Annual Performance Report 2022/2023

Falkirk
Health and Social Care
Partnership

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INTRODUCTION

We are pleased to present Falkirk Health and Social Care Partnership's 7th annual performance report, which summarises the immense efforts and achievements of all working in our local services.

Everyone playing a part in delivering our services and supporting our communities should be proud of the progress we have made together this year.

There are many achievements to be celebrated – to name a few, these include the roll out of the Home from Hospital Partnership which supports improvements in hospital discharge; the launch of a new £750,000 fund to help community organisations and groups address health inequalities; the development of new rehabilitation and bedded-care options in Falkirk; and the publication of new strategies to improve our workforce and support for carers.

This past year has provided the opportunity to reassess our challenges and opportunities – reflected in our new 3-year Strategic Plan. Following a significant engagement programme, we have shaped our future priorities to ensure we remain on track to meet the future needs of our communities.

While there remain considerable challenges in our path as we move on from the pandemic, it is positive to see we remain able to pursue and achieve transformational change.

Thank you,

Patricia Cassidy
Chief Officer

Fiona Collie
IJB Chair

SECTION 1 – OUR HEALTH AND SOCIAL CARE PARTNERSHIP

OUR PARTNERSHIP

Falkirk Health and Social Care Partnership (HSCP) was established following the Public Bodies (Joint Working) (Scotland) Act 2014. Falkirk Health and Social Care Partnership delivers adult social care services and community health services in the Falkirk area. The Falkirk Health and Social Care Partnership is often referred to as the "Partnership" or "HSCP".

Key services that the Partnership provides includes:

- Community Health services – District Nursing, Mental Health, and Learning Disability services
- Contracted Health Services – GPs, Pharmacies
- Adult social care services
- Elements of housing services for aids and adaptations and gardening aid
- Aspects of acute services (hospitals) relating to unscheduled care

At its heart, integration of these services is about ensuring those who use health and social care services get the right care and support whatever their needs. This should be at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care.

The HSCP Strategic Plan outlines how we will deliver adult health and social care services in Falkirk over three years. It sets out how we will deliver the national outcomes for health and wellbeing, and achieve the core aims of integration to:

- improve the quality and consistency of services for patients, carers, service users and their families
- provide seamless, integrated, quality community health and social care services that care for people in their homes, or a homely setting, where it is safe to do so
- ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

Our Strategic Plan sets out the Partnership's vision, local outcomes, and priorities that will help improve the lives of people in the Falkirk area. Throughout 2022/2023, we organised multiple engagement activities with key stakeholders to review the Partnership's Strategic Plan and publish a new Strategic Plan (2023-2026) on 1 April 2023.

Our vision and the key outcomes that we need to achieve in the long-term remains unchanged since our last Strategic Plan. We have identified four strategic priorities that we believe will make the biggest difference in helping us to achieve our outcomes over the next three years. These priorities are enabled by three key workstreams that support everything that we do - workforce, technology, communication, and engagement.

Our vision is to enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities

Figure 1: Falkirk HSCP Strategic Plan Outcomes and Priorities

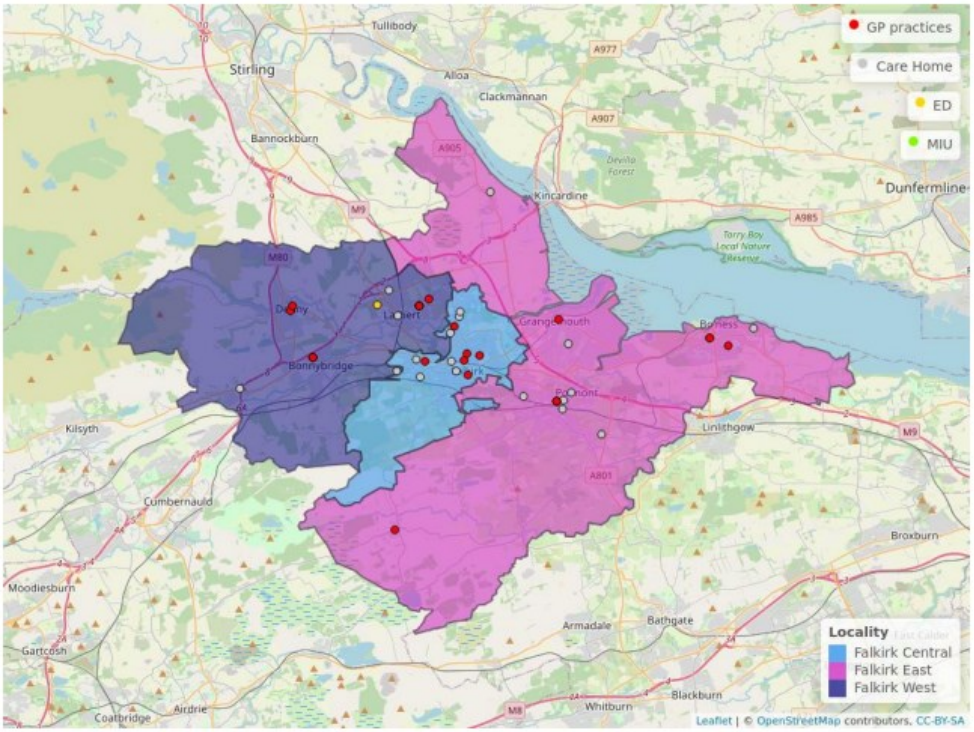
The Falkirk Health and Social Care Partnership Strategic Plan (2023 – 2026) can be found on our website here.

OUR COMMUNITIES

The development of three localities within the Falkirk Council area is rooted within the integration legislation - the Public Bodies (Joint Working) (Scotland) Act 2014.

For service planning and delivery purposes, the three identified localities for the Partnership are West, Central and East (illustrated in Figure 2).

1. West
2. Central
3. East



ED = Emergency Department, MIU = Minor Injuries Unit (or other)

Figure 2: Falkirk Localities Map

The Partnership's locality planning approach has supported the Remobilise, Recover, and Redesign Plan - introduced in response to the Covid-19 pandemic.

During 2023/24, Locality Managers will work to develop Locality Plans that reflect the needs of the communities and our strategic priorities, alongside joint working with communities and partner organisations. This includes the Community Planning Partnership, whose focus is on tackling poverty and inequality via the delivery of the Falkirk Plan 2021-2031, published in October 2021.

The Falkirk Plan is the framework that captures the vision and commitment of the Community Planning Partnership to work together to reduce poverty,

tackle inequalities, and improve the quality of life for everyone in the Falkirk Council area.

The Falkirk Plan has been developed with community planning partners, based on research and local community feedback on the issues most important to them. The Plan has identified six priority areas to be the focus of sustained joint-working to make a positive difference to our communities. These themes are:

1. Working in partnership with communities
2. Poverty
3. Mental health and wellbeing
4. Substance use
5. Gender-based violence
6. Economic recovery

The plan also reflects the Public Health Priorities for Scotland, which encourages public services, the third sector, community organisations, and others to work together to address the root causes of inequalities in Scotland's health.

In addition, Grangemouth, Bainsford and Langlees, and Denny, Dunipace, and Dennyloanhead communities have published their own Community Action Plans.

These plans demonstrate the role and value of every volunteer and neighbour in mitigating the impact of inequality across Falkirk and preventing future health inequalities.

LOCALITY SNAPSHOTS

The following information summarises key demographic data from the Partnership's Locality Profiles.

Households

21,952
Central

31,754
East

21,520
West

% that live with a long-term health condition

20%
Central

19%
East

18%
West

% that live in the most deprived SIMD quintile

33%
Central

12%
East

7%
West

WEST
Includes the areas of Larbert, Denny, and Bonnybridge.

CENTRAL
Includes the areas of Falkirk Town Centre, Camelon, Bainsford, and Hallglen.

EAST
Includes the areas of Braes, Redding, Bo'ness, Grangemouth, Stenhousemuir, and Airth.

OUR CHALLENGES

Ageing population

Falkirk has an ageing population, increasing demand for health and social care services. People are living longer into old age, resulting in more people living with multiple or complex conditions. Our workforce is also ageing – by 2024, 34% of our workforce will be over 60.

Substance use

There is a marked increase in addictions and drug related deaths across the local community, alongside an increase in mental health and social inequalities. The Alcohol and Drug Partnership is leading the multi-agency plan to address local challenges.

Trauma informed

We need a trauma informed workforce to evaluate services from a trauma informed and responsive perspective. We share the Scottish Government vision to recognise where people are affected by trauma and adversity and to respond in ways that prevent further harm and support recovery.

Mental wellbeing

We need to continue to work with staff, partners, and communities to improve mental health and wellbeing in Falkirk, including timely access to specialist support for mental illness.

COVID-19

The Covid-19 pandemic has contributed to increased demand through 'deferred care' (i.e., additional demands arising from care that could not be provided during the pandemic) placing strain on the capacity of community health and care services.

Finance

There is an increasing demand for services with a reduction in funding that will mean we need to be creative and transformational to ensure a targeted and efficient approach.

Recruitment

There are real skill shortages in a range of posts and professions across the partnership. Traditional job roles may need to transform to meet the needs of our community and to ensure modern, integrated, efficient and high-quality services.

Technology

Digital technology is key to changing health and social care. Empowering people to actively manage their own care means investing in new technologies and services. At the same time, there is a need to ensure our workforce have the technical capabilities to support the development of these changes.

Systems

Investment in more intuitive information management systems to support the delivery of person-centred care that will empower the workforce to improve practice in the assessment and planning of personal outcomes. We need to turn data into intelligence to aid better joint planning and co-design.

Estate

We need to make better use of available space as many buildings are not fit-for-purpose or easily available to meet the needs of services, communities, and staff, and embrace mobile/flexible working to make best use of the assets we have

SECTION 2 – OUR PROGRESS

NATIONAL HEALTH AND WELLBEING OUTCOMES

The Scottish Government has nine national health and wellbeing outcomes, shown in Table 1, to improve the quality and consistency of services for individuals, carers, and their families, and those who work within health and social care.

1	People are able to look after and improve their own health and wellbeing and live-in good health for longer
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 in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5	Health and social care services contribute to reducing health inequalities
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 wellbeing
7	People who use health and social care services are safe from harm
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
9	Resources are used effectively and efficiently in the provision of health and social care services

Table 1: National Health and Wellbeing Outcomes

This performance report sets out progress made towards the National Health and Wellbeing Outcomes, and our Strategic Plan priorities and outcomes during 2022/23.

Falkirk HSCP Strategic Plan Priorities	National Health and Wellbeing Outcomes									Scottish Government Integration Priorities
	1	2	3	4	5	6	7	8	9	
Support and strengthen community-based services	✓	✓	✓	✓	✓	✓	✓	✓	✓	Reduce occupied hospital bed days associated with avoidable admissions and delayed discharges
Ensure people can access the right care at the right time, in the right place	✓	✓	✓	✓	✓	✓	✓	✓	✓	Increase provision of good quality, appropriate, palliative and end of life care
Focus on prevention, early intervention, and minimizing harm	✓	✓	✓	✓	✓	✓	✓	✓	✓	Enhance Primary Care
										Reflect delivery of the new Mental Health Strategy
										Support delivery of agreed service levels of alcohol and drugs partnership work
										Ensure provision of the living wage to adult care workers and plan for sustainability of social care provision
Ensure carers are supported in their caring role	✓	✓	✓	✓		✓		✓	✓	Continue implementation of Self-Directed Support
										Prepare for commencement of the Carers (Scotland) Act on 1 April 2018

Table 2: Association between local Falkirk priorities, Scottish Government Integration Priorities, and National Outcome

OUTCOME 1:

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

LIVING WELL FALKIRK

Living Well Falkirk is an online tool that promotes healthy, independent living by emphasising people's ability to stay active and participate in their community. It has been designed for people who live in the Falkirk area and are having difficulties with everyday activities.

Living Well Falkirk offers:

- 24-hour access to hints and tips on how to stay well and live independently
- Information about local and national services
- Helpful advice by completing a self-assessment on your abilities
- Suggestions on areas such as staying safe at home, preventing fails, help with bathing, etc.
- Options to purchase, or request the loan of, equipment matched to your needs
- Contact information for further support

Living Well Falkirk has become a key tool to achieving the Partnership's remit of bringing services together to support people in their own homes. The model emphasises empowerment of individuals within their community and is supported by a steering group with strong representation from third sector groups in Falkirk.

Living Well Falkirk has been commended by Healthcare Improvement Scotland as a positive example of a community-led approach to health and social care.

During 2022/23:

- 4,706 users engaged in 6,032 sessions on the Living Well Falkirk website
- 274 Lifecurve™ assessments were started
- 579 areas of need assessments were started - users can select more than one area to assess
- 609 individual areas of need assessed were recommended a suitable piece of equipment
- 272 individual areas of need assessed were signposted to relevant advice and resources

Top five individual self-assessment areas of need	Completed
I am finding it quite hard to step into the bath and/or stand to take a shower in the bath	38
I have a separate shower and standing long enough to wash is difficult for me	38

I struggle when walking up and down the steps at the main entrance to my home	32
I have a wet room and standing long enough to wash is difficult for me	29
I find it difficult going up and down my stairs	23
I have been recommended to replace my bath with a shower and I need help	23

Table 3: Usage stats provided via Living Well Falkirk LifeCurve dashboard, 2021 –2022.

BUILDING OUR GENERAL PRACTICE TEAMS

Delivery of Forth Valley's Primary Care Improvement Plan has brought more than 180 new staff to primary care over the last four years. At a time when demand for GP appointments is unprecedented, these roles provide around 6,000 appointments and more than 6,500 medicine-related activities each week.

The roles include primary care mental health nurses, advanced nurse practitioners, advanced physiotherapy practitioners (described below), and pharmacists. They are highly trained to manage on the day urgent care, mental health, musculoskeletal conditions, and all medicine and prescription related workload. These roles help GPs to consult with those who need a GP for those uncertain about their health or with complex conditions.

Being signposted to the right clinician or service outside general practice early brings the best chance of identifying and managing health issues, most often through advice and self-management.

ADVANCED PHYSIOTHERAPY PRACITIONERS

24 Advanced Physiotherapy Practitioners (APP) are based in 44 out of 51 GP Practices across all nine clusters in NHS Forth Valley. This represents full implementation for the service.

Approximately 2,600 appointments per month have been booked in the Forth Valley area to see an APP in Primary Care, the most common condition is low back pain. 11% require diagnostic imaging or investigation, which equates to more than 1,000 X-Rays and 100 MRI scans in 2022.

Work is currently underway to secure MRI Knee access for Advanced Physiotherapy Practitioner's (APP) in 2023. Over 1,000 CSI injections were completed by APPs in Primary Care in 2022. We supported a further five APPs to qualify as NMPs and a further three to qualify as injection therapists.

A recent National GP Survey revealed:

- More than 75% of GPs felt the APP Service had eased their workload at least to some extent with a further 20% feeling they have eased the whole Practice workload

- More than 75% of GPs feel an APP Service has a strong potential for making a positive difference to GPs
- 50% of GPs feel additional MDT roles have led to an improved quality of patient care in General Practice
- An NHS FV APP patient survey was scheduled in February 2023 with a patient story also scheduled for March 2023

VACCINATION PROGRAMME

As of summer 2022, Forth Valley's Immunisation team became responsible for all immunisations which were previously delivered by GPs. This includes pre-school immunisations, shingles and pneumococcal, flu and travel. The team have successfully maintained and in some areas improved the very high immunisation rates Forth Valley GPs delivered annually.

The winter vaccination is the biggest programme and began on 5 September until 5 December 2022 as nationally directed. Immunisation teams delivered Covid-19 and flu vaccinations in care homes to residents and care home staff and prioritised the offer of vaccination to all health and social care staff as well as those aged 65 years and above.

Flu and Covid-19 vaccinations were made available at several local community pharmacies across Forth Valley for those eligible to receive autumn/winter vaccinations. Thirty-seven pharmacies across Forth Valley signed up to support the programme, helping improve access to vaccinations in local communities alongside existing vaccination centres.

The winter flu programme in schools across Forth Valley had teams visit primary and secondary schools to vaccinate pupils and to offer flu vaccine to teachers and front-facing pupil support staff on site. Maternity Services commenced winter vaccination clinics with pregnant women able to book flu and Covid-19 vaccinations by contacting their local midwife/antenatal team.

COMMUNITY LINK WORKERS

Community Link Work is one of the priorities within the Primary Care Transformation Programme. The Community Link Work model allows GPs to target their time with an individual to address medical issues. Community Link Workers use a social prescribing model to support individuals with a variety of social, financial, mental wellbeing, and practical issues that are affecting their life, and in turn their health. This provides a holistic person-centred approach to supporting individuals.

Currently, there are seven Community Link Workers operating within the Falkirk area with each Community Link Worker hosted by a third sector organisation and aligned to GP Practices with the highest level of deprivation.

	East Locality	Central Locality	West Locality
Host Organisation	Cyrenians	FDAMH	Strathcarron Hospice
No. of CLW	3	2	2
Support Type	Generalist	Therapeutic Young People	Generalist
GP Location	Bo'ness Road Kersiebank	All Central Practices	Denny Cross Carronbank Bonnybridge

Table 4: Community Link Workers in Falkirk HSCP area

Community Link Workers adopt a flexible approach towards people's needs for different types of appointments and provide various methods to enable people to engage with the service. CLW's have returned to providing services within GP practices, as well as conducting house visits and walk-and-talk meetings. They have continued to support people remotely via phone and video calls, and text messaging to suit the needs of the individual. They have continued to build relationships in the local third sector and statutory services to make it easier for clients to be referred and access local support.

CASE STUDY: CYRENIANS COMMUNITY LINK WORKER

The client was referred to the CLW by the mental health nurse for family support and carer issues. Husband recently had heart issues and his mobility was very poor due to his illness and his wife was caring for his needs. Client was working part-time but was struggling with trying to maintain her hours.

CLW contacted Social Work to request an assessment for her husband's needs. CLW also made a referral into Carers Centre for further support. During the house visit, CLW was made aware of issues within the household regarding the adult son which was causing a lot of tension between the client and her husband. The son was referred to the CLW for support.

After working with the CLW, the son now has his own flat and is currently working. Client feels a lot better as is now able to concentrate on caring for her husband. An assessment was provided by Social Work and support was offered which has enabled the client to continue working.

The client is no longer in need of the support of the mental health nurse as the situation has now been resolved.

**This case study has been anonymised and provided, with thanks, from Cyrenians Community Link Worker.*

PHYSICAL ACTIVITY CLASSES

To prevent patients' symptoms from worsening while they wait to be seen by the musculoskeletal service, a pilot for specialist movement classes was introduced in Grangemouth in October 2022. 48 people have started the pilot which will run through to May 2023. A focus group was organised to gather feedback on the classes. The pilot will be evaluated by the University of Edinburgh.

Feedback:

- "I have been coming to the class since December. I had sticks before the class and in three months, the difference has been amazing."
- "I was doing nothing before the class. This has improved my mental health and given me the push I needed. I've now lost three stone and cycle to the class from Larbert."

- “I couldn’t even push the duvet off me in the morning. The past week I have started walking up the stairs normally as I used to crawl up them. I have come to this class for eight weeks and I can see a difference.”

MENTAL HEALTH FIRST AID COURSES

In-person sessions in mental health first aid returned to Forth Valley, following a temporary pause during the pandemic. Delivered by NHS Forth Valley’s Health Promotion Service, Scotland’s Mental Health First Aid is aimed at anyone who wants to help someone with mental health problems whether in a professional or personal capacity. It is delivered free of charge over two days, and courses are open to people living or working in Forth Valley.

Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. The aims of the course are:

- To preserve life
- To provide initial help
- To prevent the problem getting worse
- To promote recovery of good mental health
- To provide comfort

The course does not train people to be mental health workers or therapists. It offers general information about mental problems and equips you with the knowledge and understanding to help remove stigma and fear, and to give confidence in approaching anyone in distress.

The course will teach participants:

- How to ask about suicide
- How to recognise the signs of mental health problems
- How to provide initial help
- How to guide a person to appropriate help

In addition to Scotland’s Mental Health First Aid Course, a range of training programmes have been provided for supporting mental health and wellbeing by the Health Improvement Service.

Ask Tell Informed Level Workshops is a series of three facilitated workshops participants identify how to maintain mental health, the factors that can lead to mental distress or mental ill-health and how to have compassionate conversations to support people who are experiencing mental distress or may be feeling suicidal and support them to seek help.

Applied Suicide Intervention Skills Training (ASIST) is a two-day course to learn skills to provide suicide first aid intervention. The course explores attitudes towards suicide, recognising suicidal thoughts, estimating suicide risk, and the intervention model.

Step on Stress is a three-week stress management course for the public, available online and in person.

Training	Falkirk Participants
Ask Tell Informed Level online workshops x3	10 (50%)
Ask Tell Informed Level face-to-face workshops x3	Pharmacy - % unknown CVS Falkirk = 7 Elected Members = 4
Scotland's Mental Health First Aid 2-day course x6	Falkirk = 41 (49%) Forth Valley = 16
Applied Suicide Intervention Skills training 2-day course x2	Falkirk = 23 Forth Valley = 8
Step on Stress course	Online = 112 In Person = 11

Table 5: Mental Health Training Attendance

HOSPITAL AT HOME TEAM

Former Health Secretary Humza Yousaf praised the work of Falkirk's Hospital at Home team during a visit. The Hospital at Home service aims to reduce hospital admissions for elderly patients by providing medical care in the comfort and familiarity of their own home. The service enables people to receive treatments that would otherwise require them to be admitted to hospital, such as intravenous fluids or temporary oxygen supplies. It also provides access to hospital tests under the care of a consultant in their own home.

Evidence shows that those benefitting from the service are more likely to avoid hospital or care home stays for up to six months after a period of acute illness. For older patients, it means being able to stay at home longer without losing their independence and this has contributed to overall improvements in patient satisfaction. It also helps alleviate pressure on hospital beds. More than 750 patients across the Forth Valley area have benefited from the Hospital at Home service since it was established in May 2021.

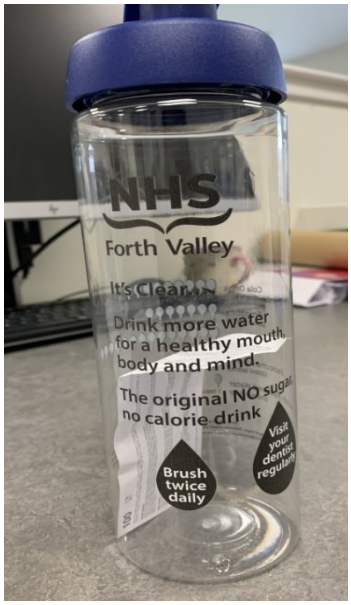
ORAL HEALTH

Smile4Life training was delivered to 26 participants in organisations across Falkirk, including Rainbow Muslim Women's Group, Forth Valley Migrant Support Network, and Forth Valley Royal Hospital Mental Health Unit.

The National Smile Month and Mouth Cancer Awareness campaigns involved 66 organisations and health care settings in Falkirk. 100 social media interactions were recorded in the Falkirk area during the campaigns.

586 adult toothbrush and toothpaste packs and 60 single family toothpastes were distributed to community homelessness organisations, food banks, substance misuse organisations, housing, black and minority ethnic groups and Gypsy Traveller groups, and Community Nurses. 32 pharmacies in the Falkirk area also received packs to link with people accessing opiate substitution therapies. 500 adult toothbrush and toothpaste packs were disseminated to Polmont Prison.

Through the 'Drink More Water' pilot, water bottles promoting oral health messages were disseminated at Polmont Prison for staff and people in custody attending the gym.



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 in their community.

FUTURE MODEL FOR DAY OPPORTUNITIES

At present our services are mainly building based with growing opportunities for social inclusion and community integration. The new model will see significant developments in respect of dedicated reablement day opportunities, retaining an element of building-based maintenance provision and development of a much wider Independence and Inclusion model of provision within communities.

CALEDONIA SERVICE

The Caledonia Service works with adults living with severe and enduring mental illness. The service offers community-based group activities. All activities aim to improve wellbeing, increase self-esteem, and self-confidence while giving individuals an opportunity to learn new skills or build on existing ones. Staff are always sourcing new activities and groups for service users and have weekly team meetings to discuss progress and development of the service.

Over the past three years, the service model has significantly evolved from a long-term day service to a progressive, community-focussed model. During the Covid-19 pandemic, the building closed. However, the service continued remotely and within community-based settings with service users adjusting well to the revised model.

The service currently offers monthly peer-to-peer support meetings to give service users a voice and a say in what activities are sourced and available for group activities. This is led by service users to encourage inclusion and participation in local community venues. Physical health is promoted in walking groups, cycling, gardening, and fitness groups which are open to all levels to allow everyone the opportunity to participate. As a result, service users can maintain their mental health and wellbeing and contribute to their physical wellbeing through local exercise groups and activities.

Forest and Land, Scotland – Woodlands Voluntary Work Parties

Service users participate in two groups working in conjunction with a dedicated ranger from Forest and Land, Scotland. The group engage in duties in a woodland environment, such as removing invasive species and restorative tasks as well as learning about trees and the land. The group engages with the public during activities and are recognised as supporting the management of the woodlands. This activity promotes fitness and wellbeing

whilst contributing to the beauty of local areas. It is a popular activity, providing a sense of achievement, belonging, and pride in the good work.

Forth Environment Link
We have engaged with the staff at Forth Environment Link to offer community-based cooking events where service users and staff have co-produced meals and dishes promoting healthy eating, encouraging skills growth, and group participation as well as allowing the participants to entertain their peers at organised events.

Forth Active Travel
Working in conjunction with Forth Active Travel, we have organised several opportunities for Caledonia Service. This includes a cycle maintenance session, encouraging the group to learn the M-check and other mechanical skills. Further to this we jointly promoted an electronic bike taster session and held a cycle session exploring the different machines and the possibilities of utilising the electric bike hubs in the area.

Further group activities are planned for this year with the aim of promoting cycling as an activity, exercise, and a form of transport. This complements the Cycle Leadership training undertaken by a staff member and the well-established Caledonia Cycle Group which regularly accesses the multitude of paths and cycle lanes in the community.

Bainsford Community Hall - Cooking and Musical Drama Groups
Caledonia has continued to build on its community-based groups as Covid-19 restrictions allowed last year. Following consultation with service users through individual reviews and service user meetings, we have been able to introduce some additional skill-based groups to our weekly planner, focusing on cooking and musical drama. These groups take place at Bainsford Community Hall and have given the service a chance to develop a working partnership and utilise the other activities on offer at the hall.

The cooking group gives people the chance to learn skills that they can use at home and be exposed to new cuisines and healthy recipes that they might never have tried before. The group enables service users to learn how to plan and prepare healthy homemade meals, read a recipe, and make a shopping list.

The musical drama group gives any budding thespian or someone who just wishes to explore their creative side a chance to perform in a variety of performances, which are agreed by all group attendees. The group is a fun and friendly environment where we encourage service users to step out of their comfort zone and reach potentials, they didn't realise they had, building confidence, self-esteem, and being part of a group.

Meditation Sessions
Caledonia Service offers two, one-hour guided meditation groups per week, with a third group planned in the future. The groups are currently held in our comfortable lounge at Dollar Park. Our guided meditation begins with deep relaxation techniques for the body and mind, then guided visualisation that can help ease symptoms of stress, anxiety, promote better sleep and reduce pain.

Many service users describe this as their favourite hour of the week, that chance to switch off and take undisturbed time for themselves. These groups are very popular and currently each group size is six service users. Tea and coffee and a chat is encouraged in the hour between the two groups, which currently run 12-1pm and 2-3pm on a Thursday.

Upcycling Group at The Helix
Caledonia Service have fostered a working partnership with the Park Rangers at the Helix Park, giving our service users an opportunity to help maintain this national tourist attraction, work on different outdoor art projects, build planters for the use of their visitor centre kitchen and supporting other events taking place in the park. These volunteer sessions take place every two weeks with the view to increase this to weekly when the weather is more suitable for outdoor based activities. Our service users have commented on their positive experiences of working with the Helix team members and having an opportunity to contribute to their local community.

JOINT DEMENTIA INITIATIVE (JDI)

The Joint Dementia Initiative (JDI) aims to help people with dementia to continue to live the life they want to live by supporting them to live at home in their own communities for as long as possible. The JDI staff work with the service user and carer to find ways to reduce the risks surrounding remaining at home. This is done by:

- Identifying familiar routines and patterns for everyday living
- Supporting people to maintain skills, such as taking a bath, dressing, or cooking
- Supporting people to learn new skills, such as computer skills to reduce social isolation
- Supporting the development of new hobbies and interests
- Helping people to maintain friendships and relationships
- Assisting involvement with the local community and the communities understanding of Dementia to make communities more Dementia Friendly
- Supporting access to services, such as health services
- Providing critical breaks for carers to allow rest from their caring role

The Joint Dementia Initiative (JDI) service offers a person-centred approach. The One-to-One service is available to anyone who has a diagnosis of dementia. It aims to support individuals with everyday tasks and help them to

maintain relationships and friendships. The Home from Home service provides the opportunity for people to meet in a small group, with others who are having similar experiences. The aim is for people to receive support within a homely setting while being kept connected to their community. The Home from Home service is hosted by a self-employed home day carer in their own home and who works alongside another self-employed carer. The service also offers peer support groups for carers and for younger people who have a memory impairment or a diagnosis of early onset dementia.

Supporting service user to attend the gym
With JDI support, a service user started attending a generic gym, but felt this was too big and intimidating. An alternative was sourced and now the service user attends a specialist gym twice a week. She has regained her fitness and has spoken of how relaxed she is at the gym. As a result, she feels included in the local community and her confidence has increased from attending the gym.

Trip to Hairdresser
A service user was supported to attend regular appointments at her own hairdresser after a period of not being able to due to deterioration and family commitments. This enabled the service user to regain a sense of continuity when she could no longer attend independently. Her self-confidence and self-esteem have increased, and a family member was able to continue to attend employment.

Regular Trips to Callendar House
A service user has been supported to attend a place of local historic interest. She identified Callendar House as a keen interest but had been unable to go independently. She now has a sense of being involved in her local community, is passionate about history and attending Callendar House has enabled her to pursue this interest. As a result, her self-esteem and confidence has increased.

THE FALKIRK COLLABORATIVE TEAM

For many years, day support services have sought to move to person-centred models of support. The Learning Disability Day Support Collaborative is run by Healthcare Improvement Scotland Hub (ihub), and they have identified six key areas for development in Learning Disability Day Opportunities in Scotland. These are:

- Person-centred practice
- Partnership working
- Staff empowerment
- Community inclusion
- Supporting families to take a break
- Involving people in the design process.

In June 2021, Falkirk HSCP was recruited to work with iHub to redesign day support for adults with learning disabilities. The Falkirk Collaborative Team includes partners from Healthcare Improvement Scotland, Falkirk HSCP, Falkirk Council, NHS Forth Valley, Neighbourhood Networks, and Dates and Mates. The Falkirk Collaborative Team is looking to explore how key areas of development in Learning Disability Day Opportunities can be applied locally.

Figure 3: The Falkirk Collaborative Project

The final phase of the project brought everyone together to support individuals involved in the Big Planning sessions to achieve their desired outcomes. The team explored the assets and resources available in our local community and where the natural connections and support can be established before considering the possibilities around sharing resources and supports.

The Big Plan explores the question, "what would it take for this man or woman to have an interesting, fulfilling life where they can get to know people who would become their friends and are able to make a contribution to their community?"

The Big Plan is a collaborative person-centred planning process that offers a unique opportunity for adults with a learning disability in transition from child services to adult services. Planning for your future should be exciting and the Big Plan aims to help an individual to discover their own way and make plans that make sense to them while exploring whatever support the person needs. Since October 2022, the team hosted eight Big Planning sessions with an average of twenty-five people in attendance.

The ‘New Models for Learning Disability Day Support Collaborative’ project with iHub finished in March 2023. However, work will continue to review the Learning Disability service to build upon the work of the Falkirk Collaborative.

DATES-N-MATES FALKIRK

As Scotland’s national dating and friendship agency for adults with learning disabilities, Dates-n-Mates has sought to improve the health and wellbeing of its members in Falkirk by helping them to overcome the loneliness and social isolation to which many people with learning disabilities are particularly susceptible. They have done this by:

- Providing opportunities and support to make and sustain friendships and close personal relationships
- Supporting people to develop the skills and abilities to make decisions about, develop, and sustain friendships and close personal relationships
- Increasing social inclusion and the presence of people with learning disabilities in everyday places, events, and activities

During 2022/23, Dates-n-Mates have been delivering a varied programme of in person and online events for members and delivered workshops to members on sexual health and healthy relationships. Dates-n-Mates are passionate about human rights, by delivering workshops on relationships, members understand their rights and what they mean to them. Members have reported feeling more confident in the friendships they’ve made and now possess a greater understanding of their rights related to relationships and keeping themselves and others safe.

Members took part in the ‘This is Me!’ campaign to challenge negative attitudes towards people with learning disabilities and make a positive change in people’s attitudes towards learning disabilities. Members told their stories and shared the changes they would like to see to make Scotland a better place for people with learning disabilities.

HOME FIRST

Home First is a local initiative focussing on supporting people to avoid a delay in their discharge from hospital. Home First works with the person and their carer/relative to agree how they can support their loved one to get home, without any delays. The team consists of social work professionals, including social workers, social care practitioners, and Occupational Therapists, who carry out assessments and work in collaboration with health professionals to determine people’s needs to return home.

Home First manages and facilitates discharges to Bo’ness Hospital, Summerford House intermediate care home, Falkirk Council care homes, Thornton Gardens and intermediate beds procured by the Partnership. The Home First team in Falkirk Community Hospital serves and manages the intermediate beds identified to aid downstream delays within Forth Valley Royal Hospital. Home First is also involved in discharge to assess model

evolvement. The service continues to have strong links with the reablement service within Summerford House care home, working with an integrated approach to facilitate discharges to assist patient flow.

The Home First service was set up as a test of change in late 2019. Since that time, in response to systems pressures, the operation of the team has developed, and a review is currently underway. The review will ensure that the team remains effective in terms of its core role to support people to the most appropriate place for their care needs following acute hospital attendance, without delay.

The core team currently includes a high number of vacancies and temporary posts, and the review will seek to optimise the staffing structure to best meet current and future demand, and to support service improvement.

The review seeks to:

- Ensure a fit for purpose team to ensure timely assessments, supporting our discharge to assess approach
- Support consistent core pathways
- Ensure effective care planning is in place for people who will require support to come home from the acute hospital
- Provide oversight for people receiving intermediate care support, including in community hospitals, step down beds, rehabilitation bedded care and discharge to assess reablement support at home

Ref	Measure	Apr-19	Apr-20	Mar-21	Dec-21	Dec-22	Direction of travel
54	Standard delayed discharges	38	7	15	38	44	▼
55	Standard delayed discharges over 2 weeks	26	1	6	14	23	▼
56	Bed days occupied by delayed discharges	972	128	209	761	1,406	▼
57	Number of code 9 delays, including guardianship	15	11	19	22	26	▼
58	Number of code 100 delays	1	0	3	6	3	▲
59	Delays - including Code 9 and Guardianship	53	18	34	60	70	▼

Table 6

Ref	Measure	Dec-19	Mar-20	Mar-21	Mar-22	Mar-23	Direction of travel
85	The number of overdue 'OT' pending assessments at end of the period	117	122	226	292	-	-

Table 7

DISTRICT NURSING SERVICES

Our District Nursing Team provide a wide range of local community-based services to people across a range of settings including people's own homes, care homes, and treatment rooms. We provide increasingly complex care for patients and support their family and carers to meet their needs. This could include access to area wide specialist teams where appropriate, such as the Enhanced Community Health team, tissue viability, and the hospice. Providing care at home, or as close to home as possible, reduces avoidable hospital admissions or attendances and helps get people back home quickly and safely.

The past twelve months has continued to be a challenging time for our District Nursing Teams. We have continued to see an increase in the demands for our service due to an ageing population, the challenges the pandemic is still presenting, facilitating earlier discharge from hospital as well as the increased emphasis on preventing hospital admission.

We have seen an increase in the frailty and complexity of those being supported and cared for in their homes. We have also continued to see a rise in numbers of end-of-life care patients being supported by the District Nursing Service to die at home or in a homely setting.

The treatment room review in 2020/2021 showed an increase in demand of 56%. In response, we have allocated additional staff, which has been split into 3 x 20-hour posts that are currently out to advert. We have also continued to deliver ongoing Covid-19 vaccinations for housebound patients in our care.

Our District Nursing vision is to support people to live and die well in their own homes or a homely setting. Providing enhanced standards of patient centred care through ensuring we have a workforce with the skills required, we have continued to support ongoing training within our service.

Over the past twelve months, we have supported the training of five new District Nurse Trainees and have recruited the first two District Nurse Advanced Nurse Practitioners (DNANP) in Falkirk. The plan for the coming year will be to recruit further DNANPs/trainee DNANPs.

Ref	Measure	Mar-19	Mar-20	Mar-21	Dec-21	Dec-22	Direction of travel
33	No. ofpatients with an Anticipatory Care Plan in Falkirk	7,061	12,454	28,628	56,335	56,413	▲
34	Key Information Summary KIS) as a % of the Board area list size Forth Valley	5.00%	8.1%	18.2%	18.4%	18.5%	▲

35	KIS as a % of the Board area list size Falkirk	4.40%	7.8%	17.8%	18.1%	17.9%	▼

Table 8

PALLIATIVE & END OF LIFE CARE (PEOLC)

The Partnership continues to plan our model of palliative and end of life care to provide more care in community settings and as close to home as possible, where this is desired and appropriate. Care often involves a range of health and social care services for those with advanced conditions who are nearing the end of life, and this includes access to specialist palliative care services.

Approximately 1,730 Falkirk residents die every year. It is estimated that up to 1,300 of these people are likely to have palliative or end of life care needs. Our ageing population means that the number of projected deaths is expected to rise, which will also increase demand for palliative and end of life care services.

We measure the percentage of last six months of life spent at home or in a community setting to provide a broad indication of progress in implementing our action plan to improve palliative and end of life care. This will help to increase the percentage of time that people spend at home or in a community setting during their last six months of life.

Ref	Measure	15/16	18/19	20/21	21/22	22/23	Direction of travel
86	Proportion of last six months of life spent at home	86%	86%	89.1%	88.4%	-	-

Table 9

COMPASSIONATE COMMUNITIES: LIVING RIGHT UP TO THE END

Strathcarron Hospice compassionate neighbour volunteer programme provides practical and emotional support for people with life-limiting conditions and their carers. The volunteers at Strathcarron Hospice know that palliative care and end of life support is not just about the last days and hours of life but helping to maintain a quality of life for the person and their family at every moment from the point of diagnosis.

The Compassionate Neighbours Programme takes a de-medicalised approach to care. Its volunteers are focused on 'being there' for people experiencing life-limiting conditions and their carers. By focusing on meaningful social interactions and practical advice, the volunteers support people to live well right up to the end. The programme also aims to combat loneliness, which is known to be damaging to physical and mental health, contributing to lower quality of life.

While these volunteers are known as ‘compassionate neighbours’, many of the people supported by them simply refer to them as friends. As well as providing a friendly listening ear and welcoming conversation, the volunteers offer:

- Support and advice in a comfortable and non-clinical environment, such as the person’s home or while out and about over a cup of coffee or a walk
- Open conversations about planning for the later stages of their life, including anticipatory care planning
- Helping people with long-term conditions, and their carers, to connect with community activities
- An opportunity for the person’s full-time carer to take a break
- Practical support with small tasks, which can be as simple as changing a lightbulb

The compassionate neighbour volunteers are trained by Strathcarron Hospice and are matched with people based on interests, suitability, and location. The match-up system is designed to make friendships natural so that both sides of the relationship benefit. Anyone can refer themselves to the programme or be introduced by a friend, family member, or GP who thinks they might benefit.

CASE STUDY: COMPASSIONATE NEIGHBOURS

J was referred to our Community Development Worker (CDW) from one of our third sector partners as he wished to watch his local football team but was unable to attend due to a long-term condition which has resulted in poor physical health.

The referring agency thought that a befriender would be the best solution to accompany J to the game. The CDW worked with the referring agency to make a link between J and the football club for the club to support him to attend the game and be accompanied by someone who is already passionate about the same club.

A relationship between this football club and the Compassionate Communities team has now been established, with the potential of a “buddy” scheme to bring together older supporters in the community.

**This case study has been anonymised and provided, with thanks, from Strathcarron Hospice.*

JOINT LOAN EQUIPMENT SERVICE (JLES)

Funded jointly by NHS Forth Valley, Falkirk Council, and Stirling Council, the Joint Loan Equipment Service (JLES) offers a range of equipment and aids to enable people to remain in their own homes across Forth Valley. The service primarily operates from a store in Falkirk, with small satellite stores geographically dispersed across the area. The Living Well Service complements the JLES service as it allows service users to access equipment and aids to self-manage some conditions.

Teams across the Partnership assess patient needs and use the loan service to provide access to almost 200 different pieces of equipment, including:

- Grab aids and handles
- Kitchen, bathing, and toilet aids
- Large recliner chairs
- Hoists
- Hospital style beds

The service operates 52 weeks a year, providing evening and weekend on-call services. Illustrating the important role that the service plays in supporting people to continue living in their own communities, the service remained fully operational throughout the pandemic.

Over the last year, the service achieved:

- 20,428 individual items of equipment loaned across Forth Valley - 8% increase on the previous year
- 865 beds loaned across Forth Valley - 11% increase on the previous year
- 3,956 walking aids returned
- 2,663 walking aids suitable for re-issue after inspection and cleaning
- 2,575 new clients – 7% increase on the previous year
- 2,244 maintenance inspections carried out on equipment and 363 repairs completed
- 587 items of Prescribing Proportionate Care (PPC) equipment delivered to 154 individuals
- Over 200 mobile hoists loaned across the Forth Valley area
- Over 14,500 pieces of equipment returned to the store (not including walking aids)

OUTCOME 3:

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

CARE OPINION

Care Opinion is an online integrated platform where people can safely share their experience of any health service or Care Inspectorate-registered providers of adult social care services. Care Opinion has national scale and visibility and has successfully worked with all Scottish health boards as well as ten HSCP's. Over 29,000 stories have been shared about health and social care services in Scotland on the Care Opinion platform.

With the support and guidance from the Care Opinion team and NHS FV Patient Relations Team, we will be implementing a phased launch of Care Opinion between April and August 2023.

Care Opinion offers the potential for Falkirk HSCP and providers to work together to understand what's working well and what could be improved. Service users and their carers or families can share stories of their experiences of care using Care Opinion. Their stories are then moderated by Care Opinion to ensure they are safe and support constructive online conversations. Staff can easily respond online, and the story author will be alerted to the response. Staff can also show when changes or improvements occurred because of a story.

Care Opinion supports the commitments outlined in our Participation and Engagement Strategy by ensuring the Partnership and providers have an innovative and independent mechanism to engage with a wide range of people locally. The platform provides a safe, easy-to-access, consistent feedback mechanism and enables point of care providers and the Partnership to demonstrate how we are listening, learning, responding, and improving services in relation to feedback. Care Opinion is an existing engagement tool that is already in use by NHS Forth Valley.

Care Opinion enables Falkirk HSCP and our commissioned providers to use online feedback as one method of learning from lived experience. This will drive forward quality service improvements, build a reputation for openness, to potentially avoid formal complaints, and develop a culture of transparency across the Partnership.

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.

FUTURE MODEL FOR CARE AT HOME SERVICES

In March 2021, IJB members approved a new model for Care at Home provision across Falkirk. The model will see significant change to the model of care delivered across our internal care at home service with the development of three specific service areas:

- Dedicated reablement
- Urgent response
- Maintenance care service

The internal service would focus primarily on reablement and urgent response services to ensure the maximum benefits of short-term interventions and rapid support at times or crisis. Most of the maintenance provision would be transferred to the independent sector. Unfortunately, the impact of Covid-19 across the partnership has delayed progress in relation to development of the model. It was originally anticipated the new model would be operational from April 2022 with a further extension to October 2022. It was intended that the model would go live within the same timeframe as changes to our commissioned care framework, however this too has been delayed.

The anticipated date for a new care at home contract is now April 2024. As such, we intend to work to refocus the internal care at home service to the new model over the period October to March 2023/24.

CUNNINGHAM HOUSE

Cunningham House provides good quality residential care for 20 people living with dementia. A project proposal was presented to staff, families, and residents on the future use of Cunningham House to create a new rehabilitation care facility, offering a support option currently unavailable in the Falkirk area. This will happen gradually, with Cunningham providing care for current residents for as long as they need to call it home. This approach enables residents to remain within their home and benefit from new co-located services which provides more support options, staff, knowledge, and expertise.

Moving to a rehabilitation model, the home will begin to offer physiotherapy, occupational therapy, and other specialist support from Allied Health Professionals. The proposal is part of a range of measures which are designed to help relieve pressure on local hospitals and support people to live independently within their community.

In the shorter-term, residents of Cunningham House will benefit from adapted facilities, including new gym facilities, equipment, and staff expertise. The staff at Cunningham House have a wealth of experience and will help shape the future of the home and support residents through this change.

Acknowledging the future needs of residential dementia care, investment will also be made to support local care homes to increase overall capacity. The proposed changes will retain the existing staff knowledge and expertise at Cunningham, while also creating additional jobs and rehabilitation support. Any changes to the building, and the services offered, will ensure the homely environment and high-quality of care is protected for current residents for as long as they require specialist dementia care.

FALKIRK COMMUNITY HOSPITAL MASTERPLAN

The Masterplan seeks to set out the vision for how existing services on the Falkirk Community Hospital Site, and related services could be developed, improved, and expanded to meet people's needs into the future. The project encompasses the planning for the delivery of health and care services for NHS Forth Valley and Falkirk Health and Social Care Partnership (HSCP) and includes capital investment from Falkirk Council for a new model of intermediate care. This provides an opportunity to develop new care pathways in partnership with our communities and staff. The redevelopment is central to the Falkirk IJB plans to deliver intermediate care, review community bed-based care and to work in partnership with the third sector to support and care for people within their communities.

Digital transformation requires to be at the heart of any future reform. Future business cases will ensure that next generation digital services are core to creating sustainable, quality services. This includes the expansion of virtual appointments, remote health monitoring, remote desktop server solutions and new primary care eHealth systems, ensuring that technology supports a more inclusive, patient led experience.

During the extensive stakeholder engagement, the concept of a "Living Well Hub" as a key element of the project has emerged. A "Living Well Hub" could be the connector for other, more formal services provided for within the masterplan, while potentially providing opportunities for people to connect in an informal manner, potentially around a community café run as a social enterprise to address social isolation and providing a gateway to other supports that are available.

The hub would be integral to locality-based services such as phlebotomy, volunteer and carer support, providing opportunities for person-led "making every opportunity count" conversations and helping signpost and connect people with supports in their own community. The use of digital and innovative technologies can be used to monitor key wellbeing and health

indicators such as blood pressure, weight etc., and receive advice on self-management of long-term conditions as well as providing a place for people to access digital health and social care services through innovations such as Near Me. The "Living Well Hub" can provide drop in spaces to receive health improvement advice and support such as smoking cessation or holistic wellbeing activities delivered by third sector organisations.

To support the Strategic Assessment development, several workshops have taken place and have been attended by a range of stakeholders. Several other key activities have been undertaken in the development of the Strategic Assessment including:

- Development of seven Clinical Output Specifications for each service area/workstream
- Site walk round existing facilities
- Data validation of all existing services with NHS Forth Valley Information Team
- Lessons learned from Bellfield intermediate care development captured and considered
- Establishment of Short Life Working Group to identify and scope the Living Well wellbeing component of the service model

Significant engagement has been undertaken in the development of the master planning and Strategic Assessment. The work has been undertaken with a range of stakeholder groups including significant input from members of the Strategic Planning Groups of both IJBs. The Strategic Assessment has looked at the range of services currently provided as well as exploring future healthcare needs across the area.

In response to new national planning arrangements for capital projects recently introduced by the Scottish Government, the next step for the master plan project will be the development of an Initial Agreement. This will now be integrated into a Whole System Plan for the Forth Valley area. A series of projects will be aligned in a new long-term planning approach for health and care services across Falkirk and wider Forth Valley area.

URGENT AND UNSCHEDULED CARE PROGRAMME

The new National Urgent and Unscheduled Care collaborative aims to bring together teams across Health and Social Care with a single common aim, to deliver the right care in the right place, for every person, every time, optimising health outcomes for people. The Collaborative will support Boards and HSCPs to work collectively to develop, test, and learn from each other as new models of care are implemented through a 'people, not hospitals' lens.

An Urgent and Unscheduled Care Programme has been established across Forth Valley, overseen by a programme board co-chaired by the Chief Officers

and Medical Director to support the delivery of the three agreed high impact change workstreams:

- Redesign Urgent Care and Urgent and Emergency Assessment
- Discharge without Delay
- Virtual Capacity

The Discharge without Delay programme workstream operates cross system and is jointly led by both Partnership Heads of Service and the Head of Nursing in Acute. The focus over the recent period has been on communication, education, and promotion of "Home for Lunch" which supports people to go home earlier in the day, and "Planned Date of Discharge" which aims to establish a clear date of when someone will go home (or to a community setting) at the earliest possible stage during their stay in hospital. A whole system day of care has also been trialled, including community hospitals and intermediate care settings.

BO'NESS COMMUNITY HOSPITAL GARDEN

The outdoor space at Bo'ness Community Hospital has been transformed into an oasis of colour, thanks to community efforts and £15,000 of National Lottery Funding. The revamped outdoor space at Bo'ness was officially opened on Sunday 12 June 2022. Bo'ness Fair Queen Ellie Van Der Hoek cut a ribbon to declare the garden open, assisted by patient Margaret King, aged 102. The Bo'ness Belles singing group then entertained visitors and patients at a special garden party.

The revamp included:

- New raised flower beds and hanging baskets
- Wheelchair-accessible fruit and vegetable beds
- New seating for patients and visitors – including wooden arbours
- A water fountain to attract birds into the garden
- Garden wall mosaics, using dementia-friendly colours
- Vintage advertising signs on repainted, colourful fences
- Storage space for garden tools and furniture

WINTER PLANNING

A whole system winter plan brought together the operational winter plans for the HSCPs, Acute services, Women and Children's service, and Primary Care. The health and social care system in Forth Valley is under significant and sustained pressure from urgent and unscheduled care demand. The Winter Plan summarises the actions already underway to improve capacity and flow across the Forth Valley.

In addition, the Winter Plan addressed the anticipated additional pressures associated with the winter period, which included the following:

- Managing the additional demand from increased exacerbation of respiratory conditions in the winter period
- Preparing for the potential impacts of Covid-19, flu, RSV, and Norovirus

- Delivering the winter vaccination programme to eligible Forth Valley residents and health and social care staff
- Preparing for the impact of winter weather
- Ensuring availability and continuity of services during the festive fortnight and the two weeks following it
- Maintaining planned care capacity throughout the winter period

Non-recurring funding of around £528,000 was allocated to Forth Valley to support increased winter capacity and preparations for winter. A process, which has been established locally in previous years, has taken place to prepare and prioritise potential funding proposals which meet criteria for improving capacity and flow across the system. Activities funded in Falkirk include:

- Continuation of the third sector “Hospital to Home” initiative
- Purchase of additional equipment for JLES to ensure stock levels are robust over the winter period
- Incentivising external providers to expand their assessment capacity to accelerate the roll out of “Prescribing Proportionate Care”
- Additional capacity to provide training to care staff on rehabilitation ethos and skills, small equipment provision and awareness of mobility issues to support the reablement of service users and reduce long term dependence on care services.

OUTCOME 5:

Health and social care services contribute to reducing health inequalities.

HEALTH INEQUALITIES AND WELLBEING FUND

The Health Inequalities and Wellbeing Fund aimed to develop community-based services and projects that minimise health and social inequalities and improve people's health and wellbeing. This funding programme was developed by representatives from the HSCP, Falkirk Council, and CVS Falkirk. The total value of the fund was £772,402.

This fund supported two key priorities: health and social inequalities and health and wellbeing, with applicants supporting at least one priority. This fund was open to community groups, third sector groups, and statutory organisations. They could apply for up to £25,000 per annum for a two-ear period as the fund is non-recurring and is to be spent by March 2024.

This fund could be used to support projects or services that contributed towards improved health and wellbeing within localities as well as for projects that supported the development of recommendations as outlined in the Independent Review of Adult Social Care (IRASC), particularly in relation to earlier intervention and prevention, service user and carer participation, and self-management. For projects supporting health and social inequalities, they also had to support at least one priority of the Public Health Priorities for Scotland.

This fund could be targeted towards reducing health or social inequalities for a particular group or community. It could support people, groups, or communities whose health and wellbeing has been most adversely impacted by Covid-19. Collaborative working was encouraged to ensure that a whole systems approach was adopted to tackling health and social inequalities.

During two competitive rounds of applications, 40 applications were submitted to the Health Inequalities and Wellbeing Fund with a total grant value of almost £1.4 million (£1,390,550). The panel, made up of representatives from Falkirk HSCP, Falkirk Council, CVS Falkirk, and Forth Environment Link, assessed the applications and recommended approval for 23 projects with a total grant value of £741,266.50.

Strathcarron Hospice was awarded £38,925 to fund a new member of staff dedicated to helping connect people experiencing feelings of loss and isolation following bereavement. The Bereavement Community Connector project will support people to access local interest groups and peer support. This pilot project will focus on normalising grief and supporting individuals,

progress toward a whole system approach to coordinate existing networks and create sustainable support capacity within local communities.

KLSB Community Group opened a small community pantry just before the Covid-19 pandemic and worked alongside Stenhousemuir Football Club and Falkirk Council to help thousands of people put food on the table during the pandemic, running a food distribution centre out of the Dobbie Hall. The group is now establishing a new community hub and kitchen, where they will use £29,069.42 awarded from the Health Inequalities and Wellbeing Fund to run several classes for members of the local community in Stenhousemuir. With a focus on mental health and wellbeing, these classes will build confidence and teach cooking skills while also promoting healthier eating.

Fedcap Employment Scotland was awarded £31,140 to establish the Healthy Minds, Inspiring People programme which aims to support people in the Falkirk area who have learning disabilities and difficulties (LDD) who are struggling with their mental health and confidence to allow them to make a positive next step in their life.

CASE STUDY: FRIENDS OF SCOTTISH SETTLERS (FOSS)

Friends of Scottish Settlers (FOSS) supports asylum seekers and resettled refugees new to Falkirk. They were awarded £50,000 from the Health Inequalities and Wellbeing Fund to employ two new part-time Volunteer Coordinators and a Volunteer and Partnerships Manager.

Working in partnership with Under The Trees has helped provide regular cycling sessions for their service users and FOSS volunteers. There are now eight bikes for service users to use on Sundays - two of which are electric. A trained instructor helps service users to stay safe and provides gear such as bright vests and helmets. FOSS are also coordinating bike repairs so that three more bikes will be made available for the residents and that a safety check is performed. Food is provided which is halal and safe for transporting to campfire events. It also gives the befrienders a chance to chat with the guys outside of the hotel and get them exercise.

**This case study has been anonymised and provided, with thanks, from Friends of Scottish Settlers (FOSS).*

NHS COMMUNITY GRANTS SCHEME

The NHS Community Grants Scheme supported local organisations and community groups to reduce health inequalities and improve mental health and wellbeing. Eight organisations operating within the area received £3,975 in grants. These grants supported projects as diverse as volunteers driving patients to treatments outside the area, enabling young people with disabilities to participate in social events, and providing specialist resources for families experiencing domestic abuse.

ANNUAL HEALTH CHECKS FOR PEOPLE WITH LEARNING DISABILITIES

People with learning disabilities have some of the poorest health outcomes of any group in Scotland. Last year, new evidence was published by the Scottish Learning Disabilities Observatory that adults with learning disabilities are:

- Twice as likely to die from preventable illnesses
- Twice as likely to become infected with Covid-19
- Twice as likely to have a severe Covid-19 infection
- Three times at greater risk of death due to Covid-19
- Die to average twenty years earlier than the rest of the population

To bring in line Scotland with the rest of the UK, Scottish Government has issued Directions regarding the implementation of annual health checks for Adults with Learning Disabilities. Where there are already provided, these have been proven to be effective in improving the management of long-term conditions as well as cost-effective.

GP Practices will be required to identify patients and hold a register. This register is already a requirement under the pre-existing Enhanced Service for Adults with Learning Disabilities operated locally however the Directions do require additional inputs including seeking to identify those under 16 years who will become eligible for these reviews in future.

Based on indicative numbers provided by GP Practices in August 2022, it is anticipated that 870 patients in Falkirk will be in scope for this project. It is likely that as the project develops and awareness is raised the number may increase as those who identify as having a learning disability are included, as well as those who may be formally diagnosed. Some of these adults will already be under the care of the specialists Learning Disability team or already receive a health check due to other health conditions they may have.

The specialist Learning Disabilities team continue to support individual patients and work with GP Practices in a shared care arrangement for those individuals within scope of their service, often those most profoundly affected.

A pilot project has been in place with two GP Practices, Keeping Well team, and Learning Disabilities team up to March 2023. This pilot supports the ongoing learning regarding the needs of this patient cohort with varied and

complex health considerations. Feedback from patients within the pilot has been generally positive although completing the health check in full requires significant time commitment to be effective.

Going forward, plans to offer the annual reviews to larger numbers of patients will be developed, recognising both the individual needs of the patients and the capacity pressures in Primary Care Services.

TACKLING POVERTY IN FALKIRK

In preparation for the winter period and the rising cost of living, work was undertaken with partners to gather information and to establish measures to support people experiencing poverty. Through initial analysis, the following groups were identified who we anticipated to disproportionately struggle through winter:

- Low-income households
- Households supported by social security benefits
- People with long-term health conditions, including mental health
- Carers
- Older People

To support these groups, the following support was available:

- Payments in lieu of free school meals during school holidays
- Additional support to help people access benefits and support they are entitled to
- Falkirk Household Support Fund
- Falkirk Covid Recovery Fund
- Falkirk Fuel Payment
- Free Swimming with the GoCard
- Free Period Products

In addition to national and local government support, people can also access support via the third sector. Some of the support provided via the third sector has been supported by the Health Inequalities and Wellbeing Fund which allocated £741,266.50 to projects targeting health and social inequalities.

The Partnership has continued to develop and expand the Community Link Work Programme across the Falkirk area. There are currently seven community-based and three hospital-based Community Link Workers. Community-based workers are in GP practices with populations of high levels of deprivation and provide targeted support for people experiencing a range of inequalities. Hospital-based workers support people at the point of discharge and promote access to a range of community-based support.

With a focus on the cost-of-living crisis, we developed an internal briefing which has a comprehensive overview on the support offered by these organisations for the targeted groups. The topics covered in the brief included:

- Housing and rent
- Energy and household bills
- Food and living costs
- Benefits and welfare
- Carer support
- Mental health
- Advice and support options
- Support for organisations

The objective of the brief was to collate all relevant information so that HSCP staff are aware of the support on offer. This will ensure the most vulnerable are support. The brief was distributed across the HSCP to help staff to signpost service users to appropriate support. Support available for organisations within the community was also listed within the brief.

In a wider poverty context, 'Think Poverty' training sessions took place during Poverty Week and 133 staff members attended from across Falkirk Council and the HSCP. The training raised awareness and understanding for staff members and promoted the range of advice and support available.

An emerging consequence of the rising cost of living is the affect it will have on the mental health and wellbeing of people, including frontline staff and volunteers. The Scottish Government Wellbeing and Prevention Unit have gathered evidence on what affect the cost of living will have on mental health. They have developed a money and mental health toolkit and are continuing to talk with key partners about mental health. Locally, we are already seeing an increase in demand on community-based services. The Partnership have prioritised mental health and are working closely with local organisations to consider capacity and demand.

The HSCP, along with Community Planning Partners, will continue to promote public use of existing facilities such as libraries and community centres over winter. Partners are working together to share information and continue to have further discussions about how to support communities.

STAY WARM, STAY WELL: FUEL POVERTY TRAINING

More than one in four people in Scotland can't afford to heat their homes to an adequate level. For those living in fuel poverty, the consequences are ill health, discomfort, and debt. This often means choosing between heating and eating.

The Stay Well, Stay Warm course covers the impact of fuel poverty on vulnerable households, and how staff can signpost and raise awareness of support schemes and effective energy efficiency improvements. This training was made available for the Partnership's frontline staff and third sector partners.

The course aims to:

- Improve understanding of domestic energy efficiency and the impact of fuel poverty on vulnerable, low-income households
- Raise awareness of schemes/grants and other support mechanisms for energy efficiency improvements, creating an effective means for linking those in need with the help that's available

By equipping frontline staff with the necessary knowledge to advise and support people who access their support and services, the Stay Warm, Stay Well training helps to establish sustainable solutions to many energy-related issues. Three courses were delivered on 28 November, 2 December, and 5 December 2022 with a total of 34 people attending the training.

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 wellbeing.

SUPPORTING CARERS

During 2022/2023, we continued to encourage carers to think about their own outcomes (rather than focusing only on those of the cared for person) to improve their health and wellbeing. It became apparent during the restrictions imposed by the pandemic that many carers did not think about their own outcomes as they were so focused on the outcomes for the person (or people) they care for.

There has been a renewed focus in helping carers to understand their own need for support and to see this as something that can enhance their health and wellbeing to enable them to continue in their caring role, if this is what they wish to do. To support this, we continue to deliver support that created 'safe spaces' or activities for carers to enable them to relax and enjoy some time for themselves.

Flexible respite requests enable carers to request items which can allow them to pursue a break from their caring role according to their needs and interest to support their outcomes. We also supply IT equipment to carers which allow them the opportunity to connect with online carer forums as well as connect to family, friends, and other activities or interests.

During 2022/2023:

- 23 unpaid carers have made flexible respite requests to the HSCP Short Breaks Bureau (SBB)
- 3,796 overnight stays for cared for people – an increase from 2,923 in 2021/2022
- On average per quarter, 178 unpaid carers accessed specialist financial support from the Citizen's Advice Bureau Help for Carers project
- On average per quarter, 76 families accessed support from FDAMH's Family and Carers Support Service
- On average per quarter, 55 carers accessed individual support from FDAMH
- 50 carers have taken part in FDAMH's training courses

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	Direction of travel
60	Percentage of service users satisfied with their involvement in	98%	99%	98%	98%	-	-

	the design of their care package						
61	Percentage of service users satisfied with opportunities for social interaction	90%	91%	89%	90%	-	-
62	Percentage of carers satisfied with their involvement in the design of care package	93%	93%	93%	90%	-	-
63	Percentage of carers who feel supported and capable to continue in their role as a carer OR feel able to continue with additional support	91%	91%	91%	91%	-	-

Table 10

The Falkirk and Clackmannanshire Carers Centre supports carers at the early intervention stages, supporting those who are assessed as low or moderate on the unpaid carers eligibility criteria by providing information, signposting, assisting with support groups, providing grant funding, etc. Citizen's Advice Bureau and Falkirk & District Mental Health Association (FDAMH), funded through Carers Funding, also assist with supporting carers at early intervention stages and work with carers in an outcomes-focused way.

The Falkirk and Clackmannanshire Carers Centre has continued to provide targeted support for unpaid carers of all ages. With the ongoing impacts of the pandemic, the complexity of support that carers are providing due to the crisis in social care, and the cost-of-living crisis, many carers are struggling to cope. More people than ever before are now caring for a relative, friend, or neighbour because of disability, physical or mental health issues (often long-term), frailty, or substance misuse. As a result, we have seen unprecedented requests for support from carers, many of whom are providing significant amounts of care often without a break for prolonged periods of time.

To address the increasing list of carers in need of support, the Carers Centre has worked closely with the Health and Social Care Partnership to help increase our capacity and consider future developments that we hope will allow us to support more carers at the right time in the right way and by the right people.

In the last year, we have strengthened our working links with Falkirk & District Association of Mental Health (FDAMH) and provided a space within the Carers Centre for delivery of mental well-being support for carers connected with Alzheimer Scotland and CAMHS to deliver carer training. We are in the process of collectively developing a programme for carers, and the people that they care for, with the Centre of Well-being. The development of this work has been made possible with funding from the Carers Challenge Fund and will allow us to deliver a wider range of groups from the Centre and within localities.

We are pleased to share some of the highlights and case studies which demonstrates the depth and importance of our work over the last year.

DIGITIAL DEVELOPMENT WORKER

The Digital Development Worker (DDW) continued to use social media to improve access to information and support for a greater number of carers. During 2022/23, the Carers Centre had 1,568 (+350 for the period) followers on Facebook and 804 (+100 for the period) on Twitter and 10,673 website visits. Events and activities promoted via these channels included:

- Carers week
- Carers Rights Day
- Carer trips and activities
- Christmas Prize Draw for carers
- Various local and national consultations including Falkirk Carers Strategy

3,581 carers received newsletters and E-bulletins promoting information, support and involvement opportunities for carers including Short Breaks information relating to Respitality, and Falkirk FC matchday tickets were designed and distributed to a targeted list of carers via our mailing list. An increased number of enquiries from carers about short break options resulted from this.

Carers told us that filling out long forms and being asked the same things multiple times added to the stress of caring. The work of the digital development worker has enabled the Centre to streamline registrations with the centre, simplify grant applications, and make it easier for carers to complete evaluations to share their feedback. These developments have helped us to ensure that we have improved the accuracy of the collation of Carer Census information.

ADULT CARER AND PARENT CARER SUPPORT

Individual support for adult carers included listening and emotional support, provision of information, benefits support, and help to complete an Adult Carer Support Plan (ACSP).

During 2022/23:

- 1,370 adult carers received individual support by phone, email, or online. Of these, 517 were newly identified carers.
- 438 carers were offered or requested an ACSP and 416 ACSPs (Adult Carer Support Plans) were completed with carers.
- 898 carers were referred to the CAB (Citizens Advice Bureau) 'Help for Carers' project for financial support.

With the Partnership funding secured in 2021 to develop telephone support and digital developments within the centre, the Telephone Support Team has completed 180 ACSP reviews and supported 328 carers providing one-to-one support for those who are experiencing a period of crisis, poor mental health, or isolation due to their caring role. Further funding has been secured to further increase the reach of the Telephone Support Team and the Adult Carer Support Team. To date, the waiting list for an ACSP sits at 208 which is around a 12-week wait.

COUNSELLING

Carers told us during the reviews of their ACSPs that they were experiencing long waits for counselling support and many carers were applying for Short Break grants to pay for private counselling. With some funding from the Scottish Government Winter Pressure Fund, we were able to support carers to access a specialist carer counsellor. As a result, 29 carers have benefited from 151 hours of CBT support. With well-being funding from the HSCP, three staff members enrolled on the COSCA course with FDAMH.

CASE STUDY: COUNSELLING FOR CARER

Carer is a stay-at-home father. He has two children, and the family were living off one wage. His daughter needed hospital treatment which meant extensive time journeying between home and hospital. Returning home for a period of complex care was becoming very intense and the carer had reached a point of exhaustion which was adding tremendous pressure on the family relations.

The carer began to resent his role and was angry and despondent when respite was insufficient. The waiting time to receive a package of care took its toll and the carer announced they needed more specialised support as he was worried that the pressure would fracture his family.

Counselling sessions were completed, and the carer responded with, "It was a positive experience at a period of real negativity. It was so good to just share my feeling with another person who was not connected to me, who would just have the time to sit and listen."

"I was able to walk away after the sessions with a clearer mindset on how I was going to face the difficulties and work through them."

**This case study has been anonymised and provided, with thanks, from Falkirk & Clackmannanshire Carers Centre*

CARE WITH CONFIDENCE

The Care with Confidence programme has continued to include a wide range of sessions for carers online via Zoom, in person at the Carers Centre and in other venues, and via blended sessions which are accessible both online and in person. Technology to offer the blended sessions was developed and improved over the year. Sessions are offered to provide information and skills to carers to help them in their caring role and to improve their health and wellbeing and can be accessed during the day and in the evening. From April 2021 to December 2022, 65 Care with Confidence session took place with 562 carer attendances.

Regular Care with Confidence sessions provide information to carers to help them in their caring role and improve their health and wellbeing. The Care with Confidence programme included sessions for carers in conjunction with Home Energy Scotland (HES) which looked at how Home Energy Scotland (HES) could help carers save money through having a free home survey

carried out as well as providing information on grants which are available to help with the cost of upgrading heating systems.

SESSIONS FOR PROFESSIONALS

Regular online carer awareness sessions, which provide information about carers' needs and rights and the support that is available from the Carers Centre and other organisations have been offered to professionals who work with carers. Five of these sessions were delivered in the first three quarters of the year with further sessions planned in the final quarter.

SHORT BREAKS FOR CARERS

This year, the Carers Centre supported 363 carers living in Falkirk to apply for and receive a short break grant, 112 of these grants were thanks to Partnership funding. As of December 2022, the Centre had allocated all the short break funding made available to them, leaving a shortfall and a waiting list of carers who are eligible for short break grants.

Overall, the Centre has:

- Provided 1,027 hours of support to carers to help them have a break
- Continued to develop the Respitality support within the local community
- Supported 25 carers to access national Respitality offers, which were mostly overnight breaks
- Brought on 2 new providers of Respitality: Canyoning Scotland and Brucefield Estate
- Supported 113 carers to apply and successfully have a break via ScotSpirit
- Organised and allocated 800 football tickets to carers and their families in partnership with the Falkirk Foundation

YOUNG CARERS

The combination that Covid-19 and financial pressures, has been overwhelming for many families who have for the first time faced a cost-of-living crisis. The support the service could offer has been vital to giving young carers the opportunities for respite through activities and transport provided.

During the first three quarters of 2022/23, a Young Carer Statement (YCS) was offered to 62 Young Carers (YCs) and completed with 58 YCs. Using the 'Good Conversation' model, the Young Carers Worker and the YCs decide together what actions should be in the YCS.

Some of the actions that YCs were supported with were monthly groups, one-to-one support, support at school, short break grants, and support to link with different community groups and support. The group sessions that are delivered by the Carers Centre varied from 2 to 3 hours long. 17 different activities were offered with over 62 sessions delivered and over 476 attendances by 159 young carers.

Falkirk and Clackmannanshire Carers Centre have been fortunate to receive Big Lottery funding to help them ensure that the Voices of Young Carers are heard both locally and nationally. The Young Carers Involvement Worker is an active partner of the HSCP and has helped to build on our relationships with Education colleagues in schools and colleges to raise awareness, introduce support options, and help with bridging the education attainment gap that Young Carers are more likely to fall through.

YOUNG ADULT CARERS

In 2021, we were granted funding from Carers Trust 'Making Carers Count'. This funding has enabled us to provide a dedicated service to an often forgotten and hard to reach group of carers. Young Adult Carers (YACS) often find it difficult to find the support that they need as carers. 65 YACs are now accessing support from the Carers Centre to achieve the outcomes identified during a good conversation when developing their Adult Carer Support Plans or Young Carer Statements. Support includes groups, one-to-one support and residentials as well as self-growth grants (funding towards clothes for interviews or new jobs, training courses).

CARER WELLBEING, TRIPS, AND ACTIVITIES

Funding from the Falkirk Health and Social Care Partnership helped us to provide opportunities for parent carers and their children with multiple complex needs to attend an organised and fully supported trip with other families.

During 2022/23, we arranged the following:

- Trip for families to M&D's Theme Park
- Day out to Edinburgh Zoo
- Family fun day
- Pumpkin picking
- Cineworld trip
- Christmas lunch
- Evenings at the well-loved local pantos

The trips were appreciated by all, and the feedback that we received was extremely positive. Not only did the trips allow families to enjoy a day out, but it also let them to do so in confidence. These trips allowed carers to attend somewhere they may not have been able to get to without the support of the Carers Centre and meet other carers and families that they may not have otherwise met. Telephone numbers were shared, peer support offered, and friendships formed. A total of 368 carers and people that they care for attended the trips and activities.

Parent carers said they had seen their children take part and engage in activities they never thought they would. Other carers stated the activity had been on their to do list for some time, but they did not have any way of getting to and from the theme park or the confidence to try it. Food vouchers

were provided for everyone, removing the stress from lunch preparation, and the costs associated.

Events, like the family fun day, provide further opportunities for children and parents to make friends building their confidence to interact and try new things. Children came in the door on the day and with support went from only being comfortable in the “quiet zone” initially, to winning prizes at the disco, it was a special day for all who attended. A variety of ages attended and there were some friendships formed between children. Matching face paints and glitter tattoos were received along with usernames for gaming accounts exchanged.

These activities were offered to carers who had recently registered with the Centre, allowing them to get an understanding of the support available to them and to build good connections with other parent carers who were new to the service. Children who attended the trips were delighted and enjoyed spending quality time with their family. This was a good opportunity for staff to introduce themselves and the service.

CARER REPRESENTATION

The Carers Voice meetings give carers a forum to come together to discuss and feedback on their experiences. Carers who attend the Carers Voice meeting, come along because they have told us they are interested in making a difference and being involved in local and national decision making that may affect carers. A member of the HSCP Carers Team attends each Carers Voice Group meeting and responds to carer feedback. The HSCP Carers Team also attends information events such as those held on Carers Rights Day.

A total of 3,248 carers have been invited to have a say in 29 involvement opportunities, including various consultations and in the developments of the new strategic plan and the local carers strategy. Several carers this year have attended Integration Joint Board (IJB) Carer Representative training which was developed and delivered in partnership with Carers Scotland and the Health and Social Care Partnership. The training was designed to give carers the knowledge and confidence to attend local and national carer groups and platforms. We now have a small, but active, group of carer reps, including an IJB rep, whose roles are to attend meetings on behalf of carers to ensure carers voices are heard and included in decisions that can affect them.

CARERS CHALLENGE FUND

Work is ongoing to identify support for carers, including the commissioning of new or enhanced support options. With approval from the Senior Leadership Team and the Chief Finance Officer, a Carers Challenge Fund was launched at the end of 2022. We are engaging with local organisations to attract applications from organisations working with carers to increase the range and quality of support available. So far, the challenge fund has been promoted at

CVS Funders Fayre and CVS Health and Wellbeing Group, which is attended by third sector organisations delivering projects to improve wellbeing.

SELF-DIRECTED SUPPORT (SDS)

Progress towards full implementation of Self-Directed Support continues while taking account of the continued impact of Covid-19. Services are gradually recovering but have still not returned to pre-Covid levels. Demand is high and capacity within services are stretched, particularly to care and support at home, in the community, and carer support. Thus, individuals and carers are not always able to access the same level and/or type of support and care that was available before Covid-19.

The Scottish Government updated the Statutory Guidance for SDS in October 2022. The SDS team has reviewed this and is linking with local arrangements with appropriate advice and guidance from colleagues, e.g., Legal services, Housing, and Occupational Therapy.

The Scottish Government Policy Team is leading the work to develop a new National Implementation Plan which will outline the priorities for implementation of SDS across Scotland for the next three years. The SDS Team is engaging with this development and will use the implementation plan to inform implementation in Falkirk.

We are now planning to convene a Self-Directed Support Steering Group to steer the work of implementation of SDS across Falkirk. This will be a multi-agency group and will use all relevant local and national policies, developments, and learning to improve SDS policy and processes across Falkirk.

The SDS team continues to engage with national groups through the programme of work being led by Social Work Scotland and the Scottish Government. This work spans several areas including sharing practice across Scotland, planned review of the SDS Framework of Standards, model agreement for Direct Payments, Personal Assistant (PA) Programme Board and workforce developments including, identifying the size of the PA workforce and how to recognise, value, and support them as a growing part of the social care workforce.

We have continued to support those with care and support needs and their carers to try to ensure SDS Options can offer a flexible approach to care and support while ensuring outcomes and needs are met safely, while taking a flexible approach. We continue to support social work staff, particularly those carrying out assessments within the locality teams to ensure SDS Options are offered, and that staff are supported to set up the support using appropriate contracts for the relevant option.
Partnership working with the third sector continues to remain a significant element of the work. Work continues with SDS Forth Valley and further discussion about how we can improve support through partnership working

is ongoing. This includes the SDS Forth Valley Support in the Right Direction funding from Scottish Government (SiRD).

The work on the pilot project with the Central Locality Social Work Team has evolved based on the learning from the first phase of the pilot. The aim remains to provide advice and information about what to expect at assessment, potential to access community or personal resources/networks and information about SDS Options, should there be eligible support needs identified through social work assessment. The learning from the pilot will be used to help streamline processes and support people that are waiting for assessment.

SDS Forth Valley continues to offer a hybrid model for meeting with service users and carers to support them with advice, information, and practical support to understand the SDS Options and to help them set up their support. Several videos, along with fact sheets, support this work and the option to meet online or in person to go through the range of options and set up support remains. This continues to work well for individuals, families, and carers, particularly where people work during the day and can't attend face-to-face meetings.

We continue to supply and deliver PPE to employers for their personal assistants. PPE has also been located at Falkirk and Clackmannanshire Carers Centre to ensure unpaid carers have access to this where required.

Requests for information and support for all SDS options continue. The issues with capacity within care and support provision can sometimes mean that individuals and carers are selecting the option that will result in faster access to the support they need. This continues to offer flexibility, but the preferred option may not immediately provide the level or type of support initially hoped for. The SDS team, along with locality team staff and SDS Forth Valley, continue to support individuals and carers to identify and secure their care and support in the most appropriate way for their circumstances.

The SDS and Short Breaks teams will continue to work closely with colleagues across the sector to ensure we can respond with the most appropriate and relevant support available.

Ref	Measure	2018/19	2019/20	2020/21	2021/22	2022/23	Direction of travel
37	SDS Option 1: Direct payments (data only)	35 (0.7%	27 (0.6%)	29 (0.7%)	25 (0.5%	-	-
38	SDS Option 2: Directing the available resource (data only)	192 (4.5%)	101 (2.2%)	17 (0.4%)	96 (2.0%)	-	-

39	SDS Option 3: Local Authority arranged (data only)	3,875 (90.1%)	4,009 (88.8%)	4,128 (92.7%	4,525 (94.6%)	-	-
40	SDS Option 4: Mix of options (data only)	197 (4.6%)	376 (8.3%)	279 (6.3%)	135 (2.8%)	-	-

Table 11

OUTCOME 7:

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

SEXUAL HEALTH AND BLOOD BORNE VIRUSES (BBVS)

The Health Improvement service supports the delivery of the National Sexual Health Blood Borne Virus (BBV) Strategy. It aims for fewer sexually transmitted infections, fewer unintended pregnancies, a reduction in the health inequalities gap in sexual health, and for people affected by blood borne viruses to lead longer and healthier lives.

We provide a free Condom Distribution Scheme targeted at populations most vulnerable to poor sexual health outcomes. The scheme includes training for staff to support these targeted groups with information and signposting to sexual health services as well as providing condoms to protect against unplanned pregnancies and sexually transmitted infection, including HIV.

In the Falkirk area, 1,283 orders of condoms are distributed via post (55% of total orders). 38% of followers and 43% of traffic to the Central Sexual Health Facebook page come from the Falkirk area. The following areas are outlets for the Condom Distribution Scheme:

- Recovery community
- Addiction services
- Health centres/GP practices
- Forth Valley College
- Community Mental Health Team
- The Meadows

TOBACCO AND CANNABIS AWARENESS SESSIONS

NHS Forth Valley's Health Promotion Service invited staff to new online Tobacco and Cannabis Awareness session on Tuesday 20 September 2022. The training was aimed towards any staff and volunteers working across Forth Valley services who have opportunities to have discussions around tobacco and cannabis use with the people they work with to promote positive health and wellbeing as part of their role.

The training session aimed to:

- Provide knowledge and confidence around tobacco and cannabis
- Provide an awareness of the reasons people smoke/use cannabis
- Increase confidence in discussing tobacco and cannabis
- Encourage referrals to the Stop Smoking Service (Quit Your Way)

STOP SMOKING SERVICE – QUIT YOUR WAY

102 participants from Falkirk have attended tailored very brief advice tobacco sessions since April 2022. These sessions are individually tailored for health and social care workers to link the participants with the Tobacco-Free Generation 2034 Strategy and the important work that is going on around reducing smoking prevalence to improve the long-term outcomes for individuals and communities. Over 500 people were referred to the Quit Your Way service over the year, and over 70 had reached 12 weeks of not smoking by the end of the year. 40% of people accessing the service were from the most deprived populations in the area.

	Total
Referrals	544
Set quit date	153
4-week quit success	101
12-week quit success	74

Table 12: Quit Your Way

WORKING TOWARDS A TOBACCO-FREE GENERATION

Local sports clubs, charities, businesses, community venues, groups, and representatives from across Forth Valley have committed to help reduce the harm from smoking by supporting Scotland's Charter for a Tobacco-Free Generation by 2034.

SUBSTANCE TRAINING

10 participants from Falkirk completed the Overdose Awareness and Naloxone Intervention training, along with 39 participants who work across Forth Valley. These training sessions are part of a nationwide campaign to raise the public's awareness of the signs of a drug overdose and the life-saving

medication Naloxone, which can reverse the effects of opioid drugs like heroin, methadone, codeine, morphine, and tramadol.

13 participants from Falkirk completed the Naloxone Training for Trainers course. This training allows participants to be able to train people at risk of opioid overdose, their families and communities in overdose prevention, intervention, and naloxone.

FALKIRK ALCOHOL & DRUG PARTNERSHIP

Alcohol and Drug Partnerships (ADPs) were established in 2009 and are responsible for:

- Strategic planning and commissioning, contract monitoring of drug and alcohol treatment and support services in each Local Authority area
- Developing strategies for tackling, reducing, and preventing problem or harmful drug and alcohol use across the whole population
- Applying a whole systems approach to deliver sustainable change for the health and wellbeing of the population.

ADPs are responsible for developing and delivering a local, evidence-based, strategy to reduce the associated harms from drug and alcohol use. In addition, ADP Strategy must reflect national policy and local drivers which influence strategic decision making and commissioning choices. To facilitate this, ADPs work closely with Scottish Government Drug Policy Unit as well as local Integration Authorities and other ADPs across Scotland.

The ADP Committee and how it interfaces with local IJB governance structures is under review to ensure best practice and strengthen links to other public protection committees and strategic partnerships. A governance review proposal by the Lead Officer was approved by the ADP Committee in January 2023 which aims to clarify, develop, and strengthen the position of the ADP within the IJB framework and better enable the management of its significant range of strategic responsibilities. This work includes developing several subgroups and thematic alliances to deliver work on topics such as residential rehab access, drug-related death prevention, alcohol harm prevention, implementation of the Medication Assisted Treatment (MAT) Standards, and to promote the role of lived and living experience as a central, core value in all aspects of ADP delivery.

The ADP Lead Officer, in partnership with the Forth Valley Drug-Related Death and Suicide Strategic Prevention Coordinator, delivered a briefing session for Elected Members in September 2022. The briefing was well received by those who were able to attend and covered all aspects of ADP work, including a description of how the Partnership interfaces strategically with national workstreams.

The ADP has supported the delivery of naloxone intervention training in schools to complement the current personal and social education sessions.

Naloxone is a drug, available from local drug services, which reverses the effects of an opioid overdose and can save lives. Sessions were delivered to 135 S6 students at Falkirk High School during 2022. The delivery was included as part of a Basic Life Saving Skills programme which included input from the Fire & Rescue Service on the use of defibrillators and the practice use of CPR and the recovery position. This is important and innovative work which helps to address the need to work towards a model of early intervention and will be considered as part of the development of a wider local naloxone strategy.

DELIVERING THE MAT STANDARDS

The Scottish Government published the Drug Deaths Taskforce's recommendations for the MAT Standards in May 2021. The Standards are intended to help reduce drug related deaths and other harms to promote recovery. The Standards were developed through extensive consultation with multi-agency partners that deliver care, and, with the individuals, families, and communities with lived experience of substance use.

There are ten MAT standards and an implementation report for standards 1-5 was submitted to the Scottish Government in April 2023. This report details the huge amount of work which has been undertaken across Forth Valley during 2022/23 by a range of partners, to embed these standards into the ADP treatment system. This is a significant milestone and will serve as a foundation for future development and implementation of subsequent standards. A steering group oversees the progress of delivering the MAT Standards and is chaired in rotation by Falkirk ADP and Clackmannanshire & Stirling ADP.

As part of the monitoring of the MAT Standards implementation, the ADP support team will meet with the IJB Chief Officer and the Minister for Drug & Alcohol Policy in May 2023 to discuss progress and possibilities.

RECOMMISSIONING OF THE THIRD SECTOR DRUG AND ALCOHOL TREATMENT SERVICE PROVISION

The ADP works closely with a range of providers across the public sector and third sector to deliver a Recovery Oriented System of Care for people in Falkirk and the Forth Valley. The current contract for the third sector provision for the delivery of alcohol and drug treatment service has entered the first of a potential two-year extension as of October 2022.

To ensure inclusive and open commissioning, Falkirk ADP has entered into a Commissioning Consortium with Clackmannanshire & Stirling ADP, who will lead work to develop the new contract. The process will ensure providers, stakeholders, and people with lived and living experience of substance use are consulted and engaged as part of the process. The aims of the Consortium are to implement a new contract and associated model of care by the end of the extension period. The Consortium will also be reviewing the service provided to date, including any relevant needs assessments which will influence the

redesign of the model of care. Progress of the Consortium will be monitored by the respective ADPs and reported through relevant governance channels.

COMMUNICATIONS AND BRANDING

The ADP has developed a new branding and communications strategy. This will include a logo and webpage which will be accessible from the existing Falkirk HSCP website and include information on current ADP work, signposting to partner services, and strategic documents which would be of interest to partners, Scottish Government, and the public. The webpage will be open to continuous development and reflect the work of the ADP as it progresses.

Ref	Measure	Dec-19	Mar-20	Mar-21	Sep-21	Sep-22	Direction of travel
67	Number of Alcohol Brief Interventions delivered – annual target 3,410	7,055	9,030	-	-	-	-
68a	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley ADP (90% target)	86.4%	95.9%	97.2%	92.9%	89%	▼
68b	Substance Use – Percentage of patients that commence treatment within 3 weeks of referral – Forth Valley Prisons (90% target)	63.9%	87.8%	100%	100%	100%	-

Table 13

16 DAYS OF ACTIVISM: TACKLING VIOLENCE AGAINST WOMEN AND GIRLS

Organisations across Falkirk and Forth Valley took part in 16 Days of Activism against gender-based violence, between 25 November and 10 December 2022. 16 Days of Activism is an international campaign started by the Women's Global Leadership Institute in 1991 and continues to be coordinated each year by the Centre for Women's Global Leadership.

Starting on the International Day Against Violence Against Women and ending on International Human Rights Day, the dates for the campaign link

these issues together and emphasise that gender-based violence against women is a violation of human rights.

REVIEW AND UPDATE GUIDANCE ON USE OF 13ZA

In consultation with senior management, the Council's legal section, staff across the Health and Social Care Partnership, and other partners, we reviewed the Council's approach to the use of Section 13ZA of the Social Work Scotland Act 1968.

Currently, consultation regarding the use of 13ZA and any subsequent change to the guidance and paperwork is continuing. Three initial sessions were facilitated by an external consultant during January 2023. A total of 114 staff attended: 5 Independent Advocates; 18 staff from a range of NHS roles; 11 Mental Health Officers with the remaining 80 attendees coming from a wide range of settings across the HSCP partnership e.g., locality teams, the Integrated Mental Health Team, the Learning Disability Team, and the hospital social work team. A reference group has also been established and will meet to contribute to and scrutinise all guidance and paperwork which is developed. The membership of this reference group includes representation from NHS Forth Valley, Independent Advocacy, MHOs, and staff from locality teams, the IMHT, LDT and hospital social work teams.

SECTION 3 - OUR WORKFORCE

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.

Our workforce remains the single most important resource in delivering high quality services and the transformation required to ensure the delivery of health and social care integration. This has remained a key priority during 2022/23.

WORKFORCE PLAN

Falkirk Health and Social Care Partnership has published their three-year Integrated Workforce Plan 2022-2025. To develop the workforce plan, workshops took place with managers and staff across the Partnership along with Trade Unions and the third sector.

A key aim of workforce planning is to ensure a robust and aligned approach across workforce, operational service, and financial planning. The three-year workforce plans are aligned with priorities identified in Board Medium-term Operational and Financial Plans and HSCP Strategic Commissioning Plans.

HSCP RECRUITMENT CAMPAIGN

The Partnership launched a new recruitment campaign – a Career that Cares. The campaign promotes the wide range of roles and opportunities within Falkirk's health and social care services. At the heart of the campaign, is the message that health and social care is an accessible and rewarding career with opportunity to develop at all levels.

The Career that Cares campaign has been supported by colleagues in HR and Home Care to undertake its initial activity – including the creation of new promotional materials, flyers, social media assets, web page, and the hosting of recruitment events in the local area.

For more information on the HSCP Recruitment Campaign, see Campaign Spotlight: A Career that Cares.

WORKFORCE DEVELOPMENT

We continue with our ambition to be recognised as a learning organisation, and this shapes and influences our approach to all training, learning, and development. We strive to follow the five golden rules in this respect:

1. Encouraging experimentation
2. Thrive on change
3. Reward learning

4. Facilitate employees to learn from one another
5. Encourage learning from our surroundings.

The Partnership supports workforce development opportunities in a range of different ways.

RECRUITMENT AND RETENTION WORKING GROUP

A Social Work Recruitment and Retention Working Group was established in May 2021. The group's main remit is to respond to challenges in recruiting and retaining experienced registered Social Workers. The group is chaired by the Social Work Workforce Development Manager and meets monthly with core representation from Social Work Adult, Justice and Children and Families Services and supported by an HR business partner.

A reference group was established for consultation on key issues or areas of proposed development in addition to seeking feedback with frontline staff via existing fora, such as, Newly Qualified Social Workers Group, Senior Worker and Team Managers groups and locality teams. The group has representation from across a wide range of social work services and includes both frontline practitioners and managers.

Several benchmarking exercises have been undertaken nationally, with comparative Local Authorities and with neighbouring Local Authorities in relation to terms and conditions, social work sponsorship programmes, payments for specific roles, such as, Mental Health Officer-Practice Assessor, Practice Educator-Social Work Students and Link Worker-Social Work Students and access to accredited post qualifying training.

This work led us towards focussed activity on salaries and pay scales. In the absence of a plan to address salary position, our ability to attract and retain experienced staff was recognised as severely compromised. An options paper was produced and from there a proposal to re-introduce Advanced Practitioners was developed. As local activity has progressed, we have also been contributing to national development work on Advanced Practice. This has ensured Working Group activity is aligned with the national Advanced Practice Framework expected to be launched Summer 2023.

Improvements have been made to the Social Work Exit Interview process. This is designed to ensure our process for gathering informative data from employees leaving the service is widely understood as an important element of us being a learning organisation. The system is now more easily accessible with Managers expected to promote and support gaining employee feedback at or before leaving the service.

The next stage of planned activity is to develop a consistent process across services for gathering data regarding employee experience at the entry level of employment, focusing on recruitment process and induction. Feedback will be used to inform system and practice improvements.

In Spring 2022 we re-launched the SW sponsorship programme in partnership with Open University. This is open to Social Work Assistants and Social Care Officers working across the HSCP and Council. There are two options to obtain a Social Work qualification: Undergraduate or Post-Graduate. Course fees are met, and local social work placements are provided with a guaranteed interview upon successful completion of the course. Two employees are currently being sponsored and we are planning to offer another four opportunities this year.

The Working Group is currently considering how the 'Grow our own approach can be applied to building capacity in our Occupational Therapists (OT's) establishment. We plan to consult with OTs through the re-launched OT forum and with Higher Education Institutions who deliver the OT degree courses. We will consider bursaries and sponsorship.

Since inception, the Working Group has considered options for career development and pathways, including succession planning. Consultation with staff groups has influenced discussions and helped to shape the thinking around Advanced Practitioner roles. We are engaged in discussion with Higher Education Institutions (HEI's) regarding flexible approaches to gaining post graduate qualifications, such as Mental Health Officer certificate.

The Working Group is expected to continue for the foreseeable future as there are a number of strands of work that are under development, as outlined above. The group will also lead on specific actions outlined in the HSCP Workforce Action Plan 2022-25.

FORTH VALLEY PRACTITIONER PAGES

All staff across the partnership and beyond have access to a web-based information and learning resource – Forth Valley Practitioner Pages. This resource will be updated during 2023 to improve access and functionality. Third sector and other partners will continue to be able to access the latest information about courses as well as book places directly using the training diary available on the Practitioner Pages.

The availability of the Adult Support and Protection training diary online helps to maximise publicising the availability of learning opportunities as well as streamlining the application process for potential course participants.

Adult Support and Protection Training Activity 2022/23

Course title	Total Courses Delivered	HSCP staff (FC) (NHS)	Staff other statutory services	Number third sector	Total training places
ASP Champions T4T Care at Home	3	16 (16) (0)		14	30

ASP Champions T4T Care Home	3	4 (4) (0)		43	47
Adults with Incapacity Mandatory training	3	107 (92) (15)		7	114
Caring with respect	2	2 (1) (1)		13	15
Council Officer	3	13 (13) (0)			13
Early indicators of Concern training (Level2)	8	26 (18) (8)		65	91
Investigative Interview training	5	24 (21) (3)	2(PS)		26
Interagency Referral Discussion Training	4	38 (19) (19)	5 (PS)		43
Multiagency ASP Level 2	4	10 (6) (4)		25	35
Multiagency Self neglect and Hoarding	4	56 (51) (5)	1 (SFRS)	7	64
Protection Orders	4	22 (22) (0)			22
Public Protection (ASP+CP)	6	15 (7) (8)	1 (SFRS)	52	68
Referral Professional Curiosity and duty to inquire	4	32 (28) (4)	1 (SFRS)	4	37
Risk Assessment and Chronologies	2	12 (12) (0)		1	13
Three Act Training	2	22 (22) (0)		3	25
Totals	59	399 (332) (67)	10 (7 PS) (3 SFRS)	234	643

Table 14

PS = Police Scotland
SFRS = Scottish Fire and Rescue Service

SAFE AND TOGETHER TRAINING

The Safe and Together Model is being implemented in Falkirk to change the way we view domestic abuse and to think differently about how we currently respond and what we do in practice, including having a shared understanding of the impact and consistently in the language we use.

The Safe and Together Training is not solely about developing and embedding domestic abuse informed practice, it also develops practitioners' practice in risk assessment and case planning using both a domestic abuse and trauma-informed lens and supports improved practice in work with all children and families.

The Safe and Together Model provides:

- An approach to intervene successfully with domestic abuse victims (survivors)
- An approach to intervene successfully with perpetrators of domestic abuse
- A means of assessing and describing the impact of domestic abuse on family functioning and children's wellbeing and development
- A move away from a broad recognition of how domestic abuse tends to impact on children as a group to an understanding of how the specific abuse within that particular family has impacted on the individual child's wellbeing
- A suite of tools and resources to increase practitioners' ability and confidence to practice each of the skills identified in the training

We have been able to provide this training free of charge, having secured Equally Safe Funding, which has enabled us to reach a wider audience across the Partnership, ensuring a shared language and understanding of domestic abuse informed practice and building capacity to achieving the required culture, systems, and practice change in Falkirk.

The Core 4 Day Practice Training prepares practitioners to make significant change in their practice and to influence other workers and systems practice. This training provides practitioners with an improved understanding of:

- Perpetrators' behaviour patterns and their impact on child and family functioning

- Partnering with adult survivors of domestic abuse and interventions with perpetrators
- The expertise and material to facilitate the use of the tools with others

103 members of staff attended the training from the following services: Children and Families, Adult and Justice Social Work Services, Barnados, Aberlour, Central Advocacy Partners, Housing, Health Visitors, Cyrenians, Caledonian Women's Service, and Additional Support Midwife.

Following the attendance at the Safe and Together 4-day intensive skill based multi-agency training, mentors will be expected to use this in direct practice in their assessments with families and from this direct experience and deeper understanding of the model. To support them in this, they must attend a mentors reflective group meeting three weeks after this training.

Mentors are also expected to attend six weekly mentors reflective group meetings to support their practice by recognising their enhanced skills, supporting their identification with the model, and providing peer support to help each other to implement the model. These meetings will also provide insight into systemic changes that need to be made to support embedding and sustaining the approach.

Awareness Raising Briefing Sessions provide the opportunity to set the stage for culture, systems, and practice change through improved collaboration when domestic and child abuse and neglect are the concern. The sessions aim to improve knowledge and understanding of practice which considers the survivor's strengths and the perpetrator's pattern of behaviours while focusing assessments and case decision on the safety and welfare of children and improve knowledge and understanding of practice which can create better outcomes for children and families exposed to domestic abuse. A total of 226 staff attended the sessions.

HOME CARE SERVICE TRAINING

Home Care staff have accessed training introducing them to existing and new moving and handling equipment to assist them within their working role. Where appropriate this has enabled single-handed carer visits to be undertaken and increased the provision of service. On the job assessments have been carried out with Home Care staff and people accessing services within their home to support improvements in the delivery of person-centred care and support. As a result of the training, Home Care staff feel more confident in their role and responsibilities.

However, there were some challenges around delivering training to the Home Care Service. For example, service capacity to release Home Care staff to attend training impacted by sickness absence and managing vacancies. Facilitators were unable to fill training places when places became available

due to short-notice cancellations. Also, Home Care staff were being scheduled training on days off when it's not possible to release them to attend training within their working week. This has caused some reluctance to attend the training.

Course	Scheduled courses	Places available	Delegates attended	Places cancelled on the day	Courses cancelled*
Moving & Handling (1 day refresher)	20	120	94	15	4
Moving & Handling (2 day foundation level)	14	126	82	17	2
Induction for new carers	10	120	36	3	0

Table 15: *Reason courses cancelled – trainer off sick; no delegates nominated

Monthly induction training dates are organised and accessible via our new electronic Continuous Professional Development (CPD) Manager system. Training leads respond to requests for additional courses to meet service demand. This can be resource intensive with course not running at full capacity, however, it does avoid delays in new staff engaging with service delivery.

PRESCRIBING PROPORTIONATE CARE (PPC) MOVING AND HANDLING

During early 2022, Social Work training leads accessed the Prescribing Proportionate Care (PPC) Moving and Handling equipment training room at Falkirk Community Hospital. In the summer of 2022, collaboratively working with colleagues at Dundas Resource Centre, Grangemouth, additional training space was made available allowing for a full set of PPC equipment to be moved to Dundas increasing capacity to deliver training. This has also enabled PPC equipment to be incorporated into all Moving and Handling training courses since the end of September 2022.

Additional Prescribing Proportionate Care sessions were delivered in January and February 2023 for Home Care Social Care Officers to support embedding the approach in practice. This has increased capacity for personal carers to effectively respond should a person accessing services be discharged from hospital with a PPC piece of equipment.

ADMINISTRATION OF MEDICATION TRAINING (HOME CARE)

Administration of Medication Training continues to be facilitated by three pharmacy technicians. This programme is on track for full roll out of the

Administration of Medication Policy across Central, East, and West Localities by mid-2023. Additional training, using the Train the Trainer model, was also delivered to the Housing with Care seniors and managers in early 2023.

WORKING IN PARTNERSHIP WITH FORTH VALLEY COLLEGE

We continue to work in partnership with Forth Valley College to provide student placement opportunities. Arrangements were in place to provide HNC in Social Care placement opportunities across our Adult Services Day Centre's and Care Homes for students starting in Autumn 2022. 14 placements were made available. Student placements started in November 2022 and will be completed by the end of May 2023.

Not all placements were filled as some students opted to secure their own placements. This allowed us to also offer some Foundation Apprenticeship student placements in Adults Services Care Homes helping secondary school pupils complete some elements of a Modern Apprenticeship while still at school. The placements started in January 2023 and will end in May 2023.

At the start of each placement all students are allocated an individual mentor to support them in the placement role. The mentors were tasked to ensure that the students had the opportunity to obtain the necessary skills and knowledge to complete the required learning outcomes attached to the qualifications.

Feedback from the mentors on their experiences of working with the students has been positive, with students showing a positive attitude, willingness to learn and working well within their teams. College tutors have advised that the students have been able to demonstrate the required levels of participation and have gained the hands-on experience evidenced when meeting their practice observation learning outcomes.

CASE STUDY: HNC STUDENT PLACEMENT

During my college placement at Burnbrae Care Home, I have met with a really welcoming team of staff who have helped and treated me with kindness. Any questions I have had have been met with helpful answers and I've always felt welcome and wanted. I have never been made to feel shy and have in a way come out of my shell since I first started and have been helped to feel more confident.

Throughout my time in my placement, I have been given opportunities to learn different aspects of care including being able to help with moving and handling, an insight to personal care, being able to talk and interact with service users and helping to prepare meals and snacks for them, helping to clean up and wipe down tables after mealtimes, and having an overall look into what being a carer means and consists of.

**This case study has been anonymised and provided, with thanks, from the Workforce Development Manager.*

WORKING IN PARTNERSHIP WITH EMPLOYMENT TRAINING UNIT (ETU)

As part of a wider commitment to developing the Young Workforce and establishing career pathways in Health and Social Care, we have continued our partnership work with ETU. We have a continuing commitment to delivering the Modern Apprenticeship programme. We are in the process of developing this beyond the provision of Care Home placements to reflect Modern Apprenticeship opportunities working across Home Care Services.

One of our biggest challenges was attracting and supporting candidates who could go on to take up a practitioner role whilst services were responding to crises and managing lockdowns. Concerted efforts were made to ensure that candidates experienced a comprehensive induction and expectations placed upon them were within their capabilities. The SVQ Team experienced challenges maintaining contact with placement mentors to provide support to them as well as the candidates.

The MA programme is currently under review in consultation with the ETU. Proposals are being considered to how this could be delivered in the future, responding to the challenges of recruitment, and preparing individuals for the job role and future career in social care with a flexible model of learning and development. Further consultation with the service will form part of this review process.

SVQ VOCATIONAL QUALIFICATIONS

Falkirk Council Social Services Assessment Centre has continued to perform well. All Scottish Vocational Qualifications (SVQ) inductions and most online support meetings continue to be delivered via Microsoft Teams and the number of inductions being delivered have increased over the last year.

With a move to hybrid working, the centre has found initial support meetings with candidates carried out face-to-face are beneficial in establishing relationships between candidate and assessor. Where it has been identified that a candidate requires additional support, and face-to-face support would be beneficial, in person support meetings are agreed. Observations of SVQ candidates working practice are carried out with a mix of virtual and in person assessment arrangements.

The SVQ Team adopted VQfolio system in 2020 and have now fully embedded assessment delivery using electronic portfolios. VQfolio, is a web application that provides e-portfolios for SVQ centre candidates along with tools for assessors, internal verifiers, external verifiers, and SVQ centre administrators. The workflow within VQfolio has been designed around the paper-based system SVQ centres are familiar with.

CASE STUDY: VQFOLIO SYSTEM

J started her SVQ award using the paper-based system and shared that she found this cumbersome. She explained that her evidence was being sent back and forward via email. Her work had to be saved onto her desktop and feedback actioned and then uploaded again onto an email and sent on.

With the introduction of the new VQfolio system, the team were able to add J onto VQfolio. She stated that this system was much more efficient and easier to access. Although she described herself as having only basic computer skills, she found the new system easy to navigate.

**This case study has been anonymised and provided, with thanks, from the Workforce Development Manager.*

The work of the SVQ team centres around supporting and enabling staff to meet registration requirements as stipulated by the Scottish Social Services Council (SSSC). Over the past year, an increasing number of approaches have been made to the centre from individuals and staff groups who are not currently required to register with SSC. Opportunities are being sought to gain a professional qualification which would allow them to progress in their career, including promotion opportunities. A proactive approach was taken to

that has led to several individuals being successfully supported in their learning and development via access to vocational awards.

The assessment centre has successfully supported Sensory Support Workers to achieve their awards and has commenced another cohort of staff from the Sensory Support service. The centre is also working with Social Care Officers within the Care at Home service to obtain an SVQ award.

The centre is developing partnership working with private sector organisations. In liaising with the Scottish Care lead, the centre has established links with Private Sector Organisations who are looking to access SVQ awards. A costing exercise has been completed for the SVQ awards the centre delivers and the centre has approval for Student Awards Agency Scotland (SAAS) funding. This will support local organisations to meet SSSC registration requirements and future income generation for Falkirk Council.

A British Sign Language (BSL) pilot programme, in partnership with the Forth Valley Sensory Centre was completed in 2021. A small group of staff representing a range of local services, achieved their British Sign Language (BSL) unit at SCQF Level 4. We had a further eight candidates achieve their SQA Unit in 2022 and there are plans to deliver another course in Spring 2023 building on the success of the pilot programme. An increase in candidate numbers in being planned for and the programme will progress to a rolling programme of delivery. This development work is monitored and evaluated through Falkirk's BSL Plan.

PRACTICE LEARNING

Over the last year, we have been able to offer thirteen student social worker placements to the University of Stirling, Glasgow Caledonian, and the Open University. In August 2023, we aim to offer another 3-4 placements.

We now have two additional practice educators supporting placements who completed the course in March 2023 and another who will complete in September 2023 increasing our practice educator resources. We are now seeing steady increase in our numbers to ten who are currently active in this role. In 2023, we aim to offer places to another 3-4 candidates on the practice educator course.

Our placements took place across social work services based in Children and Families Locality Teams, HMI Polmont Prison, and Adult Services Community Care Teams. Our next intake of students will be placed in Justice Services, Children and Families Localities, and the Hospital Team.

We are very grateful to those teams who have been so enthusiastic about offering student placements and for all the heard work that is undertaken by the link workers in those teams as well as the practice educators.

NEWLY QUALIFIED SOCIAL WORKERS (NQSW) GROUP

We have developed a thriving newly qualified social worker group in support of newly qualified worker receiving protected time in their first year post qualifying. The group now meets monthly following on from the pandemic where meetings took place fortnightly. This works for those who attend, offering a space for learning, communicating, and networking with each other. There is regular input from speakers covering topics that introduce workers to tools, resources, and training such as the Neglect Toolkit, Safe and Together Model, and a range of assessment tools. Our future speakers will include input from one of our hospital social workers and Strathcarron Hospice looking at the transition process from hospital to home. We are grateful to our colleagues for offering their time to support the group.

TRAUMA INFORMED AND RESPONSIVE CULTURE, SYSTEMS AND PRACTICE

We share the Scottish Government's ambition to develop a trauma-informed and responsive organisation. Our role is about addressing the potential re-traumatisation of people who come into our services. Trauma-informed practice is founded in and directed by an understanding of how trauma can impact on an individual's neurological, biological, psychological, and social development.

Using trauma informed practice can encourage hope, empowerment, understanding and access to appropriate services. In a trauma-informed service, it is assumed that people who have experienced trauma may struggle to develop trusting relationships with service providers and feel safe within services.

Workforce development, education and training are the first steps towards an organisation becoming trauma-informed, including both recognising and realising that trauma exists and the impact it creates. Using a trauma-informed framework can help to improve services and outcomes for people, productivity, economic efficiency, and staff health and wellbeing.

Changing culture, systems, and practice simultaneously requires a whole system approach. We have recruited a newly established Trauma Informed Policy Officer post whose remit is to support the aspirations of Falkirk Community Planning Partnership and local Trauma Champions in the successful implementation of sustainable approaches which embed trauma informed and responsive culture, practice, and policy across our workforce, and contribute to improved outcomes for people impacted by psychological trauma at any stage in their lives.

SECTION 4 – COMMUNICATION & ENGAGEMENT

COMMUNICATION

The Partnership continues to make progress towards the actions and recommendations outlined in the 2021-2024 Communications Strategy. This promotes the ongoing work across Falkirk's health and social care services, improving internal and external understanding of the Partnership's role and remit.

As part of our communications activity, the Partnership operates social media platforms, a monthly newsletter, and publishes regular media releases, blog posts, briefings.

OUR REACH:

- We received **79 pieces of media coverage** through proactive releases, supporting partner activity, and responding to media queries. Using published circulation figures, this has an estimated **reach of almost 880,000.**
- On social media, we have grown our combined audience to **1,100 followers** and have **reached 199,790 people** in the last year. This reach has been supported by our partners, staff, and other followers **sharing our content more than 960 times.**
- Our website has received more visits than ever before, with **30,711 visits to FalkirkHSCP.org pages**. A large amount of visits were to our careers pages, with 40% of visits to the website during the Career that Cares campaign involving the jobs landing page.

MEDIA ACTIVITY

With 79 pieces of media coverage during 2022/23, the Partnership has regularly appeared across its target publications of the Falkirk Herald, Daily Record, Central FM, Falkirk Live, alongside additional pieces featured on BBC News, STV News, and the Times Scotland. A summary of key communications activity undertaken in 2022/2023 includes:

- **Strategic Plan:** Promoting the consultation process, engagement opportunities, and the draft plan through media releases, social media, and paid advertising activity.
- **Health Inequalities and Wellbeing Fund:** Promoting two rounds of applications and the awarding of over £175,000 of funding by the Partnership to promote projects which aim to reduce health inequalities and improve wellbeing.
- **Home from Hospital:** Celebrating success as the Home from Hospital project successfully completed a pilot period and was rolled out year-round.
- **Slow Stream Rehab Project:** A proactive media and communications approach to the Slow Stream Rehabilitation Beds Project at Cunningham House helped to involve staff, residents, and the public ahead of the proposals being discussed at November's IJB meeting.

Alongside a news release, stakeholders received tailored FAQ and briefing documents during engagement sessions with staff, residents, family, elected members, and trade unions. The FAQ and online feedback box remain updated and available at falkirkhscp.org/cunningham-house, alongside in-person feedback options within the home.

- **Mobile Emergency Service:** After presenting their successes with digital technology at a conference, Falkirk's Mobile Emergency Service was profiled in a health and social feature run by The Times (Scottish edition). The piece identified Falkirk's pilot of Alexa devices as one way services can use Technology Enabled Care to improve lives and reduce pressure.
- **Recruitment Campaign:** A six-month campaign focused on the recruitment of frontline home care staff and established new ways of promoting roles across the Partnership's services - including branding, materials, and in-person events. The campaign resulted in an increase in applications for frontline roles, rising from an average of 1.6 applications per week to 5.5 applications per week.

CASE STUDY: A CAREER THAT CARES

The six-month (Oct 2022 – Apr 2023) campaign used media, social media, paid advertising, and in-person events to increase awareness of the roles and employers in Falkirk's health and social care sector.

With an immediate focus on personal carer roles, the campaign presented a career in care as a rewarding opportunity which is accessible to people from a range of backgrounds. The campaign involved:

- The creation of an event toolkit – comprising of new leaflets, job specs, posters, banners, and branded items such as pens, post its and hand sanitizer
- The launch of a one-stop online hub for careers in local services, available at falkirkhscp.org/jobs
- Paid media advertising across SkyAdsmart (targeted tv), Facebook ads, and Central FM radio
- Participating in the Scottish Government's national Adult Social Care recruitment campaign – with our home care manager, Arlene, featuring in case studies online, in print, and over radio
- Hosting two successful recruitment events, involving 22 partner employers

SOCIAL MEDIA

The Partnership's social media channels continue to play an important role in reaching target audiences, achieving a reach of almost 200,000 during 2022/23 and growing our follower count to over 1,100. Content posted across the Partnership's Twitter, Facebook, and LinkedIn shares news from our services, promotes national campaigns, recruitment opportunities, and helps direct traffic to our website.

DIGITAL

WEB CONTENT

Web content is reviewed on an ongoing basis to ensure information is relevant, up-to-date, and easily accessible. A summary of changes in 2022/23 include:

- New service pages: Dedicated service information pages have been developed for Community-Led Support and Dementia Support. Further service pages are in development.
- Tweaked front page: Quick link boxes to About Us, IJB info, and Services pages have been added.
- New dedicated jobs page: A new dedicated jobs and career page has been developed for recruitment promotion.
- Quick link coding: Sections are now formatted to allow links to open to specific sections of a webpage, without the need to scroll. These quick links can be used for convenient signposting in documents and social media.

ACCESSIBILITY – DOCUMENTS

The Partnership continues its ongoing review and refresh of documents to comply with public body accessibility requirements. All online content must meet accessibility requirements, as outlined by The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018. This includes PDF, word, and spreadsheet files. Reviewing the Partnership's content presents the opportunity to streamline and de-clutter the information uploaded online. This will ensure information is up-to-date, relevant, and easier to find and maintain.

INTERNAL COMMUNICATIONS

The Partnership has well-established internal lines of communication, including a monthly newsletter (Partnership Post), regular briefings and monitoring notes, and a shared Yammer community allowing anyone to post news, give kudos to a colleague, or ask a question.

PARTICIPATION & ENGAGEMENT

We are committed to taking a person-centred and human rights-based approach to engagement. As outlined in our Participation and Engagement Strategy, involving people with lived experience to improve service delivery ensures they remain at the heart of provision.

This approach to engagement is highlighted in the Independent Review of Adult Social Care (IRASC). For example, recommendation 30 of the Independent Review of Adult Social Care (IRASC) states “there must be a relentless focus on involving people who use services, their families and carers in developing new approaches at both a national and local level.”

We are working to further enhance our involvement of people with lived experience to participate in activities across the partnership.

CARER AND SERVICE USER INVOLVEMENT

Falkirk HSCP was one of five partnerships who participated in a pilot training programme with the Coalition of Carers in Scotland and Carers Scotland in March 2021. Following the successful training sessions to increase carer involvement, we collaborated with key organisations to develop a similar package of training for both carers and service users to enable them to participate meaningfully with the partnership.

This is important because involving people in service design and decision-making processes ensures that the needs of people with lived experience are accurately reflected in how we improve and deliver services. The goal is to increase our representation of people with lived experience and encourage them to get involved in a range of strategic and operational level service redesign meetings.

The training programme was held over three sessions in April and May 2022 and was designed and delivered in collaboration with the following key organisations: Coalition of Carers in Scotland (COCIS), Carers Scotland, Falkirk & Clackmannanshire Carers Centre, Inclusion Scotland, and Independent Living Association Forth Valley.

Falkirk & Clackmannanshire Carers Centre and the NHS Public Involvement Coordinator supported the promotion of the training programme. It was also promoted through our own communication and social media channels. As a result of these efforts, we recruited nine participants for the training.

Following on from the training, we successfully recruited a new IJB Deputy Service User Representative.

NEW IJB MEMBERS APPOINTED

Following targeted recruitment by Falkirk and Clackmannanshire Carers Centre and CVS Falkirk, the Integration Joint Board (IJB) appointed two new members during its meeting on Friday 18 November 2022. The appointments of the Carer Representative and Third Sector Representative have been made and will ensure the range of expertise and experience informing decisions made by the Board. The new representatives will feedback and represent the work of the Board to their respective networks, including the Falkirk Carers' Voices and third sector meetings.

STAFF TRAINING

In collaboration with the Community Empowerment Team in Falkirk Council, we developed a pilot training package for staff to support and allow meaningful participation for people with lived experience in strategic and operational-level meetings. The pilot training session was delivered on Monday 3 October 2022 to twelve staff members. The training was well-received with staff enjoying the session and finding it useful. Since it was a pilot training session, feedback from participants will inform how we review and deliver future sessions. We will be planning future training sessions for 2023/2024.

ENGAGEMENT IN SERVICE DEVELOPMENT

HSCP services are actively engaging with their service users, carers, and staff to redesign their services. For example, working with Healthcare Improvement Scotland's iHub and the New Models for Learning Disability Day Support Collaborative, the Falkirk Collaborative is reviewing local services and support options to improve outcomes and opportunities for adults with learning disabilities.

Through a series of engagement surveys undertaken face-to-face, by phone, and by post, the Collaborative has gathered views from service users, carers, and staff working with people who access day opportunities. Feedback events held in person at Camelon Social Work Office on Tuesday 13 September and virtually on Thursday 15 September shared what we've learned so far and explained the next steps and opportunities for 2023 Falkirk school leavers with a diagnosed learning disability who are transitioning from Children's Services to Adult Social Work Services to take part in the Big Planning Sessions.

For the Joint Dementia Initiative service, they hosted an engagement event on 8 March 2023 for service users and their families and carers of the Home From Home service to discuss future development plans for the service, including change of venues for the Home From Home service and potential times of the service being more flexible to meet the needs of service users and their families and carers.

POLICY CONSULTATIONS

Throughout 2022/23, we have been consulting with service users, carers, staff, and partners to support the development of key strategies that inform how we deliver our services and support individuals to improve their outcomes.

STRATEGIC PLAN

The Health and Social Care Partnership Strategic Plan 2019-2022 was extended until 2023 due to the impact of Covid-19. The first series of consultation events was held in September and October 2022, so people could share their views on the main challenges and priorities within health and social care in Falkirk that should be outlined in the next Strategic Plan. The feedback from the first phase of consultation informed the draft Strategic Plan which went out for a second phase of consultation in January and February 2023.

Over 420 people were involved throughout the consultation period (approx. 326 people attended the in-person events and 99 people responded to the online consultations). Each consultation phase involved a Citizen Space survey, staff consultation events, and Strategic Planning Group workshops. Everyone's contribution during each phase of consultation has informed the Partnership's new Strategic Plan which was published in April 2023.

CARERS STRATEGY CONSULTATION

People in Falkirk who care for a family member, friend, or neighbour were asked for their views on the support they receive from health and social care services. Their feedback was used to shape the new Falkirk Carers Strategy, 2023-2026. The HSCP was keen to hear from carers to help update the priorities within the strategy, acknowledging and addressing significant changes which have occurred since the previous 2019 strategy, such as the impact of the pandemic upon daily life and the current cost of living challenges facing local carers.

There were two consultations available for carers to complete: Young Carer and Young Adult Carers and a wider Carers Strategy consultation. These consultations focused on what was important to each group of carers. We also gathered feedback from unpaid carers to the Carers Centre which highlighted two new areas of concern for carers: financial pressures, including financial impact of caring and the developing or changing relationship between an unpaid carer and the cared for person.

EQUALITY OUTCOMES CONSULTATION

Falkirk's Integration Joint Board has a duty to publish a set of Equality Outcomes every four years, and report on its progress every two years.

We consulted on extending our Equality Outcomes set for 2017-2021 so that we can publish a new set of Outcomes that align with our Strategic Plan. This acknowledged the amount of work already undertaken to develop the Equality Outcomes through various community consultation exercises and a review of local and national data. This was done via Citizen Space for three weeks in October 2022. We asked participants to rank how strongly they agreed or disagreed with each of the proposed Equality Outcomes.

CITIZEN SPACE

Citizen Space is Falkirk Council's online consultation platform. It allows us to centralise all public consultation and easily report the results to the public. The table below highlights all consultations published on Citizen Space during 2022/23:

Consultation	Opened	Closed	Total Responses
Review of the Falkirk HSCP Strategic Plan	05/09/2022	14/10/2022	52
Falkirk HSCP Draft Strategic Plan	18/01/2023	24/02/2023	47
Review of the Falkirk Carers Strategy (2019-2022)	14/11/2022	23/12/2022	52
Young Carer & Young Adult Carer Strategy Consultation	14/11/2022	23/12/2022	39
IJB Interim Equality Outcomes	10/10/2022	31/10/2022	8

Table 16: Citizen Space Consultations

ENGAGEMENT AND TECHNOLOGY

Consultation, engagement, and participation play a significant role in how the Partnership uses technology and digital solutions to transform the way we provide health and care services. Engaging in a meaningful way with stakeholders, such as service users, carers, communities, the workforce staff and other health and care professionals, the Partnership aims to ensure our digital health and care initiatives are in line with the needs and preferences of those we serve.

With service users and other stakeholders' voices contributing to the Partnership's strategic needs, clear messages have been heard about making sure that nobody is left behind if they do not have access to the latest technology. There is a need for technology to support individuals to remain independent and that our digital health and care solutions must widen access to services, be prevention-focussed and embrace innovation.

Regular engagement with carers, staff groups and other partners enabled sharing of updates on the latest digital health and care technologies and services and to gather valuable feedback regarding our digital initiatives. The Partnership welcomes feedback from all stakeholders to continually improve

our services, support individuals in Falkirk and safely make progress on a journey of digital health and care innovation.

The table below shows some engagement activity that has taken place during 2022/23:

Activity	Who was involved?					Outcome or impact on transformation
	Service	Carers	Community	Staff	Partners	
Participating in East Locality Care at Home Team meeting to present information on technology to staff carers				✓		Carers were made aware of Digital Health and Care initiatives taking place in Falkirk. The Living Well OLLE course was discussed, as was MECS. Views on TEC sought and will contribute to Digital Health and Care planning.
One-to-one technology support sessions				✓		The Homecare Systems team equipped the staff carer group with new mobile phones and conducted one-to-one or small group training sessions with the carers. The team demonstrated the Council's OLLE online learning platform, MyView staff records, and the most up to date CM Mobile app which provides details for delivering care. Carers were also shown basic phone functionality. The team's efforts contributed to fostering a culture of technological literacy and security within the Partnership.
TEC Presentation to Carers Centre		✓				Presentation delivered at the Carers Centre discussed the Partnership's digital health and care offerings, including a presentation on MECS, Living Well, Near Me, digital inclusion and anticipated forthcoming projects. Carers views were sought and will contribute to the Digital Health and Care Strategy.
Tech Tea Parties	✓	✓	✓			Since Summer 2022, a programme of weekly Tech Tea Parties, hosted by Falkirk HSCP and AbilityNet, took place in venues such as Dorrator Court, Summerford House and Burnbrae. Residents were invited to bring along any technology they wanted to learn more about, and a tech-savvy volunteer supported them. These sessions helped to tackle digital exclusion and isolation.
CM Training Sessions				✓		The Care at Home Systems Team delivered training sessions to new staff showing them how to make best use of the Care at Home time recording and scheduling system. This helped make best use of the system to tackle system pressures.

Activity	Who was involved?					Outcome or impact on transformation
	Service	Carers	Community	Staff	Partners	
Co-ordinated with ICT - Cybersecurity training				✓		The Care at Home systems team supported ICT's the rollout of Cybersecurity training to equip Carers with the knowledge and tools necessary to safeguard the Partnership's information assets.
Near Me Familiarisation Sessions				✓		The TEC Development Officer arranged several sessions to prepare the workforce for the introduction of the Near Me video consultancy platform. This enabled staff to contribute their views to the project to help the Partnership achieve goals of widening access to services and supporting individuals to attend appointments where travelling presents challenges.
Living Well OLLE Course				✓		Using the online learning platform OLLE, a Living Falkirk course was developed and issued to staff groups. Creating awareness of the platform enables them to promote the platform to service users which in turn supports early intervention and prevention.
Libraries			✓			Engagement with Libraries to explore collaboration over digital health and care technologies
Working with other HSCPs and Partners					✓	Tec leads meetings, visits etc. Showed reports to West Dunbartonshire
Regular Service Users and carer presentations	✓	✓				MECS regularly present to service users and carers updating them of TEC developments and raising awareness of the MEC Service.
MECS Presentations to Teams					✓	MECS have offered NHS colleagues an opportunity to have the MECS Service deliver presentations to their staff at team meetings to share knowledge and awareness of the services offered by MECS, including the TEC service.
Scottish Government / Spain Presentation					✓	MECS regularly collaborates with Scottish Government with a view to sharing knowledge and experience to benefit other developmental work. Scottish Government asked MECS to deliver a presentation to representatives from Spain to help them consider their transition from analogue to digital technology.

Table 17: Technology Engagement Activities

SECTION 5 – TECHNOLOGY

TECHNOLOGY

Applying technology and digital approaches as an integral part of quality, cost-effective care and support can improve outcomes for individuals at home and in communities. Technology can improve and enhance the delivery of health and care services, but also empower individuals to support their own health and wellbeing. This can include making use of telecare devices, video appointments and digital services and apps that can offer access to a wide range of support and advice.

M E C S

The MECS telecare service supports people to maintain their independence and to stay at home or in a homely setting within their community for as long as possible. The service provides a range of technologies to meet the needs of individuals. This typically involves the use of pendant alarms but can also include sensors and home activity monitoring systems to alert a response service or family if the individual requires assistance. By offering these types of support, people have a greater sense of independence while also ensuring they have access to the assistance they may need. This can be beneficial for people who may be at risk of losing their independence due to health issues or other challenges. This can also provide peace of mind to families.

Falkirk's MECS Service remains a frontrunner in Scotland having completed the upgrade of its systems and equipment in preparation for the national switch from analogue to digital telephone lines by 2025. While this essential work has been undertaken to avoid call failures, the new faster connection speeds and higher reliability offer exciting opportunities to explore what can be achieved with phone lines that can handle significantly more data.

Following the upgrade, the setup of new devices is quicker resulting in more efficient configuration and updates. The new lines enable real time visibility of the connection status of devices allowing for earlier detection of faults and making the service more responsive should an alarm go offline. The potential for improved data capture on a digital line presents an opportunity to explore more timely sharing of user information with appropriate partners and thereby strengthen partnership working.

As of March 2023, the MECS service's membership is approximately 4,000. This represents the total number of individuals currently benefitting from the service. The service welcomes 60 new service users every month. The service responds to an average 304 fallers per month. The service's prompt response to fallers is critical, as it ensures the safety and well-being of service users.

MECS is committed to engaging with the latest technology. In this regard, the service collaborated with two new companies to trial and test their digital units. The continual trialling of new equipment offers choice and comparison within the market and ensures that the service provides the best available technology to its users.

The service is also exploring the use of Amazon Alexa consumer technology to support its service users. The service is engaging with a consortium of partners including TEC Scotland to explore funding opportunities to produce an alternative to the standard digital unit.

THE LIVING WELL FALKIRK PLATFORM

Digital Health and Care Technologies have played a crucial role in supporting individuals to look after and improve their own health and well-being and live in good health for longer. The Living Well Falkirk service was developed to provide citizens with information and support to prevent or delay the need for a formal health or social care service. This not only leads to better health outcomes for individuals but can also reduce the demand for formal healthcare services freeing up resources for those who need them the most. The Living Well Falkirk digital platform is one part of the service and is detailed in section 2.

The Living Well Centre re-opened for the East Locality providing an environment for individuals to receive support from a staff member to view, try and borrow or receive advice on purchasing suitable equipment and adaptations.

A Living Well Falkirk online course was developed and made available to the workforce via Falkirk Council's OLLE platform. The course is designed to be accessible and user friendly. It covers the basic approach of the platform, the importance of early intervention and prevention and the ways in which Living Well can be used to support individuals in managing their health.

By promoting a better understanding of the Living Well platform the course aims to create an informed workforce ready to promote the platform more widely and encourage individuals to take advantage of the resources and support it provides.

NEAR ME

The Near Me platform enables individuals to attend appointments from a location of their choice, reduces travel, and potentially enables people to attend a greater number of appointments. NHS Forth Valley have been using Near Me and a project to use for Social Work is being taken forward. The project will enable a blended approach of in-person and video interactions for Duty and other Social Work appointments where appropriate.

It is anticipated that this will attract benefits such as enabling choice, widening access to our services, supporting relationship-based approaches and outcomes focussed practice. Near Me will facilitate the inclusion of family members, carers or other health and care professionals in discussions and, in this way, the system will support integrated service delivery.

Familiarisation Sessions have been delivered to social workers in all three localities, covering project background, an overview of the platform, a demo showing how to log in to the system and the next steps.

With the Living Well Centre having re-opened for the East Locality, Near Me Living Well or in-person appointments have been offered to suitable individuals on the Social Work waiting list.

To date, individuals that accepted a Near Me Living Well appointment have reported benefits such as saving multiple bus journeys and being able to attend appointments that they otherwise would not have been able. The Social Care Officer has still been able to observe the person in their own home to better understand their needs and make appropriate recommendations.

LIQUIDLOGIC FOR ADULT SERVICES

The new assessment and management recording system, Liquidlogic for Adult Services (LAS) went live on Monday 13 June 2022. This has been a significant area of work for Falkirk Council and Adult Social Work Services.

There are several positive developments within the new system, including the introduction of outcome-focused assessment practice which replaces the Single Shared Assessment. This ensures good conversations with service users and their carers take place and clear personal outcomes are agreed.

The financial system is now fully integrated with LAS, which is providing an overview of the budgets for Team Managers, with each element of the support plan clearly linking back to the personal outcomes to be achieved.

The support with implementation has included development of guidance and a series of drop-in sessions to support staff with the transition to LAS.

CARE AT HOME SYSTEMS

We use an electronic time recording and scheduling system for Care at Home services. Every week, the system schedules 8,000-9,000 visits for the in-house Care at Home service and securely shares appropriate information with a remote workforce of over 250 staff to ensure that they receive the information they need to deliver a high standard of care. The system provides co-ordinators with real-time information so that they can respond to hundreds of variations to planned care.

The Care at Home Systems team implemented a comprehensive technology rollout, which involved equipping the staff carer group with new mobile phones and conducting one-to-one or small group training sessions with the carers. Working closely with the Falkirk Council ICT team, a robust cybersecurity training course was provided to the carers to ensure that all staff members were equipped with the knowledge and tools necessary to safeguard the Partnership's information assets. The team's efforts contributed

to fostering a culture of technological literacy and security within the Partnership.

DIGITAL INCLUSION

Making use of Connecting Scotland and the Fairer Falkirk Digital Exclusion Fund, a small number of digital devices were sourced, each with a data package, to support digitally excluded individuals on low incomes who did not have an appropriate device and/or were not connected to the internet at home. Individuals who benefited most from these devices included those experiencing isolation who were shown how to connect to family using video. The use of digital reminders or prompts supported people with care and mobility needs.

In collaboration with Community Learning and Development's Digital Inclusion Project, AbilityNet offered a package of support for the recipients of the devices. This included a one-to-one session with an AbilityNet volunteer to determine the areas of support the individual required, device set up and delivery and three hours dedicated support. Further ongoing support was potentially available where agreed between the AbilityNet volunteer and participant.

In Summer 2022, a programme of weekly Tech Tea Parties, hosted by Falkirk HSCP and AbilityNet, took place. Residents were invited to bring along any technology they wanted to learn more about, and a tech-savvy volunteer supported them. The support included demonstrating how to use a digital device or app, how to use social media to connect with family or friends, advice on how to stay safe online and how to use digital technology to support their health and wellbeing. Sessions ran in Dorrator Court, Summerford House and Burnbrae.

WINTER PRESSURES

Information sharing between partners was identified as a potential barrier to efficient delivery. Falkirk HSCP developed an app using Microsoft PowerApps to overcome this challenge. The app enables the Link Workers to securely record and share the personal data of service users with partners that are involved in the project. Link Workers ask for consent from the patient to make referrals to partners and record this in the app. Each partner has its own version of the app that provides details of the referrals they have received and the personal data relevant to the referral.

Using the app helps to improve efficiency in a few ways:

- Data is entered once, but used many times (e.g., the name and address of service user may form part of a referral to more than one partner)
- Link Workers are guided through a process by advancing through the screens of the app, reducing variation and the potential for missing information

- The app applies validation to many of the fields of data that it collects by restricting the type of data that can be entered, thus reducing the scope for error
- Referral emails to partners are generated automatically from data that has already been collected in the app

During the period 2022/23, the app recorded:

- 2,221 individual service users
- 2,520 referrals for support from partner organisations

M365 HEALTH AND SOCIAL CARE FEDERATION PROJECT

The M365 Health and Social Care Federation Project was launched by the Digital Office and Digital Health and Care Scotland in 2022, with the aim of simplifying communication between individuals from Health, Local Government and those working in Partnerships.

Falkirk Council, NHS Forth Valley and Falkirk HSCP are progressing this work locally to enable collaboration via Microsoft Teams. It is anticipated that this project will facilitate improved communication and reduce email traffic. Streamlining processes in this way enables timely decision-making and increases productivity.

DIGITAL HEALTH AND CARE PROGRAMME BOARD

A Digital Health and Care Programme Board is established to bring together Digital Health and Care projects and expertise to support and progress the technology initiatives within the Partnership. As a first step, a workshop was held to consult with key stakeholders and consider how the Partnership's use of technology could be developed further to support individuals to meet health and care outcomes and for the service to meet challenges that lie ahead.

Themes relating to co-design of digital services, promoting self-management, and tackling social isolation emerged. Participants were keen to progress greater opportunities for sharing data and integration across systems. Needs relating to digital exclusion and digital skills were also discussed to ensure that technology is an enabler rather than a barrier to care.

DIGITAL HEALTH AND CARE PLAN

A Digital Health and Care Plan is being developed, building on these themes, to explain how the Partnership will continue to develop digital services, make better use of technology to support independence, improve digital access, improve digital skills, co-design technology solutions with stakeholders, and make effective use of data.

SECTION 6 – PARTNERSHIP WORKING

WORKING WITH THE THIRD SECTOR

HOME FROM HOSPITAL SERVICE

The third sector Home from Hospital service, provided by RVS, Strathcarron Hospice, Food Train, Carers Centre, and Dial-A-Journey, has supported almost 3,000 service users across Forth Valley since it began in December 2021.

One of the main strengths of the service is that it can adapt to meet different demands. From February to September 2022, partners called upon additional volunteers to help deliver medication to people at home once they had been discharged. Demand for medication deliveries fell sharply from October 2022 onwards as alternative arrangements were established via community pharmacies. The partners were able to scale the service back at this point to focus on other aspects of the service.

The overall number of people using the service each week has fallen from a peak of 77 in March 2022 to an average of 40. This is due to the reduction in the need for medication deliveries and staff vacancies, where the service operated a reduced capacity for a few weeks until a new appointed.

Ongoing pressure within wards and the high turnover among hospital staff also poses a challenge, as new staff are often not aware that they can refer patients to the service. One of the impacts of this has been a reduction in the number of referral routes into the service, with the majority now coming via the Transport Hub rather than directly from wards. Consequently, there is a risk that people who could potentially benefit from the range of community support after discharge, but do not require transport home, will not receive assistance. The creation of a ward-based post focusing on supporting carers during discharge and to liaise with patients prior to discharge is being explored to help address this issue.

FALKIRK OLDER PEOPLE'S DAY

Falkirk Older People's Network organised a one-day event for older people on Tuesday 25 October 2022, supported by the HSCP. The event took place in the Howgate Shopping Centre and more than twenty organisations were in attendance. Attendees ranged from the Royal Voluntary Service, Strathcarron Hospice, Food Train, Police Scotland, Fire Scotland, Royal National Institute of Blind People, and more. The aim was to bring local organisations together to showcase the support and activities they can offer. The event was well attended with over 150 people coming along.

CASE STUDY: DUTCH DELEGATION VISIT

In September, the Partnership hosted a delegation of health and social care colleagues from the Netherlands, who made a return to Falkirk following a visit made in early 2020 to learn about health and social care integration in Scotland. The visit provided the opportunity to share learning and best practice, using feedback from service users and people supported by our services to demonstrate the achievements gained through working collaboratively.

Presentations and success stories were heard from FDAMH, Dates-n-Mates, the Falkirk Collaborative, Joint Dementia Initiative, and Supported Residential Living Resources.

THE INDEPENDENT SECTOR

The Independent Sector is committed to improving the sustainability of care provision in Falkirk and is a key partner in the delivery of integrated health and social care services in the area.

During 2022/23, the Independent Sector Lead (ISL) has continued to engage in all activities within the Falkirk HSCP. The ISL is committed to ensuring the wellbeing of the Independent Sector workforce remains high on the agenda of many strands of the HSCP's organisational and leadership processes. The ISL attends multiple groups at all levels of decision-making processes. Inclusion in such meetings enables the ISL to be a representative voice of the independent sector and ensure there is equity of opportunity for those who work within the sector in relation to support, discussion groups, and wellbeing support to all.

Some of the activities of the ISL has included:

- Supported care homes and delivered a session on new guidance IPC standards ensuring compliance
- Held several collaborative events in conjunction with Care Inspectorate in Safe and Effective Staffing which included safer staffing, commissioning of services, staffing tools and resources, and Care Inspectorate reporting
- Continually communicates with all providers to provide updates on the ever-changing landscape in legislation and guidance ensuring they understand changes and support in implementing
- Arranged for Scottish Government to present to Care Home Group on the Framework for Adults and Older People living in care homes

- Worked with the Digital Health & Care Innovation Centre to look at how libraries can support service and staff wellbeing in the community
- Addressed systemic barriers in culture, systems, and practice at all levels
- Coordinate Train the Trainer courses for providers to support the ongoing work within the Partnership.

HOUSING SERVICES

Housing has a key role for people to stay at home, in accommodation that meets their needs, in their communities. The contribution of Falkirk Council housing services and Registered Social Landlords (RSL's) is key to delivery of the Partnership's Strategic Plan.

Our Housing Contribution Statement (HCS) 2019-2022 includes the following priorities that form an essential link with the Strategic Plan and the Local Housing Strategy:

1. Make the best use of technology to help people stay in their communities for as long as possible
2. Recognise the importance of well-being and connectedness
3. Make the most of the built environment
4. Improve access to housing
5. Provide housing options for homeless people

Actions that have already been achieved include:

- Review the Mobile Emergency Care Service including the transition from analogue to digital
- Increase percentage of social lets to homeless people

Although the following initial actions were achieved, further work is required on these general issues.

- Explore key workers as a priority in the new Affordable Housing Policy where income and other priorities have been considered
- Increase priority given for Affordable Housing Supply Programme grant funding to projects which provide the greatest percentage older/ambulant wheelchair accessible housing – we will review this again in the Strategic Housing Investment Plan (SHIP) 2023 due to the acute need for wheelchair housing
- Explore how to progress aligning the LHS with Fairer Falkirk and RRTP in relation to exploring poverty training for relevant frontline housing and Partnership staff – poverty training has been delivered to frontline staff
- As more people are affected by poverty, we will continue to prioritise resources to support people to maximise their income and receive financial support where available. The current economic climate with food and fuel poverty means we will continue to focus on poverty issues and this action is changed to ongoing.
- Set up a housing first model for people with complex and multiple issues who are in a cycle of homelessness

- Explore how to further assist empty homeowners, such as providing advice on hoarding
- Housing Policy and training in place, however, this is still an issue for Falkirk Council and Registered Social Landlords, and we are developing joint working practices to better support people with hoarding issues. We are continuing to work on this, therefore, action changed to ongoing.

Therefore, of the 21 actions in the Housing Contribution Statement:

- 6 are achieved
- 11 are ongoing
- 4 will be carried forward to the new HCS

It is a requirement under the Housing (Scotland) Act 2001 to develop a Local Housing Strategy (LHS) accompanied by an assessment of need. The Falkirk Housing Need and Demand Assessment (HNDA) was approved by Scottish Government in December 2022. Consultation has been carried out with the local community and stakeholders on the new LHS, including colleagues from the HSCP. We are currently bringing together the needs analysis from the HNDA and consultation to develop the new LHS 2023-2028.

Key issues for the new LHS include:

- A need for additional affordable housing
- An acute need for larger family housing
- Need for wheelchair user accommodation, including larger accommodation for families where one or more members are physically disabled
- Need for support for people with mental health issues
- Need for support for those with substance and alcohol misuse
- Need for a housing and support model for those with complex needs such as a core and cluster model

After the new LHS is developed, we will use it to bring together a new Housing Contribution Statement for 2024-2029.

SECTION 7 – EQUALITIES & SUSTAINABILITY

EQUALITIES

INTRODUCTION

Falkirk Health and Social Care Partnership is fully committed to promoting fairness, dignity, and respect while delivering services which provide equal opportunity for all in the Falkirk area. To help us achieve this vision, we must set Equality Outcomes and demonstrate how we mainstream Equalities every four years, and report on our progress every two years. We have extended our current Equality Outcomes for 2022/23.

Since we have recently developed our new Strategic Plan, we will be aligning our Strategic Plan and Equality Outcomes. This will ensure that the services we deliver and the care we provide is person-centered, human rights based, and places Equality at the heart of everything we do.

WHAT DOES THE LAW SAY?

Every public body in Scotland, including Integration Joint Boards (IJBs) must comply with the Public Sector Equality Duty (PSED) set out in the Equality Act (the Act) 2010. The Falkirk Integration Joint Board must, in the exercise of its functions have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between person who share a relevant protect characteristic and persons who do not share it

This essentially means we need to fully consider our duties every time we review or develop a new policy or service. This will ensure we meet the needs of all our service users and protect them from some of the disadvantages they may experience because of their protective characteristics. We can do this in several ways, including by setting Equality Outcomes.

The Scottish Government Specific Duties relevant to IJBs are:

- Publish a report on mainstreaming the equality duty
- Publish Equality Outcomes and report on progress
- Assess and review policies and practice
- Publish in a manner that is accessible
- Gather and use Board member information

Alongside our Equality Duties, we also have Duties set out in the Human Rights Act 1998. We must treat everyone equally, with fairness, dignity, and respect. In delivering services we will continue to be committed to undertaking human rights-based approach in line with PANEL principles (Participation, Accountability, Non-discrimination, Empowerment and Legality).

WHAT ARE PROTECTED CHARACTERISTICS?

All of us share one or more of the characteristics. They are protected by the Act, which in turn protects us all from unfair treatment. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race and ethnicity
- Religion or belief – this includes people who do not have a religion or belief
- Sex
- Sexual orientation

Unfortunately, some people may experience discrimination or disadvantage based on these characteristics. The Equality Outcomes ensure that we meet our legislative duties, meet the differing needs of our service users and their carers and protect them from experiencing discrimination or disadvantage when engaging with our services.

PROGRESS AGAINST EQUALITY OUTCOMES 2022/23

As part of our Scottish Specific Duties, we must report on our progress every two years. We have continued to make progress in 2022/23 which is summarised below:

Equality Outcomes	Progress to Date
Outcome 1: People within the relevant protected characteristic groups or who experience other forms of discrimination or disadvantage are able to be themselves and can achieve their full potential.	Learning Disability Day Support Service by the Falkirk Collaborative is working closely with service users, carers, staff, communities, and key stakeholders to improve outcomes and opportunities for adults with learning disabilities in the key areas of living, learning, wellbeing, and working. Work was ongoing to support people to move from Loch View (NHS Forth Valley's Inpatient Learning Disability and Treatment Unit) to a homely setting when they are ready for discharge. This has involved working in partnership with health, social care, housing and providers to find suitable accommodation and community-based supports to meet their needs. This supported the Partnership's ambition that people with learning disabilities have the right to the same opportunities as anyone else to live satisfying and valued

	lives, and to be treated with dignity and respect (linked to Outcome 4).
Outcome 2: Service users are equal partners in planning, developing and monitoring their care through informed choice and personal responsibility.	Extended the Lived Experience Programme to carers and service users. The goal is to increase our representation of people with lived experience and encourage them to get involved in a range of strategic and operational level service redesign meetings. Have been active in recruiting a new carer representative on the IJB and service user substitute representative. Liquidlogic for Adult Services – Liquidlogic is a new assessment and management recording system which was launched in 2022. It includes the introduction of an outcome-focused assessment practice which ensures clear personal outcomes. Anticipatory Care Plans: The Partnership worked with people, particularly those at risk of hospital admission, to have an Anticipatory Care Plan (ACP) in place. These plans have a focus on prevention, anticipation and supported self-management with the person at the centre of all decisions regarding their care.
Outcome 3: Our approach to engagement and participation will give a voice to our diverse communities.	Links with Outcome 2: extended the Lived Experience Programme to carers and service users. The goal is to increase our representation of people with lived experience and encourage them to get involved in a range of strategic and operational level service redesign meetings.
Outcome 4: People who experience mental health problems and /or learning disabilities will be supported to live fulfilled lives without stigma.	Review of Adult Day Services - Bringing together colleagues working in social work, health, day support, and procurement within Falkirk Council, NHS Forth Valley, and Neighbourhood Networks, the Falkirk Collaborative is a group of partners aiming to improve living, learning, well-being and working opportunities for adults with learning disabilities. The next phase of the project focuses on 2023 Falkirk school leavers with a diagnosed learning disability who are transitioning from children's to adult services. Trauma Champions and Trauma Informed Practice – Three Trauma Champions were appointed to represent and lead Trauma Informed Practice in Falkirk. Work ongoing to implement Trauma Informed systems change.

	Community Based Provision: FDAMH Social Spark – is a modern approach to befriending that helps people who use the service form friendships in a safe environment. Supporting Discharge from Loch View: Work was ongoing to support people to move from there to a homely setting when they are ready for discharge. This has involved working in partnership with health, social care, housing, and providers to find suitable accommodation and community-based supports to meet their needs. This supported the Partnership's ambition that people with learning disabilities have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. Dates-n-Mates service is Scotland's national dating and friendship agency for adults with learning disabilities. Dates-n-Mates aims to improve the health and wellbeing of its 40+ Falkirk members by helping them to overcome the loneliness and social isolation to which many people with learning disabilities are particularly susceptible. Neighbourhood Networks supports vulnerable adults mainly with learning disabilities, physical disabilities, and mental health issues to live an independent life, safely, within their own homes and be fully involved within their local communities.
Outcome 5: Access to our services will be improved by understanding and reducing barriers.	Primary Care Improvement Plan (PCIP) – Expansion of additional roles in GP practices including the recruitment of primary care mental health nurses. There has been a redesign of the HSCP website to make it more accessible. Work has been ongoing to ensure that accessibility regulations are implemented across our digital content. We have also expanded our social media presence to ensure that we reach as wide an audience as possible.

Table 18: Progress Against Equality Outcomes

EQUALITY & POVERTY IMPACT ASSESSMENTS

We are required to assess the impact of our decisions, changes to policies and practices and services against the requirements of the PSED. We do this through an equality impact assessment process. This is a helpful tool that examines new and existing services, policies, and strategies, to assess what impact they could have on all the protected characteristics. We can do this by

consulting and engaging with the people who will be impacted, as well as look at existing service level and national data.

While the equality impact assessment process only concerns the protected characteristics, we do have an additional Duty to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantaged. This is called the Fairer Scotland Duty. We recognise that inequality in relation to a protected characteristic and inequality in relation to poverty intersect. Inequality cuts across different themes and categories, which means we do not just assess one type of inequality in isolation – inequalities are linked.

The Partnership has agreed to use Falkirk Council's Equality and Poverty Impact Assessment (EPIA). When we use this tool, we not only assess any impact relating to the protected characteristics, but we also assess impact on socio-economic status. This is an area that we are improving and working to publish all completed EPIA's on our website, which can be found here.

DELIVERING OUTCOMES AND LOOKING FORWARD TO 2023/2024

We will continue the work we have been doing to deliver on these Outcomes. Work is now underway to develop new Equality Outcomes that will align with our new Strategic Plan. We will be consulting on new draft Outcomes and aim to publish them in 2023/2024

SUSTAINABILITY

Adult Social Work services are included in Falkirk Council's Carbon Management Plan. The target for the service is to achieve a 68% reduction in its 2019/20 carbon emissions from vehicle fuel, gas, and electricity consumption by 2030. Work is underway to identify how to reduce carbon emissions, especially from travel and energy use in buildings.

Adult Social Work accounted for 950 tonnes CO2e in 2022/23, which is a significant decrease of 477 tonnes CO2e from the previous year. The breakdown per emissions sector is as follows:

- Gas – 707 tonnes CO2e
- Electricity (building) – 218 tonnes CO2e
- Electricity (transmission and distribution losses) – 20 tonnes CO2e
- Water supply – 2 tonnes CO2e
- Water treatment – 3 tonnes CO2e

The NHS Forth Valley Sustainability Strategy 2019-2024 sets out how the key elements of sustainability can come together to actively support and enable efficient and effective healthcare delivery. The Strategy recognises that NHS Forth Valley needs to address health challenges due to climate change as well as reducing its own environmental impact.

SECTION 8 – FINANCIAL PERFORMANCE & BEST VALUE

OUTCOME 9:

Resources are used effectively and efficiently in the provision of health and social care services.

BEST VALUE

As a public body, the IJB has a duty to make arrangements to secure Best Value. As defined by Audit Scotland, Best Value is concerned with "*good governance and effective management of resources with a focus on improvement to deliver the best possible outcomes for the public*".

With this in mind, the IJB's governance framework is intended to support continuous improvement and better outcomes, whilst striking an appropriate balance between quality and cost.

The key features of the IJB's governance framework which were in place during 2022/23 to support best value are outlined below.

VISION AND LEADERSHIP

A key statutory duty of the IJB is to develop a 3-year Strategic Plan which reflects the national health and wellbeing outcomes framework and delivery of agreed local priorities. The Strategic Plan 2023-2026 has now been published setting out how adult health and social care services within Falkirk will be delivered over the next 3 years. This replaced the previous Strategic Plan which ended in March 2023.

The Strategic Plan recognises that the Covid-19 pandemic is going to have a long-term impact within the health and care sector, adding further strain onto already stretched services. There will be an ongoing requirement to consider new services and enhanced support for existing services such as mental health and various local community initiatives. At the same time, demand linked to ongoing demographic change, is increasing as people are living longer into old age, often with multiple long-term conditions which require more complex multidisciplinary care and support.

Falkirk Health & Social Care Partnership (HSCP) has created a comprehensive Workforce Plan for the period of the new Strategic Plan. The Workforce Plan addresses the make-up of the current workforce, the challenges facing the partnership in terms of workforce and the objectives the HSCP has with a view to developing a sustainable future workforce. Listed below are some of the key challenges and drivers highlighted in the workforce plan:

- Ageing population and workforce
- Marked increase in substance use
- Mental wellbeing
- Finance – reduced funding with increased demand

- Recruitment skills shortages
- Technological and system improvements required
- Ageing estates and lack of suitable premises

The Falkirk Council Housing Needs and Demands Assessment 2022 was approved by the Scottish Government in December 2022 and highlights a number of key issues, including a shortage of key workers, specifically in health and social care, and a growing need for service users to have suitable housing provision.

To respond to these challenges (combined with the ongoing impact of growth in general price inflation and advances in new technology and medical treatments), the following four priority areas have been identified for the next three years:

- Community-based services
- Accessible care
- Early intervention and prevention
- Carer support

These four priorities will be driven by three workstreams - Workforce, Technology and Communication.

A high-level Delivery Plan was developed in February 2023 and provides high-level actions and timescales about how the HSCP will progress towards meeting the strategic and cross-cutting priorities. The Transformation Board will drive forward transformation programmes and projects in line with the strategic plan. The actions identified within the Delivery Plan align with the priorities of the Transformation Board.

We are confident that the updated Strategic Plan coupled with the establishment of a Transformation Board will allow it to drive forward the required changes within Adult Health and Social Care Services in Falkirk whilst acknowledging, and continuing to respond to, the challenges faced due to the longer-term impact of Covid-19 and current economic pressures.

GOVERNANCE AND ACCOUNTABILITY

Falkirk IJB has responsibility for the strategic planning and commissioning of delegated health and social care functions. NHS Forth Valley and Falkirk Council delegate budgets to the IJB, which decides how resources are used to achieve the objectives of the Strategic Plan. The IJB then directs the partners, through the HSCP, to deliver services in line with this plan. The IJB controls an annual budget of approximately £284m.

The governance framework includes the Integration Scheme, IJB Standing Orders, Risk Management and Clinical and Care Governance. These frameworks set out the rules and practices by which the IJB ensures that decision making is accountable, transparent, and carried out with integrity.

The IJB has legal responsibilities and obligations to its stakeholders, staff, and residents of the Falkirk Council area.

The range of IJB Board members has enabled informed decision-making through the insightful contributions from different perspectives. The voice of service users and carers have been of importance and value to the Board. During 2022-2023, a hybrid approach to meetings was introduced with some still taking place online.

EFFECTIVE USE OF RESOURCES

The National Health and Wellbeing Outcomes Framework requires the IJB to demonstrate that *"resources are used effectively and efficiently in the provision of health and social care services"*. As part of this requirement, an overview of 2022/23 financial performance is provided below, including consideration of the financial outlook for 2023/24.

2022/23 FINANCIAL PERFORMANCE (FROM UNAUDITED ACCOUNTS 2022/23)

The IJB reported total income of £ 284.349m for financial year 2022/23 and total expenditure of £ 292.573m incurred during the year. As a result, a deficit of £ 8.224m was reported in the unaudited Comprehensive Income and Expenditure Statement on 31 March 2023.

The reported deficit includes £10.978m of Covid-19 funding returned to Scottish Government during the year. Ongoing delays to planned expenditure during the year has led to a slight increase in other reserves being carried forward into financial year 2023/24. The partnership has also continued to experience multiple key financial pressures during the year including:

Large Hospital Services/Set Aside

Forth Valley Royal Hospital was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework on 23rd November 2022. Extreme pressures continue to be experienced across the hospital due to increased patient numbers, delayed discharges and staffing pressures. These ongoing pressures are reflected in the continued need to use locums and agency staff to cover key vacancies.

Social Care

Additional funding was provided by Scottish Government in 2021/22 and again in 2022/23 to allow Care at Home providers to increase wages for direct care staff to increase Care at Home capacity and make the service more sustainable. Despite increased hourly rates, capacity remains a concern with demand for Care at Home outstripping capacity. Underspends were reflected across many areas of Social Care due to recruitment challenges, vacancies

and lower activity across a number of services while we recover from the Covid-19 pandemic.

There are ongoing demand pressures within Home Care combined with staff shortages across both internal and externally provided services. The number of people currently waiting for care packages remains high although there has been a recent positive impact from new providers and a new recruitment campaign to recruit staff and increase capacity. Covid-19 funds have been used to cover bank and agency staff costs in 2022/23.

Primary Healthcare
A significant overspend has been reported on Prescribing again this year, mainly attributed to a 3.1% increase in Prescribing activity combined with a rise in cost per item throughout the reporting period.

Community Healthcare
The temporary ward closures at Falkirk Community Hospital due to fire risk issues have continued throughout the reporting period which mask overspend pressures within the Joint Loan Equipment Scheme (JLES) and District Nursing Services. In addition, underspends were reported across a variety of services due to staff turnover and vacancies.

An analysis of IJB expenditure incurred during 2022/23 is outlined in the table below:

Total Expenditure	2022/23	2021/ 22	2020/ 21	2019/ 20	2018/ 19
Large Hospital Services	39,844	31,079	29,629	27,741	26,026
Primary Care Services	86,130	81,474	83,284	81,941	75,816
Social Care Services	110,820	99,102	93,952	88,259	83,694
Community Healthcare Services	44,331	21,956	38,241	36,604	35,422
IJB Running Costs	470	454	469	444	410
Total	**281,595**	**234,066**	**245,575**	**234,989**	**221,368**
Set Aside	39,844	31,079	29,629	27,741	26,026
Integrated Budget	241,751	202,987	215,946	207,248	195,342
Total	**281,595**	**234,066**	**245,575**	**234,989**	**221,368**

Table 19: IJB Expenditure 2022/23

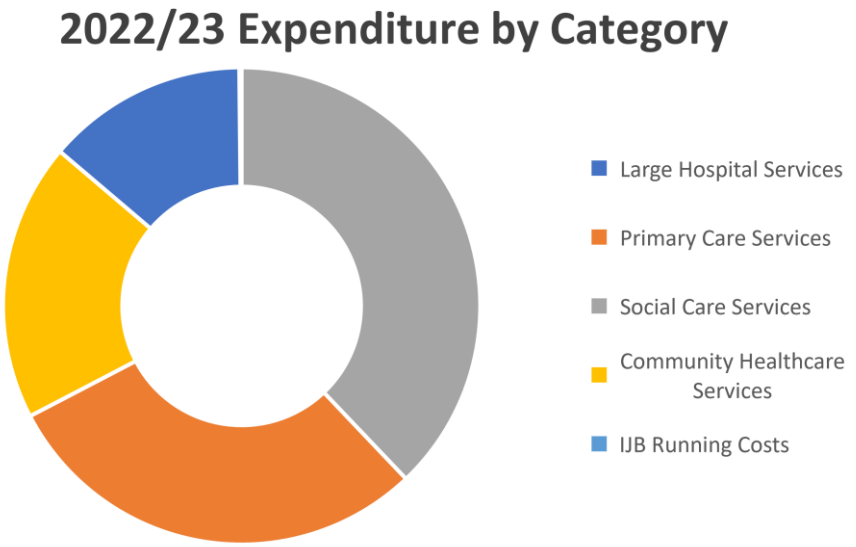


Figure 4: 2022/2023 Expenditure by Category

COVID-19 FINANCIAL IMPLICATIONS

During 2022/23, £10.978m of Covid-19 funding previously provided by Scottish Government to meet all additional costs was retracted.

Expenditure of £4.423m relating to Covid-19 was incurred during the year and met from remaining Scottish Government Covid-19 funding.

FORWARD LOOK 2023/24 AND BEYOND

The updated Medium Term Financial Plan was approved on 31st March 2023 covering financial years 2023/24 to 2026/27. The plan details an expected funding gap throughout this period and the initial savings delivery in 2023/24 in order to achieve a balanced budget.

The expected funding gap before savings delivery is set out in the table below:

Projections	2023/24 £m	2024/25 £m	2025/26 £m	2026/27 £m
Expenditure	281.567	286.268	290.806	295.497
Funding	(268.073)	(270.786)	(273.574)	(276.440)
Shortfall	13.493	15.482	17.232	19.057

Table 20: Expected Funding Gap

A number of assumptions have been used in the projections, including pay and social care provider uplifts, inflation rates and expected demographical changes.

It's clear from the table above that Falkirk IJB and its partners are facing an extremely challenging financial future with expectations of significant change in demographics leading to growing demand and increasing costs. This comes at the same time as an expected reduction in real terms of the financial envelope within which to deliver services.

IJBs were established as agents of change and improvement, with an expectation that plans would be put in place to improve the health and wellbeing of the local population. One of the aims of integration is for the financial resources of the IJB to no longer be seen as separate social work and health budgets and instead to use the total resources available to meet the health and social care needs of the people of Falkirk. To achieve this, and deliver the Strategic Plan, money will have to move to support new models of care.

A savings programme has been identified for financial year 2023/24 which includes the use of £2.829m non-recurring funds from reserves. However, as non-recurring savings provide only a short-term solution, longer term solutions will require to be developed and work is continuing to identify service delivery changes that will deliver a sustainable financial position over the coming years.

PARTNERSHIP FUNDING PROGRAMME

Falkirk HSCP has operated a Partnership Funding programme since 2018. The programme has provided an opportunity for partners to establish, test, transform, and accelerate the delivery of integrated services in line with local priorities.

The IJB agreed that a single partnership investment plan should be developed to provide oversight of investment, governance, and evaluation of impact for all strands of funding available to the Partnership to support in-scope services.

The Partnership Funding Investment Plan 2021-2024 was developed in collaboration with partners and approved by the IJB in June 2021. During 2023/24, we will be reviewing the Plan.

The benefits of operating a Partnership Funding Programme include the ability to:

- Respond to emerging needs across the system on a flexible manner
- Effectively and transparently allocate, monitor, and evaluate funds, using a collaborative commissioning approach
- Include people with lived experience in design and decision-making processes
- Shift resources from crisis support to earlier intervention and prevention

Currently, the Partnership Funding Programme includes twelve funds:

1. Main Programme
2. Carers Fund
3. Health Inequalities and Wellbeing Fund (non-recurring)
4. Alcohol and Drugs Partnership
5. TEC Innovation Fund (non-recurring)
6. Dementia Innovation Fund

7. Falkirk Suicide Prevention Fund (Previously Choose Life)
8. Services for Survivors
9. Innovation and Invest to Save (non-recurring)
10. Locality based funding (non-recurring)
11. Mental Health Recovery and Renewal Funds (Phase 2 – Post Diagnostic Support)
12. Joint Working Agreements

In 2022, the partnership accelerated the funding programme by progressing the commissioning processes for certain funds. This process was initially delayed by the pandemic and had resulted in some funds accruing reserves. By progressing the processes, new funds have been established such as the Health & Inequalities Wellbeing Fund, Carers Challenge Fund and the Falkirk Suicide Prevention Fund (Previously Choose Life.) The funding programmes have enabled the partnership to align investment with the priorities of the Strategic Plan and have also funded projects that address the challenges which have been exacerbated by Covid-19.

Currently, over 70 projects are funded through the twelve funding programmes. The geographical area for some is targeted Falkirk wide whereas others are more specifically based to localities and wards. The projects vary in terms of themes they address and the target groups they provide support to. The charts below list the main themes and target groups throughout all the projects. Examples of locality-based projects are provided within Table 22 below.

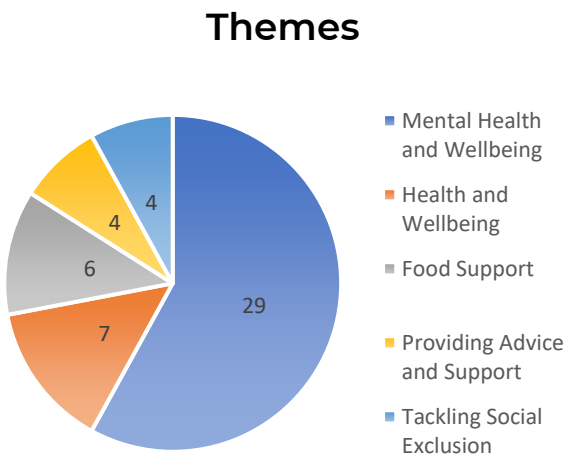


Figure 5: Project Themes

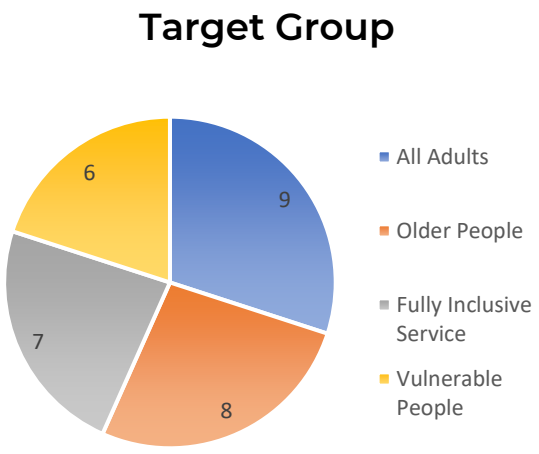


Figure 6: Project Target Groups

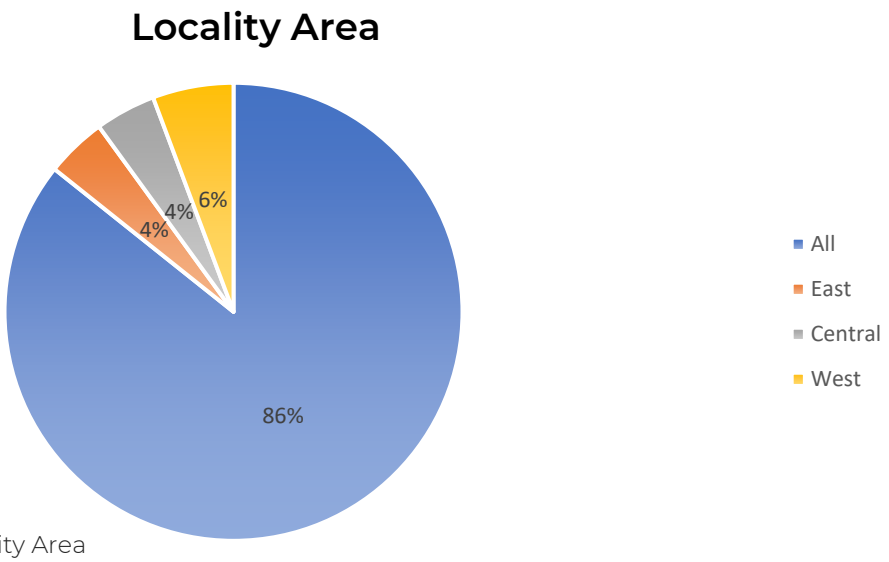


Figure 7: Projects by Locality Area

Project Name	Lead Organisation	Fund	Geographical Area
Community Link Worker	Cyrenians	Main Programme	Central
Working with people who have been referred to the service. They provide support and help to link people to a number of other services for external support. CLW are flexible with their clients and can be contacted out of hours and through multiple methods.			
FC Community Learning & Development	Grangemouth Men's Group	Health Inequalities & Wellbeing Fund	East
Provision for men who live in the Grangemouth area and experience poor mental health & wellbeing and wider health inequalities.			
VIVA Communities: Making the CAP Fit	Denny Community Support Group	Health Inequalities & Wellbeing Fund	West
To provide a Voice, Information, Variety and Activities (VIVA) to improve mental health.			
Suicide Prevention Post	FDAMH	Falkirk Suicide Prevention Fund	All
Money to fund part-time DRS Initial Assessment Officer to help manage increase in demand in their service.			

Table 21: Partnership Funding Case Studies

TRANSFORMATION PROGRAMME

In March 2021, the Programme Management Office (PMO) Coordinator outlined the approach to build the Falkirk HSCP PMO and to develop a project management approach to govern its projects and programmes of transformation. The PMO Coordinator developed a project register to provide a clear overview of all the projects and programmes of change taking place at that time within their portfolio.

This register is regularly updated and has continued to evolve over time to reflect project completions, project status and additional projects have been added as approval has been agreed. The Project Register enabled prioritisation of the HSCPs Portfolio of Transformation Projects which were linked to HSCP Strategic Priorities. This allowed identification of six key transformation themes and provided greater insight into the team structure that will be required to meet the partnerships ambitious transformation programme.

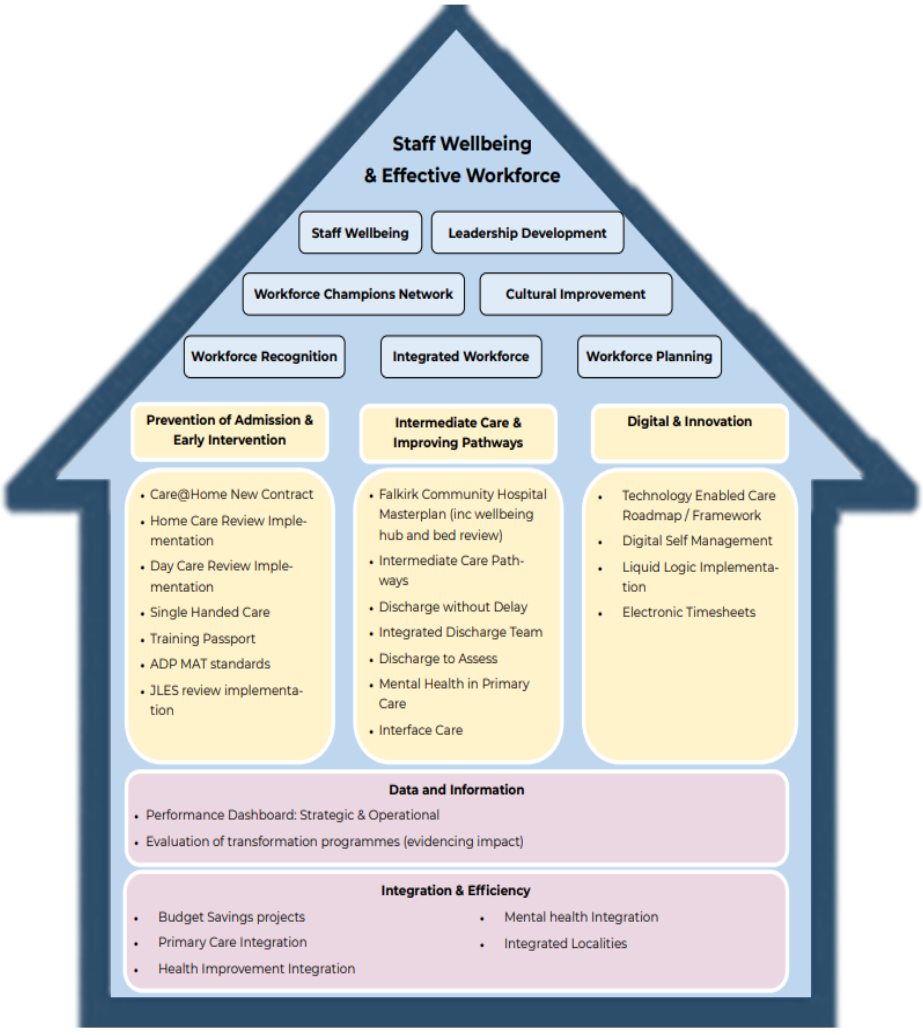


Figure 8: Transformation Programme Themes

SECTION 9 – GOVERNANCE & PERFORMANCE

GOVERNANCE

THE CARE INSPECTORATE

The Care Inspectorate is responsible for the regulation of care standards in Scotland. In consultation with the social care sector, the Care Inspectorate has developed a self-evaluation and quality framework model based on the Scottish Government's Health and Social Care Standards. Inspectors use the quality framework to evaluate the quality of care during inspections and improvement planning.

CARE INSPECTORATE QUALITY ASSESSMENT FRAMEWORK

The Quality Assessment Framework sets out Key Questions about the difference a care service makes to people's wellbeing, and the quality of the services that contribute to that.

From February 2022, Key Question 7 – How good is our care and support during the Covid-19 pandemic was removed and added under Key Question 1 "1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure."

Key Question 1	How well do we support people's wellbeing?
Key Question 2	How good is our leadership?
Key Question 3	How good is our staff team?
Key Question 4	How good is our setting?
Key Question 5	How well is our care and support planned?
Key Question 6	What is the overall capacity for improvement?

RESIDENTIAL CARE HOMES (OLDER PEOPLE)

18 of the 20 local care homes were inspected during the financial year 2022/23, an increase on twelve care homes being inspected during the 2021/22 financial year and three during 2020/21.

The percentage scores under each key question from all care homes in the Falkirk Council area were as follows:

Key Questions	Good/Very Good/Excellent	Unsatisfactory/Weak/ Adequate	Not Inspected
KQ 1	70%	25%	5%
KQ 2	55%	20%	25%
KQ 3	35%	10%	55%
KQ 4	45%	0%	55%
KQ 5	55%	0%	45%
KQ 6	0%	0%	100%

Table 22: Residential Care Homes (Older People)

As of 31 March 2023, one care home scored a weak grade with the Care Inspectorate compared to none at the end of the last financial year. The Care

Inspectorate upheld eight complaints from January to December 2022 compared to ten from January to December 2021.

RESIDENTIAL CARE HOMES (ADULTS)

All 11 local adult care homes are now assessed under the new Quality Assessment Framework. At the end of the 2022/23 financial year, 10 of the 11 adult care homes were inspected compared to three in the previous year.

The percentage scores under each key question from all care homes in the Falkirk Council area were as follows:

Key Questions	Good/Very Good/Excellent	Unsatisfactory/Weak/ Adequate	Not Inspected
KQ 1	91%	9%	0%
KQ 2	82%	18%	0%
KQ 3	45.5%	9%	45.5%
KQ 4	45.5%	9%	45.%
KQ 5	73%	9%	18%
KQ 6	N/A	N/A	N/A

Table 23: Residential Care Homes (Adults)

At the end of 2023, 91% of the adult care homes had undergone an inspection compared with only 27% at the end of 2022.

No care home scored a weak grade at the end of 2022/23. The Care Inspectorate upheld three complaints from January to December 2022 compared to one from January to December 2021.

CARE INSPECTORATE INSPECTION REPORTS

The following table notes the report on local inspections by the Care Inspectorate. Actions plans are monitored by the HSCP Senior Leadership Team.

Publication Date	Inspection	Inspection Date
12 May 2022	Cunningham House Care Home Service	10 May 2022
24 May 2022	Grahamston House Care Home Service	19 May 2022
20 June 2022	Thornton Gardens	02 June 2022
09 February 2023	Joint Dementia Initiative Housing Support Service	06, 07, 09 February 2023

Table 24: Care Inspectorate Inspection Reports

CUNNINGHAM HOUSE CARE HOME SERVICE

Cunningham House care home service is situated in Grangemouth and provides a service for up to 20 people living with dementia. An unannounced inspection of the care home took place on 10 and 11 May 2022. There were no areas for improvements identified and the findings of the inspection are:

How well do we support people's wellbeing?	5 – Very Good
1.3 People's health and wellbeing benefits from their care and support	5 – Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 – Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 – Very Good
How good is our leadership?	**5 – Very Good**
2.2 Quality assurance and improvement is well led	5 – Very Good

Table 25: Cunningham House Care Home Inspection

GRAHAMSTON HOUSE CARE HOME

Grahamston House is a care home providing care and support for up to 36 older people living with dementia. Four of the places can be offered to people for a short break service. This service is registered separately with the Care Inspectorate.

An unannounced inspection of the care home took place on 18 and 19 May 2022. There were no areas for improvements identified and the findings of the inspection are:

How well do we support people's wellbeing?	5 – Very Good
1.3 People's health and wellbeing benefits from their care and support	5 – Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 – Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 – Very Good
How good is our leadership?	**5 – Very Good**
2.2 Quality assurance and improvement is well led	5 – Very Good
How well is our care and support planned?	**4 – Good**
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

Table 26: Grahamston House Care Home Inspection

THORNTON GARDENS

Thornton Gardens is registered as a care home to provide a short break and respite service to a maximum of six adults with a learning disability at any one time. Two of these places will be for emergency placements. The service has moved premises and changed its name from 'The Rowans' since the last inspection. Thornton Gardens currently has a variation to the registration with the Care Inspectorate. This was added and accepted due to the pandemic and subsequent system pressures. The current registration is:

- To provide a short breaks and respite care service to a maximum of six adults with a learning disability. Two of these places will be for emergency placements.

- Until 31 May 2023, the service can provide a short breaks and respite care service to a maximum of twelve adults and older people. Three of these places will be for emergency respite.

An unannounced inspection of the care home took place on 31 May and 2 June 2022. The findings of the inspection are:

How well do we support people's wellbeing?	**4 – Good**
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 – Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 – Very Good
How good is our leadership?	**4 – Good**
2.2 Quality assurance and improvement is well led	4 – Good

Table 27: Thornton Gardens Inspection

The inspection followed up on four areas of improvement identified by the Care Inspectorate in October 2018. The inspection concluded that for three areas for improvement these had been met. The remaining improvement action related to care planning and noted that the service should review the format used to ensure that staff have appropriate information to deliver care and support effectively depending on each person's length of stay and complexity of health needs.

JOINT DEMENTIA INITIATIVE

The Joint Dementia Initiative provides a one-to-one housing support and care at home service for people diagnosed with dementia, or memory problems, living in their own homes. Although the service is commissioned to provide support for people living with dementia, family members can also benefit from the support from the service. This service is user-led and provides practical support and advice, as well as social and leisure opportunities.

This was a short-announced inspection which took place on 6, 7, and 9 February 2023. The inspection considered five quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspection are:

How well do we support people's wellbeing?	**5 – Very Good**
1.1. People experience compassion, dignity and respect	6 – Excellent
1.3 People's health and wellbeing benefits from their care and support	6 – Excellent
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 – Very Good
How good is our leadership?	**5 – Very Good**
2.2 Quality assurance and improvement is well led	5 – Very Good

Table 28: Joint Dementia Initiative Service Inspection

The Care Inspectorate report noted the following key messages:

- Joint Dementia Initiative were sector leading and supported experiences for people which were of outstanding high quality
- People were respected and listened to because their wishes and preferences were used to shape how they were supported
- Staff demonstrate the principles of the Health and Social Care Standards in their day-to-day-practice
- Families of people they had supported had nothing but praise for the service
- Staff recognised changing health and social needs and shared this information quickly with the right people
- The service would benefit from a more structured quality assurance to ensure a consistent approach
- Management were in the process of reviewing the service to improve outcomes and opportunities for people

BO'NESS COMMUNITY HOSPITAL, WARD 2

Ward Two is a 16-bedded unit which provides assessment and treatment for older adults with dementia. The ward admits both male and female patients. On the day of the Mental Welfare Commission (MWC) visit there was one vacant bed. The MWC have not visited this ward since 2017.

Publication Date	Inspection	Inspection Date
18 January 2023	Bo'ness Community Hospital	01 November 2022

Table 29: Bo'ness Community Hospital MWC Inspection Report

The MWC report provided positive feedback on many aspects of care and treatment within the ward. The report noted the complex needs of the patients within the ward and the frailty and care needs associated with the specific needs of the patients. They noted the high level of care and treatment required for this patient group and saw good evidence of this on the visit. Positive feedback was provided on the Community Hospital Care booklet which captured all physical healthcare assessments, plans, interventions, and evaluations.

Good compliance was noted around some key aspects of the Mental Health Act, an example that was noted related to the locked door policy being in place, supported with appropriate risk assessments and documentation which was visible when entering the ward.

There were five recommendations made and Falkirk HSCP will submit a response to these by April 2023. Part of the response is the development of an improvement plan, and this will be shared with the MWC as evidence of actions taken. The plan will be monitored through local governance process with updates provided to Committee. Additionally, there have been many opportunities taken to share the learning from this report system wide.

The recommendations are:

- Managers should ensure a review of the record keeping system is undertaken to ensure all information is current, up-to-date, and held in one place
- Managers should ensure nursing care plans are person-centred, contain individualised information, reflect the care needs of each person, identify clear interventions and care goals
- Managers should ensure that nursing staff include summative evaluations of care plans in patient notes that clearly indicate the effectiveness of the interventions being carried out and any required changes to meet care goals
- Managers should urgently ensure a pathway is developed in partnership with social work colleagues to support timely discharge from hospital
- Managers should ensure that processes are in place to comply with Part 16 of the Mental Health Act and that all prescribed psychotropic medication is legally authorised.

PERFORMANCE

NATIONAL INTEGRATION INDICATORS

The IJB fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, relevant targets, and measures which are set out in the Strategic Plan and integration functions.

The Partnership reports progress against the suite of national integration indicators. This enables us to understand how well our services are meeting the needs of people who use our services and communities.

Indicators 1-9 are populated by the bi-annual Health and Care Experience (HACE) Survey. The most recently available data for these indicators is for 2021/22. Indicators 11-20 are in the main populated from the Scottish Morbidity Records (SMRs) which are submitted from local Health Boards to Public Health Scotland (PHS).

Our latest performance for the indicators that have been updated this year (11 to 19) is set out in the following 'Performance at a Glance', with more detailed tables on the following pages.

PERFORMANCE AT A GLANCE

INDICATOR SUMMARY

From the 9 indicators updated this year:

- 1 indicator where Falkirk **compares well** to Scotland.
- 2 indicators where Falkirk is **similar to** Scotland.
- 6 indicators where Falkirk **does not compare well** to national average.

2022 performance has decreased, including:

- Falkirk, 7 of 9 indicators seen a decrease in performance
- Scotland, 5 of 9 indicators seen a decrease in performance

No.	Performance	Data Indicator	National
NI-11	473 per 100,00	Premature mortality rate per 100,000 persons.	442 per 100,00
NI-12	14,769 admissions per 100,000	Emergency admission rate 2020	11,155 per 100,000

NI-13	130,429 bed days per 100,000	Emergency bed day rate 2020	113,134 per 100,000
NI-14	142 per 1,000	Readmission to hospital within 28 days – rate per 1,000 population, 2020.	102 per 1,000
NI-15	88.8%	Proportion of last 6 months spent at home or in a community setting 20202	89.3%
NI-16	25.4 falls per 1,000	Falls rate per 1,000 population aged 65+, 2020	22.2 per 1,000
NI-17	79.5%	Proportion of care services graded good or better in Care Inspectorate Inspections, 2020	75.2%
NI-18	62.6%	Percentage of adults with intensive care needs receiving care at home, 2020	63.5%
NI-19	1,386 per 100,000	Number of days people spend in hospital when they are ready to be discharged, 2020	919 per 100,000

Compares well is defined as Falkirk rate is 2% better than Scotland.
Does not compare well is defined as Falkirk rate is not within 2% of Scotland rate.
Similar is defined as Falkirk rate within 2% of Scotland rate.

Notes on Indicators 1-9

There are no updates to indicators 1-9 (Health and Care Experience Survey). The next update will be released in 2024.

Notes on Indicators 11-20

Use of Proxy 2022/23 financial year data for indicators 11, 12, 13, 14, 15 and 16

Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland to all Health and Social Care Partnerships.

Indicator 17 and 19
These indicators have been updated to financial year 2022/23.

Indicator 18
Indicator 18 (percentage of adults with intensive care needs receiving care at home) has been updated to calendar year 2022.

Indicator 20
NHS Boards have not been able to provide detailed cost information since 2019/20 due to changes in service delivery during the Covid-19 pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the Covid-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.

	NI	Title	Falkirk Partnership			Comparator Average	Scotland
			2017/18	2019/20	2021/22	2021/22	2021/22
Outcome Indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	92.4%	92.4%	89.5%	90.6%	90.9%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82.5%	79.2%	70.6%	76.2%	78.8%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	78.6%	63.9%	73.2%	70.6%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	71.8%	74.6%	47.2%	67.7%	66.4%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80.5%	83.6%	63.5%	74.5%	75.3%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81.0%	76.4%	60.3%	65.7%	66.5%
	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	78.3%	78.8%	70.4%	78.8%	78.1%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	37.3%	36.6%	28.6%	28.0%	29.7%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84.1%	85.8%	73.5%	78.5%	79.7%

	NI	Title	Falkirk Partnership							Comparator Average	Scotland
			2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Latest	Latest*
Data Indicators	NI - 11	Premature mortality rate per 100,000 persons*	466	427	449	435	460	488	473	444	442
	NI - 12	Emergency admission rate (per 100,000 population)	11,771	12,325	12,125	15,346	13,219	13,945	14,769	12,185	11,155
	NI - 13	Emergency bed day rate (per 100,000 population)	144,772	138,571	137,752	135,542	110,314	111,984	130,429	116,049	113,134
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	121	121	118	152	163	146	142	100	102
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.4%	86.1%	87.0%	89.1%	88.4%	88.8%	89.6%	89.3%
	NI - 16	Falls rate per 1,000 population aged 65+	19.8	21.9	23.9	24.6	22.5	24.5	25.4	22.9	22.2
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	85.8%	88.2%	83.8%	87.4%	87.0%	81.2%	79.5%	75.2%	75.2%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	64.6%	64.2%	64.8%	63.7%	64.2%	65.2%	62.6%	63.6%	63.5%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	1023	910	1178	1020	684	1,112	1,386	1003	919
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.4%	23.6%	23.8%	24.6%	NA	NA	NA	NA	NA

Source: Public Health Scotland

Notes:

1. NA indicates where data is not yet available.
2. NI 1 – 9: Data are presented on financial year file and 2021/22 is the most recent data available. The figures presented for the Core Suite of Integration Indicators may differ from those published due to changes in the underlying methodology. Historic figures will also not be comparable due to a change in methodology.
3. NI 11 and 18 are presented on calendar year 2022.
4. NI 12 – 16: Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and those for other Health and Social Care Partnerships.
5. NI 17 is presented on financial year with the latest available data being from 2022/23.
6. NI 1 – 9, 11 and 17: for these indicators the data available for each Council Area in the Comparators group is a percentage or a rate only. So, the 'Comparator Average' is the average of the percentages or rates for each indicator, rather than a true weighted average.
7. NI 12 – 16 and 18 – 20: for these indicators, the 'Comparator Average' is a true weighted average.
8. Since moving to TrakCare in April 2019 Combined Assessment Unit (CAU) activity has been recorded in SMR01 under significant facility 11 whereas previously it was recorded in SMR00. This has contributed to an increase in the total number of emergency admissions (indicator 12) in Forth Valley areas from 2019/20 onwards. This will also have had an impact on Indicator 14.

Comparators: Includes members of Family Group 3: Clackmannanshire, Dumfries & Galloway, Fife, Renfrewshire, South Ayrshire, South Lanarkshire and West Lothian: http://www.improvementservice.org.uk/benchmarking/how-do-we-compare-councils.html

SECTION 10 – CONCLUSION

LOOKING FORWARD

With a new Strategic Plan and priorities, the Partnership, with support from a range of partners, remains committed to improving services available to people. We will continue to increase our involvement of people with lived experience to help us ensure we are delivering person-centred services.

We will continue to manage the ongoing increased pressure on services and the workforce as well as the impact of the current economic pressures on people's health and wellbeing, and the widening health and social inequalities in our communities.

Our ambitious transformation programme will enable our limited resources to be aligned to key areas of service delivery that will make the biggest impact on our Partnership.

Key areas of work for 2023/2024 include:

- Progress the Transformation Programme, including the redesign of Home Care provision, the Care at Home tender and Dementia Strategy implementation and service review projects
- Workforce recruitment and retention
- Work with partners to drive forward the Community-Led Support Strategy
- Refresh the Participation and Engagement Strategy
- Refresh the Communication Strategy
- Develop a Digital Health and Care Programme Board and Digital Health and Care Strategy
- Raise awareness of Care Opinion
- Review Partnership Funding programme and propose new Partnership Funding Investment Plan for 2024/2025

GLOSSARY

A glossary of common terms and acronyms used within health and social care can be found at FalkirkHSCP.org/glossary