CLACKMANNANSHIRE COUNCIL

Report to Performance and Partnership Committee

Date of Meeting: 16 April 2019

Subject: Health and Social Care Partnership

Report by: Locality Manager, Health and Social Care Partnership

1.0   Purpose

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

2.0   Recommendations

2.1.   Note the content of this paper and the work being undertaken to develop services.

2.2.   Note the projected overspend within the Clackmannanshire arm of the Health and Social Care Partnership budget of £1.156m.

3.0   Considerations

3.1.   Appointment of the Chief Officer

3.2.   Following the resignation of Chief Officer Shiona Strachan, a formal recruitment exercise was approved by the Integration Joint Board, which resulted in the successful appointment of Annemargaret Black as the permanent Chief Officer. Ms Black will commence in this post from 17 June 2019.

3.3.   Strategic Commissioning Plan 2019-2022

3.4.   Following approval at the Integration Joint Board on 27 March 2019, a revised Strategic Commissioning Plan has been published. This follows an extensive consultation and engagement exercise in line with the Public Bodies (Joint Working) (Scotland) Act 2014.

3.5.   The Strategic Commissioning Plan outlines the priorities for delivery of integrated services, and includes a case for change, an outline of locality boundaries, and a refresh of the Strategic Needs Assessment of the Integration Authority.

3.6. The Strategic Commissioning Plan is available via the Partnership website:-
https://clacksandstirlinghscp.org/publications

3.7. The Strategic Commissioning Plan has identified 6 key priorities:-

- Further development of bed based, care at home and Closer to Home intermediate care, working in collaboration to reduce unscheduled care and ensure appropriate commissioning of care at home services. The approach to developing the care model of the Health and Care Village should also be used to review and re-align services provided within Clackmannanshire Community Healthcare Centre.

- Continue to develop and deliver Primary Care Transformation

- The embedding of informal supports which are preventative, are placed in communities and support unpaid carers as partners in care (Caring, Connected Communities).

- Further development of Mental Health initiatives including suicide prevention.

- Alignment of the Alcohol and Drug Partnership

- Supporting people living with dementia within their communities, in line with the National Dementia Strategy.

3.8. Carers (Scotland) Act 2016

3.9. The Integration Joint Board have approved a Carers Strategy and Short Break Statement which are available via the Partnership website (https://clacksandstirlinghscp.org/publications). This was following consultation with service users and unpaid carers, and has been developed in collaboration with third and independent sector providers.

3.10. Directions

3.11. The Integration Joint Board has a duty to issue Directions as an integral element of considerations when the Board is making significant decisions. As a result of this, the Integration Joint Board will revise the standard report template to ensure that requirements for a Direction are clearly identified from June 2019 onwards.

3.12. It is anticipated that national guidance will be published in relation to Directions later in 2019, and further consideration will be given to this when published.

3.13. Strategic Inspection (Adults)

3.14. A meeting was held with the Strategic Inspection team and Care Inspectorate Link Inspectors on 1 February 2019 to finalise the action plan for improvement from the Strategic Inspection report. This marked the finalisation of the inspection process, and progress will continue to be monitored by the Link Inspectors to ensure adherence to areas for improvement.

3.15. Locality Manager Appointments

3.16. A robust recruitment process has been undertaken to appoint to a permanent Locality Manager position for Clackmannanshire Locality. The preferred candidate has undertaken the necessary pre-employment checks and is expected to take up this post following a notice period to their current employer.

3.17. Meanwhile, to enable the establishment of the first level locality structure, an internal recruitment exercise has been carried out to appoint an Interim Locality Manager for the Stirling Rural Locality.

3.18. With both appointments, it is notable that the senior management team will be better placed to work collaboratively to identify their support needs and operational structures thereafter. It is expected that discussions with the Chief Officer and Chief Finance Officer, along with the Chair and Vice Chair will support the development of a sustainable management structure.

3.19. Social Care Management System

3.20. There is a requirement to replace both user management systems currently used within both Clackmannanshire and Stirling's social care services. This needs to reflect the needs of health and social care, and provide opportunities via cloud hosting for remote working and appropriate data sharing.

3.21. There are significant opportunities to improve record keeping of outcomes for people who use services, while connecting appropriately to other systems, including a financial Resource Allocation System (RAS) in support of Self-directed Support approaches.

3.22. A single commissioning exercise for both Clackmannanshire and Stirling is intended to ensure a pragmatic approach is taken to avoid purchasing different systems to cover both Council partner. It is noteworthy however that there are differences in finance system which will require different solutions.

3.23. Alcohol and Drug Partnership

3.24. The Alcohol and Drug Partnership Plan was submitted in draft form to the Scottish Government in October 2018 and has been approved by the Forth Valley wide Alcohol and Drugs Partnership. The final plan and implementation updates require to be formally reviewed and approved by the Board. This Plan is now linked to the Strategic Commissioning Plan (2019-2022).

3.25. Transforming Care and Strategic Planning

3.26. This update covering the work between December and early March provides the Committee with information and assurance that work is taking place to deliver the Transforming Care priorities. The workstreams and programmes in relation to each of these areas will be revised in light of the priorities identified in the Strategic Commissioning Plan (2019-2022), as well as the Ministerial Strategic Group proposals for progressing health and social care integration.

3.27. A Programme Board will be established to facilitate monitoring and review of progress in line with medium term financial planning. This will be set within the context of the priorities of the Strategic Commissioning Plan, and will

ensure that meaningful and measurable actions are in place to progress workstreams at the appropriate pace for service integration and delivery. Terms of Reference for this Board will be devised which reflect collaboration and involvement with Integration Joint Board participation.

3.28. **Reablement –** a preferred model for Reablement services has been developed which supports people closer to home to both avoid unscheduled admission to hospital, and to expedite safe and timely discharge. Progress to a fully costed model of care is required as the next step, integrated with community healthcare services.   This will be a workstream of the Transforming Care Programme Board.

3.29. **Ludgate House Day Service** – following outcome-focused reviews of the remaining users of Ludgate House Day Service, and alternative provisions being put in place, the Care Inspectorate registered service operated by the Health and Social Care Partnership ceased to operate in January 2019. Clackmannanshire Third Sector Interface continues to identify alternative services and organisations who are able to use Ludgate House as a community hub, hosting a number of events including information sessions, and food/healthy eating events. The Carer Centre are also using this to host networking meetings weekly.

3.30. **Dementia** – The Dementia Outreach Team redesign is progressing with the team structure being in place and Airth Clinic being identified as the preferred team base.

3.31. **Neighbourhood Care Team** – This is now operational within Buchlyvie Health Centre. An evaluation of this model of care will support redesign of services.

3.32. **The Bellfield Centre** – All care service provision operations at the Bellfield Centre have now transitioned to a "Business as Usual" position. A Clinical & Care Governance Group has been established to monitor and evaluate the quality of all of the services provided at the Bellfield Centre. A lessons learned exercise for those involved in the care services will be held during May 2019.

3.33. **Learning Disability** – Following appropriate recruitment and selection, the Team Leader for Learning Disability services has been appointed. This supports the development of a single, integrated management structure for Learning Disability Services.

3.34. **Infrastructure/Support for the Integration Joint Board/Health and Social Care Partnership**

3.35. The phased approach to the delegation of services from constituent partners has provided the opportunity to review the support infrastructure required to deliver the key workstreams identified. Discussions have been ongoing with constituent partners to ensure clarity of the support available and how to access this.

3.36. There is a requirement to review the integration scheme annually.   It is intended to take this through the Integration Joint Board during 2019/20.

3.37. A core base for the Integration Team has been established on the Stirling Health and Care Village site. This will support improved working arrangements, reduce unnecessary travel and make more efficient use of the administrative support available. A satellite base will continue to be supported in the Clackmannanshire and Stirling localities.

3.38. Ministerial Strategic Group for Health and Community Care – Review of Progress with Integration of Health and Social Care

3.39. A review of the progress of integration of health and social care has been published, led by the Ministerial Strategic Group and Convention of Scottish Local Authorities (https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/). The findings of this review were published in February 2019, with a series of proposals for all Integration Joint Boards, to act upon collaboratively within constituent and national improvement bodies.

3.40. There is a requirement for Clackmannanshire Council to consider the proposals contained in this report and to participate in collaboration with partners to evaluate progress and identify areas for further action. A submission to Scottish Government is required by 15 May 2019 in response to this.
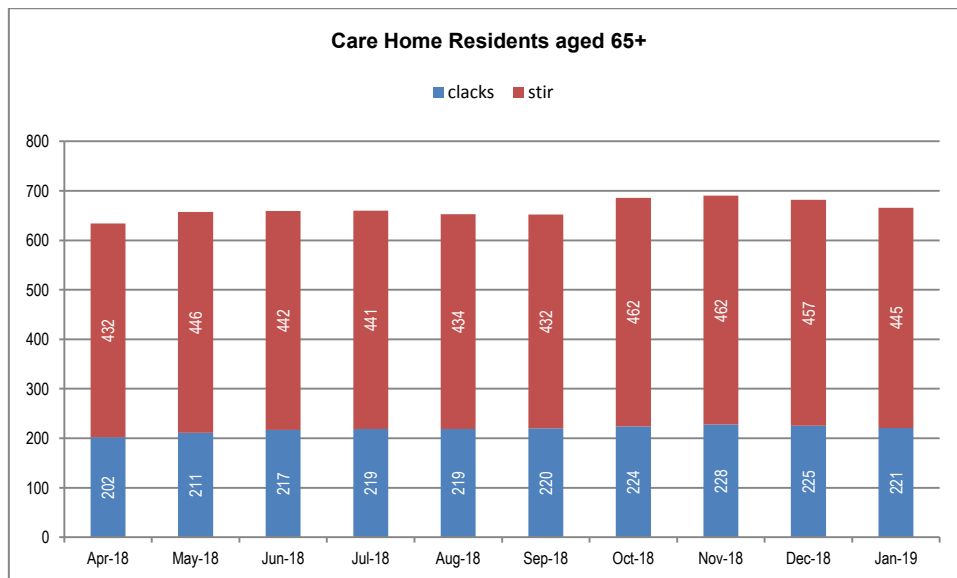
4.0   Partnership Performance

INDICATOR TYPE	▲	▼	◄►	—	Data Only	TOTAL
National Core Indicators	7	0	2	1	0	10
Local Self Management Indicators	0	4	0	0	0	4
Local Community Based Support Indicators	2	3	0	0	2	7
Local Safety Indicators	5	0	0	0	2	7
Local Decision Making Indicators	2	0	0	0	0	2
Local Experience Indicators	0	5	1	0	0	6
National MSG Indicators	5	5	0	1	0	11

4.1. The table above shows the summary performance for the Partnership at the end of January 2019. This information was reported to the last IJB (link to full report) and highlighted the following:

- The strategic risk register was reviewed by the Partnership Management Team on 31 January 2019 and then reviewed by the Audit Committee on 20 February. The register was further discussed and reviewed by core management team as part of a planning day on 7th March, and it was agreed to have a further review linked to strategic commissioning plan and revenue

budget after March IJB. There are currently 13 rated risk areas, 4 of which are considered high.

- Locality based performance reporting is available for Clackmannanshire and in line with the wider Partnership performance is monitored by both the Partnership Management Team and the multi agency Strategic Planning Group (SPG).

4.2.   It is the responsibility of the IJB to take action against increasing numbers of attendances in Emergency Department. Through developing Health and Social Care initiatives the aim is to meet the Scottish Government's 2020 vision to deliver the highest standard of care which is preventative, anticipatory and promoting self management. Through signposting to more appropriate services it may no longer be necessary for patients to present directly to Emergency Department, the anticipated benefit being to reduce how long patients are waiting to be seen and facilitate more efficient hospital flow to improving the overall patient experience.

4.3.   The average monthly Emergency Department attendance rate in Forth Valley has increased from 1776 in January 2018 to 1784 per 100,000 population in January 2019. This is highlighted as a 0.5% increase.

4.4.   The Clackmannanshire & Stirling position increased by 1.4%, 1231 rate per 100,000, in January 2019 in comparison to January 2018 at 1214 from 1,241 per 100,000 population. However, attendances are below the Forth Valley average by 45%.The challenge for the Partnership is to play its part in ensuring that more residents receive appropriate support and treatment within the community in order to reduce the number of A&E attendances and subsequent admissions to hospital.

4.5.   Across the Partnership the proportion of Adult Support Protection referrals that led to investigation (19%) was similar to the previous month (18%). In Clackmannanshire the proportion of the referrals leading to investigation increased from 19% to 25% compared with December 2018.

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

Care Home Residents aged 65+

■ clacks ■ stir

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19
stir	432	446	442	441	434	432	462	462	457	445
clacks	202	211	217	219	219	220	224	228	225	221

4.7. The Number of Care Home residents aged (65+) since April 2018 has risen. The proportion of placements that are nursing home residents is higher in the Clackmannanshire locality. Nursing home fees are higher than residential homes, reflecting the high level of 24 hour health and personal care required for residents which cannot be provided within the community. Proportionally the Partnership, and in particular the Clackmannanshire locality, are funded by the local authority far higher than the national average and many of our comparators. Both areas continue to have more residents than budgeted for. When compared to national and comparative partnerships – the number of residents in care homes is far below the Scottish average, and lower than comparators for older people.

% Long Stay Care Home Residents Requiring Nursing Care

Clackmannanshire - Delayed Discharge Destinations
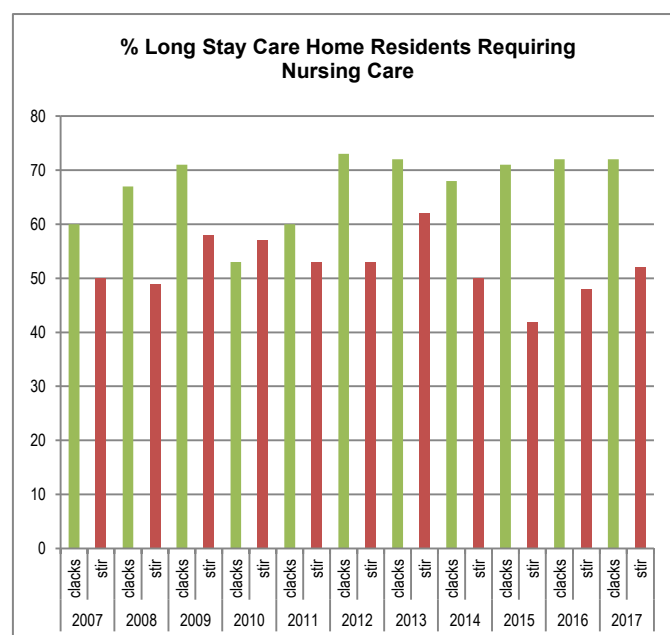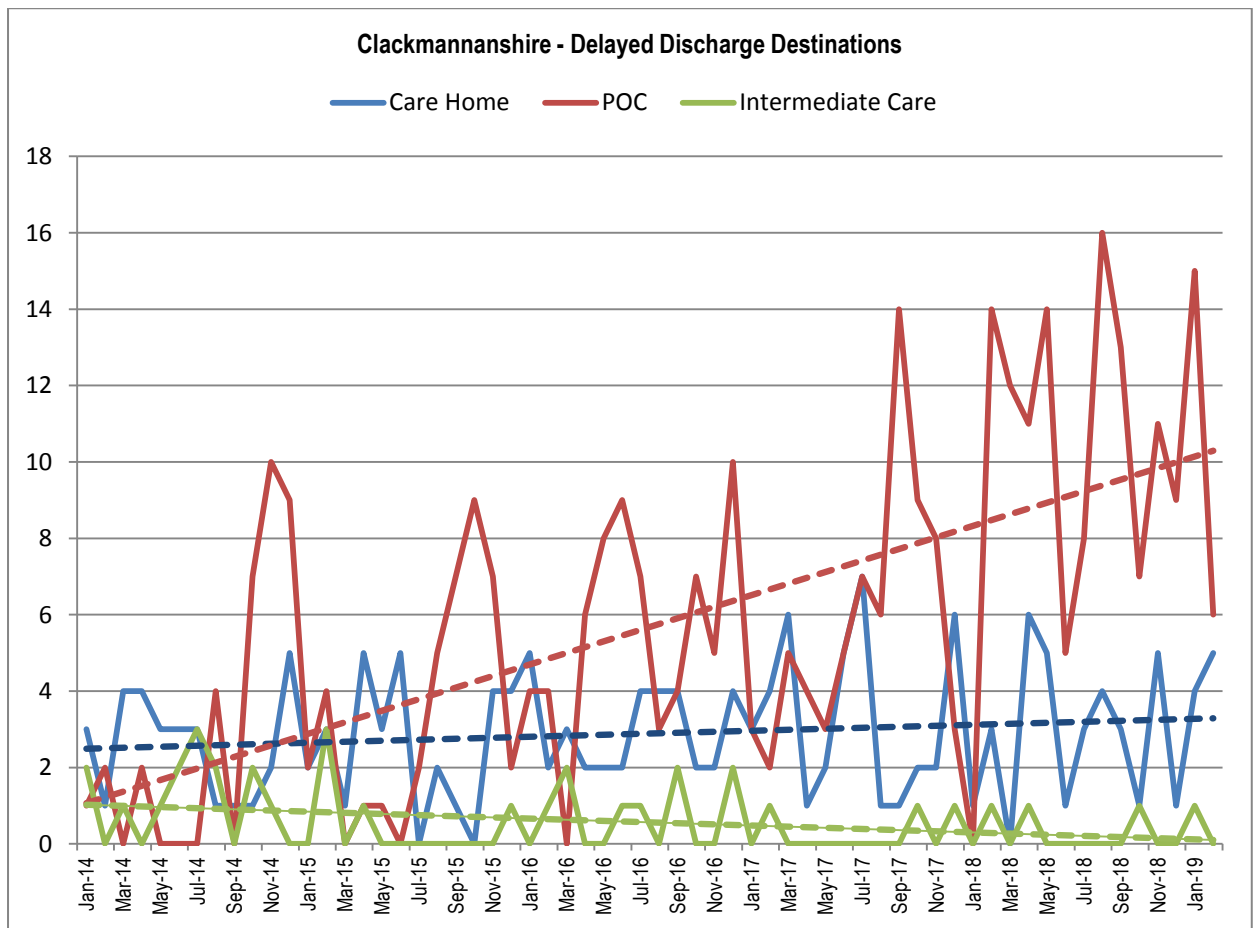
POC=Package of Care

4.8. A delayed discharge is experienced by a hospital inpatient who is clinically ready to move on to a more appropriate care setting but is prevented from doing so for various reasons. Delays can occur for a variety of reasons, but are usually due to a lack of appropriate care or services available within the community. For example, there may not be a place available in a local care home, or a person's house may need altered to help them get around. In January 2019 the number of standard delays for Clackmannanshire and Stirling accounts for 16 or 27.6% of all standard delays. The figure is down from static from December 2018 by 53% (6/13). 37% (6/16) Clackmannanshire & Stirling delays are waiting over 2 weeks at the January 2019 census point. These Clackmannanshire & Stirling patients account for 15% (6/38) of Forth Valley waits over 2 weeks.

4.9. According to the monthly census report as at January 2019 states the 4 patients who were waiting over 2 weeks are Clackmannanshire residents. The reason for delay are as follows:

- 5 x awaiting care home placement

- 3 x awaiting package of care.

4.10. The chart below shows total activity over the month for Clackmannanshire and not just at the census snapshot. The data includes all delays (standard and code 9) reflecting more of the work undertaken by health and social care within a monthly period. It shows the relationship between those entering hospital (new delays) and those leaving (discharges). The January 19

position shows the overall numbers (total delays) are rising, with the number of new admissions continuing to be higher than the number of people being discharged.

Monthly Delays V Discharges
(All delays includes Code 9s)

■ Total Delays ■ Total Discharges ■ New Delays

	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
Total Delays	12	20	20	15	20	31	17	20	20	12	11	17	25	16	20	24	25	17	17	28	25	33	31	21	30	40	32	21	31	29	47	30
Total Discharges	12	7	10	9	7	16	6	8	11	5	5	10	14	7	15	12	10	10	1	18	12	18	19	6	12	20	16	9	16	10	22	11
New Delays	6	12	8	6	9	15	6	11	9	4	6	10	12	10	13	16	18	6	2	18	16	24	15	7	17	21	17	10	15	17	21	15

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

4.12. Social Care in both local authorities are prioritising review activity which is having a positive impact on budget recovery, however the high level of new service demand means that any impact is mitigated. Demand and capacity is discussed within the Budget Recovery group and in the monthly management meetings. Clackmannanshire review activity is currently focussing on those cases where clients are aged under 65 and receipt of personal care.

Social Care Referrals & Assessments
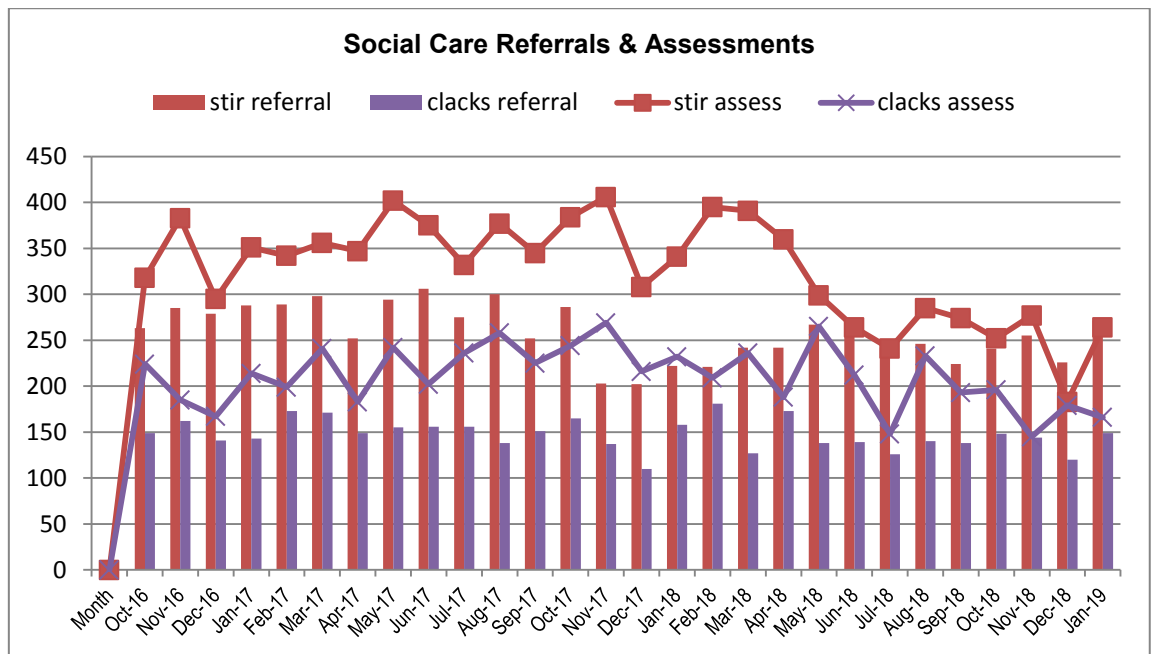
4.13. Service redesign across the Partnership will look at ensuring a better fit between demand and resources. Vacancy management and absence impacts on the capacity of the service to undertake assessments and other core areas of work. Operational management meetings monitor and ensure that absence management is maximised.

4.14. Appendix 1 shows a summary of a range of Health and Social Care data for the Partnership and Clackmannanshire.

5.0   Budget

At the end of December Health and Social Care was projecting total expenditure of £17.197m, an over spend of   £1.156m (7.2%) on the budget of £16.041m. This is consistent with the projection reported to committee in January as the position has stabilised in recent months.

5.1. The service continues to experience significant pressures within Long Term Care, £0.890m and Community Based Care, including Care at Home, £1.207m.

5.2. Overall service levels are relatively stable. The number of people in long term care is 207. However, at the end of October there were 28 service users waiting to be allocated a Nursing Home place that were not included within the outturn forecast on the assumption that numbers will remain stable this financial year. These 28 service users have a potential full year cost of £0.730m.

5.3. Within Care at Home commitments have stabilised at around 10,500 hours per week after showing a steady increase in the early part of the year. It is assumed that this position will continue through to the end of the year.

5.4. The above pressures are offset by an under spending on staffing costs of £(0.486)m.

5.5. Overall, the staffing position remains fluid with new structures still to be fully implemented. Whilst the impact of the changes has been anticipated within the forecast, the long term position will become clearer once the new structures are fully implemented.

5.6. The critical contribution of the staffing underspend to the overall level of financial risk facing the service is understood by Managers

5.7. Whilst the Partnership has agreed measures to reduce spend in year at this time there remains limited evidence of these impacting on the overall level of financial risk facing the Partnership.

5.8. The partnership budget for 2019/20 was considered by the Integration Joint Board on 27 March 2019. An initial indicative budget was accepted by the Board with options to achieve financial balance over the life of the Strategic Commisioning Plan to be further developed and brought back for consideration to the Board meeting in June 2019.

5.9. These further options will require to make due consideration of risk and performance on partnership outcomes on a whole system basis.

6.0   Conclusions

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

7.0   Sustainability Implications

8.0   Resource Implications

8.1.   Financial Details

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

8.3. Finance have been consulted and have agreed the financial implications as set out in the report.   Yes **X**

8.4.   Staffing- not applicable

9.0   Exempt Reports

9.1. Is this report exempt?   No **X**

7.0   Declarations

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

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

Clackmannanshire will be attractive to businesses & people and
ensure fair opportunities for all   ☐
Our families; children and young people will have the best possible
start in life   ☑
Women and girls will be confident and aspirational, and achieve
their full potential   ☑
Our communities will be resilient and empowered so
that they can thrive and flourish   ☐

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

8.0   Equalities Impact

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

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 **X**

10.0   Appendices

Appendix 1 – Summary of Clackmannanshire locality performance

Appendix 2 – HSCP – Balanced Scorecard for Clackmannanshire
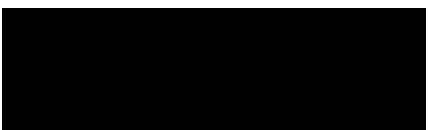
11.0   Background Papers

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 **X**

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
Ewan Murray	Chief Finance Officer	

Appendix 1 – Section 1 Performance Summary Report

The Partnership focus is across the national outcomes as well as current local outcomes, with work on-going to support a balanced approach to measurement and reporting. It should be noted that work is required in terms of developing a balanced scorecard to provide a broader range of measures and build upon qualitative and quantitative data which will enable and support quality improvement and assurance.

Key:

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

The tables below highlight local data for a rolling 12 month average as at January 2019 against the average as at January 2018, and Delayed Discharges as at January 2019 census. National data is reported at December 2018 (delays are around validation and completedness). Performance data pertain to adults aged 18 and over. National data includes use of all relevant NHS services across Scotland, local data only includes those residents attending Forth Valley NHS services.

At a glance summary:

INDICATOR TYPE	▲	▼	◄►	—	Data Only	TOTAL
National Core Indicators	7	0	2	1	0	10
Local Self Management Indicators	0	4	0	0	0	4
Local Community Based Support Indicators	2	3	0	0	2	7
Local Safety Indicators	5	0	0	0	2	7
Local Decision Making Indicators	2	0	0	0	0	2
Local Experience Indicators	0	5	1	0	0	6
National MSG Indicators	5	5	0	1	0	11

TABLE 1 National Core Indicators 11-23

Ref	Measure	Year	C&S HSCP	Scotland	Comparator	HSCP Baseline 15/16	HSCP Direction of travel	Clacks Locality	Stir	City Locality	Rural Locality
11	Premature mortality rate for people aged under 75 (per 100,000 population)	17/18	379 425		383	425	▲	410 360 N/A			N/A
12	Emergency admission rate for adults (per 100,000 population).	Q2 18/19	2,701 N/A		2,788	2,593 Quarterly Average	▲	3,131	2,468 2,550		2,243
13	Emergency bed day rate for adults (per 100,000 population)	Q2 18/19	27,199 N/A		24,091	29,694 Quarterly Average	▲	31,384	24,940 25,061		24,604
14	Readmission to hospital within 28 days (per 1,000 admissions)	Q2 18/19	108 N/A		99	103 Quarterly Average	▲	112 106 113			88.5
15	Proportion of the last six months of life spent at home or community setting	Q2 18/19	88% N/A		89%	86%	▲	85%	90% 90%		90%
16	Falls rate per 1,000 population aged 65+	Q2 18/19	5 N/A		4.8	4.5 Quarterly Average	◄►	5 5 5			5
17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	17/18	94% 85%		86%	82%	◄►	98% 95% N/A			N/A
18	Percentage of adults with long term care needs receiving care at home	16/17	67% 61%		62%	69%	—	68% 66% N/A			N/A
19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	Q2 18/19	149 N/A		219	160 Quarterly Average	▲	172 138 N/A			N/A
20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Q2 18/19	22% N/A		21%	23%	▲	25%	21% N/A		N/A
21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	N/A	N/A	N/A N/A		N/A N/A		N/A	N/A	N/A	N/A
22	Percentage of people who are discharged from hospital within 72 hours of being ready	N/A	N/A	N/A N/A		N/A N/A		N/A	N/A	N/A	N/A
23	Expenditure on end of life care, cost in last 6 months per death	N/A	N/A	N/A N/A		N/A N/A		N/A	N/A	N/A	N/A

Source: ISD

The tables below highlights local data for a rolling 12 month average as at January 2019 against the January 2018 position. This also looks at a monthly breakdown of Delayed Discharges as at January 19 Census. Performance data pertains to adults aged 18 and over unless otherwise stated. Only covers those residents who attended Forth Valley NHS services.

	TABLE 2 Local Self Management Indicators 24-27					
Ref	Measure	January 2018	January 2019	Direction of travel	Exception Report	Note
24	Emergency department 4 hour wait Forth Valley	88% 82%		▼	✔	
25	Emergency department 4 hour wait Clackmannanshire & Stirling	88.9% 83.4%		▼	✔	
26	Emergency department attendances per 100,000 Forth Valley population	1,776 1,784		▼	✔	
27	Emergency department attendances per 100,000 Clackmannanshire & Stirling population	1,214 1,231		▼	✔	

Source: NHS Forth Valley

	TABLE 3 Local Community Focussed Supports 28-34								
Ref	Measure	December 2017	December 2018	Direction of travel	Exception Report	Clacks		Stirling	
28	Number of patients with an Anticipatory Care Plan in Forth Valley	15,509 16,018		▲					
29	Number of patients with an Anticipatory Care Plan in Clackmannanshire & Stirling	8,346 8,259*		▼					
30	Key Information Summary as a percentage of the Board List size for Forth Valley	**Jan 2018** 4.9%	**Jan 2019** 5.0%	▲		Target 1.5%			
31	Key Information Summary as a percentage of the Board List size for Clackmannanshire & Stirling	**Jan 2018** 5.80%	**Jan 2019** 5.70%*	▼		Target 1.5%			
32	Number of Social Care referrals	**Jan 2018** 380	**Jan 2019** 420	Data Only	✔	2018 158	2019 149	2018 222	2019 271
33	Number of Social Care assessments completed	**Jan 2018** 573	**Jan 2019** 430	▼	✔	2018 232	2019 166	2018 341	2019 264
34	Number of Care Home residents aged 65+	**Jan 2018** 607	**Jan 2019** 666	Data Only	✔	2018 214	2019 221	2018 461	2019 445

Source: NHS Forth Valley/Social Care

*
  Records are subject to annual culling to remove those no longer eligible through change in demographics or patient being deceased

		TABLE 4 Local Safety Indicators 35-41					
Ref	**Measure**	**January 2018**	**January 2019**	**Direction of travel**	**Exception Report**		
35	Readmission rate within 28 days per 1,000 Forth Valley population	0.68 0.58		▲			
36	Readmission rate within 28 days per 1,000 Clackmannanshire & Stirling population	0.56 0.47		▲			
37	Readmission rate within 28 days per 1,000 Clackmannanshire & Stirling 75+ population	1.13 0.98		▲			
38	Acute emergency bed days per 1,000 Forth Valley population	784.8 766.0		▲			
39	Acute emergency bed days per 1,000 Clackmannanshire & Stirling population	**Dec 2017** 701.8 683.8	**Dec 2018**	▲			
40	Number of Adult Support Protection referrals	**January 2018** 74 79	**January 2019**	Data Only	✔	Clacks Stir 16 63	
41	Number of Adult Support Protection investigations	**January 2018** 16 15	**January 2019**	Data Only	✔	Clacks 4 11	Stir

Source: NHS Forth Valley

		TABLE 5 Local Decision Making Indicators 42-43				
Ref	**Measure**	**January 2018**	**January 2019**	**Direction of travel**	**Exception Report**	**Note**
42	Emergency admission rate per 100,000 Forth Valley population	968	932	▲		
43	Emergency admission rate per 100,000 Clackmannanshire & Stirling population	831	799	▲		

Source: NHS Forth Valley

		TABLE 6 Local Experience Indicators 44-49							
Ref	**Measure**	**January 2018**	**January 2019**	**Direction of travel**	**Exception Report**	**Clacks**		**Stir**	
44	Standard delayed discharges monthly census data	7	16	▼	✔	2 6		5	10
45	Delayed discharges over 2 weeks	1	6	▼	✔	1 3		0	3
46	Bed days occupied by delayed discharges	56	377	▼	✔	14 42		37	51
47	Number of code 9 delays	5 7		▼	✔	3 4		2	3
48	Number of code 100 delays	6 6		◄►	✔	1 2		5	4
49	Delays – including code 9 and Guardianship	12	23	▼	✔	5 12		7	19

Source: NHS Forth Valley

Appendix 2 - HSCP Balanced Scorecard - Performance for Clackmannanshire Locality

Outcome 1 Self Management

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

PIs — 🔴 0 🔺 0 ✅ 1 ❓ 0 📈 5

Outcome 2 Live Independently

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

PIs — 🔴 2 🔺 0 ✅ 0 ❓ 0 📈 6

Outcome 3 Positive Experience

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

PIs — 🔴 0 🔺 0 ✅ 1 ❓ 0 📈 15

Outcome 4 Centred on Improvement

Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services

PIs — 🔴 0 🔺 0 ✅ 0 ❓ 0 📈 0

Outcome 6 Unpaid Carers

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.

PIs — 🔴 2 🔺 0 ✅ 0 ❓ 0 📈 3

Outcome 7 Safe

People using health and social care services are safe from harm

PIs — 🔴 1 🔺 0 ✅ 0 ❓ 0 📈 10

Outcome 8 workforce

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

PIs — 🔴 0 🔺 0 ✅ 1 ❓ 1 📈 8

1

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EXCEPTIONS

PI Code	Description	April 2018	May 2018	June 2018	Q1 18/19	July 2018	August 2018	September 2018	Q2 18/19	October 2018	November 2018	December 2018	Q3 18/19	January 2019	February 2019	March 2019	Q4 18/19	2018/19 Value	2018/19 Target	2018/19 Status	2018/19 Long Trend	15/16 Value	Latest Note
ADC SAB 002A	Number of new staff in HSCP Clacks locality.	0	0	0		0	0	0		0	No data	0											In 17/18 Social Services was the only service not to have any new starts within the Council, 19.04 FTE left over the year. 18/19 Adult Social Care was the only service not to have any new starts within the Council, 15.5 FTE left over the year..
ADC ADA 008	Standard delayed' patients waiting in hospital for more than 2 weeks for discharge to appropriate settings	0	0	3		4	6	3		3	3	10						0	🛑		⬇	2.75	

2

42

1.0 HSCP National Outcome 1 Self Management

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

PI Code	Description	April 2018 Value	May 2018 Value	June 2018 Value	Q1 18/19 Value	July 2018 Value	August 2018 Value	September 2018 Value	Q2 18/19 Value	October 2018 Value	November 2018 Value	December 2018 Value	Q3 18/19 Value	January 2019 Value	February 2019 Value	March 2019 Value	Q4 18/19 Value	2018/19 Value	Target	Status	Long Trend	15/16 Value	Latest Note
ADC ADA 01a	% of Clackmannanshire people aged 65 and over with intensive care needs who receive 10 hours or more of home care per week	47%	47%	46%	46%	46%	47%	46%	46%	50%	49%	49%	49%	49%					45%	✅	⬆	48%	
ADC ADA 002c	Number of clients who went home from intermediate care with a package of care in the quarter.				0				2				2							📈	⬇	3	
ADC ADA 002d	Number of clients who went home from intermediate care with no package of care in the quarter.				2				0				0							📈	⬇	0.25	
ADC ADA 01m	Number of hours care at start of reablement in Clackmannanshire																					517.69	Awaiting data.
ADC ADA 01p	% of clients with reduced care hours at the end of reablement period in Clackmannanshire				48%				30%				31%							📈	⬆	25%	
ADC ADA 01s	Number of clients who have received a reablement service (i.e. been enabled). in Clackmannanshire				33				27				39							📈	❓	49	

2.0 HSCP National Outcome 2 Live Independently

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

PI Code	Description	April 2018	May 2018	June 2018	Q1 2018/19	July 2018	August 2018	September 2018	Q2 2018/19	October 2018	November 2018	December 2018	Q3 2018/19	January 2019	February 2019	March 2019	Q4 2018/19	2018/19 Value	Target	Status	Long Trend	2015/16	Latest Note
ADC ADA 008	Standard delayed' patients waiting in hospital for more than 2 weeks for discharge to appropriate settings	0	0	3	3	4	6	3	13	3	3	10	16	3	3				0	🛑	⬇	2.75	
ADC ADA 01pb	% of clients with increased care hours at end of reablement				6.06%				3.7%											📈	❓		
ADC ADA 002a	Total number of intermediate beds occupied by clients in the period.				11				10				12							📈	▬	14.25	Please note that service users will overlap through the months (i.e. 1 service user could have occupied a bed in all 3 months).
ADC ADA 002b	Number of clients who moved from intermediate to long term care in the quarter.				6				2				1							📈	⬆	3.25	
ADC ADA 002k	% (of population) people age 75+ in care homes placed by the local authority.	4.71%	4.69%	4.51%	4.64%	4.31%	4.41%	4.71%	4.48%	4.71%	4.76%	4.71%	4.73%	4.66%	4.78%	4.81%	4.75%			📈	▬	4.65%	
ADC ADA 008b	Number of Clackmannanshire people waiting for discharge to appropriate settings from April 2015 for standard and code 9	11	9	11		13	12	12		9	9	16		10	12					❓	⬇	8.25	

PI Code	Description	April 2018	May 2018	June 2018	Q1 2018/19	July 2018	August 2018	September 2018	Q2 2018/19	October 2018	November 2018	December 2018	Q3 2018/19	January 2019	February 2019	March 2019	Q4 2018/19	2018/19 Value	2018/19 Target	2018/19 Status	2018/19 Long Trend	2015/16 Value	Latest Note
ADC ADA 01k	Number of people in Clackmannanshire aged 75+ in care home.	190	189	182	182	174	178	190	542	190	192	190	572	188	193	194				⬆		174	
ADC ADA 01n	Number of hours care post reablement (after 6 weeks) in Clackmannanshire			381.5					239.5	72.75	119.25	136.5	328.5							⬇		3,063.6	

3.0 HSCP National Outcome 3 Positive Experience

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

PI Code	Description	April 2018	May 2018	June 2018	Q1 2018/19	July 2018	August 2018	September 2018	Q2 2018/19	October 2018	November 2018	December 2018	Q3 2018/19	January 2019	February 2019	March 2019	Q4 2018/19	2018/19 Value	2018/19 Target	2018/19 Status	2018/19 Long Trend	2015/16 Value	Latest Note
ADC CUS 01b	Number of stage 2 complaints received in period that were upheld or partially upheld				0				1				0					0		🔴		0	
ADC CUS 01a	Adult complaint stage 2 concluded	0	0	0	0	0	1	0	1	0	0	0	0	0	0								
ADC CUS 02a	Adult stage 2 complaint complete within timescale.	0	0	0	0	0	1	0	1	0	0	0	0	0	0								
ADC CUS 03a	Adult complaint, stage 2 not complete within timescale.	0	0	0	0	0	0	0	0	0	0	0	0	0	0								
ADC CUS 04a	Stage 2 Adult complaints not complete within period	0	0	0	0	0	0	0	0	0	0	0	0	0	0								

Code	Description																						
ADC CUS 04b	Adult stage 1 complaint received	2	1	0	3	0	2	4	6	0	0	1	1	1	0						⬆	
ADC CUS 05a	Stage 3 complaint to SPSO	0	0	0	0	0	0	0	0	0	0	0	0	0	0						▬	
ADC CUS 05b	Adult complaint stage 1 concluded	2	1	0	3	0	2	4	6	0	0	0	0	1	0						⬆	
ADC CUS 06b	Adult stage 1 complaint upheld/partially upheld	1	0	0	1	0	0	2	2	0	0	0	0	1	0						⬆	
ADC CUS 07b	Adult stage 1 complaint, not upheld.	1	1	0	2	0	2	2	4	0	0	0	0	0	0						▬	
ADC CUS 08b	Adult complaint stage 1 complete within timescale	2	1	0	3	0	2	4	6	0	0	0	0	1	0						⬆	
ADC CUS 09b	Adult complaint stage 1 not complete within timescale	0	0	0	0	0	0	0	0	0	0	1	1	0	0						▬	
ADC CUS 10b	Adult stage 1 complaint not complete	0	0	0	0	0	0	0	0	0	0	1	1	0	0						▬	
ADC CUS 11b	Adult complaint, stage 2 received in period	0	0	0	0	0	1	0	1	0	0	0	0	0	0						▬	

6.0 HSCP National Outcome 6 Unpaid Carers

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

PI Code	Description	April 2018	May 2018	June 2018	Q1 2018/19	July 2018	August 2018	September 2018	Q2 2018/19	October 2018	November 2018	December 2018	Q3 2018/19	January 2019	February 2019	March 2019	Q4 2018/19	2018/19 Value	Target	Status	Long Trend	2015/16 Value	Latest Note
ADC ADA 011B	Number of carers assessments offered				220				171				192								❓		Social care system awaiting work to transfer to new Carers terminology.
ADC ADA 011C	Number of carers assessments accepted				93				54				56								❓		Social care system awaiting work to transfer to new Carers terminology.
ADC ADA 011D	Number of eligible carers assessments completed.				19				23				16								❓	79	Social care system awaiting work to transfer to new Carers terminology.
ADC ADA 011	% of carers assessments completed in Adult Social Care				20.43%				42.59%				28.57%				28.57%			❓	⬆	9.86%	Social care system awaiting work to transfer to new Carers terminology.
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services																				❓	44.52%	Awaiting fix for bug in system which affects due dates.

7.0 HSCP National Outcome 7
People using health and social care services are safe from harm

PI Code	Description	April 2018	May 2018	June 2018	Q1 2018/19	July 2018	August 2018	September 2018	Q2 2018/19	October 2018	November 2018	December 2018	Q3 2018/19	January 2019	February 2019	March 2019	Q4 2018/19	2018/19	Status	Long Trend	15/16	Latest Note
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Status	Long Trend	Value	
ADC ADA 019	% of Adult Protection discussions held within 24 hours of referral	100%	100%	100%	100%	88%	67%	33%	75%	85%	93%	95%	91%	94%							87%	
ADC MHO 001	Number of Emergency Detention Certificates (Mental Health) Section 36	2	1	2	5	1	2	4	7	4	2	1	7	2	4						5	
ADC MHO 002	Number of Short Term Detention Certificates (Mental Health) Section 44	7	3	7	17	0	5	4	9	3	4	2	9	4	5						28	
ADC MHO 003	Number of Compulsory Treatment Orders (existing)	24	25	26	26	22	23	21	21	22	23	22	22	21	20							
ADC MHO 004	Number of Compulsory Treatment Orders (new applications)	4	3	4	11	5	3	1	9	3	2	4	9	1	2						1	
ADC MHO 007	Total number of Existing Guardianships (private and local authority)	117	119	120	120	122	128	129	129	128	132	132	132	132	132							
ADC MHO 023	Number of Compulsion Orders (new)	0	0	0	0	0	0	0	0	0	0	0	0	0	0							
ADC MHO 024	Number of Compulsion Orders with Restriction Order	0	1	0	1	0	0	0	0	0	0	0	0	1	0							
IJB.02.clac ASP 1	Number of Adult Support and Protection referrals	4	6	12		8	9	6		20	14	21		16								

PI Code	Description																			
IJB.02.clac_ASP 2	Number of Adult Support and Protection investigations to Clackmannanshire Adult Social Care	2	1	2		3	2	3		2	4	4		4						
ADC MHO 025	Total number of new Private & Local Authority Guardianship Orders	3	1	2	6	7	1	0	8	4	1	1	6	1	1					

8.0 HSCP National Outcome 8 Workforce

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

PI Code	Description	April 2018	May 2018	June 2018	Q1 2018 /19	July 2018	August 2018	September 2018	Q2 2018 /19	October 2018	November 2018	December 2018	Q3 2018 /19	January 2019	February 2019	March 2019	Q4 2018 /19	2018/19 Target	Long Trend	2015 /16	Latest Note
		Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target		Value	
HSC AB1 GOV	Average FTE Days Sickness Absence (Health & Social Care Partnership)	0.5	0.8	1.0	3.7	1.4	1.8	1.3	4.2	1.3	1.2	1.0	3.9	1.5					⬆		
HSC AB2 GOV	% Sickness Absence (Health & Social Care Partnership)	7.20 %	4.93 %	4.84 %	5.67 %	5.80 %	6.77 %	5.61 %	5.67 %	5.91 %	5.49 %	4.75 %	5.90 %	5.99 %				7.00 %	⬇		
HSC TRN GOV	Staff turnover (Health & Social Care Partnership)	0.85 %	0.37 %	1.21 %	2.81 %	1.33 %	1.21 %	1.22 %	3.76 %	0%	0.97 %	2.1%	3.65 %	0.71 %							This indicator only measures those leaving the service and needs to be looked at in consideration with new starts.
HSC FTE GOV	Establishment – FTE (Health & Social Care Partnership)	155.09	153.88	151.71	153.83	149.89	148	145.68	148.13	144.8	144.8	142.62	142.71	140.97					⬇		17/18 168.322 FTE staff Reflects the trend over 17/18 and 18/19 of no new starts within the Partnership.
ADA TRN GOV	Staff turnover (HSCP - Assessment Care Management)	2.14 %	0%	3.7%	5.81 %	0%	0%	0%	0%	0%	0%	0%	0%	0%							

Ref	Indicator																					Commentary
ADC SAB 002A	Number of new staff in HSCP Clacks locality.	0	0	0		0	0	0		0	No data	0										In 17/18 Social Services was the only service not to have any new starts within the Council. 19.04 FTE left. 18/19 Adult Social Care was the only service not to have any new starts within the Council. 15.5 FTE left.
ADC SAB 002B	Number of staff leaving service (non-FTE) in HSCP Clacks locality.	2	1	2		2	4	2		0	No data	3		2	3							17/18 36 leavers (19.04 FTE) 0 new starts 18/19 26 leavers (15.15 FTE) 0 new starts The service has lost 34.19 FTE from April 17 to Jan 19.
APR TRN GOV	Staff turnover (HSCP - Adult Provision)	0.91%	0%	1.06%		1.28%	0%	2.28%		0%	0.81%	2.02%		1.44%								
ADC SAB 001A	Headcount number of staff in HSCP Clacks locality. Includes relief staff.	235	238	239		244	242	238		236	No data	233										Not FTE and includes part time staff and zero contracts.