on and introduced additional approaches to jointly measuring and monitoring performance with our partners. We developed a Joint Performance Framework for the Clackmannanshire and Stirling Health and Social Care Partnership. We will progress further work in 2017-2018 to embed and further operationalise joint reporting and monitoring.

Our performance against the majority of the key national targets continued to be positive in adult care services Clackmannanshire in 2016-2017. For example, the rate of emergency admissions was significantly lower than the rate for Scotland as a whole. The percentage of adults with intensive care needs supported to remain at home was 70% for Clackmannanshire, compared to 62% for Scotland as a whole and 62% for comparator authorities. The extent to which people are supported to remain at home in the last six months of life at 87.1% is in line with the Scottish average. 80% of respondents to the Clacks 100 Citizens Panel commented that community care services were good or very good. In 2016-17, the Service redesigned the Mobile Emergency Care Service and continued to expand the use of Telecare Services, which has increased by 14%.

In 2016-2017, the Adult Care Service developed and implemented Customer Service Standards, which set out clearly the expectations of front line staff and managers. We used feedback from those who use the service including the use of complaints data to inform the development of the Service Standards.

Redesign of the services across all client groups is a core priority for the Clackmannanshire area and we developed more detailed delivery plans in 2016-2017. This work builds on good examples of innovation that already exist in Clackmannanshire, for example the use of technology and integrated service delivery models in adult mental health.

A small number of people, with complex and intensive needs are high users of adult health and social care services. We know that it is important to focus on this group to improve their experience and the outcomes for them, as well as securing more sustainable services. We held an innovation session in Clackmannanshire, which considered the needs of those who are intensive users of health and social care services and how to make more creative use of our combined resources to respond more effectively.

We strengthened the role of all front line staff and managers in relation to Adult Support and Protection. We reinforced this through changes in management and team structures. We are planning further work for 2017-2018 to strengthen the Intake Service and the processes and staff development required to support this.

1.3 Child Care Service and Criminal Justice Social Services

In 2016-2017, we commenced work on a revised Corporate Parenting Strategy for Clackmannanshire and a new Children's Services Plan and continued work in conjunction with partners to progress the Realigning Children's Services Programme. A major piece of work was the Social Services Scrutiny Review conducted by Clackmannanshire Council's Resources and Audit Committee. We will use the data from the surveys conducted through the Realigning Children's Services Programme together with the data from the scrutiny review to inform our core priorities for Children's Services and the development of our Local Outcomes Improvement Plan in 2017-2018.

The scrutiny review analysed quantitative data about referrals to the child care service, Child Protection registrations and information about the looked after and accommodated population. I met individually with key stakeholders to gather qualitative information and their views about how we could work better in partnership. We sought out examples of good practice from elsewhere and asked other Local Authorities and Independent Providers "*what works to improve outcomes for our vulnerable children and their families?*" I would like to express my appreciation to my colleagues in North Lanarkshire, Inverclyde and Renfrewshire Councils for being so willing to share their experiences with us.

The key themes and areas for improvement that we identified included issues about decision-making in respect of looked after children, the implementation of GIRFEC, the relationship between Child Care social work staff and the Children's Hearings, thresholds and decision making in respect of Child Protection and budget overspend. There was a clear requirement for further work to develop preventative service provision including more intensive support services for children and their families.

We used this to inform planning for redesign of the service. We will take this forward as part of a whole system service redesign and transformation, which will progress over a five-year period. . The redesign focuses on "*Shifting the balance of care*" with an emphasis on improving outcomes for those who use our services enabling them to stay at home, or in the local community whenever it is safe to do so. Engagement with staff helped to shape the redesign and supported a shift in service delivery to be more relationship based. A range of evidence-based interventions will underpin relationship-based practice with a clear focus on early identification, prevention and focussed interventions. This will include the use of Family Group Conferencing and Signs of Safety. We will strengthen the range of intensive support services to reduce the number of children and young people accommodated in external placements.

In 2016-2017, we initiated work in the following key areas of work to enhance the experience of our children and families:

- New vibrant campaign to recruit local foster carers
- Redesign of our Family Centre Services
- Functional Family Therapy

- Self directed support pilot for children and young people
- Review of Child Protection procedures and Child Protection training
- Strengthening advocacy services

As Chief Social Work Officer, I prioritised improvements in the process, practice and delivery of Child Protection in Clackmannanshire. As a result, the pattern and number of children on the register is now more in line with comparator authorities. We will build on this in 2017-2018, to make further qualitative improvements in practice, for example, using the principles of Family Group Conferencing and Signs of Safety, where family members including the extended family are supported to take a lead role in planning to meet the needs of a child who is at risk. We will further support this by strengthening the provision of advocacy services in conjunction with Who Cares? Scotland. This will enable more children and young people to participate fully in decision-making about their lives.

Criminal Justice Services have continued to retain a stable and well-qualified staff group in 2016-2017, which has enabled us to maintain high quality, responsive and consistent service delivery. We have continued to have a strong focus on quality assurance in Criminal Justice Services, with a focus on peer audit and mentoring and we continue to have a positive relationship with the local court. Partnership working with key agencies with those who are subject to either court of prison orders is now well embedded practice in Clackmannanshire. This bodes well as we move to our new Community Planning approach to Community Justice.

2. PARTNERSHIP WORKING - GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

This section provides an overview of the partnership arrangements and the structures with an emphasis on how I use these in my role as CSWO to provide assurance of the quality of service provision.

2.1 Partnership Working - Governance and Accountability Arrangements

In December 2015, Clackmannanshire and Stirling Councils decided to withdraw from the Shared Service arrangements. The two Councils put in place operational and managerial arrangements for the delivery of Social Work Services from April 2016 and progressed with appointment to key leadership roles. Clackmannanshire Council recruited to the post of Head of Social Services and Chief Social Work Officer. The previous Head of the Shared Social Services continued to operate as Chief Social Work Officer for both Councils, prior to the appointment of a Chief Social Work Officer by Stirling Council.

As the Head of Social Services, I am line managed by the Depute Chief Executive of Clackmannanshire Council. I report to Clackmannanshire Council Chief Executive in respect of the Chief Social Work Officer function. I have responsibility for financial planning, identifying service pressures and developing the Annual Business Plan, associated delivery plans and risk registers and the annual governance assurance process. The Annual Business Plan sets out the priorities for the Service, and establishes the delivery plan and performance management arrangements for the coming year. The 2016-2017 Business Plan covered Adults, Children and Families, and Criminal Justice Social Work Services. This is a link to our Business Plan:

<http://www.clacks.gov.uk/document/meeting/259/787/5690.pdf>

Social Services reports on Business Plan to Clackmannanshire Council Scrutiny Committee incorporating information on resources, staffing, outputs and outcomes. Analysis of this enables the service and key stakeholders to access information about performance and supports service change and improvement. We also report on financial performance to Clackmannanshire Council's Audit and Finance Committee.

We have arrangements in place to publicise plans and performance information and engage with those who use our services to obtain feedback. I have maintained and initiated new reporting mechanisms to receive assurance on the quality of social work practice and identify areas for improvement, through reports on self-evaluation, learning reviews, case file audits, analysis of complaints data, engagement with front line staff and analysis of performance data. We make use of performance information available at a national level to support sharing good practice and benchmarking. The delivery of Social Services is also subject to scrutiny and regulation from the Care Inspectorate. As the operational management for Adult Services change, I will ensure that I retain engagement with adult social services staff and resources are in place to support quality assurance across all client groups.

A review of structural governance arrangements took place to inform approaches in line with the end of Shared Service. The following sections provide details of the current governance arrangements linked to Clackmannanshire Community Planning Partnership, as they relate to Social Services functions and activities.

2.2 Adult Social Services and Health and Social Care Integration

Clackmannanshire and Stirling Integration Authority and its governing Integration Joint Board is a separate legal body which became responsible for the strategic planning and delivery of community based health and social care services to adults and older people from April 2016. The Integration Joint Board has 12 voting Members: 6 are NHS Forth Valley Board Members and 6 are Elected Members from the two Councils [3 from Clackmannanshire Council and 3 from Stirling Council]. There are also 7 non voting Members, including representatives from service user, patient and unpaid carer groups and from the third sector. The Board is supported in its work by the Strategic Planning Group has membership drawn from across the services including the third and independent sector, carers' organisations, the local Hospice and palliative care services, service users/patients and carers.

As Chief Social Work Officer, I am a non-voting member of the Integration Joint Board and a member of the Strategic Planning Group. I will present the Chief Social Work Officer Report to the Integration Joint Board on an annual basis.

The Clinical and Care Governance Framework for the Health and Social Care Partnership reflects the role of the CSWO in providing social work advice to the Integration Joint Board and in relation to the governance of social work practice standards. I have also established key meetings to ensure a direct link with key staff undertaking statutory functions who are operationally managed through the Adult Health and Social Care Partnership, for example quarterly meetings with Mental Health Officers.

2.3 Children's Services

The governance arrangements for Children's Services Planning continued to be across Clackmannanshire and Stirling (with reporting arrangements to both CPPs) throughout 2016-2017, reflecting the joint Integrated Children's Services Plan. Planning progressed in this period to introduce arrangements for each local authority area with separate reporting groups.

2.4 Criminal Justice

2016-2017 was the final year of delivering community justice services within the Community Justice Authority Framework (for Fife and Forth Valley). Planning was put in place to transition for the new arrangements for governance through Community Planning Partnerships at a local level.

The transition year saw the development of the Clackmannanshire Community Justice Partnership, which includes all statutory partners named in the legislation as well as strong community representation from Clackmannanshire Third Sector Interface and Clackmannanshire Tenants and

Residents Federation. As Chief Social Worker, I chaired this Partnership and the Vice Chair was a Community Sector representative.

The partnership hosted successful community conversations to engage and listen to a wide range of local stakeholders and which informed research papers to evidence a comprehensive strategic picture of existing services and community assets that contribute to Community Justice Outcomes.

The Clackmannanshire Community Justice Improvement Plan sets out local priorities namely; preventing the causes of offending, ensuring community justice makes a difference, strategic planning and partnership working, increasing communities' awareness, effective use of evidence based interventions and equal access to services.

The key improvement mechanisms are the development of Community Justice Ambassadors to cascade knowledge of the "what works" evidence base and Communities of Practice, which are cross-organisational groups of practitioners who take ownership of problems and seek to make their own changes as well as inform the partnership.

2.5 Public Protection

The **Public Protection Forum (PPF)** is a high-level group that oversees all areas associated with public protection and reports to both Clackmannanshire and Stirling CPPs. The PPF provides oversight and scrutiny of the Child Protection and the Adult Support and Protection Committees, the Alcohol and Drugs Partnership, the strategic arrangements in respect of gender based violence and the Multi Agency Public Protection Arrangements (MAPPA). The PPF provides governance and leadership and engages in discussion around strategy and innovation. I attend this group in my role as CSWO. The independent chair for the Adult Support and Protection and Child Protection Committee also attends this forum.

The **Senior Officers Practice Learning Review Group** is a forum for senior officers to discuss complex multi-agency public protection cases where they do not meet the criteria for an Initial Case Review. This includes evaluation and learning from near misses. This group provides quality assurance and contributes to effective clinical and care governance.

The **Public Protection Leads Meeting** is a well-established forum for lead officers in child protection, adult support and protection, gender-based violence and the alcohol and drugs partnerships. I chair these meetings providing leadership across the public protection agenda. This promotes good dialogue between the Public Protection Forum and all of the Public Protection Leads and supports learning and sharing good practice across care groups.

The **Clackmannanshire and Stirling Child Protection and Adult Support and Protection Committees** operate across the two Council areas. The same independent chair is in place for both committees. The strategic support arrangements for the two Committees also operate across the two local authority areas. I ensure that both the Adult Support and Protection Coordinator and Child Protection Lead Officer have a clear line of accountability to myself as Chief Social Work Officer.

The **Clackmannanshire and Stirling Child Protection Committee** developed a new Strategic Plan in line with the Care Inspectorate 2012 quality framework "*How well are we improving the lives of children and young people?*"

The multi-agency Forth Valley Child Protection Policies, Procedures and Protocols subgroup worked to update the Forth Valley Multi-agency Child Protection Guidance 2014, to reflect changes in national guidance. We also reviewed and updated local policies and protocols relating to Significant Case Reviews; Forced Marriage; Domestic Abuse; Core Groups; Child Protection Orders Out of Hours; Emergency Suitability Checks; Human Trafficking; Online and Mobile Phone Safety; Historical Enquiries; Working with Resistant Families; Transitions and the Unseen Child and Child Sexual Exploitation.

We completed a multi-agency audit of children affected by parental substance misuse in partnership with Clackmannanshire and Stirling Alcohol and Drugs Partnership in 2016-2017. The findings are currently being analysed with a view to drawing up an action plan to address any issues arising and improve practice across all partner agencies.

The Lead Officer Child Protection liaised with relevant staff at Glenochil Prison to provide support in relation to their child protection policies and practice and provided comment on the Scottish Prison Service Child Protection Policy and Procedures. The Child Protection Committee has continued to work with the Central E-Safety Partnership in relation to online safety, supporting Safer Internet Day on 7 February 2017, which had the theme *“Be the change; unite for a better Internet.”*

In response to national media concern about the safety of children and young people in sporting activity the Sports Development Manager, Clackmannanshire Council and the Club and Sports Development Manager, Active Stirling, delivered a presentation to the Child Protection Committee, advising on local child protection policies and practice. This informed key actions to improve information for parents and carers.

Public information about both child protection and violence against women was available in Clackmannanshire throughout the Sixteen Days of Action campaign in November and December 2016, when the Forth Valley conference for young people on Internet Safety and Stalking was led by Action Scotland against Stalking. The pupils who attended this session said they found it interesting, particularly in relation to the interface between online and offline stalking activity.

The **Adult Support and Protection Committee** has an overarching strategic plan, which provides a framework for consistency in promoting and delivering the adult protection agenda. We have taken forward work to address our key priorities in 2016-2017 and reviewed our plan to identify clear priorities for the coming year.

We completed a multi-agency case file audit in February 2017. Key issues identified formed the basis of six objectives within our Adult Support and Protection local improvement plan. The six objectives are:

- Further develop the understanding of Adult Support and Protection across NHS Forth Valley e.g. through staff induction
- Further enhance approaches to information sharing e.g. through involving NHS Forth Valley in Initial Referral Discussions
- Improve use of chronologies
- Improve use and recording of risk assessments
- Improve our approach to self evaluation and embed this across service areas
- Improve the use of and demonstrate full consideration of the need for advocacy referrals for those subject to Adult Support and Protection procedures

We have a well-established multi-agency local operational group, which reports to the Committee on progress against the actions set out in our improvement plan.

Our Adult Protection Coordinator has been proactive in setting up and now chairs the newly formed Forth Valley Financial Harm Group. Representation is from a wide area of the business and commercial communities across the Forth Valley area as well as our statutory partners. By involving the right people, we produce the most effective tactics to address financial abuse, raise awareness and reduce the fear of such crime.

We started to refresh our self-assessment framework, which consists of annual and monthly reviews of case files together with regular meetings to assess the effectiveness of our information sharing process with our statutory partners including the police and NHS. We are starting to review the quality and effectiveness of the service we provide through regular service user surveys, using Forth Valley Advocacy Services to assist people to complete the surveys. An active Adult Support and Protection practitioner forum supports learning and sharing of good practice.

Multi Agency Public Protection Arrangements (MAPPA) bring together key agencies to deliver plans to protect the public from harm from sexual and violent offenders, including offenders with a mental disorder who are subject to restrictions. The Management of Offenders etc. (Scotland) Act 2005 places a duty on Scottish local authorities, the police, prisons and health to establish joint arrangements for the assessment and management of risk posed by these offenders.

The Strategic Planning and operational governance of MAPPA is at a Forth Valley level through the MAPPA Steering Group. This group consists of the MAPPA Coordinator, senior representatives from each of the responsible agencies and operational managers. The MAPPA Steering Group meets on a bi-monthly basis. This group oversees the production of the Annual MAPPA Report, receives and reviews performance data and reviews cases where there are considered to be significant operational or strategic implications.

Meetings about individual offenders subject to MAPPA take place in each Local Authority area. Assessments take place, risk management plans developed and ongoing cases systematically reviewed. Senior managers from the Police or from the Criminal Justice Social Work Service chair these meetings.

3. SOCIAL SERVICES DELIVERY LANDSCAPE

This section provides an overview of market provision and some of the challenges and opportunities for local commissioning. I have highlighted some of the key achievements and areas of progress in 2016-2017, as well as identifying ongoing areas for development.

Clackmannanshire is the smallest mainland local authority with a population of around 51,000. We have a relatively low level of in-house service provision in care at home, care home, day opportunities and children's residential care. Approximately 80% of adult and older peoples' care at home, day services and care home provision is provided by the independent and third sector. Intermediate care, including short-term assessment beds and care at home reablement provision, are primarily delivered by the local authority. The majority of care and support service continue to be commissioned by or directly provided through the Council. The rate of use of direct payments under Option 1 for Clackmannanshire is just below the average rate across Scotland. We have more to do to ensure that we deliver a greater diversity of support options.

We have a very low level of care home bed usage compared with other local authorities across Scotland. In 2016-2017, the percentage of adults with intensive care needs receiving care at home rather than care in an institutional setting in Clackmannanshire was 70% (Scottish average was 62%). We recognise that the level of demand and complexity of needs are increasing and that some of these needs can only be met in care home settings. The Health and Social Care

Partnership will monitor the trends in the number of care home placements to inform service planning and financial planning. This analysis will inform service redesign and the development or commissioning of alternative models, for example, extra care housing.

We have completed some focused work in the following areas over the last year:

Market Position Statement: We contributed to the development of the Market Position Statement for the Health and Social Care Partnership. The Market Position Statement sets out key messages for providers about future service delivery across the partnership.

Prevention, self-management and self-care are core priorities for the partnership. We expect all providers to embed these approaches into core service delivery. This will include, wherever possible, supporting people to make best use of their local community resources as an alternative to formal service provision (Market Position Statement for Clackmannanshire and Stirling Health and Social Care Partnership)

We consulted with providers to inform the development of The Market Position Statement. We intend to build on this over the course of 2017/18 through our ongoing provider forums and stakeholder and partnership groups, as we progress with redesign work to ensure that the services we commission are of high quality, effective and efficient.

Quick Step: We sought to address some of the capacity issues in the older people's care at home market by commissioning a *Quick Step* service in Clackmannanshire, which provides timely personal care to service users by giving a high level of care by providing short visits to service users' homes. This responsive service facilitates prompt discharge from hospital and helps avoid unplanned hospital admissions.

Independent Advocacy: We re-tendered for independent advocacy services for adults. This was progressed in partnership with Stirling Council, Falkirk Council and NHS Forth Valley. We engaged those who use or who may benefit from using these services in the evaluation process and supported them to be meaningfully involved in the process.

Third Sector Providers: During 2016-2017, we carried out a review the nature of provision and quality of adult care third sector provision to ensure providers are delivering high quality services, meet service user outcomes, are value for money and are continuously improving to meet the range and demand required. Decisions about future investment were made by the Integration Joint Board were informed by a clear evidence base aligned to the Board's strategic priorities.

Children's Services Commissioning: Clackmannanshire Community Planning Partnership continues to participate in the Realigning Children's Services Programme. The Scottish Government programme is designed to work with Community Planning Partnerships to support better decision making, using good quality information, to improve the lives of children by adopting a joined up and strategic approach to the commissioning and delivery of children's services. Social Services lead on the delivery of the Programme in partnership with Education, Third Sector Services and NHS Forth Valley, with input from other partner agencies and corporate support services, as required.

We will use the survey data, together with other data and the outcomes of the service mapping activity, to develop a joint strategic commissioning plan and support our redesign activity across Children's Services.

Scottish Living Wage: We have completed significant work with our providers to support the implementation of the Scottish Living Wage. The rate increased for 2017-2018. We have established a consistent and transparent process to negotiate and agree rates increases with care providers.

Recruitment and Retention: We recognise that service providers continue to experience pressures in recruitment and retention of staff and workforce planning in partnership with the third and independent sectors will continue to be a significant area of focus for the Health and Social Care Partnership in 2017-2018.

Quality of Commissioned and Internal Direct Provisions Services

As Chief Social Work Officer, I require assurance about the quality and effectiveness of our externally commissioned as well as our internal direct provisions services.

We monitor the quality of both our internal and external service delivery using a range of different approaches and work closely with providers where there is an identified need for improvement. This includes collating complaints data and working closely with operational staff to identify and address any areas of concern. Monitoring arrangements for all providers are risk based. There are close working relationships with the Care Inspectorate and other partner agencies, e.g. Fire and Rescue, to monitor improvement activity where this is required.

I am pleased to say that the majority of services in the Clackmannanshire local authority area are performing well.

The proportion of internal and external care services graded good or better in Care Inspectorate inspections in Clackmannanshire is 91%. The percentage for Scotland as a whole is 83%. This ranks Clackmannanshire as the 4th best performing partnership for this indicator.

The internal Registered Adult Provisions Services also hold BS EN ISO 9001:2008 accreditation. This is a quality management system, which has further strengthened the audit and scrutiny of the quality of care and support delivered within these services. This tool is used to plan for service level improvements, involving service users and carers as well as wider stakeholders.

More detail is provided about the quality of our internally registered services in Section 5 of this report.

We know that our approaches to strategic commissioning across all service areas both across the Health and Social Care Partnership and across Children's Services will need ongoing development and refinement. As we progress with redesign work across key areas, we will set our actions and planning for investment and areas of disinvestment in line with our agreed priorities. This is key to ensuring that a range of supports and services area available to promote genuine choice and control.

We will build on the work we have done already and our relationships with provider organisations to deliver sustainable, outcomes based services. We plan to make use of external support to assist us in these critical areas over the coming year. We will progress this work in partnership with those who use our services, provider organisations, community groups and the wider public. As part of this, we recognise that additional financial resources are accessed e.g. through charitable grants and are used to provide services and supports across the Council area. We also appreciate the significant contributions made by volunteers, community groups, unpaid carers who are key partners in providing care and support.

4. RESOURCES



Social Services had a revenue budget of £27,166,000 for 2016-2017 and a capital budget of £1,075,000.

During 2016-2017, we experienced an increase in demand across adult care and children's services. In addition to this there were budgetary pressures linked to the end of the Shared Service. We also had a challenging savings target and it proved necessary to identify alternative cost efficiencies following the end of the Shared Service.

There was a revenue budget overspend for 2016/2017 of approximately £1.25 million. During the financial year, the service reported regularly to the Finance and Audit Committee on the budget position and on the associated budget recovery plan. Specific actions were taken in the financial year to reduce the projected overspend. There was a 42% reduction from the first forecast (2.163m overspend) to the end of year figures (1.248m overspend). Managers at all levels continued to meet with finance accountancy throughout the year to maintain robust budget management arrangements.

The Capital budget of £1m for a new children's residential service was re-phased into 2018/19 and 2019/20 and it was agreed that further review work would be undertaken to identify and scope alternative requirements in line with the service priorities. This is in line with our strategy for the redesign of Children and Families Social Work Services.

The Criminal Justice Section 27 grant claim for 2016-2017 submitted to the Scottish Government reflected all the costs associated with the provision of the Criminal justice social work. A 64K overspend was reported due to an unachievable savings and over-budgeted income along with various small operational overspends.

Management Support and Strategy reported a £164K overspend mainly due to ongoing committed staffing costs beyond cessation of Shared Services.

The most significant budget pressures contributing to the final outturn position were:

In Children and Families Services, pressures specifically related to the number of external residential and foster care placements. Monitoring arrangements and robust reviews of all external placements and the implementation of alternative support arrangements in line with the needs of children and young people, also supported more cost effective solutions. As a result the service delivered a reduction in overspend on external childcare placements from the 2015-2016 position (36%), but this did continue to be a significant budget pressure.

Adult care pressures related to high levels of activity in long-term placements for older people because of demographic and delayed discharge pressures, unachieved savings, and pressure on the reablement service due to lack of capacity with external homecare provision.

During 2017-2018, we expect to see continued pressures in relation to high cost placements for children and young people. We will continue to support as many children and young people as possible to return to the local area and to avert the need for external placements wherever it is safe to do so. Our redesign programme and the introduction of new initiatives, for example Functional Family Therapy, will support this. Some developments will take some time to realise financial efficiencies, for example, the recruitment campaign for local foster carers will not have an immediate impact due to necessary assessment and approval processes. Additional anticipated pressures for 2017-2018 include the implementation of the Carers (Scotland) Act 2016 and ongoing pressures related to complexity of need in Adult Care.

In 2016-2017, we implemented a new corporate finance system. This will be fully rolled out with training for all managers and will support more effective and efficient financial management.

5. SERVICE QUALITY AND PERFORMANCE

This section provides an overview of service quality and performance for each functional area of service delivery, set within an overarching framework of continuous improvement. This section incorporates information about key achievements and includes case examples and examples of service redesign, illustrating the range and complexity of our work.

I also set out here the key statutory decisions and responsibilities undertaken in respect of my role as the Chief Social Work Officer in 2016-2017. These decisions relate primarily to the curtailment of individual freedom and the protection of both individuals and the public.

5.1 Adult Services

We continued to drive forward the implementation of the Self-directed Support (Scotland) Act 2013. We have further revised all of our Operational Paperwork, including the Outcome Focussed Assessment, Support Plan and Review in line with the principles and approach of Self-directed Support and outcome monitoring. Front line staff piloted this and provided feedback. We are working with Systems Support colleagues to ensure that we can more effectively report on individual and aggregated outcomes linked to 'Talking Points'.

Unplanned Admissions and Delayed Discharge

The rate of emergency admissions in Clackmannanshire in 2016-2017 was significantly lower than the average rate across Scotland. For most people admitted to hospital, the necessary care, support and accommodation arrangements are put in place in the community without delay and the individual returns to their own home, when clinically ready to do so. Delays can occur while people are waiting for assessments to be completed or while the appropriate arrangements for care and support are implemented. We have targeted staffing resources to ensure prompt assessments while individuals are in hospital. We have worked closely with NHS Forth Valley to improve integrated approaches around assessment.

The total number of people delayed longer than two weeks (excluding those classified under Code 9) was 19 for Clackmannanshire in 2016-2017.

Registered Services:

In Clackmannanshire Council areas all internal adult care registered services attained grades of 4 (Good) or above at the end of 2016-2017. A number of our registered services secured or maintained grades of 5 or 6 (Very Good or Excellent).

“The service was well managed. The manager was very knowledgeable about all the people who needed support. Staff were happy and felt well supported. They told us they had very good training that supported them to meet individual needs. We saw that there had been frequent and meaningful supervision and team meetings had taken place regularly.”

Ludgate House Resource Centre Care Inspectorate Report, November 2016

Technology Enabled Care

In 2016-17, we continued to develop our Technology Enabled Care Services in Clackmannanshire. This has enhanced the ability of the Service to get the right equipment to individuals at the right time, promoting safety and helping to support safe discharges from hospital. We have purchased additional equipment and supported trials of the latest technology, using the Technology Enabled Care Fund.



The use of Telecare (per 1,000 population) in Clackmannanshire is 42.1 compared to 23.0 across Scotland as a whole

Intermediate Care Services and Care Homes

We deliver intermediate care in people's own homes and in 24-hour care settings. These services offer an appropriate discharge pathway for service users who may benefit from further recovery prior to returning home and a more homely environment in which to receive rehabilitation.

Intermediate care provides people with rapid access to assessment, rehabilitation and support at home in order to promote independence and prevent a crisis. A range of social care staff contribute to this service area including occupational therapists, home carers, and community support staff. We respond as quickly as possible, usually within 24 hours. For example, we worked with Mr M, following a hospital admission, and were able to improve his quality of life and help him gain in confidence.

When we met him, Mr M had a lot of difficulty moving and needed specialist equipment. His family prepared all meals and supported him in taking his medication. He was often confined to his bed.

What did we do?

Mr M and his family were introduced to the multi-disciplinary team, which consisted of Reablement Support Workers and an Occupational Therapist.

Outcomes were agreed with Mr M, who wished to gain an improvement in his mobility and a reduction in his dependence upon support 4 times daily. Outcomes included:-

- Carrying out small personal care tasks
- Building confidence to reduce anxiety with regards to personal care
- Exercises to improve strength

What difference did we make?

After 7 weeks, Mr M's confidence had improved, and he gained a sense of achievement from the following:-

- Being able to sit without assistance to the side of the bed
- Being able to wash with the support of one carer
- Being able to transfer from bed to chair with the assistance of a zimmer frame
- No further need for hoist and slide sheet equipment
- Greater self-esteem and improved communication
- Reduction in package of care from 4 visits daily, to 2, with one carer

What was key to improved outcomes?

The service worked at Mr M's pace to make, small but significant steps towards his overall goals. By listening to what was important to Mr M, the service was able to support him to gain a sense of achievement and overall improved quality of life.

What were the views of the service user?

Mr M and his family have expressed that they have benefitted from this service after being initially very wary of accepting care and support in their home.

Intermediate care can also provide short-term assessment and interventions in a care home setting. Bed based intermediate care services are located in Clackmannanshire Council's Ludgate House Resource Centre. This provides a period of assessment, giving individuals and their families the opportunity to make informed decisions about their longer-term care and support needs in conjunction with assessment staff.

"For the short time I have been here I have felt more secure and happy within myself. ... Quite happy in my wee room. Food is good. Staff are good. Very helpful and comforting. I like the wee garden to go into. Everything is well kept."

Quote from service user, Ludgate House Resource Centre Care Inspectorate Report, November 2016

The service can also accommodate people from their own home in the community and may be used as an alternative to admitting someone to hospital if they are unwell, but not in need of specialist medical care. This type of provision can be accessed by primary care staff and is often referred to as "Step Up" assessment.

We are also working to enhance the care provided through our **care homes**. This includes participating in the Care Inspectorate's *"Care About Physical Activity Programme"* which includes access to Programme Advisers, an evaluation process and opportunities for learning and development for the workforce.

Learning Disability Services

We have been actively progressing redesign work across our services for people with disabilities. This has included a lot of review activity and where possible we have supported people to be more independent in their own homes and to learn new skills. In 2017-2018, we plan further work with our local People First group to ensure that those who use or may need our services and their families are fully involved in decisions about how services will look in the future. This will include focused work to improve the experience of planning for transition from children and families to adults services.

Across our services, we are actively engaging with local community groups and promoting inclusion. Centre space supports adults with learning disabilities to access day opportunities across their local communities. We have an active group of gardeners who work in the Ochil Community Garden every week. For the last three years, we have entered Gardening Scotland's competition with our floral exhibitions. We grow many of the flowers that we use to create the displays. This year, the *"Mad Hatters Tea Party"* display secured a gold award in the pallet completion.

"It's about fun, learning, creatively and getting out in the fresh air.... it brings a real sense of achievement and self worth" (Cath Knox, Manager, Centre Space and Whins Resource Centre)



Mental Health

Mental Health Services in Clackmannanshire have a strong recovery focus. We provide supports and signposting for people with depression and anxiety, and deliver stress control classes. Longer-term services and supports are available for those who have more severe and enduring mental

health problems. The Service has a strong partnership focus with third sector organisations as well as other statutory services.

In 2016-2017, we received 2409 referrals through our Single Referral Pathway. 69% of referrals were for common mental health problems such as depression and anxiety and 31% of referrals were for more severe and complex mental illness.

Evaluation results showed 93% of respondents felt the service helped with all or some of their problems and 89% rated the overall service good -excellent.

"I am much happier and more confident in daily life and choices. Feel less anxious, stressed and agitated. Sleeping better (sleeping through night for first time in years)".

"I am able to get out of my door with confidence and go to new places and get in the door, without extreme anxiety".

Stress Control Classes continue to be very popular and 236 people registered to attend in 2016-2017. Evaluation results showed 96% of participants felt their ability to manage stress had improved and 100% rated the course as good or excellent.

This was our seventh year of successfully retaining the Customer Service Excellence Award:

"All in Integrated Mental Health Service remain completely customer focussed with commitment from managers and staff being equally impressive. This stems from sound policies and procedures, which are adopted readily and applied consistently. Staff are fully trusted and empowered to deliver a top class service and managers appreciate this level of shared commitment to serve their customers to the best of their ability." (Customer Service Excellence Award Assessment)

This year marked the beginning of a new partnership with Wellbeing Scotland, who were awarded the contract for provision of the counselling service. Referrals will be directed via the Single Referral Pathway and the performance monitoring will ensure that the service is personalised and that there is a good level of satisfaction with the service provided.

Unpaid Carers

In conjunction with NHS Forth Valley, we continue to progress initiatives to support unpaid carers, including young carers, recognising the very significant contribution that they make to supporting people to remain on their own homes. The introduction of the Carers (Scotland) Act 2016 will present both opportunities and challenges. Planning work started in 2016-17 to support this across in conjunction with local carers support organisations.

Self-Directed Support

Self-Directed Support has a major part to play in empowerment, personalisation, choice and opportunities for service users and carers. It can enable individuals to have more control over their day-to-day support and help them to determine the best way to meet their outcomes. We recognise that we still have a lot to do to embed self-directed support across all service areas.

We have continued to refresh our operational paperwork to ensure that it aligns with the principles and approach of the legislation and supports social workers to record outcomes. Staff have been trained in 'Good Conversations' and operated Action Learning Sets to share good practice and log issues. We have developed some creative and innovative solutions, putting the individual and their

family at the centre, which is both empowering and can in some cases lead to reduced expenditure on paid support. There are a number of examples, where we have used budgets in a very flexible way and have secured better outcomes:

Sam lives with her brother, sister in law and their adult children. Her brother and sister-in-law both work outside of the family home.

We have worked with Sam and her family to deliver a flexible support package.

Sam participates in day opportunities through Clackmannanshire Council's Centre Space resource. She also receives care at home services. Sam and her family have an identified budget for care at home services. They have chosen the care provider and work directly with them to make decisions about how care is provided. Her family are able to change amount of care and support she receives each week. This fits well with their family life.

Working in this flexible way has been a positive experience for all involved. Sam gets on well with the people who support her and the family have confidence that the care provider can respond to the changing needs.

David is a young man who lives with complex health and care needs. David wanted to be able to direct his own support and make decisions about who would support him. With the support of one of his relatives, David uses a Direct Payment to employ personal assistants. This means that David is now able to decide how and when he receives care and support. He tells us that this has made a huge difference to his life.

He is able to be much more flexible about when he gets up and goes to bed and has been able to plan a holiday abroad. Being able to select the people was very important for David. He now enjoys being able to go out, with members of his small team of staff, perhaps to see a late night movie or to the pub.

5.2 Children's Services:

As outlined in the first section of this report, we have set out a clear programme of service redesign to ensure that the most vulnerable children and families receive the support that they need at the right time. We are committed to ensuring that where help is most needed help it is available at an early stage to keep children at home with their families. Where this is not possible, we are working to support children and young people to continue to live in their own communities.

All of our redesign activity is underpinned by a strong evidence base. We have drawn on the outputs of both the Scrutiny Review and our Realigning Children's Services Programme. This work has also been used to inform our Children's Services Plan.

Through Realigning Children's Services, survey work took place in primary and secondary schools and using face-to-face interviews with parents of younger children in 2016. The surveys had excellent coverage. The survey results gave us clear evidence about areas of specific concern and evidence about persistent local inequalities relating to health and wellbeing. By cross matching the data with anonymised data sets of children and young people receiving targeted support, we were able to identify that a proportion of children with higher levels of need (according to their responses to survey questions) are not necessarily receiving the support that they may require. We

have agreed to complete further work with the Government's Realigning Children's Services Team to investigate this in greater depth to better understand areas of unmet need.

Corporate Parenting

As Chief Social Work Officer, I have a key role in helping to ensure that all Council Services and other Community Planning Partners recognise and address the needs of looked after children and young people. In 2016-2017, we have been working on our own Strategy to support Clackmannanshire's children whether in care or moving on to positive destinations.

When children and young people need to be cared for outside of the family home, there is a requirement for high quality services. There is a challenge in retaining and recruiting Council foster carers/adoptive carers and the Service have historically had a high number of placements with external foster carers. In 2016-2107, we initiated an extensive campaign to recruit our own foster/adoptive carers. We plan to increase the number of Council foster carers by fifty over five years.



We are building on the success of our small residential children's unit to provide an innovative "core and cluster" model, to support the transition of our young people to satellite tenancies. We initiated a redesign of the Alloa Family Centre and agreed to introduce a Functional Family Therapy Service in partnership with Action for Children. This service will provide intensive support to young people who are most at risk of being accommodated.

We have ambitious plans for our looked after children and are working hard to improve outcomes for them. We have commenced some new and innovative work in 2016-2017:

Children and Families staff are working closely with Clackmannanshire Council's Sports Development Team to involve, engage and support looked after children and young people to access more out of school clubs and school holiday programmes.

We have engaging with Who Cares? to extend our independent advocacy provision on a pilot basis with a view to supporting the development of a Champions Board.

We provide young people, looked after by the Council or care leavers aged 16 plus, with the opportunity for training, taster sessions and work experience placements. This has helped young

people establish structure and routine and develop their personal confidence as well as helping them to gain relevant experience within a particular field.

Here are some of the achievements of young people who have received support from the Clackmannanshire Corporate Parenting Employment Project, which is supported by our Through Care After Care Service:

- *One young person has been offered a full apprenticeship with a local building company following a placement with our IT department; which gave him the necessary skills in confidence and experience of team working.*
- *One young person is about to start a two year college course following a successful placement in our HR department*
- *One young person is entering their 2nd year of college in Veterinary skills following a successful placement experience with a local vet, where they continue to work at weekends*

The following case study highlights an example of the Social Services working in partnership with other organisations to support a young family and improve the outcomes for all family members.

We worked with a teenage couple. Both were at school. The young woman was pregnant. We referred the young woman to the Family Nurse Partnership and Clackmannanshire Council's Young Parent Project. Her own mother was caring for her own parents who had disabilities. Support and advice included information about pregnancy, finances and childcare. We considered the needs of the whole family and the range of caring responsibilities to provide targeted support. Both young parents successfully continued with full time education. One subsequently secured employment. Their child is meeting all developmental milestones. By working closely in partnership, there was no requirement for ongoing involvement from social work services.

Our **Self-Directed Support** pilot included some innovative work in children's services to support young people to return to their own communities. The work was based on learning from initiatives in other local authorities e.g. from the Middlesbrough project, where children at risk of entering residential care, or who are returning from residential care, are supported using small individual budgets to decide what is important to them and what would make the difference to their lives. The Children with Disability Team have also embraced Self-Directed Support and there are a number of innovative examples of how children, and their families, are choosing different options to meet their outcomes. We know that by working better with children, young people and their parents as partners, that we can achieve better outcomes.

Chloe's Story

This is a story of a young woman, who we successfully returned to Clackmannanshire from a residential unit, through imaginative use of budgets.

Chloe is 17 years old. At the age of 14 Chloe kept being referred to our service due to serious difficulties in her relationship with her mother. They were constantly arguing and

there had been episodes of Chloe going missing for several days at a time, engaging in risk taking behaviours, and socialising with a much older peer group. Due to the level of risks, Chloe subsequently moved to residential care placement.

At the age of 16 a meeting was held with Chloe and her mother about plans for her future. Chloe was clear she wanted to be at home with her mother and her mother also wanted her at home, but both of them were anxious about what it would be like to live together again. We worked with them discussing what would be difficult. Both of them said that they argued mainly about money and about Chloe not having enough to do. Using the principles of Self-Directed Support and outcomes based conversations, a key-worker helped Chloe and her mum to identify what it would take to make a move home successful. The family told us that removing some of the financial pressure would help and that working with Chloe to find job or training would be important. We knew that helping Chloe and her mum work together would be fundamental to making this work.

We identified a budget and used some money to help refresh Chloe's bedroom for her return. We gave a commitment to providing a weekly payment equivalent to Through Care allowance. We purchased a bus pass and gym membership to support Chloe to safely explore the community with her key-worker and begin looking at work, training opportunities.

Chloe has remained at home with her mother. Chloe still faces challenges about making the safest decisions in her life but she is making progress in this area. Chloe and her mother are talking to each other about things that matter to them. Chloe is currently working with Skills Development Scotland exploring whether she wants to pursue a career in the Army or attend further education. Her next goal is to learn to drive.

Children and Families Registered Services:

The most recent inspections of registered Fostering Services showed further improvement, with all grades at 4 (good). The inspection recognised the positive work completed to establish a stand-alone service in Clackmannanshire.

Foster carers could access useful training to help them respond appropriately to traumatised and distressed children's behaviour. Course content included understanding and managing challenging behaviours, child protection investigations and 'why attachment matters for all'. We attended foster carer training and found this to be relevant and thought provoking.

Care Inspectorate Report, Clackmannanshire Fostering Services , February 2017

Clackmannanshire Council Adoption Service attained grades of 4 (good) with evidence of improvement from the previous inspection. The Care Inspectorate stated: *"there had been a strengthening of the quality assurance processes which meant the quality of the assessment reports presented to panel were improving"*. The Care Inspectorate also noted that despite the significant structural changes taking place, there was evidence of a continued commitment from Clackmannanshire Council to improve adoption services for people in their area.

Woodside Children's Unit is a residential care service for up to 5 young people aged 11-18 years. The unit has consistently secured grades of 5 (Very Good) and 6 (Excellent).

“The manager showed a commitment to addressing areas for improvement to ensure the service is delivering high quality care and support to young people... we have shared examples of the work of Woodside with other services”

Care Inspectorate Report, Woodside Children’s Unit, February 2017

5.3 Criminal Justice Services:

Social Work Criminal Justice Services played a significant role in planning for the transition from the Fife & Forth Valley Community Justice Authority to the new arrangements through the Clackmannanshire Community Planning Partnership.

The number of Community Payback Orders, Court Reports and other statutory demands remain consistent. Increasing numbers of individuals are supported to remain in their own communities, through alternatives to custody under supervision of Criminal Justice staff, acquiring new skills and for some, enhancing their opportunities to gain paid employment. This involves criminal justice staff working in partnership with other organisations to deliver innovative solutions. For example, this included a women’s group working with Clackmannanshire Third Sector Interface using tapestry workshops. This work is highlighted in section 5.4 of this report.

Community Payback Orders

Individual and group placements have continued to offer flexibility and valuable unpaid work experience for service users. Well established partnerships with local charity shops, churches and the Citizens Advice Bureau have continued to be well utilised. Direct engagement with individual members of the public has continued to develop through the now well-established use of social media. This is a channel to publicise unpaid work, enables members of the public to request input from the unpaid work team

Some of the people subject to Community Payback Orders in 2016-2017 told us:

“I didn’t expect this to be easy...but some days you really have to graft”

“Some of the work that we have done in the squad makes you feel ok”

“It wasn’t easy to get into the routine, but once I did...time flew in. The officers really helped”

One of the service areas that has benefited from work completed, commented:

“The work you guys organise for us and also the short notice works you are able to do sometimes at the drop of hat is, as always, very much appreciated and goes a significant way towards reducing the flood risk in the area.”

*Community & Regulatory Service
Clackmannanshire Council*

5.4 Innovative examples of partnership working

We deliver much of our work in partnership with other organisations. Criminal Justice Social Work Services and Adult Carers Support Services worked with Clackmannanshire Third Sector Interface and the creative heritage officer to deliver tapestry workshops. The workshops provided an opportunity for participants to reflect on their lives and express their stories creatively.

Here are some quotations from those who took part:

“my doll represents my love of yoga, which has helped me through life’s ups and downs”

“this river represents the flow of my life and the yellow roses represent my friends who have supported me”



Stories of the Wee County

Our creative heritage officer Hannah Ford has been working with community groups such as Adult Carers and Criminal Justice for Women to look at the way artworks like The Great Tapestry of Scotland be used to narrate and tell stories. They have been making self portrait embroideries to represent the story of their own lives. These workshops aim to help participants express the things they feel make them who they are.

Touching, inspiring, emotional but most of all real.



**These are the people of
Clackmannanshire**

5.5 Delivery of Statutory Functions

The Council's scheme of delegation provides for designated social work staff to make certain decisions on behalf of the Chief Social Work Officer in the following areas:

- **Mental Health**, encompassing the role of Mental Health Officers (MHOs) and working with/enacting the Mental Health and Treatment Act and the Adults with Incapacity Act.
- **Adoption**
- **Secure Accommodation** and emergency placement of children
- **Protection and Risk Management**
 - Child Protection
 - Adult Protection working with the Adults Support and Protection (Scotland) Act 2007
 - Multi-agency Public Protection Arrangements (MAPPA) - includes the risk management of sex offenders and certain violent offenders

Mental Health

Local Authority Mental Health Officers (MHOs) are appointed by the Chief Social Work Officer to undertake a statutory role with people with a mental disorder. MHOs are social workers who have completed an accredited Masters level post-qualifying award including additional practice placements. They have a role in preparing applications, reports and care plans in relation to people who are or may be subject to compulsory care and treatment in hospital or in the community. Presenting reports and evidence at Mental Health Tribunals and to the Court represent a substantial proportion of Mental Health Officers' workload. MHOs also have a role in providing advice and support to the wider Social Work Service in respect to the complex interaction of mental health and incapacity legislation.

Table 1

Rates of Detention for period April 2016 to March 2017 under the Mental Health (Care and Treatment) (Scotland) Act 2003

Category of Detention	
Number of Emergency Detention Certificates	25
Number of Short term Detention Certificates	48
Number of Compulsory Treatment Orders (new applications)	18

The number of Short-term detentions certificates granted in 2015-16 was 51 so in 2016-17 there was a drop in the number of orders granted. However, there has been an increase in the number of Compulsory Treatment Orders granted by local authority with an increase from 11 to 18.

Table 2

Total number of orders for Mentally Disordered Offenders - Mental Health (Care and Treatment) (Scotland) Act 2003 / Criminal Procedures Act (Scotland) 1995 for 2016-2017

Number of Compulsion Orders/Restriction Orders	3
--	---

Where an individual is convicted of an offence for which the punishment is imprisonment, instead of imposing a prison sentence the court may detain the person in hospital using a Compulsion Order, or impose strict conditions, which would allow the person to receive treatment while living in the community. If the court makes an individual subject to a Compulsion Order, it can also add a Restriction Order, if it considers this necessary. This may restrict the person's movement to the extent that s/he may not be transferred to another hospital or be granted leave from the hospital without the consent of the Scottish Ministers.

The number of orders in place within Clackmannanshire is in keeping with the national trend and there has been no change in the last year surrounding the number of compulsion orders.

Adults with Incapacity

Local Authorities have a duty, where someone over the age of 16 who has a mental disorder is deemed incapable of making decisions to safeguard his/her welfare and/or property or finances, to carry out an assessment and make recommendations as to whether someone else should be

given the legal authority to make decisions on their behalf. Mental Health Officers undertake these assessments.

Any person with an interest in an individual's welfare including a family member may make an application to Court to be appointed as their guardian. If the need for guardianship is established and no interested person is willing or able to take on the role, the local authority has a duty to make an application.

In the main, welfare guardianship orders are used for older people or people with learning disabilities to ensure care is provided to which the adult cannot consent. Guardianship orders can also be used to protect an adult from others who might place them at risk. Most welfare guardianship orders are private applications, where an adult with a relevant interest in the subject of the order e.g. a relative or friend, is appointed. Where there is no such relevant adult who is willing or able to act, then the Chief Social Work Officer may be appointed to act as Welfare Guardian.

I have asked the Mental Health Officer Service for an updated report on the statistics related to guardianship and the associated reviews and supervision of welfare guardians to further inform my understanding of service activity.

Trends highlight that the granting of orders on an indefinite basis continues to reduce and suggests that cognisance is being taken of the value in having / granting time limited orders especially for young people or for adults with conditions (e.g. alcohol brain injury) whereby circumstances may change and some areas of capacity may be regained.

Table 3

Existing Guardianship Orders

2016 – 2017	Numbers
Existing Guardianships Total (private and local authority)	87
Local Authority Existing Guardianships	21

Table 4

Guardianship reports completed 2016-2017

Local Authority	Private	All
5	27	38

The majority of welfare guardianship orders are 'private', where an adult with a relevant interest in the subject of the order, and who has no statutory role, acts as the guardian. The Chief Social Work Officer is required to both advise and supervise all private welfare guardians in the discharge of their functions.

Table 5

Adoption figures for 2016-2017

Number of children placed for adoption	2
Number of children registered for adoption at panel	9

Securing early permanent alternative family-based care for children unable to remain with their birth family is one of the most important factors in their healthy emotional development. We also fully recognise that there can be positive alternatives to adoption for children, which can secure permanence, including permanence orders and kinship care arrangements. More collaborative working supports earlier matching of children to adoptive parents across Clackmannanshire, Stirling and Falkirk Councils to share information about potential adoptive parents and about children requiring adoption.

In 2016-17, the Care Inspectorate commented on improvements made in planning for permanent placements for children and young people, with evidence that this has reduced delays in decision-making. There was a change from a shared adoption panel across Clackmannanshire and Stirling Councils to a single agency Fostering & Adoption Panel for Clackmannanshire with the recruitment of new panel members.

While we continue to be very active in recruitment of potential adopters, this continues to be a challenge for us. The PACS service (Post Adoption Central Support), with Barnardo's Adoption Service and the GAP Group for adopted people continue to work in partnership with Clackmannanshire Council to ensure on-going support is available for those who need it.

Secure Accommodation

In prescribed circumstances, when children are, for example likely to abscond putting their own welfare at risk and are assessed as presenting a serious risk of harm, either to themselves or to others, the Chief Social Work Officer may authorise their detention in secure accommodation. The numbers for young people in secure care are generally low, sitting at less than 1% of all Looked After and Accommodated young people across Scotland. In 2016-2017, there were no children or young people admitted to secure care by Clackmannanshire Council.

Table 6

Numbers of young people admitted to secure care 2016-2017

Admissions to Secure Accommodation	
Number	
0	

Child Protection

Table 7

Child Protection Figures

Category	Time period	Numbers
Number of referrals	April 2016- March 2017	237
Number of case conferences	April 2016- March 2017	82
Children on Child Protection Register	as at 31.03.17	14
Children looked after at home with parents	as at 31.03.17	50
Children looked after away from home	as at 31.03.17	141

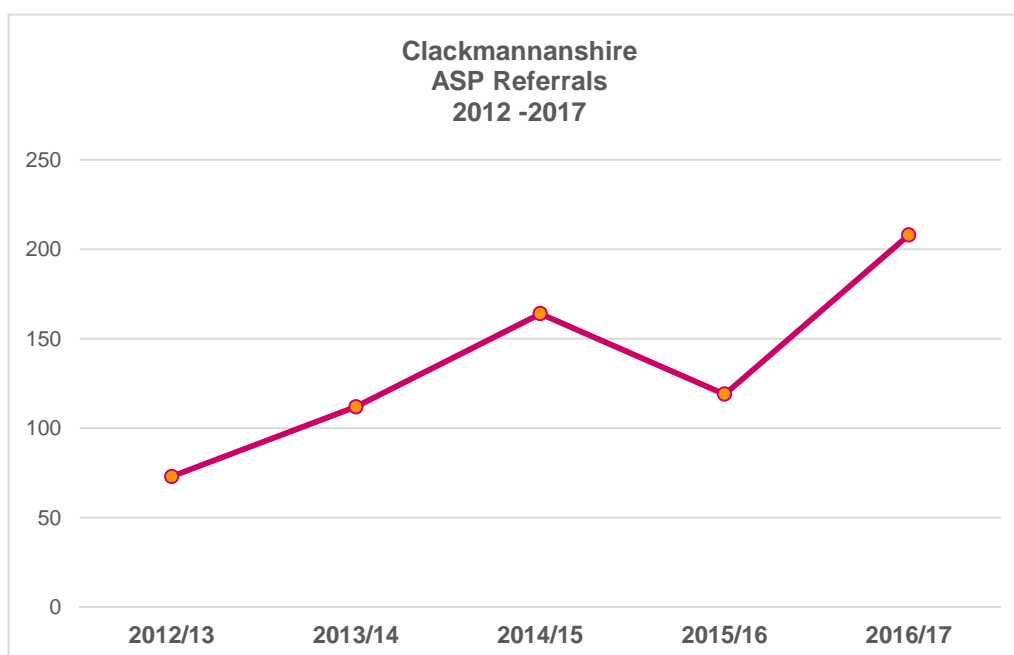
We identified that there was significant variation in the number of children on the Child Protection register in Clackmannanshire. We reviewed processes and procedures and conducted service and multi-agency audits. In 2016-2107, I also commissioned a specific piece of work from an experienced consultant in Child Protection. This provided us with a good understanding of the issues and areas for improvement. We have worked to ensure greater consistency in line with national standards. This has had a positive impact. I am pleased to note that recent reports have identified that the pattern of Child Protection registrations in Clackmannanshire are now in line with comparator authorities.

Table 8

Adult Protection Referrals

This table shows the statistics relating to Adult Protection referrals. The graph below shows the trends in referrals since 2012.

Year	Number	Rate (per 1,000)
2009/10	52	n/a
2010/11	101	n/a
2011/12	51	n/a
2012/13	73	1.77
2013/14	112	2.66
2014/15	164	3.2
2015-2016	119	2.32
2016-2017	208	2.46



The number of referrals has increased significantly since implementation of the Adult Support and Protection legislation and by 75% between 2014/15 and 2016-2017. Some of this may be due to marketing and increased awareness about Adult Support and Protection across staff groups and within local communities and partner organisations. We have also identified that many instances of concern do not relate to adults at risk of harm in terms of the legislation. We are working with partners to ensure that there is a shared understanding of referral criteria and to make sure that referrals are appropriately directed.

Table 9

A summary of the volume and range of adult protection activity:

Year 2016-2017	Number
Referrals	208
Investigations	6
Case Conferences	1
Review Case Conferences	0

There were 6 investigations in 2016-2017. The main categories of cases investigated were physical disability (33%) and mental illness (33). This is generally consistent with the previous year. We recognise that the proportion of investigations is low compared to the number of referrals. We screen all referrals and carry out inquiries to determine the need for further action or investigation. We recognise that we need to review our recording mechanisms as some inquiries may constitute investigations under the Act.

The most prevalent type of harm was financial harm (33%) which differed from the previous year when physical harm was the main category of harm (28%). The majority of harm (66%) occurred within the adults own home and over a third (34%) occurred within care homes.

Table 10

Offenders subject to statutory supervision in the community 2016-2017

Type of Order	Male	Female	Total Numbers
Community Payback Order	246	45	291
Community Payback Orders with a requirement for unpaid work	159	30	199
Drug Treatment and Testing Orders	3	2	5
Bail supervision	10	4	14
Number of individuals subject to *Through Care in custody	37	0	37
Number of individuals subject to Statutory Through Care in community	21	1	22

*Number of Prisoners in Custody with an allocated Social Worker

The number of Community Payback Orders imposed by court has remained stable over the past three years. Our experience is that a high percentage of orders are successfully completed. This is due in large measure to the productive partnerships developed between criminal justice staff and partner organisations.

6. WORKFORCE: PLANNING AND DEVELOPMENT

This section provides an overview of workforce planning and workforce development activity including joint work with partner organisations.

6.1 Workforce Planning



We know that we need an agile and flexible workforce that has the ability to respond to change. In 2016-2017, we continued and commenced new workforce planning activity to ensure that the social care and social work workforce in Clackmannanshire Council area is able meet current and future needs.

We completed intensive work to establish a separate operational service following the end of the Shared Service. In partnership with NHS Forth Valley, we participated in a workshop to update and further develop Clackmannanshire and Stirling Health and Social Care Partnership's *Integrated Workforce Plan 2016-2019*.

We also contributed to the Clackmannanshire Council wide workforce strategy and conducted analysis of trends and issues for Adult Services, Children's, and Criminal Justice Services to inform service specific workforce plans.

We recognise that in key areas, there are specific challenges due to an ageing workforce and difficulties with staff retention. Workforce planning activities also incorporates resilience and succession planning. In conjunction with the Council Management Team we recruited to the post of Children's Services Manager, the post holder deputises for me as Chief Social Work Officer.

We will align workforce planning and recruitment strategies to our core priorities and redesign and commissioning activity across all service areas. We have identified the following specific areas of pressure:

- In adult services, in comparison to all of our Council employees, there is a higher proportion in the 45-59 years age range and a lower proportion across the 16-29 years age range. This potentially presents a significant challenge in coming years particularly in areas where it can be difficult to recruit appropriately qualified employees
- The impact of changes in Mental Health Legislation on the Mental Health Officer workforce
- Recruitment and Retention for qualified social workers in Children and Families

There is an ongoing requirement for the CSWO to ensure that there are sufficient Mental Health Officers to deliver statutory functions and to monitor and ensure their effective deployment across the Service. The number of existing and new orders under the Adults with Incapacity (Scotland) Act 2000 continues to rise. This development presents challenges in managing the workload of Mental Health Officers and ensuring sufficient capacity to meet all of the requirements.

There are currently 5 FTE MHOs appointed and operating in the Clackmannanshire Council area. There is one employee due to commence the MHO course at Edinburgh University in December 2017. It is a goal of the service to upskill Social Workers to become MHO's in both Criminal Justice and Children Services to ensure all services can access their knowledge base to help make informed decisions for those affected by mental ill health.

I have established quarterly meetings for Mental Health Officers in my role as Chief Social Work Officer to ensure that there is open dialogue about any areas of pressure affecting the delivery of this core function. This is crucial given that there are a number of changes to a range of legislation including the latest amendments to the Mental Health (Scotland) Act 2015 and ongoing consultation into the Adults with Incapacity (Scotland) Act 2000.

In order to address the challenges of recruitment and retention of staff in Children and Families Services, we have been working proactively to redesign the advertising campaign and internal delivery to attract staff. The campaign will promote the successful workload allocation system that Clackmannanshire have had in place for the last four years.

Engagement with Stirling University has also taken place and this has been an interactive process with services working with the social work students on interview presentation and ensuring prospective graduates are aware of the benefits of working within Clackmannanshire Council.

I am committed to further developing opportunities for cross service working for social work and social care staff. In Criminal Justice, the service redesign will offer staff the ability to be individual in co-working/co-delivery of group work programmes, evidence based practice and mentoring. There are plans to further use the skills and experience of staff across justice services to be "mentors or

learning partners” for new staff and managers. It is anticipated that these approaches will assist in retaining staff whilst also building capacity and extending opportunities for development across social work services.

6.2 Workforce Development



We use many approaches to meet different development needs including action learning sets, workshops, interactive sessions, mentoring and more traditional 'taught' sessions. We hold forums for newly qualified staff and for student social workers. We also host and deliver multi-agency practitioner forums. We are encouraging staff members to have responsibility for directing their own learning through access to IT and sources such as SSSC open badges and other on-line resources. As well as an annual programme of learning and development events, the service can respond to particular needs arising from inspection, policy change, learning reviews and sharing good practice. These can take the shape of action learning sets, workshops or formal training.

Our programme includes a range of **multi-agency learning and development** opportunities. Examples include NHS and Housing services staff accessing Health and Social Care SVQ alongside with social services staff. We continued to work jointly with the third sector to support practice educators and link workers for social work placements.

In 2016-2017, we delivered multi-agency Adult Support and Protection, and Child Protection training and held practitioner forums. We delivered The Joint Investigative Interview Evaluator's Training to all JIIT Trainers, to enable them to evaluate Joint Investigative Interviews. We also delivered multi-agency training in relation to Child Sexual Exploitation and specific briefings relating to the Joint Assessment Tool and Vulnerability Checklist. We provided Child Sexual Exploitation training to foster carers and residential units and to staff at New Struan School, Alloa.

Keeping People Safe in Forth Valley – A Shared Commitment (a public protection training module) was delivered quarterly using the COLT (Collaborative Learning and Training) materials. We also presented a targeted session for Scottish Ambulance Service employees. We regularly receive positive feedback about this training:

“I really enjoyed the presentations ... it has been really helpful for me to be updated about how other services work”

“Tying all training to the one family scenario helped to build a bigger picture”

The second Forth Valley Public Protection Conference took place in 2016. *‘Working together in Public Protection- Getting Better at Getting it Right’* brought together frontline practitioners and

managers from a broad range of statutory and third sector services and looked at themes relating to all aspects of public protection. The conference was organised on behalf of the Clackmannanshire and Stirling Public Protection Forum and Falkirk Public Protection Chief Officers. Workshops included Transitions between Child and Adult Services; Hate Crime; Hidden Harm; a Public Protection case study; and Online Risk and Vulnerability. There was also a market place for local services to share material. We launched the first Forth Valley Public Protection newsletter at the conference.

We are reviewing training needs and our programme of learning and development activities linked to our redesign work. This will be progressed in 2017-2018 through joint learning and development planning forums with operational managers. Some of the key priorities are reviewing Child Protection training for newly qualified social workers in Children and Families and completing a training needs analysis to inform the development of intensive support services. There will be a focus on supporting staff to meet the needs of children and their families across the full age range and further developing skills in relationship based practice. Developing leadership across Social Services is a core priority; the first stage of this will be focusing on the development needs of front line managers.

In 2017-2018, the Health and Social Care Partnership are planning to participate in the Collaborative Leadership in Practice Programme. NHS Education for Scotland, the Royal College of General Practitioners Scotland and the Scottish Social Services Council deliver this programme. Collaborative Leadership in Practice offers tailored support to enable groups or partnerships to lead collaboratively and move forward effectively with a particular project or issue that supports health and social care integration.

Key achievements and events across the service and in partnership with other agencies, included:

- 207 staff across Health, Local Authorities (Social Services and Housing), Third and Independent Sectors, Primary Care and Fire and Ambulance Services took part in 7 mixed Staff Engagement events held in June 2016.

15 SVQ awards achieved in 2016/17

- SVQ2 - 12 Awards
- SVQ3 - 2 Awards
- SVQ4 - 1 Award

In 2016-2017, we supported 7 Student Social Work Placements

6 members of staff were engaged in Post Graduate / Accredited training awards 2016/17:

- 1 Post Graduate Certificate in Adult Support and Protection
- 2 Post Graduate Certificates in Child Welfare and Protection
- 1 Securing Children's Futures
- 1 Family Group Conferencing
- 1 Graduate Diploma on Low Visual Rehabilitation

In 2016-2017, NHS Education for Scotland and the Scottish Social Services Council highlighted our Partnership's *Promoting Excellence – Dementia Programme*, as a good practice model.

7. CONCLUSION

My report identifies the challenges, complexity and successes associated with the task of delivering social work services at a time of significant change. In 2016-2017, the people of Clackmannanshire benefitted from the ongoing commitment of the Council and its officers to deliver high quality social work services. We will continue to work together to make improvements, in response to national policy drivers, external and internal scrutiny and evaluation.



APPENDIX ONE

Social Services Complaints 2016-2017

Purpose

This report provides information and analysis of Social Services complaints activity in Clackmannanshire over 2016-2017.

Introduction

Our Complaints Handling procedure reflects Clackmannanshire Council Social Work Service's commitment to valuing complaints and providing high quality services to service users, unpaid carers and the wider community. There are occasions when things go wrong and when this occurs, it is important that we act quickly to resolve the situation. Complaints show us where we are not achieving what people expect of us, and where we are failing to meet agreed standards. An effective complaints process offers us the opportunity to take actions to improve our services. Listening to service users and unpaid carers, helps us to put things right and to learn from our mistakes. This helps us identify areas for further development and to understand where there may be particular operational pressures.

Our service seeks to resolve customer dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of service user complaints, so that, where appropriate, we can make evidence-based decisions on the facts of the case. Resolving complaints early means we can resolve them locally and quickly whilst enabling us to better understand how to improve our services by learning from complaints. This provides a positive and prompt resolution for the individual. While the service aims to resolve issues where possible without recourse to the formal process, we recognise that the nature of the service can inhibit complaint, perhaps especially where people are in receipt of a service on a compulsory basis. It is important to ensure that those receiving services have an understanding of how to complain about Social Services. Complaints leaflets are available to support this, together with information on Clacksweb.

Complaints Data and Recording

Corporate complaints databases and the complementary Social Services database are utilised to improve the recording of complaints at all stages. This supports a more comprehensive examination of complaints within performance frameworks. For example, the Social Services database captures information about complaints that are resolved at first point of contact and do not progress further. The Complaints Officer's role in managing the processes, policy and guidance has been pivotal in advising, guiding and supporting managers dealing with complaints and ensuring that all complaints reported are recorded for quality assurance purposes.

We have developed a robust auditing process over the last year, which provides analysis on the progress made, with respect to the outcomes and recommendations made following complaints, the experience of the process and following up with complainants to improve the overall quality and delivery of Social Services and enhance the overall customer experience.

Staff Sessions

The Social Service Complaints Officer has continued to place a focus in providing support to operational managers to become more effective in handling complaints. This has developed frontline managers' skills base and confidence in dealing with complaints by achieving early

resolution on an informal basis and enhancing working relationships with service users and families.

We scheduled further briefing sessions on the new Complaints Procedures in line with the new Social Work Model Complaints Handling Procedures.

All Complaints 2016-2017

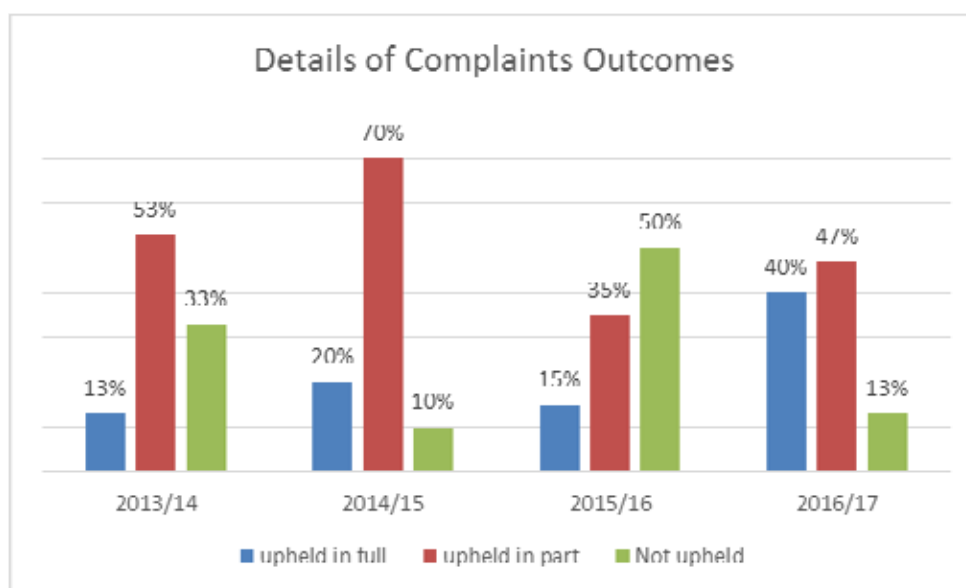
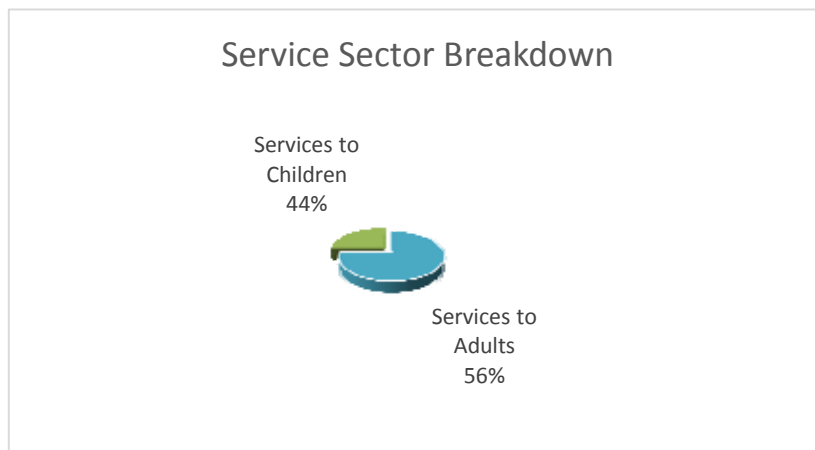
Clackmannanshire	2015-2016	2016-2017	Change from 2015-2016 figures
Total Complaint enquiries	37	24	-13(35%)
Those dealt with through informal resolution	21	12	-9(43%)
Stage 1	12	12	None
Upheld	2 (16.5%)	5 (41.5%)	+3(25%)
Part Upheld	3(25%)	6(50%)	+3(25%)
Not Upheld	7 (58.5%)	1 (8.5%)	-6(50)%
Stage 2	2	3	+1
Upheld	0	1(33.3%)	+1(33.3%)
Part Upheld	2(100%)	1(33.3%)	-1 (33.3%)
Not Upheld	0	1(33.3%)	+1(33.3%)
% upheld in full or part	50%	87%	+37%
28 Day Y	7 (50%)	9 (60%)	+2 (10%)
28 Day N	7 (50%)	6 (40%)	-1 (10%)
Children	12 (75%)	7 (44%)	-5 (31%)
Adults	4 (25%)	9 (56%)	+5(31%)
CJS	0	0	None
CRP Stage 3	2	1	-1

There were 24 complaint enquiries to Social Services with 12 (50%) being resolved on an informal basis and diverted from registration by local managers, in line with Social Work Complaints Procedures and Guidance. The total number of complaints formally registered by the Service in 2016-2017 was 12. Of these, three complaints progressed to Stage 2 and one progressed to Stage 3.

All complaints investigations are allocated to operational managers within the service. In 2016-2017 we responded to 60% of complaints within target timescales (28 calendar days). The remaining 40% being outwith target timescales, with the reasons for delays in responding to complaints being a result of a range of contributory factors, including complexity of the investigation and the non-availability of the complainant or key staff. We advised complainants of the progress of their complaints and where necessary extended time scales were agreed in line with procedures.

Of the complaints received, these can be broken down into service sectors as follows:

- Services to adults (56%)
- Services to children (44%)
- Criminal Justice (0%)



Commentary

Complaint enquiry figures across Social Services in Clackmannanshire would indicate a 35% decrease from 37 in 2015-2016 to 24 in 2016-2017. The number of informal complaints dealt with by operational managers remained the same as 2015-2016 with 12 cases recorded for quality assurance purposes, allowing the opportunity to learn and improve our service in line with Complaint Procedures and Guidelines.

The number of complaints from Adult services was higher than the number received by Children's services. This is not surprising given the volume of people known to the Adults Services, compared to other service areas. Criminal Justice Service had no recorded complaints this year.

When formal complaints were upheld or partially upheld, remedial action was undertaken to reach a resolution to the issues presented, and to improve the quality of service delivery, where required. The main areas of dissatisfaction were mainly in relation to communication by staff or the service, staff conduct or attitude, service standard and resources not available, adequate, or suitable. These learning and improvement action points highlighted the need for further investigation of individual or team performance, through effective supervision, learning reviews and casefile auditing, in order to address any performance issues quickly and effectively, to make improvements to service provision where required. This mainly resulted in the provision of additional Staff training; change to procedures where required; focussed team development

meetings, and consultation with commissioned services to improve the overall quality of service provision.

A recurring theme in terms of complaints received is that the nature of staff communication is cited as a factor. We have endeavoured to ensure that in every situation, including where staff are managing a high level of complexity, the fundamentals of basic customer care are not overlooked, such as ensuring return calls are made timeously.

Complaints Service Developments

In April 2017, the new Social Work Complaints Handling Procedures came into force. This followed the publication of the Public Service Reform (Social Work Complaints Procedure) Order 2016, which abolished the previous arrangements for handling social work complaints. This alignment of procedures will enable organisations to handle complaints flexibly, reduce the number of conflicting complaints procedures currently in operation and improve services to the public by ensuring that they receive a joined up response to all complaints wherever possible. The new model CHP introduced a standard approach to handling complaints across local government and the NHS, which complies with the Scottish Public Service Ombudsman's (SPSO) guidance on a model complaints handling procedure.