



A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on
Wednesday 18 October 2017 at 2pm - 4pm,
in Kildean Suite, Forth Valley College, Stirling Campus

Please notify apologies for absence to
HealthandSocialCarePartnership@clacks.gov.uk

LUNCH 12 noon – 12.30pm

IJB Development Session – Risk Management 12.30pm – 13.45pm

AGENDA

- | | |
|--|--------------|
| 1. NOTIFICATION OF APOLOGIES | For Noting |
| 2. NOTIFICATION OF SUBSTITUTES | For Noting |
| 3. DECLARATION(S) OF INTEREST | For Noting |
| 4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON | |
| 5. MINUTE OF THE CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD
MEETING HELD ON 30 AUGUST 2017 | For Approval |
| 6. MATTERS ARISING | |
| 7. FINANCE | |
| 7.1 2016/2017 INTEGRATION JOINT BOARD ANNUAL ACCOUNTS
(Paper Presented by Ewan Murray) | For Noting |
| 7.2 FINANCIAL REPORT
(Paper Presented by Ewan Murray) | For Approval |
| 8. PERFORMANCE | |
| 8.1 PERFORMANCE REPORT
(Paper Presented by Shiona Strachan) | For Noting |
| 9. GOVERNANCE | |
| 9.1 CLIMATE CHANGE REPORT
(Paper Presented by Lesley Fulford) | For Approval |
| 9.2 IMPLEMENTATION OF THE CARERS ACT
(Paper Presented by Robert Stevenson) | For Noting |

10. TRANSFORMING CARE

10.1 CHIEF OFFICER REPORT

(Paper presented by Shiona Strachan)

For Noting & Approval

11. PROPOSED 2018 MEETING DATES

(Paper presented by Lesley Fulford)

For Approval

12. PAPERS FOR NOTING

12.1 INTEGRATION JOINT BOARD AUDIT COMMITTEE MINUTE OF 16 AUGUST 2017

(Paper Presented by Ewan Murray)

For Noting

13. EXEMPT ITEMS

E13.1 CARE HOMES (Verbal Report)

(Presented by Shiona Strachan)

14. ANY OTHER COMPETENT BUSINESS

15. DATE OF NEXT MEETING

Wednesday 13 December 2017, 2.00pm – 4.00pm, Boardroom, Forth Valley College, Alloa Campus

Lunch 12noon - 12.30pm,

IJB Development Session on Finance & Planning – 12.30pm - 1.45pm



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

18 October 2017

This report relates to
Item 5 on the agenda

**Minute of Clackmannanshire & Stirling
Integration Joint Board meeting held on
30 August 2017**

For Approval

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 30 August 2017, at 2.00pm, in Chambers, Clackmannanshire Council, Kilncraigs, Alloa

Councillor Farmer welcomed all members to the meeting. He advised that there were two exempt items on the agenda and that members of the public would have to leave the meeting when it came to this point

Present: Councillor Scott Farmer, (Chair), Stirling Council
John Ford, (Vice Chair), NHS Forth Valley
Stewart Carruth, Chief Executive, Stirling Council
Councillor Dave Clark, Clackmannanshire Council
Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface
Councillor Ellen Forson, Clackmannanshire Council
Dr Graham Foster, Executive Board Member, NHS Forth Valley
Lesley Fulford, Programme Manager, Clackmannanshire & Stirling HSCP
Fiona Gavine, Non Executive Board Member, NHS Forth Valley
Celia Gray, Head of Social Services, Chief Social Work Officer,
Clackmannanshire Council
Tom Hart, Employee Director, NHS Forth Valley
Shubhanna Hussain-Ahmed, Unpaid Carers Representative for Stirling
Alex Linkston, Chairman, NHS Forth Valley
Councillor Bill Mason, Clackmannanshire Council
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Paul Mooney,
Andrew Murray, Medical Director, NHS Forth Valley
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Sheila McGhee, Service User Representative for Clackmannanshire
Kathy O'Neill, General Manager, Community Services Directorate
Elizabeth Ramsay, Unpaid Carers Representative for Clackmannanshire
Fiona Ramsay, Interim Chief Executive, NHS Forth Valley
Abigail Robertson, Joint Trade Union Committee Representative for Stirling
Pamela Robertson, Chair, Joint Staff Forum
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling [HSCP]
Wendy Sharp, Third Sector Representative for Stirling
Unknown, Member of Public
Marie Valente, Chief Social Work Officer, Stirling Council
Elaine Vanhegan, Head of Performance Management, NHS Forth Valley
Professor Angela Wallace, Director of Nursing, NHS Forth Valley

In Attendance:

Jim Boyle, Chief Finance Officer, Stirling Council
Caroline Cherry, Service Manager, Adult Assessment & Partnership, Stirling Council
Claire Pickthall, AHP Manager, Outpatient Services, NHAS Forth Valley
Jim Robb, Service Manager, Integrated Mental Health Services,
Clackmannanshire & Stirling HSCP
Margaret Robbie, PA to Chief Officer, (minute taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:

Joanne Chisholm, Non-Executive Board Member, NHS Forth Valley
Councillor Graham Houston, Stirling Council

Natalie Masterson, Third Sector Representative for Stirling

Teresa McNally, Service User Representative for Clackmannanshire

Elaine McPherson, Chief Executive, Clackmannanshire Council

2. NOTIFICATION OF SUBSTITUTES

Sheila McGhee for Teresa McNally
Andrew Murray for Joanne Chisholm

3. DECLARATION(S) OF INTEREST

Elizabeth Ramsay declared an interest in Item E12.1 and E12.2.

Paul Mooney declared an interest in item E12.1

Councillor Susan McGill declared an interest in terms of her current employment with NHs Forth Valley.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

There was no urgent business brought forward.

5. MINUTES OF MEETING HELD ON 27 JUNE 2017

5.1 The minute of the meeting held on 27 June 2017 was approved as an accurate record, subject to the following changes

Tom Hart marked both as absent & present, Tom was absent at this meeting.
Councillor McGill was present. Minutes to be amended to reflect these changes.

6. MATTERS ARISING

Shiona Strachan advised that the Complaint Handling Procedure had been approved by the Scottish Public Services Ombudsman (SPSO)

All other matters were covered within substantive agenda items.

7. FINANCE

7.1 BUDGET UPDATE

Ewan Murray, Chief Finance Officer presented this paper and provided an informative presentation on the current financial situation. The purpose of the report is to provide the Integration Joint Board with an overview of the financial position of the Health & Social Care Partnership. The report has been prepared based on information supplied by the finance teams from the constituent authorities and on the basis of financial reporting arrangements and format agreed through the finance work stream.

The Integration Joint Board:

- Noted the financial performance for the partnership for the first quarter of the financial year as detailed in Section 4
- Noted the potential impact of the detailed analysis of actual prescribing costs for April and May as detailed in Section 4.4
- Noted the updated assessment of financial risk across the Partnership as set out in Section 4.14
- Noted the updates on NHS Service Changes detailed in Section 5
- Noted the key planned work areas in relation to the budget and financial issues as set out in Section 6
- Noted that a further budget recovery update will be brought forward to the October meeting to include updated assessment of financial risk and options to bring costs of service delivery within resources available.

8. PERFORMANCE

8.1 PERFORMANCE REPORT

Shiona Strachan presented this paper. This is an interim report which bridges between the individual reporting on Delayed Discharge, Strategic Risk Register and the developing full Partnership performance report. It had previously been agreed by the Board that in future, only exceptions will be highlighted within the performance report. The key performance indicators also reported through the performance report are currently being reviewed, including a session with the Strategic Planning Group to align performance to the Delivery Plan. The next performance report will be presented to the Board in October 2017 in line with previous decisions

The Integration Joint Board:

- Noted the exception performance in regard to Delayed Discharge based on the July 2017 census, and provide appropriate challenge.
- Noted the exception reporting in regard to the updated Strategic Risk Register and progress of relevant actions.

- Noted that the format for this report is an interim one, and that future exception reporting on Delayed Discharge and the Strategic Risk Register will be as part of the full performance report presented to the Integration Joint Board.
- Noted the final formatted version of the Annual Performance Report.

9. GOVERNANCE

9.1 ROLE OF CHIEF SOCIAL WORK OFFICER AND SOCIAL CARE GOVERNANCE

Marie Valente & Celia Gray presented this paper. The paper sets out the arrangements agreed by the CSWOs of Clackmannanshire Council and Stirling Council regarding the governance of social work and social care services commissioned by the Integration Joint Board.

The Integration Joint Board:

- Noted the arrangements for governance of social work and social care services commissioned by the Integration Joint Board.
- Endorsed the arrangements for CSWO to be the main advisor for the Board for 2017 – 2018 and the rotation of the advisor to the Board thereafter.
- Noted the arrangements for CSWO oversight of social work and social care staff within the Health and Social Care Partnership [HSCP].

9.2 IJB Development Sessions

Shiona Strachan presented this paper. The Integration Joint Board previously agreed that the Chief Officer should work with the Chair and Vice Chair to progress the request to the Improvement Service [iHUB] to engage an Improvement Associate to work with the Board as part of the development requirement for the Board after the first year of operation.

Healthcare Improvement Scotland (iHUB) is providing support to assist with the Board's ongoing development and have commissioned one of their Improvement Associates – Eileen Moir, Director, Turning Tides – to work with the IJB. It is proposed that the work is carried out in phases, with the first phase involving the voting members of the Board, the Chief Executives of the constituent authorities and the Chief Officer and Chief Finance Officer

The Integration Joint Board:

- Approved the approach to a staged development activity for the Board.
- Noted the iHUB support and there is no charge to the Partnership for this initial piece of work.
- Approved the additional development and information sessions.

10 TRANSFORMING CARE

10.1 OUT OF HOURS SERVICE

Andrew Murray presented this paper, which provided the IJB with the current challenges in providing a sustainable GP Out of Hours service over the summer months and the short and longer term actions required to deliver a sustainable service model in the future.

The Integration Joint Board:

- Noted to maintain services in 3 Centres Monday to Friday 6pm to Midnight. From midnight reconfigure services from two centres (currently Larbert and Stirling) to one centre (Larbert)
- Noted at weekends run services from 2 centres, Stirling and Larbert, 8am to midnight (rather than from the 3 current centres), and from midnight - reconfigure services from the two centres at Stirling and Larbert to one centre at Larbert.
- Noted the actions to progress a review of pay rates for Sessional and Salaried GPs
- Noted the recruitment of additional GPs, Advanced Nurse Practitioners and other health professionals to deliver OoHs services in Forth Valley
- Noted to continue to work on the wider redesign of OoHs services in line with the recommendations of the National Review

10.2 PRIMARY CARE TRANSFORMATION PROGRAMME

Dr Scott Williams presented this report. The purpose of this report is to seek approval from the members of the Board for the proposed Forth Valley wide implementation of the National Primary Care Transformation Programme including Out of Hours (OOH) Urgent Care Transformation. This report also provides an update of the Scottish Government funded Primary Care Transformation programmes and the improvement approaches proposed across Forth Valley and agreed by Scottish Government in autumn 2016

The Integration Joint Board:

- Approved the proposed outline of the programme as detailed in sections 5, 6 and 7 of this report.
- Approved the proposed governance arrangements outlined in section 8 and in Appendix 2.

- Delegated authority to the Chief Officer, as a member of the Primary Care Transformation Group, to take the appropriate actions required to implement the Primary Care Transformation Programme, as outlined in section 8.2.
- Noted that regular reports will be provided to future IJB meetings.

10.3 PODIATRY SERVICE REDESIGN

Claire Pickthall presented this paper. Claire advised that NHS Forth Valley has developed plans to redesign local podiatry services to; ensure clinical podiatry resources are focussed on patients with more serious foot problems who will benefit most from treatment

The Integration Joint Board:

- Delegated authority to the Podiatry Services to fully implement personal footcare guidance in Clackmannanshire and Stirling on behalf of the Partnership.
- Approved commissioning of nail cutting services within Stirling. Estimated cost has been included in projections for in scope NHS Forth Valley services 2017/17.

10.4 CHIEF OFFICER REPORT

Shiona Strachan presented this paper which provides a summary of work being taken forward within the Health and Social Care Partnership [HSCP] and raises awareness of any national issues affecting the partnership.

The Integration Joint Board:

- Noted the contents of this paper

11 PAPERS FOR NOTING

11.1 JOINT STAFF FORUM – 1 JUNE 2017

The Integration Joint Board:

- Noted the Minutes of the Joint Staff Forum of 1 June 2017

12 EXEMPT ITEMS

Under section 50A(4) of the Local Government (Scotland) Act 1973, the public should be excluded from the meeting for this item on the grounds that it involved the likely disclosure of exempt information

12.1 THIRD SECTOR SERVICE LEVEL AGREEMENTS

After consideration of the report, copies of which had been circulated

The Integration Joint Board

- Noted and approved points 3.1 to 3.6

12.2 CARE HOMES

A verbal report was given by the Chief Officer

The Integration Joint Board

Noted the verbal report given by the Chief Officer

12 ANY OTHER COMPETENT BUSINESS

Councillor Forson requested that the Integration Joint Board look into the Supported Bus Service.

Councillor Farmer advised that transport does not fall under the auspices of the Integration Joint Board and therefore could not be discussed.

13 DATE OF NEXT MEETING

Wednesday 18 October 2017,
12noon – 2pm – Training Session
2.00pm – 4.00pm, Integration Joint Board
Boardroom, Forth Valley College, Alloa Campus



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care
Partnership
Integration Joint Board

18 October 2017

This report relates to
Item 7.1 on the agenda

2016/17 Integration Joint Board Annual Accounts

(Paper presented by Ewan Murray, Chief Finance Officer)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ewan Murray, Chief Finance Officer
Date:	5 October 2017
List of Background Papers / Appendices:	

Title/Subject: **2016/17 Integration Joint Board Annual Accounts**
Meeting: **Clackmannanshire & Stirling Integration Joint Board**
Date: **18 October 2017**
Submitted By: **Ewan Murray, Chief Finance Officer**
Action: **For Noting**

1. Introduction

- 1.1. The Local Accounts (Scotland) Regulations 2014 places a statutory obligation on the Integration Joint Board to submit unaudited Annual Accounts for the year ended 31 March 2017 to approve and publish final audited accounts by 30 September 2017. The unaudited accounts were considered by the Audit Committee on 16 August 2017.
- 1.2. The accounts were prepared by the Chief Finance Officer in line with the updated guidance on accounting for the integration of health and social care published by the Local Authority Scotland Accounts Advisory Committee (LASAAC) published on 29 March 2017.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1. Note the 2016/17 Annual Accounts
- 2.2. Note the management commentary and annual governance statement contained within the accounts.
- 2.3. Note the Independent Auditors report contained within the accounts.
- 2.4. Note that the 2016/17 Annual Accounts and Annual Audit Report have been published on the Integration Joint Board webpage.

3. 2016/17 Annual Accounts and Annual Audit Report

- 3.1. The Integration Joint Board Audit Committee considered the Unaudited Annual Accounts of the Integration Joint Board for the financial year ended 31 March 2017 on 16 August 2017 and approved the Audited 2016/17 Annual Accounts on 14 September 2017.
- 3.2. There were a number of revisions between the unaudited and final accounts. The key changes from the unaudited accounts were:

- Development of the Management Commentary to reflect the key Partnership performance issues (as detailed in the Annual Performance Report) and more fully detail financial performance issues.
 - Development on the Annual Governance Statement including the assurance drawn from the Annual Internal Audit Report
 - Inclusion of the Chief Finance Officer within the remuneration report.
- 3.3. The accounts have now been audited by the Integration Joint Boards Independent External Auditors (Audit Scotland) and the audit opinion is unqualified.
- 3.4 The Annual Audit Report from Audit Scotland was also considered by the Audit Committee. The report commented specifically on the savings and financial sustainability challenges facing the Integration Joint Board as well as governance and financial reporting.

There are four recommendations for improvement within the report and these and the management responses are detailed at Appendix I of the Annual Audit Report.

The recommendations relate to

- Integrated Financial Reporting
- Financial Planning (x2) – Funding Gap and Longer Term Planning
- Monitoring of Efficiency Savings

The management responses to these recommendations are consistent with the Chief Finance Officers priorities work areas agreed with the Integration Joint Board at the August 2017 meeting. The Annual Audit Report has been published on the Integration Joint Board webpage alongside the annual accounts. It will also be published on the Audit Scotland website.

The key milestones in relation to the management responses are:

- To present a Medium Financial Strategy to the Integration Joint Board in December 2017 using best information available at this point in time
- To complete a review of financial reporting including alignment, as far as possible, to improve the efficiency of financial reporting and improve the clarity of reporting on efficiency and savings targets by December 2017. The financial report to the October meeting includes an update on improving financial reporting.
- To ensure financial reports include clarity on the financial gap (or risk) and options by October 2017. The October financial report includes high level options.

4. Conclusions

- 4.1. The Annual Accounts have been produced in line with the timescales set out in the Local Authority Accounts (Scotland) Regulations 2014. Approval of the accounts and recommendations by the Audit Committee ensured compliance with the Regulations.

5. Resource Implications

- 5.1. The annual accounts include details of the Integration Joint Boards income and expenditure for the financial year 2016/17 and a Financial Outlook describing, based on information available at the time of writing the financial and economic context within which the Integration Joint Board will operate in coming years.

6. Impact on Strategic Plan Priorities and Outcomes

- 6.1. This report and associated recommendations, relates to the following Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate):

Fit with Local Outcomes	
Self Management	X
Community Focussed Supports	X
Safety	X
Decision Making	X
Experience	X

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

- 6.2 The management commentary within the accounts details principal activities and key performance issues within the financial year within the context of delivering the aims of the Strategic Plan.

7. Legal & Risk Implications

- 7.1. The Integration Joint Board is required to prepare and publish annual accounts in line with the Local Authority Accounts (Scotland) Regulations 2014.

8. Equality and Human Rights Impact Assessment

- 8.1. The contents of this report do not require an EQIA as the annual accounts are a statutory reporting requirement for the Integration Joint Board.

9. Exempt reports

- 9.1 Not exempt

10. Appendices

- 10.1. Appendix I – 2016/17 Annual Accounts

Clackmannanshire & Stirling Integration Joint Board

**Annual Accounts
2016/17**

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Management Commentary

Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Joint Boards (IJB's) with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Clackmannanshire and Stirling Councils and the Forth Valley Health Board (NHS Forth Valley), the Integration Scheme, the formal legal partnership agreement between the three constituent organisations, was submitted to Scottish Ministers on 24 June 2015. On 3 October 2015 Scottish Ministers legally established the Clackmannanshire and Stirling Integration Joint Board.

On 1 April 2016 health and social care functions per the Integration Scheme were formally delegated to the Integration Joint Board. Therefore, financial year 2016/17 represents the first full year of operations for the Clackmannanshire and Stirling Integration Joint Board. This delegation of functions and services in scope means the Integration Joint Board taking responsibility for the strategic planning and commissioning of adult social care service provision, of Community and Family Health Services relating to in-scope functions, and for large hospital services planning with partners who will continue to manage and deliver the services as part of the pan Forth Valley structures.

Clackmannanshire and Stirling Integration Joint Board approved its Strategic Plan 2016-2019 on 22 March 2016. The Strategic Plan sets out the case for change, vision and outcomes and priorities for the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) over this period.

This publication contains the financial statements for the financial year from 1 April 2016 to 31 March 2017.

Principal Activities

During 2016/17 the key activities of Clackmannanshire and Stirling Integration Joint Board included:

- Issuing of Directions to Clackmannanshire Council, NHS Forth Valley and Stirling Council for their respective delegated functions from 1 April 2016, as set out in the Integration Scheme. The Directions are the mechanism by which the Integration Joint Board instructs the constituent authorities to carry out the delegated functions. These documents set out how the Integration Joint Board expect the constituent bodies to deliver each function, and spend Integration Joint Board resources, in line with the Strategic and Financial Plans.
- Developing a draft Delivery Plan to support the delivery of the Strategic Plan priorities along with local and national key performance objectives
- Establishing and further developing financial, risk and performance reporting frameworks as part of the corporate governance arrangements for the Integration Joint Board.
- Establishing and agreeing terms of reference for the Integration Joint Board Audit Committee
- Achieving Full Business Case approval, financial close and commencement of the construction phase for Stirling Care Village which is a partnership priority within the Strategic Plan.
- Undertaking a review of the utilisation and effectiveness of deployment of Partnership Funding allocated to the partnership from Scottish Government.
- Implementing the Scottish Living Wage in Adult Social Care
- Developing locality planning arrangements
- Approving service changes in relation to Learning Disabilities and Mental Health Services in line with the priorities of the Strategic Plan
- Agreeing the budget for financial year 2017/18 taking account of the challenging financial environment facing the constituent authorities and therefore the Partnership

2016/17 Annual Accounts

The Accounts report the financial performance of the Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the Integration Joint Board's vision and its core outcomes as expressed within the Strategic Plan. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2016/17 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting 2016/17 and the Local Authority Accounts (Scotland) Regulations 2014.

The majority of the surplus declared in the accounts is a result of utilisation of the financial regime of the Integration Joint Board to manage the timing of specific resource allocations from Scottish Government between financial years to achieve optimal impact from the use of available resources. Accordingly, £2.724 million of the £3.412 million surplus reported in 2016/17 is earmarked to be spent in 2017/18.

The Integration Scheme sets out the arrangements for managing financial risk in the first year of operations, the use of which has enabled the creation of a general reserve into 2017/18 to assist in managing financial risks and unforeseen events with a financial consequence. However, going forward it is paramount that service delivery across the partnership ensures service delivery is within resources available.

Key Partnership Performance Issues

The Integration Joint Board continues to develop a performance management culture throughout the Partnership. A significant amount of progress has been made over the year in the development of performance management and reporting arrangements following the approval of the Integration Joint Board's Performance Framework in March 2016.

The Integration Joint Board now receives a performance report at each meeting which along with financial reporting, give a rounded view of the overall performance and financial sustainability of the Partnership. The triangulation of key performance indicators, measureable progress in delivering the priorities of the Strategic Plan and financial performance is regarded as forming the cornerstone of demonstrating best value.

As part of performance reporting arrangements the Integration Joint Board received specific reports in relation to Delayed Discharge during 2016/17 including details of improvement plans. Delayed Discharge performance will be reported within the performance report from October 2017 onwards.

The Partnerships Strategic Plan articulates the high level priorities for the Partnership, expressed as a series of 'we will' statements. These are:

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

Clackmannanshire & Stirling Integration Joint Board – Annual Accounts for the year ended 31 March 2017

In line with statutory requirements an Annual Performance Report has been produced and was presented to the Integration Joint Board, in draft form, at its June 2017 meeting. The Annual Performance Report can be found here <https://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/performance/>.

Given this is the first Annual Performance Report published by the Partnership it is acknowledged the approach and quality of performance reporting will develop in future years. The Annual Performance Report details progress in relation to the high level Partnership priorities along with summary and detailed performance information.

The key performance issues arising from the report were:

- For the majority of Core Suite of Integration Indicators the Clackmannanshire and Stirling Partnerships performance is broadly similar to comparator Partnerships and Scotland as a whole (Source: Annual Performance Report: Our Performance: A Summary pages 20 and 21)
- There would appear to be further work the partnership requires to take forward to ensure Carers feel supported to continue in their caring role (Source: Our Performance: A Summary Page 20 Core Indicator N8). The Partnership will consider this in its approach to implementing the Carers (Scotland) Act 2016.
- Emergency Admission and Emergency Bed Day rates (per 100,000 population) for the Partnership are notably lower than for comparator partnerships and for Scotland as a whole but there are notable differences between Clackmannanshire and Stirling (Source: Our Performance: A Summary Page 21 Core Indicators N12 and N13)
- The Readmissions to Hospital within 28 days (per 1000 population) are higher than for Scotland as a whole but similar to comparator partnerships and are notably different between Clackmannanshire and Stirling. (Source: Our Performance: A Summary Page 21 Core Indicator N14)
- Falls rate (per 1000 population >65) are notably lower than Scotland as a whole and comparator partnerships (Source: Our Performance: A Summary Page 21 Core Indicator N16)
- A notably higher percentage of Adults with Intensive Care Needs are receiving care at home in the Partnership compared to comparator partnerships and Scotland as a whole (Source: Our Performance: A Summary Page 21 Core Indicator N18)
- The number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population) is notably lower for the Partnership than for comparator partnerships and Scotland as a whole (Source: Our Performance: A Summary Page 21 Core Indicator N19)

In terms of the overall approach to performance benchmarking with comparator partnerships with a broadly similar pattern of demography and needs is viewed as valuable and will be further developed in the future. This along with the availability of high quality and more contemporary data is regarded as paramount to the further development of performance reporting for the Partnership.

Financial Performance and Outlook, Risks and Plans for the Future

The Partnership has faced significant financial challenges in its first full year of operations requiring the development and monitoring of budget recovery plans as efforts have continued to align service delivery with the changes required to implement the Strategic Plan priorities and key local and national performance indicators with resources available.

The operational financial position for the Partnership was a net underspend of £0.003m for the financial year. However, the terms of the Integration Scheme relating to the first year of operations only, require where budgets delegated to constituent authorities are in overspend at the financial year end that the relevant constituent authority make good this overspend from their own resources. To this end Clackmannanshire Council have made an additional non-recurrent funding contribution of £0.685m in relation to financial year 2016/17.

The effect of this is that operational underspends in relation to budgets delegated to Stirling Council and NHS Forth Valley, which were £0.025m and £0.663m respectively, were taken to the General Fund as a general or un-earmarked reserve.

Overall this resulted in a surplus of £3.412m for the partnership for the financial year which has been taken to reserves. £2.724m of these reserves are earmarked for specific purposes with the balance of £0.688m being a general or un-earmarked reserve to provide a degree of flexibility in relation to future financial risks and unforeseen events with a financial consequence.

The Partnership has significant financial challenges ahead to deliver the Strategic Plan priorities and improved outcomes for patients/service users, unpaid carers and communities in a climate of growing demand with finite resources.

The Integration Joint Board agreed its 2017/18 budget at a special meeting held on 29 March 2017. The budget incorporated proposed resource transfers from the constituent authorities which were compliant with the terms of the 2017/18 Scottish Budget. The 2017/18 resource transfers from the constituent authorities were £0.650m less than the 2016/17 recurrent baseline budgets on a cash basis which, taken together with estimated cost pressures including inflation, requires delivery of in the region of £4.8m of cash releasing savings across the Partnership in 2017/18.

Funding for Social Care of £250m was allocated by the Scottish Government for Health and Social Care Partnerships for 2016/17 with a further £107m being allocated in 2017/18.

The Partnerships share of the £250m funding totalled £6.190m and was utilised to meet the costs of demand growth in Adult Social Care and implementation of the Scottish Living Wage from 1 October 2016 and other cost pressures in Adult Social Care. The Partnerships share of the further £107m allocated in 2017/18 is £2.670m and will be utilised to meet the full year effect of the Scottish Living Wage and the costs associated with disregarding war pension income from financial assessments for social care packages and preparation for the implementation of the Carers (Scotland) Act 2016.

Pressure continues on public sector expenditure at a UK and Scottish level with further reductions in government funding predicted over the coming years.

Clackmannanshire & Stirling Integration Joint Board – Annual Accounts for the year ended 31 March
2017

The expanding fiscal responsibilities of the Scottish Parliament means that ongoing public expenditure in Scotland will be more directly affected by the performance, and therefore tax revenues, of the Scottish economy.

In addition to economic performance, other factors will influence the availability of funding for the public sector including, notably, the ongoing economic uncertainty in relation to the UK's decision to leave the European Union (EU) commonly referred to as 'Brexit'.

The most significant risks faced by the Integration Joint Board over the medium to longer term can be summarised as follows:

- Continued economic uncertainty, and resultant effect on public spending, in the wake of the result of the UK's decision to leave the European Union(EU)
- Increasing demand for and cost of health and social care services linked to demographic change including an ageing and increasing population with multiple and complex long term conditions; linked to this is the risk of additional service demand linked to implementation of the Carers Act from April 2018
- The health inequalities between the affluent and more deprived areas and the challenges of deprivation, housing and employment;
- The wider financial and economic environment, with significant ongoing restraint in public expenditure anticipated in future years;
- The need to maintain and improve the quality of services and improve outcomes for service users, unpaid carers and communities; and
- Workforce challenges including the ageing workforce and issues around recruitment and retention of elements of the health and social care workforce.

This is an opportunity for the Integration Joint Board to use these combined resources in a more effective, efficient and person-centred way to make better use of public resources while creating increased public value in avoiding duplication of effort.

There is an increased demand on services that will exceed available resources if we do not work together in a more integrated way. The Partnership will continue to adopt a whole-systems approach to improve health and social care outcomes and will work alongside Community Planning partners to address these wider issues.

This will ensure a joint contribution to encouraging, supporting and maintaining the health and wellbeing of people who live in our community. This will assist the partnership in addressing the challenges faced.

It is recognised that if there are no changes to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore embed new ways of working and seek to focus resources away from expensive bed based models of care into community based services. We need to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients, and that crucially we harness the capacity of local communities to support the wider preventative, health and wellbeing outcomes.

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The Integration Joint Board's Strategic Plan describes our plans for the future, and how we will move towards delivering on our priorities, setting out the context, challenges, priorities and action plans for the new Health and Social Care Partnership for the period 2016-2019.

The Partnerships strategic plan and associated documents can be accessed here:

<http://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannshire-and-stirling/consultation-feedback/>

Conclusion

In this first year of operations the Partnership has taken responsibility for delegated functions and made significant further progress in the planning and delivery of the Partnerships' Strategic Plan.

Going forward, the Clackmannanshire and Stirling Health and Social Care Partnership will continue to face significant financial challenges in delivering better outcomes for its patients and service users, in line with its Strategic and Financial Plans, in a climate of growing demand within finite resources.

In order to achieve this we must continue to identify and implement more innovative ways to deliver customer focused services cost effectively, by driving service improvement and organisational change within the Partnership through a structured approach to managing change, optimising the use of change and improvement competencies and developing and sharing best practice throughout the Partnership.

We will continue to work with staff, managers, services, partners and our communities to lead and support service redesign reviews, to identify and implement innovative, cost effective and person centred, outcomes focused service delivery models and pathways, and contribute to the delivery of the Partnership's Strategic Plan within resources available.

Where to Find More Information

If you would like more information please visit our webpage at:

<http://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannshire-and-stirling/>

Shiona
Strachan.

Councillor Scott Farmer
Chair
14 September 2017

Shiona Strachan
Chief Officer
14 September 2017

Ewan C. Murray

Ewan C. Murray
Chief Finance Officer
14 September 2017

Scott T. Farmer.

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts.

I confirm that these Annual Accounts were approved for signature at a meeting of the Audit Committee on 14 September 2017.

Signed on behalf of the Clackmannanshire and Stirling Integration Joint Board

Councillor Scott Farmer
Chair

14/9/17

Scott T. Farmer

Responsibilities of the Chief Financial Officer

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The chief financial officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the Clackmannanshire & Stirling Integration Joint Board as at 31 March 2017 and the transactions for the year then ended.



Ewan C. Murray
Chief Finance Officer

14/9/17

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Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Voting Membership of the Integration Joint Board in 2016/17

Voting members of the Integration Joint Board constitute Councillors nominated as Board members by constituent authorities and NHS representatives nominated by the NHS Forth Valley. The voting members of the Clackmannanshire and Stirling Integration Joint Board were appointed through nomination by Clackmannanshire Council, NHS Forth Valley and Stirling Council.

Voting Membership of the Integration Joint Board during 2016/17 was as follows:

Clackmannanshire Council

Councillor Les Sharp (Chairperson)
Councillor Donald Balsillie (until July 2016)
Councillor Kathleen Martin (until July 2016)
Councillor Graham Watt (From July 2016)
Councillor Robert McGill (From July 2016 to March 2017)
Councillor Ellen Forson (From March 2017)

NHS Forth Valley

John Ford (Vice Chair), Non Executive Member of NHS Forth Valley Board
Jane Grant, Chief Executive
Alex Linkston, Chair of NHS Forth Valley
Fiona Gavine, Non Executive Member of NHS Forth Valley Board
Graham Foster, Director of Public Health and Strategic Planning
Joanne Chisholm, Non Executive Member of NHS Forth Valley Board

Stirling Council

Councillor Johanna Boyd
Councillor Christine Simpson
Councillor Scott Farmer

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of the Integration Joint Board are appointed through nomination by Clackmannanshire & Stirling Councils and NHS Forth Valley. Nomination of the Integration Joint Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Vice-Chair has, however, received remuneration from NHS Forth Valley for his role in relation to the Integration Joint Board. The Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any remuneration and taxable expenses paid are shown below.

Taxable Expenses 2015/16 £	Salary, Fees and Allowances 2015/16 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2016/17 £	Salary, Fees and Allowances 2016/17 £
Nil	Nil	Councillor Les Sharp	Chair April 2016 to March 2017	Clackmannanshire Council	Nil	Nil
Nil	Nil	Mr John Ford	Vice Chair April 2016 to March 2017	NHS Forth Valley	Nil	7,847
Nil	Nil	Total			Nil	7,847

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the Integration Joint Board

The Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Integration Joint Board.

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Other Officers

No other staff are appointed by the Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below. The Integration Joint Board Chief Finance Officer also undertook the Chief Finance Officer role for Falkirk Integration Joint Board until 30 June 2017. Hence, the remuneration figures for the Chief Finance Officer included in the table below represents 50% of his remuneration.

Total 2015/16 £	Senior Employees	Salary, Fees & Allowances £	Taxable Expenses £	Total 2016/17 £
66,598 (FYE 88,797)	Shiona Strachan Chief Officer 1 July 2015 to present	89,686	0	89,686
13,170 (FYE 30,619)	Ewan Murray Chief Finance Officer 26 October 2015 to present	30,726	167	30,893
79,768 (FYE 119,416)	Total	120,412	167	120,579

FYE = Full Year Equivalent

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Integration Joint Board balance sheet for the Chief Officer or any other officers.

The Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions. It should be noted that the Chief Officer transferred in a previous scheme pension during 2016/17 and the impact of this is reflected in the figures contained in the table below.

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Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/16	For Year to 31/03/17		Difference from 31/03/16 £000	As at 31/03/17 £000
Shiona Strachan	13,986	18,834	Pension	35	36
Chief Officer			Lump sum	70	70
Ewan Murray	1,962	4,396	Pension	1	11
Chief Finance Officer			Lump Sum	1	28
Total	15,948	23,230	Pension	36	47
			Lump Sum	71	98

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2015/16	Remuneration Band	Number of Employees in Band 2016/17
1	£65,000 - £69,999	0
0	£70,000 - £74,999	0
0	£75,000 - £79,999	0
0	£80,000 - £84,999	0
0	£85,000 - £89,999	1

Exit Packages

There were no exit packages in relation to Clackmannanshire and Stirling Integration Joint Board in financial year 2016/17.

Scott T. Farmer

Councillor Scott Farmer
Chair

14/9/17

Shiona Strachan

Shiona Strachan
Chief Officer

14/9/17

Annual Governance Statement

Introduction

The Annual Governance Statement explains the Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

Scope of Responsibility

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the Integration Joint Board has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Forth Valley and Clackmannanshire and Stirling Councils systems of internal control that support compliance with these organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board.

Given the Integration Joint Board utilises the systems of internal control within NHS Forth Valley, Clackmannanshire and Stirling Council

The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The Board of the Integration Joint Board comprises voting members, nominated by either Clackmannanshire or Stirling Council or the NHS Forth Valley, as well as non-voting members including a Chief Officer appointed by the Board.

The main features of the governance framework in existence during 2016/17 were:

- The Integration Scheme
- Standing Orders
- Scheme of Delegation
- Financial Regulations and Reserves Policy and Strategy
- Integration Joint Board Audit Committee
- Clinical and Care Governance Framework
- Code of Conduct
- Complaints Protocol
- Information Security Policy

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The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2016/17 this included the following:

- Management information systems and regular monitoring reports, including performance and financial reporting
- Review of Financial Regulations and Approval of Reserves Policy and Strategy
- Established budget setting processes in line with the Integration Scheme
- Internal Audit Progress Report
- Direct access to expert advice from the Medical Director of NHS Forth Valley and the Chief Social Work Officers of Clackmannanshire and Stirling Councils
- Data sharing arrangements
- Complaints Protocol
- The Integration Joint Board Audit Committee

The 2015/16 Governance Statement highlighted the financial risks faced by the Integration Joint Board as the most significant area of risk requiring action to respond to and mitigate. This included the risks in relation to demographic growth, delivery of savings and efficiency programmes and the implementation of the Scottish Living Wage. Specific actions in response to this risk have included:

- Development of financial reporting systems and protocols including detailed reporting and monitoring arrangements for savings and efficiency programmes
- Development and monitoring of the strategic risk register which includes a specific element in relation to financial sustainability
- Topic specific reporting including detailed reports on implementation of the Scottish Living Wage
- Review and Development of Joint Management Team arrangements including the Leadership Group

The Integration Joint Board utilises the internal control systems of Clackmannanshire Council, Stirling Council and NHS Forth Valley in the commissioning and delivery of in-scope functions. No specific weaknesses have been identified with these systems during 2016/17 though key areas of improvement identified within each of the constituent authorities' governance statements will have relevance to the in-scope functions of the Integration Joint Board.

The IJB complies with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Head of Internal Audit reports directly to the Integration Joint Board Audit Committee with the right of access to the Chief Financial Officer, Chief Officer and Chair of the Integration Joint Board Audit Committee on any matter. The annual programme of internal audit work is based on a risk assessment, and is approved by the Integration Joint Board Audit Committee.

Review of Adequacy and Effectiveness

The Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

In 2016/17 this review was undertaken the following ways:

- An Internal Audit review and report on the Integration Joint Boards Corporate Governance Arrangements which was presented to the Audit Committee in February 2017.
- The Integration Joint Boards Audit Committee considered the Chief Internal Auditors Annual Audit Report at its meeting of 16 August 2017.
- A self assessment of the Integration Joint Boards corporate governance arrangements was completed by the Chief Officer and Chief Finance Officer. The self assessment was presented to the Audit Committee in August 2017.

The internal audit review provided substantial assurance the corporate governance arrangements are appropriate and are operating effectively, while noting that scrutiny arrangements for performance scrutiny (including financial performance) are still being developed to ensure they are more efficient, and more clearly linked to key priorities and the Strategic Plan.

The Chief Internal Auditors Annual Audit report concluded that:

- reasonable assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's governance arrangements, while noting that improvement actions are required and have been agreed between Internal Audit and the Chief Finance Officer;
- the internal control environment provides reasonable assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact; and,
- there are no concerns around the consistency of the draft Annual Governance Statement with information that I am aware of

The further development of corporate governance arrangements identified from the self-assessment will be incorporated into an action plan which will be presented to the Audit Committee in September 2017 and monitored by the Audit Committee going forward.

Key Areas of Improvement for 2017/18 identified during the review of effectiveness of governance arrangements include:

- Delivery of a Board Development Programme.
- Finalisation and publication of a Register of Interests for Board members.
- A further review of the Scheme of Delegation and Financial Regulations to ensure they remain fit for purpose in light of changes in operational responsibilities and accountabilities.

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- Review and further development of the approaches used in supporting decision making and ensuring Best Value.
- Further development of assurance and risk management arrangements between the Integration Joint Board and the constituent authorities including the approach to Directions.

The above areas will be incorporated within the governance action plan to be presented to and monitored by the Integration Joint Board Audit Committee.

Action Plan

Following consideration of the review of adequacy and effectiveness the following actions have been agreed to ensure continual improvement of the Integration Joint Board's governance.

	Area for Improvement and Outcome to Be Achieved	Improvement Action Agreed	Responsible Party	Completion Date
1.	An action plan to be developed and covering planned improvements to governance arrangements and presented to an monitored by the Audit Committee	Action Plan to be developed	Chief Finance Officer	September 2017 (Presentation to Audit Committee)
2.	A clear and comprehensive Scheme of Delegation is finalised and implemented without undue delay.	Scheme of Delegation to be finalised and presented to Integration Joint Board for approval.	Chief Officer	November 2016 (Approval by IJB)

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Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Scott T. Farmer

Councillor Scott Farmer

14/9/17

Chair

Shiona Strachan

Shiona Strachan

14/9/17

Chief Officer

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in both the Expenditure and Funding Analysis and the Movement in Reserves Statement.

Gross Expenditure £000	Gross Income £000	Net Expenditure £000	2015/16	Gross Expenditure £000	Gross Income £000	2016/17 Net Expenditure £000
0	0	0	Large Hospital Services	19,816	0	19,816
0	0	0	Community Health and Social Care Services	91,024	0	91,024
0	0	0	Primary Care	65,383	0	65,383
80	0	80	IJB Running Costs	235	0	235
80		80	Cost of Services	176,459		176,459
	(80)	(80)	Taxation and Non-Specific Grant Income (Note 6)		(179,871)	(179,871)
80	(80)	0	(Surplus) or Deficit on Provision of Services	176,459	(179,871)	(3,412)
		0	Total Comprehensive Income and Expenditure			(3,412)

The Integration Joint Board was established on 3 October 2015. Commissioning of integrated health and adult social care services did not commence until 1 April 2016. Consequently the 2016/17 financial year is the first fully operational financial year for the Integration Joint Board and the figures above reflect this.

There are no statutory or presentation adjustments which affect the Integration Joint Board's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts.

Movement in Reserves Statement

This statement shows the movement in the year on the IJB's reserves. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movements in Reserves During 2016/17	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2016	0	0	0
Total Comprehensive Income and Expenditure	(3,412)	0	(3,412)
Adjustments between accounting basis and funding basis under regulations	0	0	0
Increase in 2016/17	(3,412)	0	(3,412)
Closing Balance at 31 March 2017	(3,412)	0	(3,412)

Movements in Reserves During 2015/16	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2015	0	0	0
Total Comprehensive Income and Expenditure	0	0	0
Adjustments between accounting basis and funding basis under regulations	0	0	0
Increase or Decrease in 2015/16	0	0	0
Closing Balance at 31 March 2016	0	0	0

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Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2016 £000	Notes	31 March 2017 £000
5 Short term Debtors	Note 7	3,412
Current Assets		
(5) Short-term Creditors		0
Current Liabilities		
0 Provisions		0
Long-term Liabilities		
0 Net Assets		3,412
0 Usable Reserve: General Fund	Note 10	(3,412)
0 Unusable Reserve:		0
Total Reserves		(3,412)

The unaudited accounts were issued on 26 June 2017 and the audited accounts were authorised for issue on 14 September 2017.


Ewan C Murray
Chief Finance Officer

14/9/17

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Integration Joint Board.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

Funding

The Integration Joint Board is primarily funded through funding contributions from the statutory funding partners, Clackmannanshire and Stirling Councils and NHS Forth Valley. Expenditure is incurred as the Integration Joint Board commissions' specified health and social care services from the funding partners for the benefit of service recipients in Clackmannanshire and Stirling.

Cash and Cash Equivalents

The Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of the Integration Joint Board by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the Integration Joint Board's Balance Sheet.

Employee Benefits

The Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the Integration Joint Board's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves.

The Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the Integration Joint Board can use in later years to support service provision.

The Integration Joint Board has no unusable reserves.

Indemnity Insurance

The Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Forth Valley, Clackmannanshire and Stirling Councils have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the Integration Joint Board does not have any 'shared risk' exposure from participation in CNORIS. The Integration Joint Boards participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the Integration Joint Board's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

VAT

The Integration Joint is not registered for VAT and as such VAT is settled or recovered by the partner agencies.

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

2. Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2017/18 Code:

- Amendment to the reporting of pension fund scheme transaction costs.
- Amendment to the reporting of investments within defined benefit pension scheme disclosures.

The Code requires implementation from 1 April 2017 and there is therefore no impact on the 2016-17 financial statements.

3. Critical Judgements in Applying Accounting Policies

Based upon Scottish Government advice for financial year 2016/17 the sum include within the accounts in relation to the Set-Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity. Systems are being developed to be able to provide this information within the accounts in future financial years.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance Officer on 14 September 2017. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2017, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2015/16 £000	2016/17 £000
Services commissioned from Clackmannanshire Council	16,461
Services commissioned from Stirling Council	31,583
Services commissioned from NHS Forth Valley	128,180
72 Other IJB Operating Expenditure	215
3 Insurance and Related Expenditure	3
5 Auditor Fee: External Audit Work	17
0 Auditor Fee: Other Work	0
(80) Partners Funding Contributions and Non-Specific Grant Income	(179,871)
 0 Surplus or Deficit on the Provision of Services	(3,412)

6. Taxation and Non-Specific Grant Income

2015/16 £000	2016/17 £000
27 Funding Contribution from Clackmannanshire Council	16,518
27 Funding Contribution from Stirling Council	32,594
27 Funding Contribution from NHS Forth Valley	130,759
0 Other Non-ringfenced grants and contributions	0
 80 Taxation and Non-specific Grant Income	179,871

The funding contribution from the NHS Board shown above includes £19,816,000 in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

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7. Debtors

31 March 2016 £000	31 March 2017 £000
1 Clackmannanshire Council	0
2 Stirling Council	954
2 NHS Forth Valley	2,458
Non-public sector	0
5 Debtors	3,412

Amounts owed by the funding partners are stated on a net basis. Creditor balances relating to expenditure obligations incurred by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

The total debtors amount at 31 March 2016 was equally shared across the constituent authorities. There is a rounding effect within the table above.

8. Creditors

31 March 2016 £000	31 March 2017 £000
5 Non-public sector	0
5 Creditors	0

9. Provisions

No provisions have been made in the Integration Joint Board accounts.

10. Usable Reserve: General Fund

The Integration Joint Board holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key element of the Integration Joint Board's financial risk management framework.

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The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned future expenditure, and the amount held as a general contingency.

2015/16				2016/17			
Balance at 1 April 2015 £000	Transfers Out 2015/16 £000	Transfers In 2015/16 £000	Balance at 31 March 2016 £000		Transfers Out 2016/17 £000	Transfers In 2016/17 £000	Balance at 31 March 2017 £000
0	0	0	0	Integration Fund	0	(457)	(457)
				Partnership Funding	0	(863)	(863)
				Primary Care and Mental Health Transformation Funds	0	(306)	(306)
				Transforming Urgent Care	0	(169)	(169)
				Autism	0	(18)	(18)
				Dementia Friendly	0	(18)	(18)
				National Care Home Contract	0	(39)	(39)
				Drug and Alcohol	0	(803)	(803)
0	0	0	0	See Hear	0	(34)	(34)
0	0	0	0	Sensory Impairment	0	(17)	(17)
0				Total Earmarked	0	(2,724)	(2,724)
0	0	0	0	Contingency	0	(688)	(688)
0	0	0	0	General Fund	0	(3,412)	(3,412)

11. Related Party Transactions

The IJB has related party relationships with the NHS Forth Valley and the Clackmannanshire & Stirling Councils. In particular the nature of the partnership means that the Integration Joint Board may influence, and be influenced by, its partners. The following transactions and balances included in the Integration Joint Board's accounts are presented to provide additional information on the relationships.

There are no material transactions with Clackmannanshire and Stirling Integration Joint Board officers or with organisations they have an interest in. The remuneration and any other taxable payments to senior officers, the Chair and Vice Chair are disclosed in the remuneration statement. Each Board member's registered interests will be published on the Integration Joint Board webpage in due course.

Transactions with NHS Forth Valley

2015/16 £000	2016/17 £000
(27) Funding Contributions received from the NHS Board Expenditure on Services Provided by the NHS Board	(130,759) 128,222
37 Key Management Personnel: Non-Voting Board Members	79
10 Net Transactions with NHS Forth Valley	(2,458)

Key Management Personnel: The Chief Officer and Chief Finance Officer are employed by Clackmannanshire Council and NHS Forth Valley respectively and recharged to the Integration Joint Board via contributions from the constituent authorities based on voting shares. Details of the remuneration for the Chief Officer and Chief Finance Officer is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by NHS Forth Valley mainly consist of performance management, human resources , financial management, information services, information technology and payroll.

Balances with NHS Forth Valley

31 March 2016 £000	31 March 2017 £000
5 Debtor balances: Amounts due from the NHS Board	2,458
0 Creditor balances: Amounts due to the NHS Board	0
5 Net Balance with the NHS Forth Valley	2,458

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Transactions with Clackmannanshire Council

2015/16 £000	2016/17 £000
(27) Funding Contributions received from the Council Expenditure on Services Provided by the Council	(16,518) 16,478
19 Key Management Personnel: Non-Voting Board Members	40
(8) Net Transactions with Clackmannanshire Council	0

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by Clackmannanshire Council mainly consist of standards officer, human resources , financial management, information services, information technology and payroll.

Balances with Clackmannanshire Council

31 March 2016 £000	31 March 2017 £000
0 Debtor balances: Amounts due from the Council	0
0 Creditor balances: Amounts due to the Council	0
0 Net Balance with Clackmannanshire Council	0

Transactions with Stirling Council

2015/16 £000	2016/17 £000
(27) Funding Contributions received from the Council Expenditure on Services Provided by the Council	(32,594) 31,600
19 Key Management Personnel: Non-Voting Board Members	40
(8) Net Transactions with Stirling Council	(954)

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the constituent authorities free of charge as a 'service in kind'. The support services provided by Stirling Council mainly consist of governance, human resources, financial management, information services, information technology and payroll.

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Balances with Stirling Council

31 March 2016 £000		31 March 2017 £000
0	Debtor balances: Amounts due from the Council	954
0	Creditor balances: Amounts due to the Council	0
0	Net Balance with Stirling Council	954

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12. Expenditure and Funding Analysis

Expenditure on services commissioned by the Clackmannanshire and Stirling Integration Joint Board from its constituent authorities is analysed below.

HEALTH SERVICES	Budget £'000	Actual Expenditure £'000	Variance £'000
<u>Set Aside</u>			
Accident and Emergency Services	5,056	5,118	(63)
In patient Hospital Services Relating to :			
General Medicine	2,619	2,471	148
Geriatric Medicine	3,504	3,732	(228)
Rehabilitation Medicine	1,195	1,235	(40)
Respiratory Medicine	985	950	35
Psychiatry of learning disability	980	1,090	(111)
Palliative Care (Hospital Based)	919	912	7
Mental Health Inpatient Services	4,559	4,619	(60)
Subtotal	19,816	20,127	(311)
Adjustment to Budget			311
Subtotal	19,816	19,816	0
<u>Operational</u>			
District Nursing Services	3,431	3,311	119
Community Addiction Services	2,636	2,446	190
Community Based AHP Services	5,603	5,667	(64)
Public Dental Service	942	952	(10)
Services provided outwith a hospital in relation to geriatric medicine	1,004	835	170
Palliative Care (delivered in Community)	50	57	(7)
Community Learning Disability Services	810	557	253
Community Mental Health Services	3,005	2,960	45
Continence Services	170	147	23
Services Provided to promote public health	1,407	1,355	52
Community Hospitals	5,742	5,851	(109)
Resource Transfer	8,179	8,179	0
Joint Partnership Agreements	2,002	1,980	23
Partnership Funds (ICF/ Delayed Discharge / Bridging)	2,951	2,951	0
Contingency	168	0	168
Shared Partnership Costs	122	122	(0)
Integration Fund	5,733	5,733	0
Reserves	1,795		1,795
Subtotal	45,750	43,103	2,648
<u>Universal</u>			
Primary Medical Services (GMS Contract)	21,738	22,117	(379)
Primary Dental Services (GDS Contract)	7,632	7,624	8
Community Ophthalmic Services	2,588	2,588	(0)
Community Pharmaceutical Services	32,010	31,930	80
GP Out of Hours Services	1,224	1,123	101
Subtotal	65,192	65,383	(190)
TOTAL HEALTH SERVICES	130,759	128,301	2,458

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SOCIAL CARE SERVICES - CLACKMANNANSHIRE

Older People	1,522	1,511	11
Mental Health	847	816	31
Learning Disability	507	499	8
Physical Disability	92	96	(4)
Sensory Impairment	92	96	(4)
Reablement	403	726	(323)
Care at Home	3,763	3,390	373
Residential Care	5,006	5,138	(132)
Respite Care	188	766	(577)
Day Care Services	1,531	1,509	22
MECS Telecare Telehealth	412	468	(55)
Housing With Care	249	257	(8)
Meals on Wheels	0	(7)	7
Advocacy	72	72	0
Substance Misuse	11	11	0
Mental Health Team	377	362	15
Voluntary Orgs	255	166	88
Garden Aid	105	105	0
Housing Aids and Adaptations	202	202	0
Equipment & Adaptations	142	279	(138)
Additional Contribution	685		685
Shared Partnership Costs	57	57	0
TOTAL SOCIAL CARE SERVICES - CLACKMANNANSHIRE	16,517	16,517	0

SOCIAL CARE SERVICES - STIRLING

Older People	1,668	1,678	(10)
Mental Health	253	250	3
Learning Disability	248	238	10
Care & Support and Home	8,927	8,496	431
Residential Care	10,518	10,248	270
Respite Care	290	932	(642)
Day Care/ Services: PD,LD,OP,MH	1,861	1,543	318
MECS/Telecare/Telehealth	604	623	(19)
Housing with Care/Sheltered Accommodation	5,208	5,567	(359)
Equipment and Adaptations	155	105	50
JLES	217	206	11
Sensory Resource Centre	201	242	(41)
Voluntary Organisations	674	671	3
Housing Aids and Adaptations	384	384	0
Improvement Grants	400	400	0
Shared Partnership Posts	57	57	0
Reserves	929		929
TOTAL SOCIAL CARE SERVICES - STIRLING	32,594	31,640	954

PARTNERSHIP TOTAL	179,871	176,459	3,412
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Independent Auditor's Report

**Independent Auditor's Report to the Members of Clackmannanshire and Stirling
Integration Joint Board and the Accounts Commission**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice approved by the Accounts Commission, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Clackmannanshire and Stirling Integration Joint Board for the year ended 31 March 2017 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 (the 2016/17 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2016/17 Code of the state of affairs of the Clackmannanshire and Stirling Integration Joint Board as at 31 March 2017 and of its surplus on the provision of services for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2016/17 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis of opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK and Ireland (ISAs (UK&I)). My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of my report. I am independent of the Clackmannanshire and Stirling Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standards for Auditors, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Responsibilities of the Chief Finance Officer for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the

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Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit and express an opinion on the financial statements in accordance with applicable legal requirements and ISAs (UK&I) as required by the Code of Audit Practice approved by the Accounts Commission. Those standards require me to comply with the Financial Reporting Council's Ethical Standards for Auditors. An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the circumstances of the Clackmannanshire and Stirling Integration Joint Board and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Finance Officer and the overall presentation of the financial statements.

My objectives are to achieve reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK&I) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Other information in the annual accounts

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the information other than the financial statements and my auditor's report thereon. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on matters prescribed by the Accounts Commission to the extent explicitly stated later in this report.

In connection with my audit of the financial statements in accordance with ISAs (UK&I), my responsibility is to read all the financial and non-financial information in the annual accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Report on other requirements

Opinions on other prescribed matters

I am required by the Accounts Commission to express an opinion on the following matters.

In my opinion, the auditable part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

In my opinion, based on the work undertaken in the course of the audit

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the auditable part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit; or
- there has been a failure to achieve a prescribed financial objective.

I have nothing to report in respect of these matters.



David McConnell MA CPFA
Assistant Director
Audit Scotland
4th Floor, South Suite
The Athenaeum Building
8 Nelson Mandela Place
Glasgow
G2 1BT

15 September 2017



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board

18 October 2017

This report relates to
Item 7.2 on the agenda

Financial Report

(Paper presented by Ewan Murray, Chief Finance Officer)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ewan Murray, Chief Finance Officer
Date:	6 October 2017
List of Background Papers / Appendices:	
Previous Finance Report and Integration Joint Board Budget 29 March 2017	

Title/Subject: **Financial Report**
Meeting: **Clackmannanshire & Stirling Integration Joint Board**
Date: **18 October 2017**
Submitted By: **Ewan Murray, Chief Finance Officer**
Action: **For Noting**

1. Introduction

- 1.1. The purpose of this report is to provide the Integration Joint Board with an overview of the financial position of the Health and Social Care Partnership. This report has been prepared based on information supplied by the finance teams from the constituent authorities including financial projections.

2. Executive Summary

- 2.1. This report details an increasingly concerning financial position across the Partnership with an urgent requirement to develop further short, medium and longer term plans and actions to facilitate sustainable delivery of services within resources available.
- 2.2. The deterioration of the projected outturn for the financial year mainly relates to two significant issues:
 - 2.2.1. An increase in the projection relating to the Adult Social Care budgets in Clackmannanshire as a result of continuing increases in demand and activity particularly in relation to nursing homes and lower than anticipated impact delivery savings and efficiency plans.
 - 2.2.2. An increase in financial pressures in relation to the Prescribing budget within the Budgets Delegated to NHS Forth Valley. It should be noted most of the issues affecting the Prescribing budget are national and thus Prescribing pressures are affecting all Health and Social Care Partnership Budgets.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note that based on financial performance to date and known issues an overspend of £3.246m on the Partnership budget is projected.
- 3.2. Note the indicative financial position for the period to 31 August 2017 of an overspend of £1.352m.

- 3.3. Note the updated assessment of financial risk and accompanying potential range of projected outturns.
- 3.4. Approve the holding of a seminar in November for voting members as soon as possible to further consider the position and available options.
- 3.5. Note the update on medium term financial planning and plans to improve financial reporting within the Partnership.
- 3.6. Note the Partnership funding review update.

4. 2017/18 Projected Outturn

- 4.1. The Integration Joint Board agreed the 2017/18 Partnership Budget at its meeting on 29 March 2017. At this point the financial risk level was assessed at £1.784m.

Projection Based on Financial Performance for the Year to Date

- 4.2. Based on current information on year to date financial performance, and projections provided by the finance teams within the constituent authorities, the current projected outturn is an overspend of £3.246m for the financial year.

Table 1:

Budgets Delegated to:	Current Projection	Previous Projection	Movement
	£m	£m	£m
Clackmannanshire Council	(1.853)	(1.246)	(0.607)
Stirling Council	(0.860)	(0.860)	0.000
NHS Forth Valley	(0.533)	(0.012)	(0.521)
PARTNERSHIP TOTAL	(3.246)	(2.118)	(1.128)

- 4.3 As can be observed this position is a significant deterioration from the projection included in the report to the August Board meeting. The 2 main reasons for this are:
 - An increase in the projection relating to the Adult Social Care budgets in Clackmannanshire as a result of continuing increases in demand and activity particularly in relation to nursing homes and lower than anticipated impact delivery savings and efficiency plans.
 - An increase in financial pressures in relation to the Prescribing budget within the Budgets Delegated to NHS Forth Valley.

The emergent risks around the prescribing budget were highlighted in the August report, and further details are provided in Section 5 of this report. Based on information available at this point in time this was estimated to increase the projected overspend on NHS budgets to £0.215m

It should be noted most of the issues affecting the Prescribing budget are national and thus Prescribing pressures are affecting all Health and Social Care Partnership Budgets.

Budget Recovery Actions and Updated Assessment of Financial Risk

- 4.4 As highlighted in previous reports there are significant areas of work being undertaken through the budget recovery and transforming care programmes which are either aimed solely as budget recovery measures or have the potential to reduce costs as a result of service review and/or redesign work.
- 4.5 Whilst significant amounts of review and budget recovery activity are ongoing the impact on reducing costs is not yet observable within cost levels and therefore the current projections may be prudent in some areas. Tracking of these additional savings through the financial systems requires further development to produce financial projections which are more sensitive to management actions and based on robust management information including activity.
- 4.6 The financial scenarios detailed in the table below take account of the potential that the transforming care and budget recovery actions have to improve the projected outturn and the risk of further increases in the projections in relation to cost pressure areas particularly the demand driven pressures in social care and Prescribing within the NHS budgets.

Table 2:

Budgets Delegated to:	High / Pessimistic	Low / Optimistic	Mid / Most Likely
	£m	£m	£m
Clackmannanshire Council	(2.058)	(1.293)	(1.675)
Stirling Council	(0.993)	(0.514)	(0.754)
NHS Forth Valley	(1.048)	(0.395)	(0.694)
PARTNERSHIP TOTAL	(4.099)	(2.202)	(3.123)

The high or pessimistic projections included are based on the risk of further increases in service activity in the coming months. Although, there is very limited capacity for further increases in admissions in nursing homes additional demand can manifest itself in other parts of the system including demand for care packages in the community and delays to discharge within hospital.

- 4.7 It can be observed from the table above that the most likely outturn is fairly close to the current projection and the low or optimistic outturn is approximately £1.1m below this level. This highlights the level of uncertainty around both savings delivery and prescribing.
- 4.8 The important conclusion to draw here is that even the optimistic outturn is a significant overspend and above the level of general reserves held by the Integration Joint Board of £0.688m. In addition to the general reserve there is also an earmarked social care reserve of £0.457m which could legitimately be deployed to partially offset projected overspends in the social care elements of the budgets.

The total reserves held by the Integration Joint Board @ 1 April 2017 was £3.412m.

This is illustrated in Table 3 below:

Table 3:

	High / Pessimistic	Low / Optimistic	Mid / Most Likely
	£m	£m	£m
Projection	(4.099)	(2.202)	(3.123)
General Reserve	0.688	0.688	0.688
Earmarked Social Care Reserve	0.457	0.457	0.457
Net Overspend Remaining	(2.954)	(1.057)	(1.978)

5. Changes to Partnership Budget

- 5.1 There were no changes to the payments from Clackmannanshire and Stirling Councils.
- 5.2 The table below details the change in payment and set-aside budget from NHS Forth Valley

Table 4:

	Set Aside £m	Operational And Universal £m	TOTAL £m
Budgets at 30 June 2017	19.695	100.761	120.456
Partnership Funding Drawdown	0.024	0.615	0.639
Other Adjustments	-0.010	0.021	0.011
Integration Fund		8.860	8.860
Primary Medical Services Allocation: 2017/18 Uplift		0.228	0.228
GP Recruitment and Retention		0.012	0.012
TOTALS @ 31 August 2017	19.709	110.497	130.205

6. Significant Financial Issues and Variances Within Partnership Budget

- 6.1 This section details the significant financial issues affecting the various parts of the Partnership budget. Whilst this section is currently structured in relation to the budgets delegated to the constituent authorities over time it will evolve to take a broader view of health and social care expenditure and financial risk as budgets begin to lose their identity.

Based on a pro rata share of the projections for budgets delegated to Clackmannanshire and Stirling Councils and year to date financial performance for budgets delegated to NHS Forth Valley an overspend of £1.372m is indicated for the five month period to 31 August 2017.

Whilst it is imperative to focus on the projected outturn this would indicate that expenditure across the Partnership requires to reduce by £0.274m per month for the Partnership budget to be brought into monthly financial balance. This gives an indication of the scale of the challenge faced.

6.2 Budgets Delegated to Clackmannanshire Council

6.2.1 Governance

As detailed in the Chief Officers report to the August Board meeting operational responsibility for the in-scope services in Clackmannanshire were fully delegated to the Chief Officer from 3 July 2017. The Chief Officer report highlighted the challenges and risks around this where there is no joint, underpinning senior management structure in place coupled with increasing demands in relation to the obligations of the Integration Authority.

This position changes the governance relationships for the in-scope Clackmannanshire services and the implications of this continue to be considered.

6.2.2 Nursing Homes

The main financial pressure area remains the cost of increases in nursing home placements. The projected activity in terms of bed nights for 2017/18 in care homes is 9.7% higher than 2016/17. This combined with higher unit costs (4.6%) in relation to the National Care Home Contract rate (including Scottish Living Wage impact) results in a projected cost increase of £1.049m.

The cost pressure is therefore predominantly related to increased activity in relation to nursing home admissions as illustrated in the table below.

Table 5:

Month	Activity (All Care Groups)			Increase	
	Care Weeks	Bed Nights	Places	Places	%
Mar-17	10,161	71,127	195		
Sep-17	11,172	78,204	214	19	9.7%

Whilst the table above covers all care groups the increase is predominantly related to Older People who account for 91% of places.

6.2.3 Care at Home

Activity Levels for Care at Home also continue to increase. The projected increase in hours provided is 3.7% with the effect of this incorporated within the projected cost pressure of £0.727m.

Table 6:

Care at Home Hours		
2016/17	To March 17	548,855
2017/18	September Projection	569,098
	Increase (%)	3.7%

6.2.4 Delivery of Savings and Efficiency Programmes

As detailed in Section 2.2.1 one of the main reasons for the deterioration in the projected outturn is there is limited evidence of impact of delivery of the savings and efficiency programmes. Further to the agreement of the 2017/18 Partnership budget a savings programme totalling £1.2m was developed and the significant service change implications approved by the Board in June 2017 as part of the Budget Recovery Plan paper. This paper highlighted the risks of less than full year delivery of several of the proposed changes.

Detailed information for the year to date collated as part of the budget recovery actions indicate limited cash released to date. As a result the projections have been prepared on a prudent basis and the savings and efficiency programmes have the potential to have a greater impact in the later part of the year. This potential is reflected in the optimistic projection detailed at Section 4.6.

6.2.5 Other Cost Pressures

Elsewhere within the budgets delegated to Clackmannanshire Council there are cost pressures relating to respite, adaptations and equipment, assessment and care management staffing and day-care in relation to delivery of savings and efficiency programmes. There is also a notable

cost pressure in relation to Menstrie House in relation to costs of maintaining staffing levels to cover staff sickness absence.

6.3 Budgets Delegated to Stirling Council

6.3.1 *Projected Outturn*

The projected outturn in relation to budgets delegated to Stirling Council has not changed since the previous report. The projections have, however, been reviewed and the projection is consistent with current information available.

6.3.2 *Main Areas of Financial Pressure*

The main areas of financial pressure within these budgets are as previously reported.

The main areas of financial pressure within these budgets are within care and support at home, residential and respite care and appear to be largely demand driven. A significant element of these pressures is related to costs of care packages in transition from children's services and learning disability care packages including clients being discharged from the Lochview inpatient facility.

Specifically in relation to Learning Disabilities discussions are ongoing in relation to two further planned discharges from the Lochview inpatient facility. Care packages costs for these cases are not included in the base projection at this point in time however should these discharges proceed they would affect the projection. An indicative estimate is included in the High/Pessimistic projection detailed in Section 4.6.

6.3.3 *Delivery of Savings and Efficiency Programmes*

The projection assumes savings and efficiency programmes are delivered in year. However, in common with other parts of the Partnership budget, these are becoming more difficult to deliver year on year.

6.4 Budgets Delegated to NHS Forth Valley

Overall, NHS Forth Valley is still projecting a breakeven position for the financial year. However, this is dependent on an acceleration of the delivery of savings and efficiency programmes across the Board and the NHS Board breaking even does not necessarily mean a balanced financial position in respect of the in-scope budgets for the Partnership.

6.4.1 *Set Aside Budget for Large Hospital Services*

The current reporting protocol is that financial performance against the Set Aside budget is not reported in-year but significant financial issues will be highlighted to the Board via the narrative within financial reports where required. However, the need to develop reporting arrangements around the set aside is acknowledged and under review.

Financial Performance against the set aside budget using the extant budget model would indicate an overspend for the first five months of the financial year of £0.290m mainly driven by financial pressures in Accident and Emergency, General Medicine and Mental Health Inpatient Services.

6.4.2 Operational and Universal Services

There are four main areas of financial pressure or risk have been identified in relation to budgets delegated to NHS Forth Valley –

- Delivery of savings and efficiency programmes,
- Prescribing,
- Complex care packages; and
- Community hospitals.

Although the four areas noted above are the most significant areas of financial pressure at this time, there are a number of under and over spending areas across the budget.

Taking prescribing aside, based on financial performance other known issues for the first 5 months of the financial year the most likely projection is a relatively small net overspend. It is therefore not only important to focus on the specific areas of financial risk, particularly in relation to financial sustainability, but also the net projected position or bottom line, in year.

The four main areas are examined in more detail below:

6.4.1 Delivery of Savings and Efficiency Programmes

Savings plans totalling £2.024m have been developed in relation to the in-scope NHS budgets with £1.407m currently being estimated to be delivered in year. The potential shortfall on savings delivery is incorporated within the projections and efforts are continuing to deliver savings programmes and identify alternatives where less than full delivery is anticipated.

These savings plans are reviewed and risk assessed on a monthly basis as part of savings monitoring arrangements across the partnership.

6.4.2 Prescribing

The finance report presented to the August meeting highlighted some of the risks associated with the prescribing budget. It is worth noting that pressure on prescribing is being experienced at a national level and for some areas national solutions will be required.

A recent NHS Forth Valley finance report has highlighted a projected overspend in prescribing across NHS Forth Valley of £1.45m for 2017/18, with £0.670m attributed to the Clackmannanshire and Stirling Partnership. This includes inflationary pressures and an element of non delivery of savings.

However, this figure is heavily caveated as it is based on the first three months of the financial year. In addition, the financial position can change significantly depending on drugs being approved or coming “off-patent”. Colleagues at NHS Forth Valley review the position each month as actual consumption information becomes available and the Board will be kept up to date with progress via future financial reports. A range of potential outturns for the prescribing budget have been produced and these are included in the scenarios detailed in Section 4.6.

For NHS Forth Valley key growth areas have been identified as new and more expensive drugs being used to treat cardiovascular conditions, immunosuppressive drugs and drugs used to treat prostate cancer. Where appropriate, local solutions are being explored. In terms of savings, the Primary Care Prescribing Support Team continue to maximise opportunities for technical switches where clinically appropriate. In addition a detailed piece of work focussing on waste/repeat prescription ordering is about to commence following receipt of patient level data provided by Practitioners Services Division.

6.4.3 Complex Care

Costs associated with an increasing demand for high intensity care packages are significant. An overspend of c£1m is currently anticipated across the Forth Valley area which at this point has been allocated to the Partnerships based on the standard formula developed by the National Resource Allocation Committee (NRAC). This formula looks at population data and adjusts it for age, sex, deprivation, morbidity etc. The current split between the two Partnerships is 53% Falkirk and 47% Clackmannanshire and Stirling, resulting in a projected overspend of £0.470m for the Clackmannanshire and Stirling Health and Social Care Partnership.

This area of service is demand led. To bring this area into balance may require difficult decisions to be taken in relation to criteria for and allocation of new packages of care. It is also critical that regular

reviews of care packages are undertaken across health and social care as part of normal business.

6.4.4 *Community Hospitals*

There is a £0.133m financial pressure in relation to community hospitals. An element of this related to costs of contingency capacity at Stirling Community Hospital remaining open into part of April 2017 and is therefore non-recurrent. The balance of the pressures relate to nursing pay costs in relation to managing sickness absence levels and maintaining safe staffing levels.

Winter contingency arrangements in relation to health and social care bed capacity requirements are being considered as part of winter planning arrangements including resource implications.

7. Integration Scheme, 2017/18 Projected Outturn and Budget Recovery

Integration Scheme

- 7.1 The Clackmannanshire and Stirling Integration Joint Board's Integration Scheme outlines the steps to be taken in the event of an in-year overspend. The full extract from the Integration Scheme is included as Appendix 4 and the provisions have been summarised below:
- 7.1.1 The Chief Officer, the Chief Finance Officer and the relevant finance officer and operational manager of the constituent party must agree a recovery plan to balance the overspending budget.
 - 7.1.2 If unsuccessful, the IJB may increase the payment to the party by utilising an underspend on another arm of the budget or utilising the balance of the general fund.
 - 7.1.3 If there are insufficient general fund balances, the parties have the option to make an additional one-off payment to the IJB, based on a cost sharing model or provide additional resources to the IJB which are recovered in future years.
 - 7.1.4 The final option for the Integration Joint Board is to access its earmarked reserves to meet the overspend. This option does, however, require to be considered with considerable caution as the majority of these reserves relate to Scottish Government allocations for specific purposes such as Primary Care Transformation.
- 7.2 As detailed in this report there is high probability of a net overspend after deployment of reserves held by the Integration Joint Board.
- 7.3 Whilst the focus must continue to be on budget recovery there is a need to examine the options to deal with the probable net overspend after deployment

of relevant reserves in line with the terms of the Integration Scheme. The section on prescribing includes some of the additional measures being taken forward to reduce costs further.

7.4 These options could include:

7.4.1 The Integration Joint Board directing the constituent authorities to take additional measures to further reduce spend in year. Given the difficulty in developing additional budget recovery actions which are congruent with the Strategic Plan priorities this may require to consider more difficult measures such as:

- An immediate cessation of any avoidable spend across in-scope services including spend that directly supports the Strategic Plan priorities including prevention and early intervention
- Rationalisation of the amount of physical locations that services are delivered from
- Vacancy management
- Reducing access to / admissions to care homes
- Reducing care packages
- Reducing avoidable and/or unexplainable variation in cost and quality of services
- Further reviews of Eligibility Criteria and Service Specifications and/or standards
- Reducing access to services
- Disinvestment options including further disinvestment from Partnership Funding

7.4.2 Additional contributions to the Partnership budget either on a one-off or recurrent basis from the constituent authorities and/or the Integration Joint Board.

8. Improving Financial Planning and Reporting

8.1 In recognition that the issues detailed within this report are of concern and the recommendations of internal and external audit reports the budget recovery and monitoring arrangements have been revised and the Integration Joint Board Chief Finance Officer is establishing monthly finance officer meetings across the Partnership.

8.2 These meetings focus upon the following:

- Detailed review of financial position and projections including constructive challenge
- Reconciliation of savings and efficiency programme information to projections and more sophisticated assessment of financial risk
- Improving consistency of financial information across the Partnership and developing use of benchmarking

- Identification and support of areas of opportunity to reduce cost across the Partnership
- Improving linkage between corporate level and operational financial planning and reporting. E.g. improving planning around transitions from children's services.
- Improving the quality of financial reporting across the Partnership at various levels including
 - Individual Budget managers
 - Service management
 - Joint Management Team and Leadership Group
 - Integration Joint Board

9. Development of Medium Term Financial Planning and 2018/19 Budget Planning

- 9.1 As highlighted to the Board within the previous reports and recommended within both internal and external audit reports there is a need to develop medium to longer term financial planning across the Partnership.
- 9.2 Work on this is at an early stage and an update will be presented to the December meeting. This will require to consider:
- The existing budget strategies and financial outlooks of Clackmannanshire and Stirling Councils and NHS Forth Valley
 - Impact of the UK budget in November 2017 and likely impact of Draft Scottish Budget on 13 December 2017.
 - Relevant national policies, legislative changes and strategies such as the Health and Social Care Delivery Plan, Carers Act and Free Personal Care for under 65's per the Programme for Government
 - Development of a Priority Setting Framework
 - Relationship Between Resource Availability and Outcomes
 - Demand and Cost Trends and Pressures
 - Potential Lifting of the Public Sector Pay Cap
 - Prescribing including new drugs
 - The Partnership Strategic Plan, Delivery Plan and Transforming Care Programme
 - Development of the Partnership arrangements including Localities
 - Management of Risk (Financial and Non-Financial)
- 9.3 The current level of projected overspend taken with the financial outlook will require a more radical and prioritisation based approach in future years considering the balance between investment, performances outcomes and strategic plan priorities. Further work is also required on aligning budget planning and decision making across the constituent authorities over time.
- 9.4 The UK Budget is set for 22 November 2017 with the Draft Scottish Budget following on 13 December 2017. Whilst these are likely to continue the position seen in previous years of single year settlements the outlook for

public expenditure is one of ongoing restraint and this requires a longer term approach to planning.

- 9.5 Notwithstanding the uncertainty detailed above the Partnership requires to plan for further significant cash savings requirements in 2017/18 in addition to actions required to address the recurrent overspend detailed within this report. Scenarios for this will be prepared for discussion at the proposed seminar.

10. Partnership Funding Review Update

- 10.1 Further to the paper presented to the Integration Joint Board, and agreement at the meeting held on 7 June, work has been undertaken to support Project Leads to refocus project specifications in line with Partnership priorities, and to agree appropriate performance measures. Following a small scale trial, the new service specification and reporting framework has been rolled out across the 28 currently funded projects.

This new framework implements more robust reporting and evaluation of funded projects. A request has been made to Project Leads for Quarter 2 performance reports, using the new reporting format. The deadline for submission of reports is Friday 20 October 2017. This represents a shift from 6 monthly reporting previously applied, and will enable closer management of spend and outcomes.

- 10.2 Following receipt of Quarter 2 reports, a further review process will be undertaken in late October and into early November. The review will consider outcomes and value for money.
- 10.3 It is proposed that, following the review, recommendations on ongoing funding and disinvestment will be brought to Integration Joint Board at the meeting scheduled for 13 December 2017, with a view to ensuring the most effective use of resources to meet the required outcomes, within a sustainable financial envelope.

11. Conclusions

- 11.1. This report sets out a significant deterioration in the projected financial position across the Partnership from that reported to the August meeting particularly in relation to budgets delegated to Clackmannanshire Council and NHS Forth Valley.
- 11.2. Whilst these projections still relate to a relatively early period of the financial year and have the potential to be improved through efforts to deliver savings and efficiency programmes there is a increasing high risk not only that the Partnership budget will overspend in year but also that the level of overspend will be materially higher than previously forecast.

- 11.3. There are limited options from services to reduce costs further in year coming forward coupled with increasing evidence of demand and cost increases relating to increased complexity across in-scope services.
- 11.4. This, coupled with the financial outlook for future years, indicates the need for a far more radical approach to service design and delivery than that has been taken thus far. The traditional approach to savings and efficiency taken in recent years is having diminishing returns and, whilst still of some value, will not in itself deliver sustainable service models in the face of reducing resources and increasing demand and complexity.
- 11.5. It is therefore critical that efforts to further examine and design sustainable service delivery models are undertaken at pace and in a collegiate manner across the Partnership whilst maximising the opportunities of integration.
- 11.6. There will also be a risk to key Partnership performance measures as a result of the requirement to significantly and rapidly reduce costs and it will be critical to view the transforming care programme, performance management and finance together as a rounded view of Partnership performance and best value.

12. Resource Implications

- 12.1. The resource implications are detailed within the body of the report and supporting appendices.

13. Impact on Strategic Plan Priorities and Outcomes

- 13.1. This report and associated recommendations, relates to the following Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities:

Fit with Local Outcomes	
Self Management	<input checked="" type="checkbox"/>
Community Focussed Supports	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Decision Making	<input checked="" type="checkbox"/>
Experience	<input checked="" type="checkbox"/>

Fit with Our Priorities ‘we will...’	
Further develop systems to enable front line staff to access and share information	<input checked="" type="checkbox"/>
Support more co-location of staff from across professions and organisations	<input checked="" type="checkbox"/>
Develop single care pathways	<input checked="" type="checkbox"/>
Further develop anticipatory and planned care services	<input checked="" type="checkbox"/>
Provide more single points of entry to services	<input checked="" type="checkbox"/>
Deliver the Stirling Care Village	<input checked="" type="checkbox"/>

Develop seven-day access to appropriate services	<input checked="" type="checkbox"/>
Take further steps to reduce the number of unplanned admissions to hospital and acute services	<input checked="" type="checkbox"/>

- 13.2. The finance report relates to the resources available to the Partnership to deploy in furtherance of local outcomes and priorities.

14. Legal & Risk Implications

- 14.1. There are no specific legal implications arising from the context of this paper. The paper is set out in the context of the financial risk of the partnership and specifically the high risk of overspend.

15. Consultation

- 15.1. Where appropriate, changes which impact on workforce will be taken forward in Partnership with relevant staff side representatives and Trade Union organisations. Appropriate patient and service user groups will be involved particularly in the redesign of dementia and mental health services and individual discussion with patients will take place in relation to any planned change in a service or treatment plan.
- 15.2. The Depute Chief Executive of Clackmannanshire Council, Chief Finance Officer of Stirling Council and Assistant Director of Finance of NHS Forth Valley have been consulted on the content of this report.

16. Equality and Human Rights Impact Assessment

- 16.1. The contents of this report do not require an EQIA because no significant decisions in relation to changes to service delivery are proposed at this point. Assessment will require to be prepared for significant service change or disinvestment proposals to address the issues detailed within this report.

17. Exempt reports

- 17.1. Not exempt

18. Appendices

Appendix 1 – Budgets Delegated to Clackmannanshire Council

Appendix 2 – Budgets Delegated to Stirling Council

Appendix 3 – Budgets Delegated to NHS Forth Valley

Appendix 4 – Extract from Clackmannanshire and Stirling IJB Integration Scheme

APPENDIX 1**APPENDIX I - BUDGETS DELEGATED TO CLACKMANNANSHIRE COUNCIL**

	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Employee Related Expenditure	7.306	7.280	0.026
Premises Related Expenditure	0.011	0.011	0.000
Transport Related Expenditure	0.048	0.043	0.005
Supplies and Services	0.376	0.496	(0.120)
Misc Third Party Payments	0.569	0.300	0.269
Transfer Payments	0.442	0.604	(0.162)
Nursing Homes	7.049	7.980	(0.931)
Residential Homes	2.903	3.172	(0.269)
Housing with Care	0.257	0.218	0.039
Respite	0.000	0.197	(0.197)
Care at Home	6.665	7.392	(0.727)
Day Care	0.327	0.302	0.025
Housing Aids and Adaptations	0.202	0.202	0.000
Management Support	0.129	0.129	0.000
Strategy Services	0.110	0.110	0.000
Garden Aid	0.105	0.105	0.000
Resource Transfer (Health)	(6.161)	(6.162)	0.001
Income	(4.995)	(5.185)	0.190
Grand Total	15.343	17.195	(1.853)

APPENDIX 2**APPENDIX II - Budgets Delegated To Stirling Council**

	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Older People	2.900	2.765	0.135
Mental Health	0.445	0.445	0.000
Learning Disability	0.445	0.475	(0.030)
Care & Support and Home	8.250	8.489	(0.239)
Residential Care	11.524	11.758	(0.234)
Respite Care	0.299	0.744	(0.445)
Day Care/ Services:			
PD,LD,OP,MH	1.929	1.901	0.028
MECS/Telecare/Telehealth	1.025	1.030	(0.005)
Housing with Care/Sheltered Accommodation	2.425	2.470	(0.045)
Equipment and Adaptations	0.163	0.148	0.015
JLES	0.215	0.215	0.000
Sensory Resource Centre	0.205	0.245	(0.040)
Voluntary Organisations	0.805	0.805	0.000
Housing Aids and Adaptations	0.384	0.384	0.000
Improvement Grants	0.400	0.400	0.000
Total	31.414	32.274	(0.860)

Appendix 3

APPENDIX III - Budgets Delegated to NHS Forth Valley

		Annual Budget £m	Year to Date Budget £m	Year to Date Expenditure £m	Year to Date Variance £m
Operational	.8 District Nursing Services	3.431	1.430	1.414	0.015
	.9 Community Addiction Services	2.636	1.137	1.113	0.024
	.10 Community Based AHP Services	5.544	2.310	2.297	0.013
	.11 Public Dental Service	0.929	0.387	0.395	(0.007)
	.17 Services provided outwith a hospital in relation to geriatric medicine	1.004	0.418	0.362	0.056
	.18 Palliative Care (delivered in Community)	0.071	0.030	0.028	0.002
	.19 Community Learning Disability Services	0.798	0.323	0.241	0.082
	.20 Community Mental Health Services	3.093	1.285	1.286	(0.001)
	.21 Continence Services	0.170	0.071	0.056	0.015
	.23 Services Provided by health professionals to promote public health	1.332	0.570	0.519	0.051
	.24 Community Hospitals (recurrent budget)	5.548	2.313	2.446	(0.133)
	.RTrs Resource Transfer	8.179	3.408	3.408	(0.000)
	.JPA Joint Partnership Agreements	1.697	0.707	0.852	(0.145)
	.PF Partnership Funds (ICF/ Delayed Discharge / Bridging)	1.655	1.655	1.655	0.000
	.Pass Integration Fund Pass Through Funding	8.860	3.692	3.692	0.000
	.ResCF IJB Reserves Cfwd	(0.037)	(0.037)	(0.037)	0.000
Operational	Sub Total	44.913	19.700	19.727	(0.027)
Universal	.12 Primary Medical Services (GMS Contract)	21.897	8.557	8.645	(0.088)
	.13 Primary Dental Services (GDS Contract)	7.645	2.986	2.973	0.013
	.14 Community Ophthalmic Services	2.643	1.117	1.117	(0.000)
	.15 Community Pharmaceutical Services	32.183	13.660	13.801	(0.142)
	.16 GP Out of Hours Services	1.216	0.469	0.447	0.022
Universal	Sub Total	65.584	26.788	26.983	(0.194)
Total		110.497	46.488	46.709	(0.222)

APPENDIX 4

Extract from Clackmannanshire and Stirling IJB Integration Scheme – Section 8.5

"8.5.1 Where there is a projected overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the relevant finance officer and operational manager of the constituent authority must agree a recovery plan to balance the overspending budget.

8.5.2 In addition, the Integration Joint Board may increase the payment to the affected body, by either:

I. Utilising an under spend on another arm of the operational Integrated Budget to reduce the payment to that body; and/or

II. Utilising the balance of the general fund, if available, of the Integration Joint Board in line with the reserve policy.

8.5.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the Parties have the option to:

I. Make additional one-off payments to the Integration Joint Board, based on an agreed cost sharing model; or

II. Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address this; or

III. Access the reserves of the Integration Joint Board to help recover the overspend position.

8.5.4 The exception is for overspends that arise due to material differences between assumptions used in setting the payments to the Integration Joint Board and actual events, e.g. pay inflation. Unplanned overspends effectively represent underfunding by the Local Authorities or Health Board with respect to planned outcomes and the cost should be met by the relevant Local Authorities or Health Board, subject to the financial capacity of the relevant partner



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board

18 October 2017

This report relates to
Item 8.1 on the agenda

Performance Report

(Paper presented by Shiona Strachan)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lesley Fulford, Programme Manager, Carol Johnson, Viv Meldrum
Date:	28 September 2017
List of Background Papers	
None	

Title/Subject: **Performance Report**
Meeting: **Clackmannanshire & Stirling Integration Joint Board**
Date: **20 September 2017**
Submitted By: **Lesley Fulford**
Action: **For Noting**

1. Introduction

- 1.1. As set out in the approved Performance Management Framework, the Integration Joint Board has a responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan.

2. Executive Summary

- 2.1. The report has been prepared in partnership, supported by the Performance Management Work stream.
- 2.2. Section 1 of this report gives a background to the ‘Unscheduled Care’ agenda and considers key exceptions for further focus. Section 2 provides a performance overview set within the context of local strategic outcomes in respect of some local partnership indicators. Section 3 lists relevant caveats and gives a glossary definition to relevant key areas.

2.3. Strategic Risk Register

The Partnership holds and maintains a Strategic Risk Register, there are at present 10 high level risks. There are 7 exceptions highlighted in Appendix 2. A review of the style and content of the Strategic Risk Register is ongoing and includes input from the risk managers of the constituent authorities and the internal auditor for the IJB.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the content of the performance report.
- 3.2. Note the Summary highlighted and delegate appropriate action to the Chief Officer in conjunction with relevant senior managers.

4. Background

- 4.1. The purpose of this report is to ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the

Integration Functions, and as set out in the Strategic Plan.

- 4.2. At the Integration Joint Board meeting in June 2017 the Board agreed that the next full performance report would be brought forward in October 2017. An exception report detailing delayed discharge and the Strategic Risk Register was presented at the August 2017 meeting. It was agreed that this detail will be included within the performance report from October 2017.
- 4.3. This report focuses on Partnership indicators linked to the outcomes of the Strategic Plan. Further work has been undertaken to refine the Partnership indicators which are detailed within the Strategy Map in Appendix 1.
- 4.4. Since the last paper was presented to the Board, the performance management work stream has discussed performance monitoring and links to the Delivery Plan with the Strategic Planning Group, as well as focussed discussions with key individuals around developing a thematic approach to reporting which gives more context and explanation to relevant data.
- 4.5. Initial discussions have also taken place with the Director of Public Health, NHS Forth Valley, in respect of the inclusion of Health Improvement indicators supporting the Local Outcome of Self Management, with linkage to the Strategic Plan and the work of the Community Planning Partnerships. Work is required to further develop this for inclusion in the Strategy Map and reporting to the Integration Joint Board.

5. Approach

- 5.1. As described in previous Integration Joint Board Performance Reports, a Strategy Map has been created to ensure there is a direct link back from performance to the outcomes of the Strategic Plan (Appendix 1). This Map details the Partnership's Vision, expected Local Outcomes and then maps these against the National Health & Wellbeing Outcomes and National Core Indicators and Local Partnership Indicators. It links closely to our first Annual Performance Report published in July 2017.
- 5.2. The content of this report mainly focuses on indicators that explore demand and capacity across the system with a thematic focus on Unscheduled Care.
- 5.3. As previously highlighted to the Integration Joint Board, the Partnership submitted an Unscheduled Care Improvement Plan to the Scottish Government following a request from the Ministerial Strategic Group for Health and Community Care (MSG) in January 2017. This is linked to but in addition to the '6 Essential Actions – Action Plan'. The next step is to submit trajectories which will monitor performance around Unscheduled Care. Work is underway to agree trajectories, with the recently established Unscheduled Care Programme Board (USCPB) overseeing the approach. There are two risks identified within the Partnership's Strategic Risk Register in relation to Unscheduled Care:

- Develop planning arrangements for Unscheduled Care and the ‘set aside’ budget for large hospital services.
- Measuring Performance Under Integration (Unscheduled Care) agree targets and put in place monitoring process.

5.4. Areas covered within the MSG Indicators include:

- Unplanned admissions
- Occupied bed days for unscheduled care
- A&E performance
- Delayed Discharges
- End of Life care
- Balance of care spend

6. Performance Report Structure

- 6.1. Section 1 of this report gives a strategic background to the locally provided data relevant to the ‘Unscheduled Care’ agenda, and considers key exceptions for further focus. Section 2 provides a performance overview set within the context of local strategic outcomes in respect of some local Partnership indicators. Section 3 lists relevant caveats to the local data reporting and gives a glossary definition to relevant key actions and activity.
- 6.2. Covalent (shortly to be called Pentana Performance) is the reporting tool which is used across the Partnership by Health and Social Care to share data locally. The Partnership has recently also been given access to linked national datasets through the SOURCE tableau reporting tool which will enable more informed analysis at locality level.

7. Finance and Performance

- 7.1. As previously highlighted, in order to ensure a sound basis for decision making and prioritisation, performance information should be read alongside financial reports to give a rounded view of the overall performance, best value, and financial sustainability of the Partnership.

8. Strategic Risk Register

- 8.1. The Partnership holds and maintains a Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board’s Strategic Plan, and monitors processes in place to mitigate those risks. The Board approved the Risk Management Strategy in March 2016 and reviewed the Strategic Risk Register in June 2016. The Strategic Risk Register is reviewed by the Joint Management Team on a quarterly basis or as required.
- 8.2. The full Strategic Risk Register will be monitored through the Partnership Audit Committee.

- 8.3. There are at present 10 rated risk areas, 5 of which are considered ‘high’ (rated 15 or over out of a maximum of 25), and cover the following key strategic areas:
- Finance
 - Governance
 - Leadership
 - Partnership Working
 - Information Management & Sharing of Information
 - Public Protection
- 8.4. Actions have been identified within the Strategic Risk Register and progress monitored through the Joint Management Team and Audit Committee to ensure that the risk is managed to an acceptable level. At this point there are 7 actions that have been highlighted within the exception summary (Appendix 2). The actions highlighted are either those within High Risk areas where progress is 50%, or others considered strategically significant. The actions relate to the following:
- Develop medium term financial strategy to compliment and support delivery planning to implement Strategic Plan
 - Identifying and mitigating as far as possible the financial risk associated with carers act implementation
 - Develop planning arrangements for Unscheduled Care and the ‘set aside’ budget for large hospital services.
 - Partnership ability to deliver adequate control measures, mitigation and efficiency and savings programmes to deliver in-scope functions within resource available
 - Develop planning and operational structures
 - Planning for implementation of Carers Act
 - Ensure access to integration systems are available where appropriate across the Partnership
- 8.5. A review of the style and content of the Strategic Risk Register is ongoing and includes input from the risk managers of the constituent authorities and the internal auditor for the IJB.

9. Conclusions

- 9.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. This report represents the process in terms of presenting a formal performance report to the Board. It is the first report with a thematic focus.
- 9.2. The Partnership is working within the Unscheduled Care Programme Board to ensure that planning and effective monitoring is agreed and reported regularly to Scottish Government.

- 9.3. In terms of delayed discharge this report sets out the performance of the Clackmannanshire and Stirling Partnership based on the census data of August 2017. The report advises the Integration Joint Board on the principal reasons for delay and the process by which actions are being taken forward by the services to mitigate the delays.
- 9.4. The Strategic Risk Register outlines the exception risks that are key to achieving the Integration Joint Board's Strategic Plan, and processes in place to mitigate those risks. The full Strategic Risk Register will be considered by the Audit Committee in February 2018 post review.

10. Resource Implications

- 10.1. The management of performance is critical to managing the overall budget of the Integration Joint Board. The resource requirements to ensure effective performance management and performance reporting are under review.

11. Impact on Strategic Plan Priorities and Outcomes

- 11.1. This report and associated recommendations, relates to the following Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate):

Fit with Local Outcomes	
Self Management	<input checked="" type="checkbox"/>
Community Focussed Supports	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Decision Making	<input checked="" type="checkbox"/>
Experience	<input checked="" type="checkbox"/>

Fit with Our Priorities ‘we will...’	
Further develop systems to enable front line staff to access and share information	<input checked="" type="checkbox"/>
Support more co-location of staff from across professions and organisations	<input type="checkbox"/>
Develop single care pathways	<input checked="" type="checkbox"/>
Further develop anticipatory and planned care services	<input checked="" type="checkbox"/>
Provide more single points of entry to services	<input checked="" type="checkbox"/>
Deliver the Stirling Care Village	<input type="checkbox"/>
Develop seven-day access to appropriate services	<input checked="" type="checkbox"/>
Take further steps to reduce the number of unplanned admissions to hospital and acute services	<input checked="" type="checkbox"/>

- 11.2. Only by managing performance can the delivery of the Integration Joint Board outcomes and priorities be truly assessed providing a sound basis from which to make decisions regarding investment and service change.

12. Legal & Risk Implications

- 12.1. Performance management is a legal requirement as defined in the Integration Joint Board's Integration Scheme.

13. Consultation

- 13.1. Approach defined in the approved Performance Management Framework and further developed through the Performance Management Workstream with all parties represented.

14. Equality and Human Rights Impact Assessment

- 14.1. The contents of this report do not require an EQIA because Report not assessed. Content derived from national indicators.

15. Exempt reports

- 15.1. Not exempt.

16. Appendices

- Appendix 1 - Strategy Map
- Appendix 2 – Risk Register Exceptions
- Appendix 3 – Performance Indicator Caveats
- Appendix 4 - Glossary

PERFORMANCE REPORT

SECTION 1

1.1 Background

Non-routine hospital activity is recognised as placing a substantial and hard to predict demand on the NHS.

Reducing the amount of time patients spend in hospital has been key priority for Health and Social Care for a number of years. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

In recent years, demands on Health and Social Care services have been increasing because of demographic changes. People are living longer with multiple long-term conditions and increasingly complex needs. At the same time, public bodies are facing financial challenges which will require increasingly difficult choices going forward.

In order to provide an effective, safe and efficient service to patients, hospitals must balance the provision of staffed beds against anticipated demand. Historically, the total number of beds has been reducing in line with evolving models of healthcare provision which aims to reduce the frequency and duration of hospital admissions and improve the integration of Health and Social Care services.

General Practices are also central to developing new types of care. GPs have a key role to play in coordinating care for patients, involving other professionals such as nurses, occupational therapists, physiotherapists and social workers as required.

Some of the main national strategic principles, particularly in relation to shifting more care and support into the community, are:

- focusing on prevention, anticipation, supported self-management and person-centred care
- primary care transformation
- providing day case treatment as the norm when hospital treatment is required and cannot be provided in a community setting
- ensuring that people return into their home or community environment as soon as appropriate, with appropriate supports, minimising risk of re-admission
- improving the flow of patients through hospital services, reducing the number of people attending A&E, and improving services at weekends and out-of-hours improving care for people with multiple and chronic conditions
- reducing health inequalities by targeting of services
- workforce planning
- integration of Health and Social Care.

1.2 Unscheduled Care

Unscheduled care can be described as: “NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland.

Improving Unscheduled Care across Scotland is a key ministerial priority for Scottish Government. Through the National Unscheduled Care – 6 Essential Actions Improvement Programme it aims to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community.

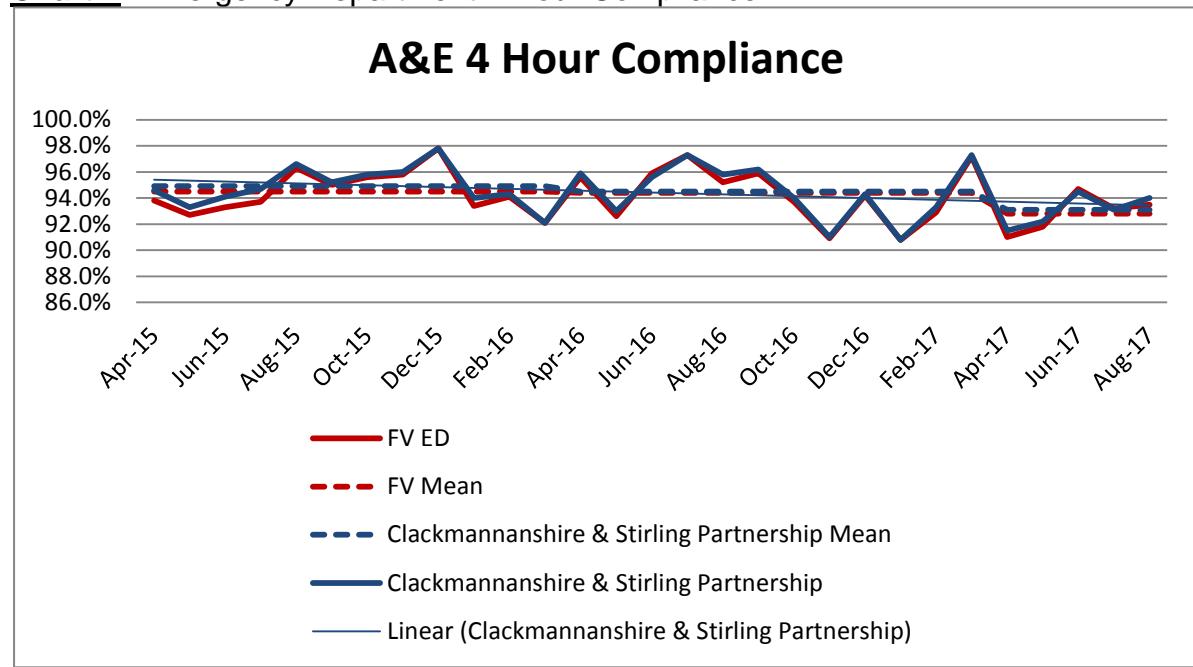
SECTION 2

Local Outcome – Self Management

- Individuals, Carers and families are enabled to manage their own health, care and wellbeing

Measure	Unscheduled Care – Emergency Department Performance against the ED 4 Hour Target (includes Minor Injuries Unit). This is a 95% target. All Ages
Clackmannanshire Performance	Average monthly performance 2017/18 = 93.7%
Stirling Performance	Average monthly performance 2017/18 = 93.1%
C&S Partnership	Average monthly performance 2017/18 = 93.1%
Forth Valley Performance	Average monthly performance in the year to date , April to August 2017/18 = 92.8%

Chart 1: Emergency Department 4 Hour Compliance



Commentary

This indicator relates to residents of the Partnership who make new or unplanned return attendances to the Accident & Emergency department (A&E) at Forth Valley Royal Hospital in Larbert or the Minor Injuries Unit in Stirling. The waiting time is calculated as the time of arrival until the time of admission transfer or discharge. The national standard is within four hours.

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

The average Clackmannanshire and Stirling monthly ED compliance for 2016/17 was 94.5%, synonymous with Forth Valley compliance of 94.4%. This shows average monthly compliance for Forth Valley has decreased by 2% in 2017/18 to date (April to August), Clackmannanshire by 0.4% and Stirling 1.8%. To put these results into context trends in attendance must be looked at. The monthly average compliance for the Partnership is above the Forth Valley average.

Achieving the 95% target on a consistent basis is challenging with a level of instability in performance. Discussion has taken place with the Scottish Government regarding NHS Forth Valley's variation in performance and what further support may be required. Over the months of July and August there were 15 occasions where attendances at the department were between 190 and 212.

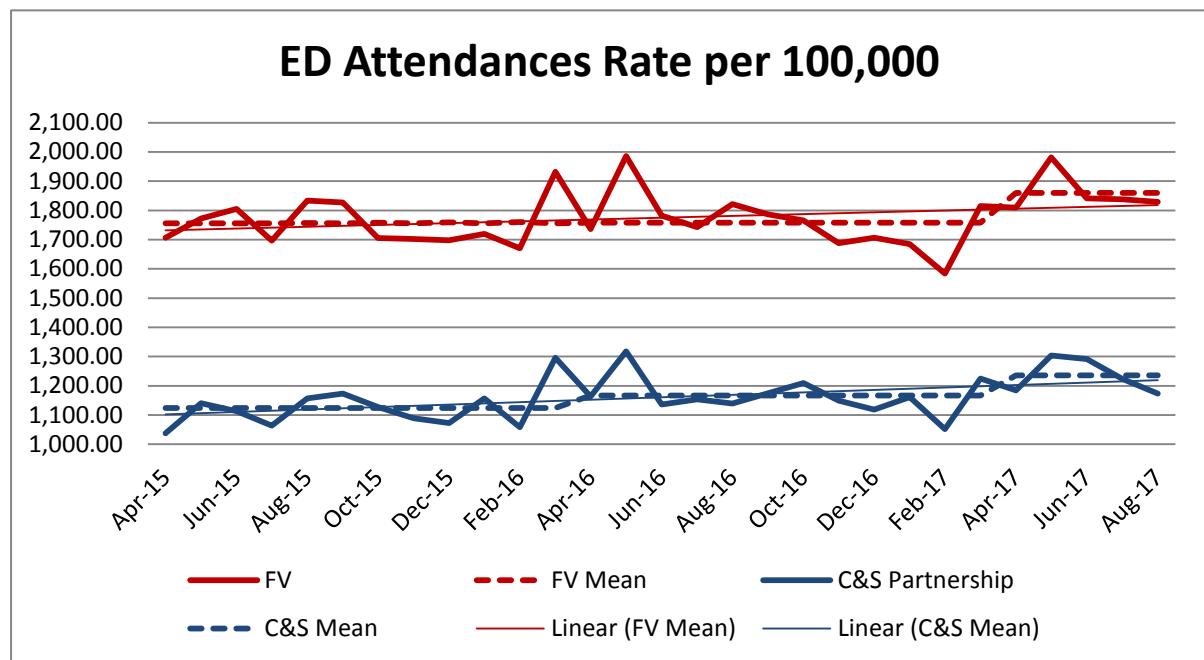
The main reasons for breaching the 4 hour target are 'wait for first assessment', 'clinical reasons' and 'wait for treatment to be completed'.

Work is underway, led by the Medical Director, with a view to maximising internal processes in terms of escalation and preventing breaches, focussing on the '6 Essential Actions' established by the Scottish Government, and working in partnership with Integration Authorities looking at the whole system in support of sustainable improvement. This will support the creation of realistic trajectories for the Partnership Improvement Plans around Unscheduled care. This work is currently on-going. The recently established Unscheduled Care Programme Board has an appropriate breadth of membership, including Chief Officers, to drive the required improvements.

Six Essential Actions to improve ED performance and increase flow
(Includes IHO and ED review)

- A Six Essential Actions Programme Manager post has recently been advertised and an Emergency Department Clinical Session held to explore priorities for improvement.
- Essential Actions 1-4 are about changes needed to the way hospital services are designed and provided. These include strengthening clinical leadership and ownership of patient pathways, analysing and planning hour by hour to check that patients are on the right pathway and in the right place on their pathway, holding safety briefings and escalating and resolving issues quickly, providing assessment, diagnosis and treatments as soon as possible to support people to return home or to most suitable place of care earlier rather than later in the day.
- Essential Action Five focuses on provision of services such as phlebotomy, diagnostics and medicines over seven days.
- Essential Action Six *Ensuring Patients Are Cared For In Their Own Homes* is about avoiding attendance, avoiding admission, short and reduced length of stay. It is delivered through the initiatives and core provision mentioned elsewhere, rather than being a separate stream of work.

Measure	Unscheduled Care – Emergency Department Attendance Rate per 100,000 population-All Ages
Clackmannanshire Performance	Average monthly performance 2017/18 = 1,441 per 100,000 pop
Stirling Performance	Average monthly performance 2017/18 = 1,140 per 100,000 pop
C&S Partnership Performance	Average monthly performance 2017/18 = 1,235 per 100,000 pop
Forth Valley Performance	Average monthly performance 2017/18 = 1859 per 100,000 population

Chart 2: Emergency Department Attendance Rate

Commentary

The average monthly ED attendance rate in Forth Valley has increased from 1758 in 2016/17 to 1859 in 2017/18 to date (5.8% increase). The Clackmannanshire and Stirling Partnership have seen a rise of 5.9% in 2018/17 from 1167 in 2016/17. This translates into a rise of 9% Clackmannanshire and 5% in Stirling over the current financial year.

A breakdown by age group in the respective local authority areas depicts an increase in the monthly average of circa 18% in Clackmannanshire across age groups 20-84 years with a 17.3% decrease in the attendance rate in those aged 85 years and over. Stirling figures demonstrate a rise of 5% across all age ranges, most significantly patients aged between 75-84 years.

Studies to assess the impact of community based services established to alleviate pressure at the front door are currently being explored by the Unscheduled Programme Board.

Close to Home - Enhanced Community Team including GP Fellows and ALFY

The GP Fellows are part of the Enhanced Community Team (ECT). There are currently three Fellows in post. It is anticipated that the two GP Fellows who were originally part of the

Project will return to Forth Valley in late Autumn 2017. The use of GP Fellows will be extended to the whole of Forth Valley from 1st September 2017.

Activity data indicates that the number of referrals to the Enhanced Community Team (ECT) is not increasing month on month. Linked with this, GP Fellows' patient contacts and interventions are not increasing.

Work has been done to understand reasons why GP Practices are not referring more suitable patients to ECT. The ANP lead nurse for the ECT has developed links with the call handlers at the front door in order to identify suitable patients for the ECT and to promote the use of ECT before front door attendance. A joint meeting between the Enhanced Community Team and Ageing & Health Consultants to identify improved ways of working and focus on opportunities to optimise the role of the GP fellows was held in September.

A series of ECT changes are being tested or planned:

- Extending the criteria to include patients who have been reviewed by a practitioner within the last 24 hours (currently all patients require a GP diagnosis for referral to ECT)
- Increasing referral rate from MECS Stirling for the unwell, uninjured faller
- Work with GP Cluster to identify high admission rates and opportunities to redirect to ECT
- Working within re-ablement / nursing homes as alternative ways to utilise GP fellows and
- Improved communication about the ECT service.

The ALFY line is being reviewed as part of the development of Single Point of Contact, with tests of change to take place in Clackmannanshire and Falkirk.

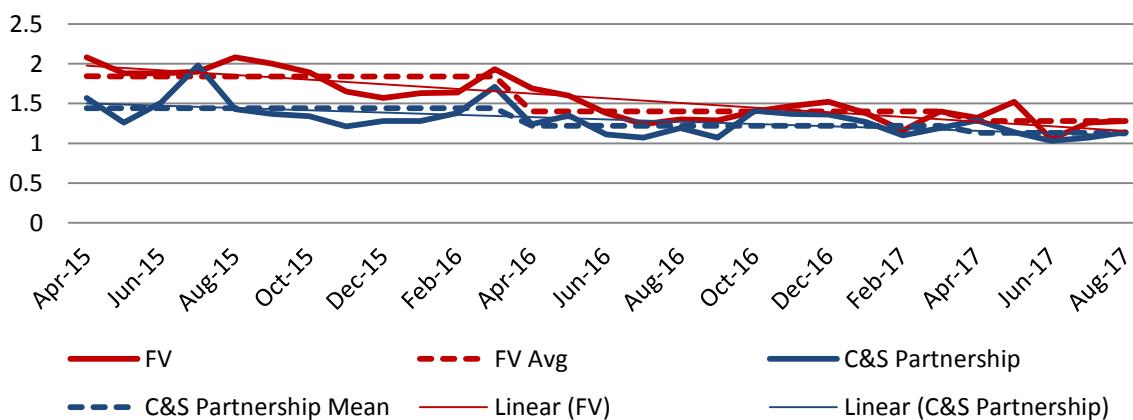
Local Outcome - Safety

- **Health & Social Care support systems are in place, to help keep people safe and live well for longer**

Measure	Unscheduled Care - Rate of Readmissions per 1,000 population All Ages
Clackmannanshire Performance	Average Monthly Rate 2017/18 = 1.24 per 1,000 population
Stirling Performance	Average Monthly Rate 2017/18 = 1.06 per 1,000 population
C&S Partnership Performance	Average Monthly Rate 2017/18 = 1.13 per 1,000 population
Forth Valley Performance	Average Monthly Rate 2017/18 = 1.28 per 1,000 population

Chart 3: Readmissions Rate

Emergency Readmission Rate by 1,000 Population



Commentary

A readmission occurs when a patient is admitted as an inpatient to any specialty in any hospital within a specified time period following discharge from a continuous inpatient stay. Readmissions may be as a result of poor treatment in hospital, badly organised rehabilitation or inadequate support services when a person is transferred home following treatment.

Within Forth Valley the readmissions data are standardised by specialty and condition at readmission. This means that if a patient was admitted to a medical specialty initially with a respiratory condition and is readmitted with a broken leg, this is not categorised as a readmission as it is not relevant to the initial presentation at hospital. If however the patient comes back to hospital with a further respiratory condition then this is classed as a readmission. In this way it enables targeting in areas that may require improvement.

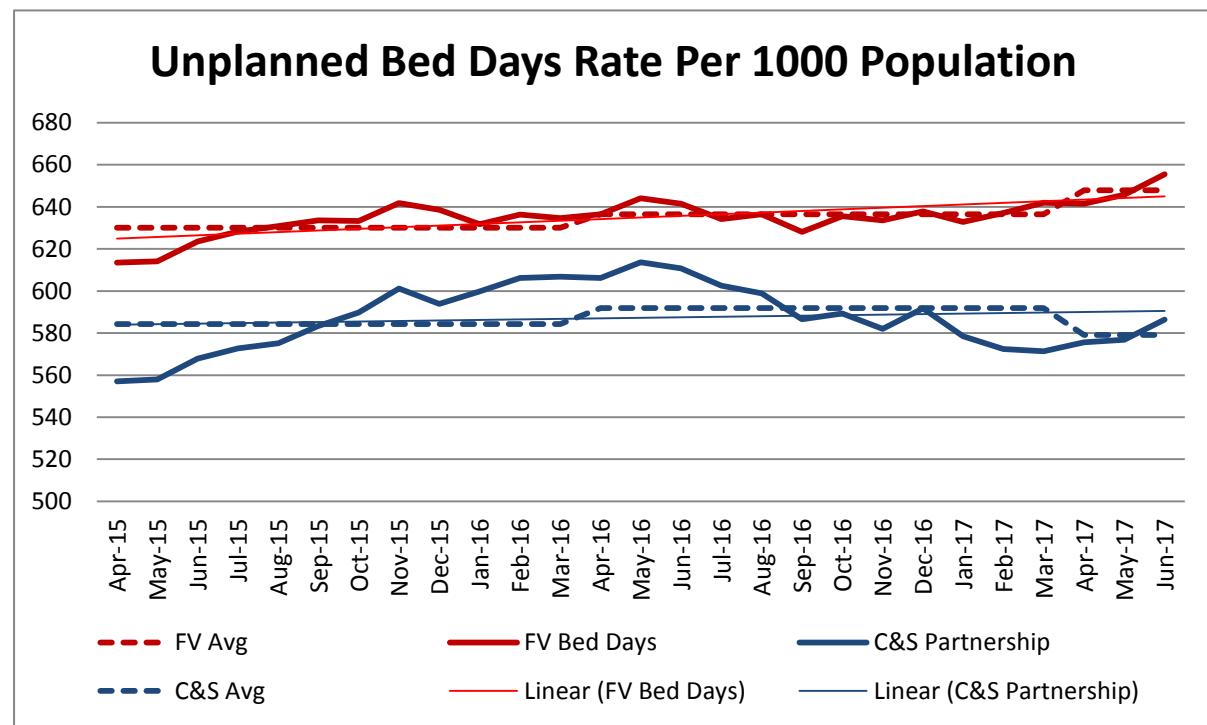
It should be noted that this differs from national publications that report the crude rate of readmissions which is any readmission within 28 days to any health board regardless of the reason for this readmission.

Chart 4 highlights a decrease in the rate of readmissions across Forth Valley from 1.40 per 1000 population in 2016/17 to 1.28 per 1000 population in 2017/18 year to date. This decreasing trend is mirrored within the Partnership with a decrease from 1.22 per 1000 population in 2016/17 to 1.13 per 1000 population in 2017/18 year to date.

Pilot schemes across parts of the health board are assessing community focussed supports which may be able to help patients receive care at home where appropriate.

Work to assess the impact of the Anticipatory Care Planning (ACP) on emergency readmissions is ongoing. Outcomes reported to the NHS Forth Valley Performance and Resources Committee show small reductions in emergency admission rates for patients with Anticipatory Care Plans.

Unscheduled Care	Clackmannanshire & Stirling Partnership Unscheduled Care - Rate of Unplanned Bed Days Rate per 1000
Clackmannanshire Performance	Average Monthly Rate 2017/18 = 631 per 1,000 pop
Stirling Performance	Average Monthly Rate 2017/18 = 560 per 1,000 pop
C&S Partnership Performance	Average Monthly Rate 2017/18 = 579 per 1,000 pop
Forth Valley Performance	Average Monthly Rate 2017/18 = 648 per 1,000 pop

Chart 4: Unplanned Bed Days**Commentary**

In 2016/17 the average monthly rate in terms of unplanned bed days for Forth Valley was 637 per 1000 population compared to 648 per 1000 population in 2017/18 to date. This highlights a 1.8% increase. The rate in the Clackmannanshire and Stirling Partnership has decreased by 2% from 584 per 1000 population in 2016/17 to 579 per 1000 population in 2017/18.

Further analysis shows a rise on 20+ age shows the most significant decrease in bed days for Clackmannanshire and Stirling occurs in the 75-84 age range.

The Day of Care Audit was introduced to NHS Forth Valley in 2014. The purpose of this audit is to assess the appropriateness of patients admitted to the acute setting. In September 2014 an initial Day of Care survey was carried out within NHS Forth Valley which indicated that 21% of inpatients did not require ongoing care within an acute setting. A follow up survey in December 2014 showed that had risen to 31%.

It was agreed that a regular Day of Care survey should be carried out in order to identify

areas of required improvement.

Initial testing on a reliable fortnightly Day of Care Survey started in December 2015. The number of patients at that time who did not meet the criteria for an acute inpatient area was 26%. The most recent three surveys, carried out over a 6 week period, have demonstrated that Forth Valley Royal Hospital has on average of 18% of patients not meeting the criteria with 95% occupancy.

As at August 2017 the top 5 reasons for the inappropriate placement are:

- 1) Awaiting completion of AHP Treatment
- 2) Home Care Support
- 3) Awaiting Consultant review/decision
- 4) Awaiting a community bed
- 5) Awaiting procedure/investigation results

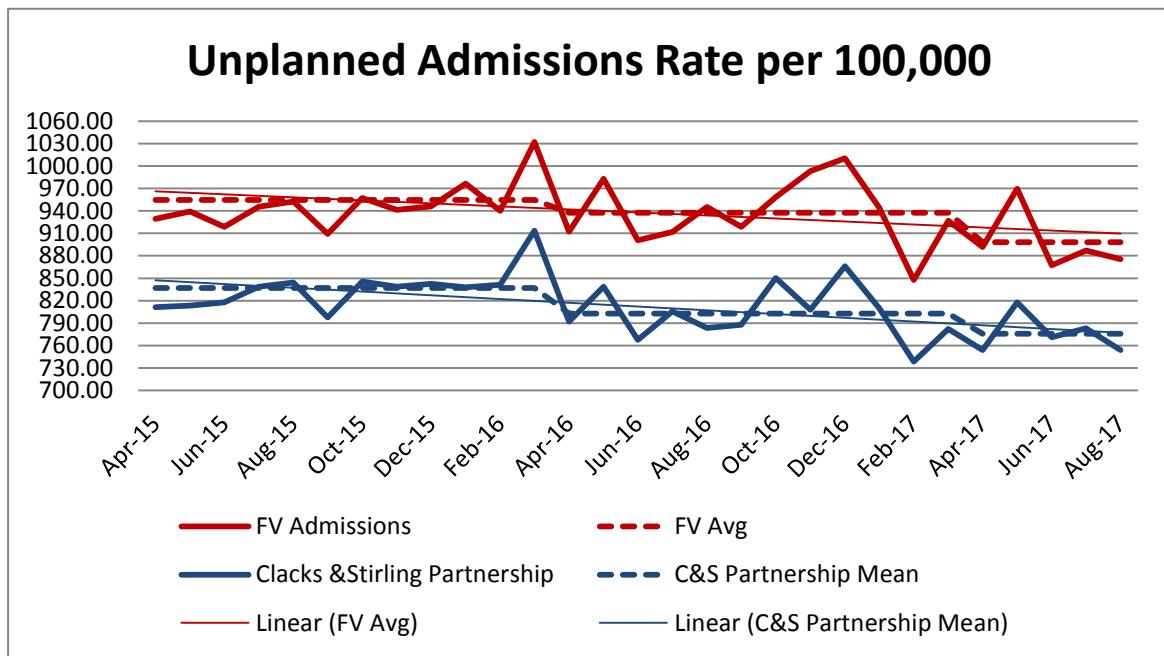
There have been several improvement measures introduced in Forth Valley:

- There is now a daily site safety huddle in place 7 days a week to identify suitable patients for discharge;
- A daily discharge MDT huddle is in place allowing a forum for discussion by knowledgeable and expert team members to identify alternative or more appropriate pathways for patients who have complicated needs, listed for either community hospital or short term assessment bed;
- Discharge planning education drop-in sessions were arranged for NHS Forth Valley staff during September 2016, during this time 130 staff members attended. These sessions covered all aspects of discharging planning in order to improve the patient's journey. Feedback was gathered at the end of each session with the overall response as positive with staff scoring, on average, at 8.4 out of 10 as being beneficial to them in their practice;
- Standard Operating Procedures were devised for community, packages of care, social and AHP services to provide clearer pathways for identifying patients ready for discharge/transfer.

Local Outcome – Decision Making

- Where formal support is needed people should be able to exercise as much control and choice as possible over what is provided.

Unscheduled Care	Unscheduled Care - Rate of Hospital Emergency Admissions per 100,000 population All Ages
Clackmannanshire Performance	Average Monthly Rate 2017/18 = 888 per 100,000 pop
Stirling Performance	Average Monthly Rate 2017/18 = 726 per 100,000 pop
C&S Partnership Performance	Average Monthly Rate 2017/18 = 754 per 100,000 pop
Forth Valley Performance	Average Monthly Rate 2017/18 = 899 per 100,000 pop

Chart 5: Unplanned Admissions**Commentary**

Nationally over half of patients who go to an emergency department are diagnosed, treated and discharged. Nearly a quarter of patients attending emergency departments are admitted to a hospital ward or transferred to another hospital for further care.

Despite the rise in Emergency Department Attendance the average unplanned admission rate for both the C&S Partnership and Forth Valley in 2017/18 has reduced. The admission rate for the financial year 2016/17 in Forth Valley is down by 4.1%, from 938 per 100,000 population to 899 per 100,000 population this year to date. C&S admissions are lower than the Forth Valley average by 19% for the financial year to date.

A breakdown by age range for adults shows an average at approx 3% decrease in admissions across all groupings in the Clackmannanshire and Stirling Partnership.

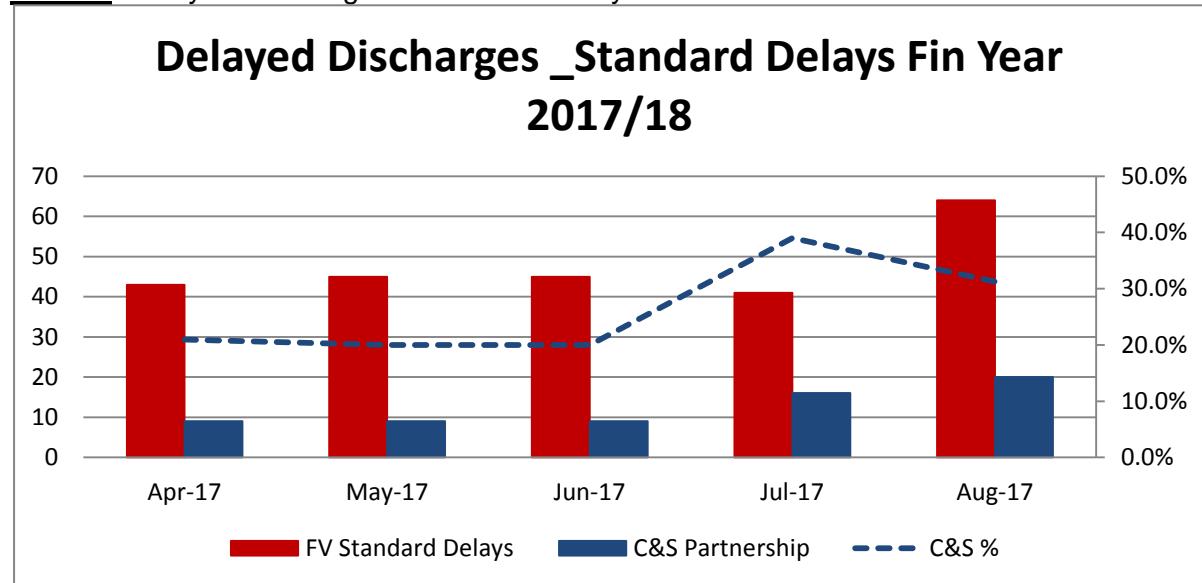
Local Outcome – Experience

- People have a fair and positive experience of health and social care

Measure	Unscheduled Care – Delayed Discharges <ul style="list-style-type: none"> • Standard Delayed Discharges • Bed days lost attributed to delayed discharge • Code 9 and Code 100 delays
Clackmannanshire Performance	Monthly Number August 2017 = 5
Stirling Performance	Monthly Number August 2017 = 15
C&S Partnership Performance	Monthly Number August 2017 = 20
Forth Valley Performance	Monthly Number August 2017 = 64

Reducing the length of time patients stay in hospital and ensuring that patients ready to be discharged are moved quickly helps to reduce waiting times for patients who need to be admitted to hospital. This can also cause delays in admitting emergency patients with the associated knock-on effect on emergency departments.

Chart 6: Delayed Discharges – Standard Delays



In August 2017 the number of standard delays for Forth Valley is 64. Clackmannanshire and Stirling accounts for 20 or 31.3% of all standard delays. The August position for the Partnership is a 25% increase from July 2017.

40% (8/20) of the Partnership delays are waiting to over 2 weeks at the August census point. These Partnership patients account for 22% (8/37) of Forth Valley waits over 2 weeks.

Table 1 shows the total number of standard delays April 2017 to August 2017.

Table 1

	April 2017	May 2017	June 2017	July 2017	August 2017
Total delays at census point	9	9	9	16	20
Total number of delays over 2 weeks	2	3	2	8	8

Commentary

As of the August census date, the following delays were recorded for the Partnership:

- 20 people in total were delayed in their discharge (standard delays)
- Of those, 8 people had been delayed for more than 2 weeks (standard delays)

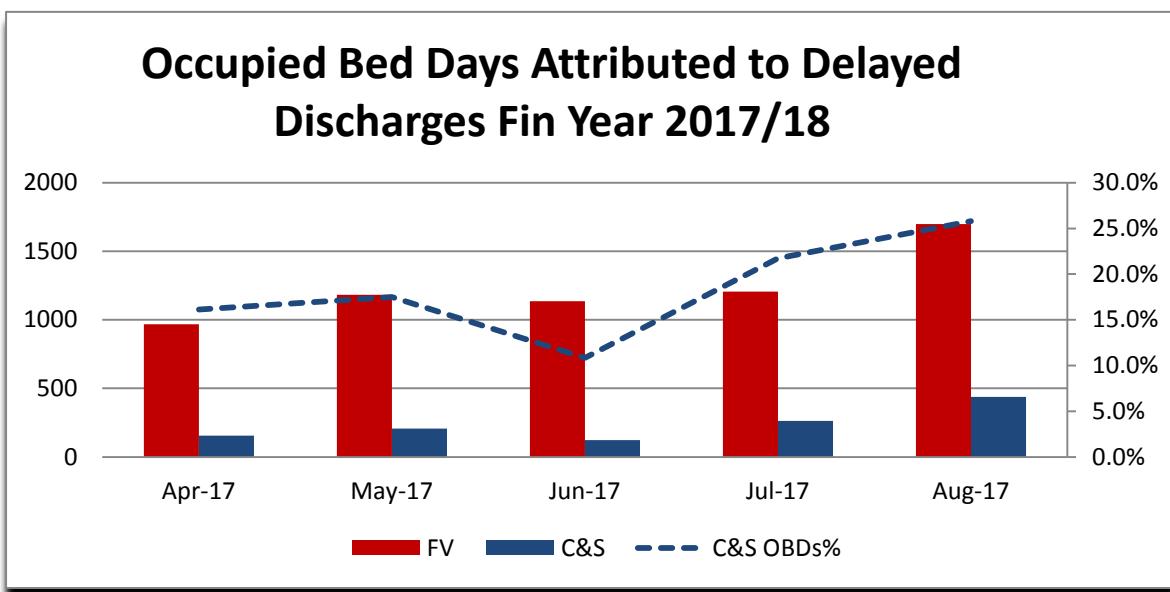
Within Clackmannanshire 3 patients were waiting on a move to a care home, 1 patient was waiting on a package of care to return home, and 1 patient was awaiting rehousing. During the month of August 17 Clackmannanshire also facilitated 7 discharges, 1 to a care home and 6 patients back home with packages of care.

In Stirling 8 patients were awaiting vacancies in a care home, 6 patients were waiting on packages of care to return home and 1 patient was subject to a dispute between Health and Social Care which was resolved on the 1st September when they were discharged. During the month of August 17, Stirling facilitated 26 other discharges. 4 patients to a care home, 17 patients returned home with packages of care, and 5 patients moved to intermediate care.

In addition to the noted delays, there are patients whose discharge is complex (code 9) and whose discharge is part of a longer discharge planning process (code 100).

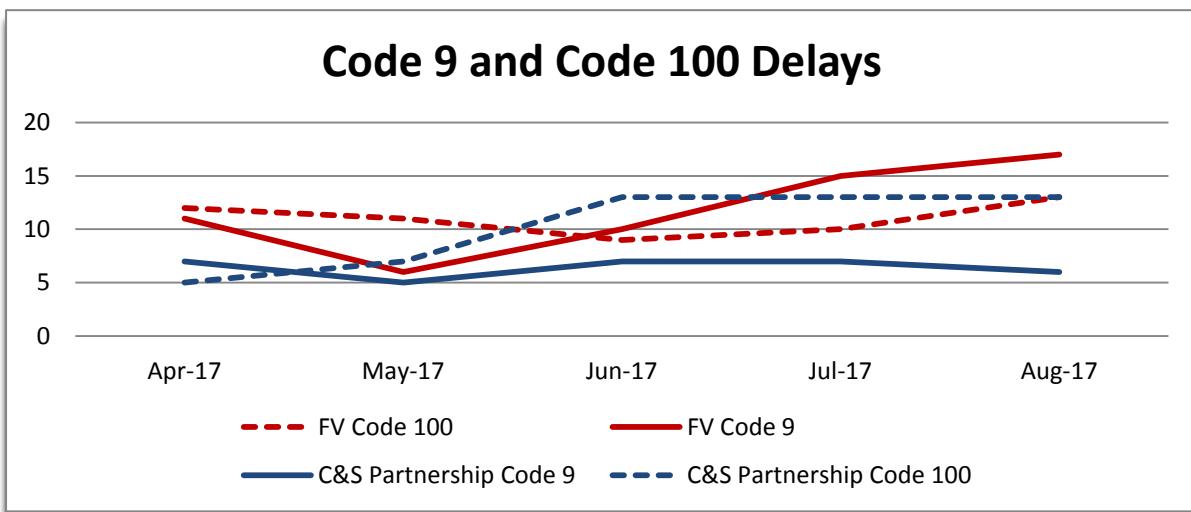
- 6 people were code 9 and all were proceeding through the guardianship process (1 in Clackmannanshire and 5 in Stirling).
- 7 people identified as a Code 100 delay (1 in Clackmannanshire and 6 in Stirling).

This is a priority improvement area for the Partnership with actions monitored through the Delayed Discharge Steering Group. This group is responsible for the production of the Delayed Discharge Improvement Plan. The plan is managed as a standing item by the Joint Management Team and progress against the full plan is reported to the IJB on a six monthly basis. Partner agencies have identified both improvement actions across the system such as implementing pathways; capacity issues and improving the patient experience of the discharge process. As has been noted this is a dynamic plan with accepted joint accountability in place. Reducing Delayed Discharges is also a key objective within the Partnership's Strategic Delivery Plan and progress in this area has been included in the ongoing review.

Chart 7: Occupied Bed Days Attributed to Delayed Discharges

Across Forth Valley there has been an increase in the number of occupied bed days attributed to delayed discharges with the number at the August 2017 census of 1699 bed days.

The Partnership position at the August census was 438 occupied bed days attributed to delayed discharges. This is 26% (438/1699) of the occupied bed days within Forth Valley attributed to delayed discharges.

Chart 8: Code 9 and Code 100 Delays

There has been an increase in the number of Code 9 and Code 100 delays across Forth Valley. Across the Partnership the position at the August census is 6 Code 9 delays, in keeping with the average to date.

Community Hospitals, Intermediate Care Capacity and Care at Home

- An NHS led review of community hospital pathways began in June 2017
- Revision of Intermediate Care Model in Clackmannanshire has been undertaken

Agenda Item 8.1 – Performance Report

- The Partnership has engaged the support of iHub to look at evaluation and review of Reablement Project. A Report on Reablement Review is expected to report to JMT in December 2017 with a view to the delivery of one model for Reablement Care at Home Service across the Partnership.

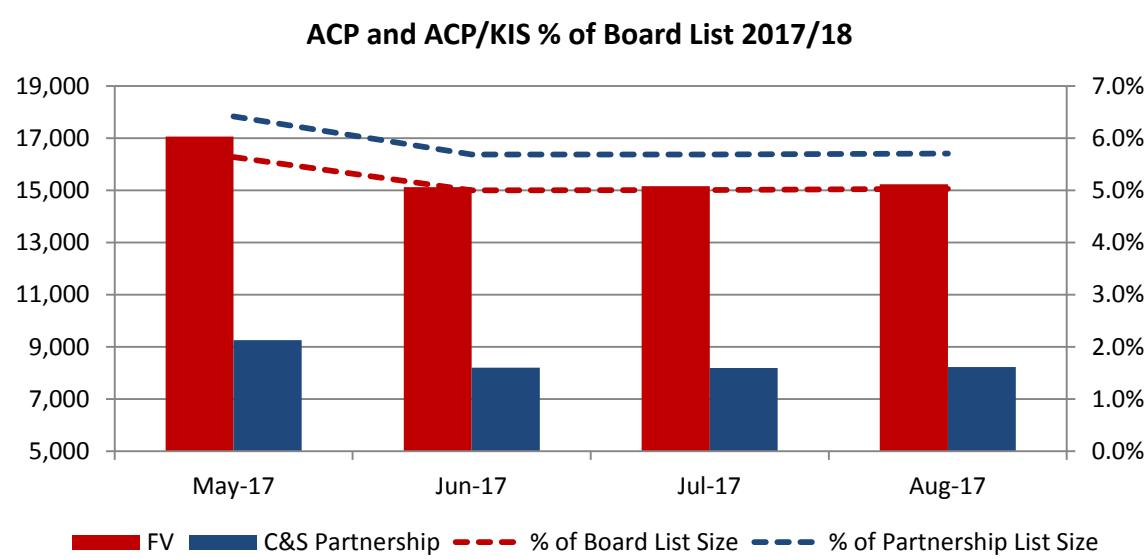
Much of the progress in this area is currently being considered within the Strategic Delivery Plan update which will report to the Strategic Planning Group and then IJB.

Local Outcome – Community Based Support

- Informal supports are in place, which enable people, where possible, to live well for longer at home or in homely settings within their community**

Unscheduled Care	Unscheduled Care - Anticipatory Care Plans as percentage of Board List
Clackmannanshire Performance	Number 2017/18 = 3,713 (7.2%)
Stirling Performance	Number 2017/18 = 4,512 (4.8%)
C&S Partnership Performance	Number 2017/18 = 8,225 (5.7%)
Forth Valley Performance	Number 2017/18 = 15,231 (5.03%)

Chart 9: Anticipatory Care Plans



Commentary

Anticipatory Care Planning (ACP) puts people at the centre of the decision-making process about their health and care needs. By encouraging people to have conversations about what matters to them ACP can help:

- manage change in an organised way
- prevent crisis
- reduce future stress
- promote quality of life

Figures above are supplied by ISD. The drop in number from approximately 17,000 plans produced in 2017 is a result of ISD culling records for those patients who have since died or moved outwith the area. The position of 15,231 accounts for 5% of Forth Valley residents and exceeds the target of 4,500 or 1.5%. 5.7% (8,225) of the Clackmannanshire and Stirling population are in receipt of an ACP or KIS.

The impact of the Anticipatory Care Plans on patient care is ongoing. Deliberations need to

be made via robust studies to assess at which stage in the patient journey referral for an ACP should be made determining the best use of current resource and identify areas for development.

Other Relevant Indicators

The Social Care indicator which measures the percentage of adults aged 65+ receiving 10+ hours of personal care at home services reflects those individuals who needs are greatest living within the community. The Partnership provides a greater balance of care within the community above the national average of 35%, with a figure of 38.5% for the period April to June 2017. Clackmannanshire is consistently higher 44% than the Stirling Council area 33%.

End of Life and Palliative Care

In addition to core funded Out of Hours Palliative Care and Cancer Helplines, initiatives include the Hospice at Home Project, night time MECS and nurse wound support. The End of Life (EoL) and Palliative Care Transformation Group is exploring the need for redesign of EoL patient pathways, workforce and communication.

Day services reviews

The review of the current service delivery models will contribute to better use of resources and support whole system capacity.

Strategy Map - Appendix 1

Vision	To Enable People in Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within Supportive Communities				
Local Outcomes	SELF MANAGEMENT- of Health and Wellbeing	COMMUNITY FOCUSSED SUPPORTS -to live well for longer at home or homely setting	SAFETY - H&SC support systems keep people well and safe	DECISION MAKING - Individuals, carers and families involved and supported to manage decisions about their care	EXPERIENCE Individuals will have a fair & positive experience of health and social care
National Outcomes (9)	1) Healthier living 5) Reduce Inequalities	2) Independent living 6) Carers are supported	7) People are safe	4) Quality of Life	3) Positive experience and outcomes 8) Engaged work force 9) Resources are used effectively
National Indicators (23) <i>(* Indicator under development nationally)</i>	1) % of adults able to look after their health well/quite well 11) Premature mortality rate	2) % of adults supported at home who agree they are supported to be independent 21*) % of people admitted to hospital from home then discharged to care home 15) % of last 6 months of life spent at home or in community 18) % of adults 18+ yrs receiving intensive support at home 8) % of carers who feel supported in their role <i>Note linkage to 'Experience'</i> 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged, (22*) % people discharged from hospital within 72 hours of being ready	9) % of adults supported at home who felt safe 13*) Emergency bed day rate for adults 14*) Readmission to hospital within 28 days rate 16*) Falls rate per 1000 population 65+ yrs	7) % of adults who agree support has impacted on improving/maintaining quality of life 12*) Rate of Emergency admissions for adults 17) % of care services graded 'good' (4) or better by Care Inspectorate	3) % of adults who agree that they had a their say in how help/care was provided 4) % of adults supported at home who agree their health and care services are co-ordinated 5) % of adults receiving care and support rated as excellent or good 6) % of people with positive GP experiences 10) % of staff who recommend their place of work as good 19) Rate of days people aged 75+ spend in hospital when they are ready to be discharged, 20) % of total health and care spend on hospital stays where the patient admitted as an emergency (22*) % people discharged from hospital within 72 hours of being ready 23) Expenditure on end of life care
Local Indicators (Under development)	ED Attendance Life expectancy age 65+ Deaths from Cancer/CHD	Hours of homecare for clients 65+ Respite hours provided Em/Admission 65+75+ per 100,000	HAI Telecare data 75+ Adult Protection	*Dementia – post diagnostic tgt, Mental Health/Learning Disability data	Local Client/patient data Patient Experience survey Staff Survey data Financial and Budgetary information

STRATEGIC RISK REGISTER: EXCEPTIONS – Action Progress below 50% within Red Rated Risks

Covalent Code	Risk	Rating Status
HSC 001	Financial Resilience	
Action Status HSC RIS 009	Develop financial strategy to compliment and support delivery planning to implement Strategic Plan	<div style="width: 40%;">40%</div>
Action Status HSC RIS 010	Identify and mitigate as far as possible the financial risk associated with carers act implementation	<div style="width: 30%;">30%</div>
Action Status HSC RIS 001	Develop planning arrangements for Unscheduled Care and the 'set aside' budget for large hospital services	<div style="width: 25%;">25%</div>
Action Status HSC RIS 017	Partnership ability to deliver adequate control measures, mitigation and efficiency and savings programmes to deliver in-scope functions within resource available.	<div style="width: 30%;">30%</div>

Covalent Code	Risk	Rating Status
HSC 002	Leadership, Decision Making and Scrutiny [including effectiveness of governance arrangements and potential for adverse audits and inspections]	
Action Status HSC RIS 013	Develop planning and operational structures	<div style="width: 40%;">40%</div>

Covalent Code	Risk	Rating Status
HSC 006	Experience of service users/patients/unpaid carers	
Action Status HSC RIS 026	Planning for implementation of Carers Act	<div style="width: 40%;">40%</div>

Covalent Code	Risk	Rating Status
HSC 007	Information Management and Governance	
Action Status HSC RIS 037	Ensure access to integration systems are available where appropriate across the partnership	<div style="width: 20%;">20%</div>

KEY TO SYMBOLS - Alert, Warning, OK (within timescale), Complete.

Performance Indicator Caveats

- **ED compliance** – this is ED and MIU Management information for all ages broken down into Partnership and LAs who have attended NHS Forth Valley.
- **ED Attendances** – This is the same as above but broken down by rate per 100,000 population of residents of the Partnership and respective LAs
- **Readmissions** – results are standardised by specialty and condition. ISD will report the crude rate or a variant of specialty where the readmission is set against the 2nd specialty in the pathway unless no second specialty applies. The rate per 1000 is based upon the population as above, rather than expected admissions averaged over the year.
- **Unplanned Bed Days** – Based upon emergency inpatient stays with the rate per 1000 based upon population of LA; elective admissions are categorised as urgent as not included in the analysis.
- **Delayed Discharges** - based upon data in EDISON rather than community information on residents. Occupied bed days relate only to those within NHS Forth Valley.
- **Anticipatory Care Plan** data are derived from ISD so this is national information.

Glossary

- **Emergency Department (ED)** - a larger A&E services that typically provide a 24-hour consultant led service.
- **Accident & Emergency (A&E) Services** - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.
- **Attendance** - the presence of a patient in an A&E service seeking medical attention.
- **Admission** - admission to a hospital bed in the same NHS hospital following an attendance at an ED service.
- **Attendance rate** - the number of attendances attributed to a group or region divided by the number of residents in that group (the population). The rate presented here is given as per 1000 population.
- **Admission rate** - the number of admissions attributed to a group or region divided by the number of people in that group (the population). The rate presented here is given as per 1000 population.
- **Scottish Index of Multiple Deprivation** - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime.
- **ED Waiting Time** - the time of arrival until the time of admission transfer or discharge.
- **4 hour wait standard** - since 2007 the national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.
- **Frequent attenders** - have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care
Partnership
Integration Joint Board

18 October 2017

This report relates to
Item 9.1 on the agenda

Climate Change Report

Paper presented by Lesley Fulford

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lesley Fulford, Programme Manager
Date:	12 September 2017
List of Background Papers / Appendices:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject: **Climate Change Report**
Meeting: **Clackmannanshire & Stirling Integration Joint Board**
Date: **12 September 2017**
Submitted By: **Lesley Fulford, Programme Manager**
Action: **For Approval**

1. Introduction

- 1.1. This paper summarises the IJB's responsibility to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.

2. Executive Summary

- 2.1. As a public body the IJB has a responsibility to produce a Climate Change Report under the Climate Change (Scotland) Act 2009.
- 2.2. As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no direct responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Approve the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2016/2017 for submission to Sustainable Scotland Network (Appendix 1).

4. Climate Change (Scotland) Act 2009 Requirements and Background

- 4.1. In 2009 the Scottish Parliament passed the Climate Change (Scotland) Act. Part 4 of the Act states that a "*public body must, in exercising its functions, act: in the way best calculated to contribute to the delivery of (Scotland's climate change) targets; in the way best calculated to help deliver any (Scottish adaptation programme); and in a way that it considers most sustainable*".
- 4.2. The three elements of the public bodies climate change duties are:
 - **Mitigation - Reducing Greenhouse Gas Emissions**

- The first element of the duties is that, in exercising their functions, public bodies must act in the way best calculated to contribute to delivery of the Act's greenhouse gas emissions reduction targets. Reducing emissions is referred to as climate change *mitigation*.
- The Act has set an interim target of a 42% reduction in greenhouse gas emissions by 2020 and an 80% reduction in greenhouse gas emissions by 2050, on a 1990 baseline. The long-term targets will be complemented by annual targets, set in secondary legislation.

- **Adaptation - Adapting to the Impacts of a Changing Climate**

- The second element of the duties is that public bodies must, in exercising their functions, act in the way best calculated to deliver any statutory adaptation programme. The first statutory adaptation programme – Scotland's Climate Change Adaptation Programme (SCCAP) – was published in 2014. While public sector bodies will have varying degrees of influence in relation to adaptation, all public bodies need to be resilient to the future climate and to plan for business continuity in relation to delivery of their functions and the services they deliver.

- **Acting Sustainably - Sustainable Development as a Core Value**

- The third element of the duties places a requirement on public bodies to act in a way considered most sustainable. This element of the duties is about ensuring that, in reaching properly balanced decisions, the full range of social, economic and environmental aspects are taken into account, and that these aspects are viewed over the short and long term.

4.3. The *Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015* came into force in November 2015 as secondary legislation made under the Climate Change (Scotland) Act 2009. The Order requires bodies to prepare reports on compliance with climate change duties. This includes 'An integration joint board established by order under section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(c)'.

5. Current Climate Change Reports

- 5.1. All three of the constituent authorities submit reports to the Sustainable Scotland Network (SSN) and these are published [online](#). Links to all three partners' plans are available in sections 5.2 to 5.3.
- 5.2. Clackmannanshire Council

- 5.2.1. <http://www.keepscotlandbeautiful.org/media/1557927/clackmannshire-council-ccr-2016.pdf>

5.3. Stirling Council

- 5.3.1. <http://www.keepscotlandbeautiful.org/media/1558062/stirling-council-ccr-2016.pdf>

5.4. NHS Forth Valley

- 5.4.1. <http://www.keepscotlandbeautiful.org/media/1558086/nhs-forth-valley-ccr-2016.pdf>

6. Integration Authority Climate Change Report 2016/2017

- 6.1. As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no direct responsibility for staff, buildings or fleet cars the report does not contain a great deal of detail and aspects related to staff, buildings or fleet cars will be contained within constituent authorities reports.
- 6.2. In many sections readers are directed to read the three constituent partners Climate Change Reports.
- 6.3. The Integration Joint Board is asked to approve the Clackmannanshire & Stirling Integration Joint Board draft Climate Change Report 2016/2017 for submission to Sustainable Scotland Network by the end of November 2017.

7. Conclusions

- 7.1. The approval of the Clackmannanshire & Stirling Integration Joint Board Climate Change Report 2016/2017 will ensure the Board are able to meet its requirements under the Climate Change (Scotland) Act 2009.

8. Resource Implications

- 8.1. As the reporting requirements are limited the resources implication has been limited.
- 8.2. In future years a support services agreement will need to be reached to ensure a business partner approach to completing this report for the Integration Authority.
- 8.3. It should be noted if the remit of Health and Social Care partnerships should change the resources required to compile a similar report would increase.

9. Impact on Strategic Plan Priorities and Outcomes

- 9.1. This report does not relate to the Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities however it is a legislative requirement as a public body.

10. Legal & Risk Implications

- 10.1. The approval of the Climate Change report will ensure the Integration Joint Board meets its requirements under the Climate Change (Scotland) Act 2009.

11. Consultation

- 11.1. The climate change report and this paper have been discussed and agreed with relevant leads in the three partner bodies.

12. Equality and Human Rights Impact Assessment

- 12.1. The contents of this report do not require an EQIA because this is a statutory duty the IJB must carry out.

13. Exempt reports

- 13.1. Not exempt

14. Appendices

- 14.1 Appendix 1 - Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

TABLE OF CONTENTS

Required

[**PART 1: PROFILE OF REPORTING BODY**](#)

[**PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY**](#)

[**PART 3: EMISSIONS, TARGETS AND PROJECTS**](#)

[**PART 4: ADAPTATION**](#)

[**PART 5: PROCUREMENT**](#)

[**PART 6: VALIDATION AND DECLARATION**](#)

Recommended Reporting: Reporting on Wider Influence

[**RECOMMENDED – WIDER INFLUENCE**](#)

[**OTHER NOTABLE REPORTABLE ACTIVITY**](#)

PART 1: PROFILE OF REPORTING BODY

1(a) Name of reporting body
Clackmannanshire and Stirling

1(b) Type of body
Integrated Joint Boards

1(c) Highest number of full-time equivalent staff in the body during the report year
0

1(d) Metrics used by the body

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

Metric	Unit	Value	Comments
Other (Please specify in the comments)	other (specify in comments)	0	The Integration Joint Board does not monitor its performance in relation to climate change and sustainability - this is completed by the three partner bodies which have responsibility for buildings, staff and fleet.

1(e) Overall budget of the body

Specify approximate £/annum for the report year.

Budget	Budget Comments
172.45	This is as set out in paper to the Clackmannanshire & Stirling Integration Joint Board on 29 March 2017 - paper available at this link https://nhsforthvalley.com/wp-content/uploads/2015/12/2017.03.29-Clackmannshire-Stirling-Special-IJB-Papers.pdf

1(f) Report year

Specify the report year.

Report Year	Report Year Comments
Financial (April to March)	

1(g) Context

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Integration Joint Board is responsible for the services as outlined in the Public Bodies (Joint Working) Scotland Act 2014.

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

2(a) How is climate change governed in the body?

Provide a summary of the roles performed by the body's governance bodies and members in relation to climate change. If any of the body's activities in relation to climate change sit outside its own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify these activities and the governance arrangements.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities Climate Change reports.

For 2016 these are available here:

Clackmannanshire Council - <http://www.keepscotlandbeautiful.org/media/1557927/clackmannshire-council-ccr-2016.pdf>

Stirling Council - <http://www.keepscotlandbeautiful.org/media/1558062/stirling-council-ccr-2016.pdf>

NHS Forth Valley - <http://www.keepscotlandbeautiful.org/media/1558086/nhs-forth-valley-ccr-2016.pdf>

2(b) How is climate change action managed and embedded by the body?

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

2(d) Does the body have a climate change plan or strategy?

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

NHS Forth Valley -

2(e) Does the body have any plans or strategies covering the following areas that include climate change?

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation				
Business travel				
Staff Travel				
Energy efficiency				
Fleet transport				
Information and communication technology				
Renewable energy				
Sustainable/renewable heat				
Waste management				
Water and sewerage				
Land Use				
Other (state topic area covered in comments)				

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?

Provide a brief summary of the body's areas and activities of focus for the year ahead.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?

If yes, please provide details of the key findings and resultant action taken.

No

2(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

PART 3: EMISSIONS, TARGETS AND PROJECTS**3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year**

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
----------------	------	--------	--------	--------	-------	-------	----------

3b Breakdown of emission sources

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3 (a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
0.0									

3c Generation, consumption and export of renewable energy

Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.

Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Other					

3d Targets

List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.

Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

3e Estimated total annual carbon savings from all projects implemented by the body in the report year				
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments	
	0.00 Electricity			
	Natural gas			
	Other heating fuels			
	Waste			
	Water and sewerage			
	Business Travel			
	Fleet transport			
	Other (specify in comments)			

3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e figures savings	Are these figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead				
Total	Source	Saving	Comments	
0.00	Electricity			
	Natural gas			
	Other heating fuels			
	Waste			
	Water and sewerage			
	Business Travel			
	Fleet transport			
	Other (specify in comments)			

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead				
If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO ₂ e)	Increase or decrease in emissions	Comments
	0.00 Estate changes			
	Service provision			
	Staff numbers			
	Other (specify in comments)			

3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint	
If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").	
Total	Comments

3k Supporting information and best practice
Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.
As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

PART 4: ADAPTATION

4(a) Has the body assessed current and future climate-related risks?

If yes, provide a reference or link to any such risk assessment(s).

No

4(b) What arrangements does the body have in place to manage climate-related risks?

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

Not Applicable.

4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

Not Applicable.

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.					
(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.					
Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment			
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment			
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks			
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?					
If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1,B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.					
(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.					
Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks			
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society			
Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society			
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

4(e) What arrangements does the body have in place to review current and future climate risks?

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Not Applicable.

4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Not Applicable.

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?

Provide a summary of the areas and activities of focus for the year ahead.

Not Applicable.

4(h) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited.
We would refer readers to the three constituent authorities.

PART 5: PROCUREMENT

5(a) How have procurement policies contributed to compliance with climate change duties?

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

As the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board has no responsibility for staff, buildings or fleet cars the responsibilities are limited. We would refer readers to the three constituent authorities.

PART 6: VALIDATION AND DECLARATION

6(a) Internal validation process

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

The report and associated cover paper which will be presented to the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board on 18 October 2017 for approval has been consulted on with colleagues across the three constituent authorities.

The report will be presented to the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board on 18 October 2017 for approval to submit to Sustainable Scotland Network.

6(b) Peer validation process

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

The report and associated cover paper which will be presented to the Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board on 18 October 2017 for approval has been consulted on with colleagues across the three constituent authorities.

6(c) External validation process

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

Not applicable.

6(d) No validation process

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

6e - Declaration

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

Name	Role in the body	Date
Lesley Fulford	Programme Manager	2017-09-12

RECOMMENDED – WIDER INFLUENCE

Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO₂e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO₂ emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO₂ emissions: **full dataset**:

Select the default target dataset

Table 1a - Subset

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments

Table 1b - Full

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments

Q2a – Targets

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments

Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.

Q3) Policies and Actions to Reduce Emissions

Sector	Start year for policy / action implementation	Year that the policy / action will be fully implemented	Annual CO ₂ saving once fully implemented (tCO ₂)	Latest Year measured	Saving in latest year measured (tCO ₂)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy / Action	Comments

Public Sector Climate Change Duties 2017 Summary Report: Clackmannanshire and Stirling

Please provide any detail on data sources or limitations relating to the information provided in Table 3

Q4) Partnership Working, Communication and Capacity Building.

Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

OTHER NOTABLE REPORTABLE ACTIVITY

Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template



Clackmannanshire
Council



Clackmannanshire & Stirling Integration Joint board

18 October 2017

This report relates to
Item 9.2 on the agenda

Implementation of the Carers Act

(Paper Presented by Robert Stevenson)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Robert Stevenson, Senior Planning Manager, NHS Forth Valley
Date:	27 September 2017
List of Background Papers:	
Carers (Scotland) Act 2016 – Development Process in Clackmannanshire and Stirling Partnership area	

Title/Subject: **Implementation of the Carers Act (2016)**

Meeting: **Clackmannanshire & Stirling Integration Joint Board**

Date: **27 September 2017**

Submitted By: **Robert Stevenson**

Action: **For Noting**

1. Introduction

- 1.1. The Carers (Scotland) Act 2016 will come into force on 1 April 2018 and discussions have been underway at a national level to address issues identified during the legislative program.
- 1.2. The Carers Act National Steering Group has been established to oversee the process. They have produced an outline timeline, initiated a series of work streams, including pilots, and identified key areas that will be taken forward during 2017. A letter was also circulated to Chief Officers which identified the legislative and regulatory program.
- 1.3. Health and Social Care Partnerships have been identified as having a major role in the effective implementation of the Act at a local level. A Carers Act Partnership Working Group was established to complete an audit of what the requirements would be for implementation of the Carers Act from April 2018 in the Clackmannanshire and Stirling Partnership area.

2. Executive Summary

- 2.1. Guidance has been published on the development of local Carers Strategies, which is being incorporated into the approach being taken forward locally and further guidance is due to be published on the development of Local Eligibility Criteria in early October 2017. The Scottish Government have also consulted on draft regulations, which will be laid before Parliament, and are due to be published from December 2017 and a Carers Charter, due to be published in April 2018.
- 2.2. The Working Group reviewed the Carers Act requirements based on the national programme and identified the main areas that will have to be taken forward locally as further national guidance and regulations are published.
- 2.3. A development plan (Appendix 1) has been produced based on the national information produced to date and update provided on progress and a stakeholder engagement process is underway - as part of the development process.
- 2.4. As part of the preparation for implementation of the Carers Act from April 2018 the Partnership, Local Authorities and NHS Boards will be expected to have

published a Carers Strategy, Local Eligibility Criteria, Adult Carers Support Plans and Young Carers Statement.

- 2.5. Organisations will be expected to have processes in place for the identification of carers, involvement in hospital discharge planning, monitoring of outcomes and engagement of carers in taking these elements forward.
- 2.6. An extensive engagement and coproduction process is underway which includes targeted sessions with carers, third sector, staff groups and key individuals. A partnership workshop is scheduled to take place on 8 December 2017 and will be followed by discussion at the SVE Health and Social Care Forum and through CTSI in Clackmannanshire.
- 2.7. The intention is to present the outputs from this work to the IJB in March 2018 for approval.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the progress on the project plan in Appendix 1
- 3.2. Note progress on the stakeholder engagement process and intention to hold a Carers Act Workshop on 8th December 2017 to consider outputs from the developmental work
- 3.3. Note the overall programme of activity.

4. Background

- 4.1. The Carers Act places significant duties and responsibilities on public bodies, which are described in a comprehensive range of regulations and statutory guidance which are currently being developed. Commencement of the Carers (Scotland) Act 2016 will be from April 2018. The local development process to meet the requirements of the Act is summarised in Appendix 1.

5. Main Body Of The Report

- 5.1. The Act has a range of new requirements to identify, assess and support carers, the definition of a carer is also widened from someone carrying out regular or substantial care to the focus on the individual receiving community care services.
- 5.2. Further National Guidance is anticipated from October 2017 on the following areas:
 - Adult Carer Support Plan (ACSP) and Young Carers Statement

- Support to carers whose needs meet local eligibility criteria. Within this consideration must be given to whether support should include the provision of a short break
 - The waiving of all charges for support provided to carers
 - Carers in hospital discharge planning
 - Support/and/ or information and advice to carers whose needs do not meet the eligibility criteria
 - Establish and maintain, or where a service already exists, continue to provide an information and advice service to carers
 - Identification of carers
 - Short breaks statement by Local Authorities
- 5.3 While local partners are expected to deliver associated outcomes including:
- Mapping of current resources, service mapping and planning arrangements, including identification of carers
 - Estimation of impact of Carers (Scotland) Act 2016 locally and resource impact
 - Preparation of short breaks statement
 - Development of eligibility criteria and associated carers assessment process
 - Development of Carers Strategy that reflects Partnership arrangements in Clackmannanshire and Stirling
 - Produce a communications/engagement plan
 - Development of performance monitoring arrangements to reflect requirements of national programme.
- 5.4 Stakeholder engagement has been initiated with a range of sessions held to discuss elements of the Carers Act from which key themes will be incorporated into the Carers Strategy development process and other areas required to implement the Carers Act. As well as the stakeholder process underway, the Implementation Group is proposing that an area wide event is held on 8th December 2017 to consider the outputs from the sessions being held with carers, staff and the third sector.
- 5.5 A Carers Strategic Needs Assessment has been commissioned and is underway with preliminary information provided for development of the Carers Strategy.

6. Conclusions

- 6.1. The development of regulations and national guidance is underway with the expectation that local Partnerships will incorporate in to their development process as and when it becomes available.
- 6.2. The development of an integrated approach within the Partnership area will require agencies to work together and produce an approach which builds on

existing good practice and takes advantage of mechanisms that are already in place.

7. Resource Implications

- 7.1. A Resource Group has been established as part of the development process to consider the resource implications including estimates of associated costs.

8. Impact on Strategic Plan Priorities and Outcomes

- 8.1. Would support the delivery Partnership priorities.

9. Legal & Risk Implications

- 9.1. As implementation of the Carers Act will involve a statutory and regulatory framework a full risk assessment will have to be completed as these elements are published.
- 9.2. As a number of areas have still to be clarified a full financial and resource assessment will be completed as part of the development process.

10. Consultation

- 10.1. An engagement and coproduction process is currently being rolled out across the partnership.

11. Equality and Human Rights Impact Assessment

- 11.1. The intention of the Carers Act is to ensure that the Equality and Human Rights of carers are addressed and key elements of the Action Plan will require completion of an impact assessment.

Appendix 1 – Clackmannanshire and Stirling Partnership Carers Act Main Areas, Current Position and Actions

	Main Areas	Current Position	Action (s)	Lead/s	Start	Comp
1.	Produce local carers' strategies by Local Authorities and Health Boards.	National Guidance produced August 2017 with commissioning process initiated.	Develop partnership Carers Strategy with implementation plans	RS/All	Jun 17	Jan 17
2.	Develop communications/ engagement plan	Stakeholder event matrix produced, Website being developed for next phase 2017. Engagement process being rolled out across the Partnership.	Produce communication/ engagement plan	RS/All	Jun 17	Oct 17 – Jan 18
3.	Involve carers in service design and delivery including in the development of the eligibility criteria	Participation and Engagement Strategy supports reach and scope of engagement. Stirling Carers Voice & Stirling Young Carers Forum/ Clackmannanshire Carers Forum Third Sector Forums in place.	Implement the Partnership Participation and Engagement Strategy in relation to delivery of the Carers Act Work Plan.	CS/CC	Aug 17	Dec 17
4.	A statutory duty to offer Adult Carer Support Plan (ACSP) or Young Carers Statement to anyone identified as a carer, or anyone who requests an assessment and appears to be a carer (this will have specific timescales	Regulations & Guidance with regard to above will be published by government during 2017/18. YC Statements aligned to IAF Paperwork – GIRFEC SHANARRI outcomes. Adult Carer Support Plans –are already in place with both carers centres agreement to look at current adult carer support plans and ensure these are compliant	Development of: 1. Adult Carer Support Plans 2. Young Carer Statements 3. Timescales associated for those caring for someone who is terminally ill.	CS/CC	17	Jan 17

	Main Areas	Current Position	Action (s)	Lead/s	Start	Comp
	associated for someone who is terminally ill)	with Guidance on developing outcome focus plans.				
5.	A duty to provide support to carers whose needs meet local eligibility criteria.	Links to areas 2 & 3 will be included in the work. Range of supports in place through respite short breaks etc	Breaks from Caring - Regulations & Guidance will be published by government during 2017/18 Range of supports to be included in Local Carers Strategy	CS/CC	Jun 17	Jan 18
6.	Financial implications of commencement of the Carers Act including the waiving of all charges for support provided to carers.	Resource sub Group has been established	Development of a more detailed resource plan based on potential impact of waiving charges and underpinning delivery of the Local Carers strategy.	Ewan Murray/Ann Booth/Irene Marshall	Jun 17	Dec 17
7.	A duty to include carers in hospital discharge planning with a focus on work force development	Carers are currently identified in admission and discharge arrangements for patients. Carer Support Officers already available in acute and community hospitals to support professionals and carers achieve a smooth transition from hospital to home. Carer Centres already support some of the workforce through the provision of workforce raising	Review current arrangements in relation to identification of carers including: 1. Numbers of carers identified. 2. Referrals to Carers Support workers. Deliver OD program once national guidance is produced	CC	Jun 17	Dec 17

	Main Areas	Current Position	Action (s)	Lead/s	Start	Comp
		awareness and training sessions highlighting the need to identify and support unpaid carers. Continuing these sessions will support reinforcement and continuity in the message of why it is necessary to identify and support unpaid carers.				
8.	A duty to establish and maintain, or where a service already exists, continue to provide an information and advice service to carers.	In place although there may be some differences between the two areas in terms of details of service provision from Carers Centres. Also other service providers deliver information services.	Review and ensure services delivered continue to be aligned to Health & Social Care Partnership, local and national outcomes. Ensure that information and support provision is aligned to Carers Act by: <ol style="list-style-type: none">1. Carers' rights, including those set out in the carers' charter,2. Income maximisation for carers,3. Education and training for carers,4. Advocacy for carers,5. Health and wellbeing for carers,6. Bereavement support services for carers following the death of a cared-for person,7. Emergency care planning and future care planning	ALL	Jun 17	Dec 17

	Main Areas	Current Position	Action (s)	Lead/s	Start	Comp
			for carers.			
9.	A power to provide support/and or information and advice to carers whose needs do not meet the eligibility criteria	Local Carer Centres currently commissioned by both local authority areas to provide universal services to carers who will not meet eligibility criteria. Range of Third Sector organizations provide support to carers who look after individuals with a range of needs including Strathcarron Hospice, Marie Curie, MacMillan, Alzheimers Scotland, Crossroads, CAB etc.	Review current arrangements for provision of advice for information and ensure appropriate referral systems.	MK AMcM	Jun 17	Dec 17
10.	Workforce development and awareness in relation to Carers Act.	OD program has been developed, however needs to be revised to take account of Carer Act Requirements. Recent NHS Mental Health and Community Nursing post contain details references to Carers Act	OD Program to be developed and staff awareness sessions to be arranged.		Jan 18	Mar 18
11.	Publication of Carers Charter	Carers charter out for consultation due to close 22 nd October.	Review of national Carers Charter to ensure effective local arrangements in place	All	Jan 18	Mar 18
12.	Governance arrangements to be reviewed.	Progress reports to SPG and IJB. Childrens Service Planning arrangements clarified.	Regular progress reports to be submitted to SPG/IJB. Childrens Service Planning arrangements in place.	RS CC/CS		Ongoing Ongoing

	Main Areas	Current Position	Action (s)	Lead/s	Start	Comp
		Readiness Toolkit to be submitted to Carers Division	Readiness Toolkit to be submitted to SG Carers Division July and November 2017	RS		Nov 17
13	Review information and data for carers	Carers Needs Assessment commissioned	Carers Needs Assessment	CMacD/ LH	Aug 17	Nov 17



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care Partnership Integration Joint Board

18 October 2017

This report relates to
Item 10.1 on the agenda

Chief Officer Report

(Paper presented by Shiona Strachan)

For Noting & Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lesley Fulford, Programme Manager
Date:	12 September 2017
List of Background Papers / Appendices:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject: **Chief Officer Report**
Meeting: **Clackmannanshire & Stirling Integration Joint Board**
Date: **12 September 2017**
Submitted By: **Lesley Fulford**
Action: **For Noting & Approval**

1. Introduction

- 1.1. This report provides a summary of the work being taken forward within the Health and Social Care Partnership (HSCP) and raises awareness of any national issues affecting the Partnership.

2. Executive Summary

- 2.1. This paper provides the Board members with information on the following areas:

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note preparation work underway for the joint inspection of adults health and social care services (section 4).
- 3.2. Note the progress with Transforming Care (section 5).
- 3.3. Note the closure of the Orchard House facility and transferring services to St Ninian's health centre for public dental health services (section 6).
- 3.4. Approve the Winter Plan for 2017/2018 (section 7).
- 3.5. Note the Delivery Plan progress (section 8).
- 3.6. Note the approved Complaints Handling Process (section 9).
- 3.7. Note Justice and Health Meeting (section 10).
- 3.8. Note Information Sharing Portal progress (section 11).
- 3.9. Note national developments (section 12).
- 3.10. Approve and note the consultation submissions (section 13).
- 3.11. Approve the nomination of Lindsay Thomson (Legal and Democratic Services Manager, Clackmannanshire Council) as this Integration Joint Board's Standards Officer, subject to approval by the Standards Commission. (section 14)

4. Joint Inspection of Adult Health and Social Care Services

- 4.1. Preparation is now taking place for the expected joint inspection led by a short life working group. To date no formal notification has been received and we

now anticipate the inspection to take place in early 2018. The group will meet fortnightly to:

- Plan for the inspection visit
- Review and update the self assessment
- Review and update the improvement plan
- Collate and review evidence
- Coordinate plans for the visit

4.2. The IJB is asked to note the inspection preparation work.

5. Transforming Care Work Stream Updates

5.1. The Board received an update on the Transforming Care work streams at their meeting in August 2017. Appendix 1 sets out timelines for each of these projects.

5.2. Intermediate Care

5.2.1. iHub are providing support to the Partnership by supporting a review of current service models and planning how we ‘step into’ Stirling Care Village.

5.2.2. The review of Reablement Services has continued to develop preferred models of care, which are preventative and support people closer to home.

5.3. Day Services

5.3.1. Preferred models of service will be finalised in December 2017 to become operational in Spring 2018.

5.3.2. A plan is being developed to rationalise building usage with the relevant facilities management services.

5.4. Primary Care Transformation Fund

5.4.1. The primary care sustainability work stream has been progressed with Clackmannanshire GPs through a workshop and practice consultation exercises. We have also concluded the Urgent Care Out of Hours analysis and scoped a new workforce model for out of hours delivery. Proposals have been developed and agreed through the primary care transformation governance process.

5.4.2. Within Clackmannanshire we will:

- Place mental health practitioner capacity in each of the 7 Clackmannanshire GP practices to prevent or redirect GP practice demand to robust alternative models of provision within

- 18 months, whilst retaining or improving service user experience.
- Develop a nurse practitioner led care home support model with two practices
- Embed home and mobile monitoring of hypertension in at least 2 practices, using Florence, text based technology.
- Support the Clackmannanshire Cluster improvement project which will test an integrated ACP approach for 35 High Health Gain Individuals as a first test of change.
- Support education and development for advanced practice across professions
- Create consistent communication strategy between practices including common information resources.

5.4.3. Within Urgent Out of Hours Primary Care we will

- Move to a model of care provided by a much broader balance of GPs, ANPs and paramedic practitioners (30% shift to ANPs within one year)
- We will initiate this through funding the transitional costs for 1 year of recruitment of 5 Advanced Practice Nurse training posts

5.5. *Stirling Care Village*

5.5.1. iHub are providing support to the Partnership by supporting a review of current service models and planning how we ‘step into’ Stirling Care Village.

5.5.2. Work is being done to develop operational procedures, pathways and workforce models required for the Stirling Care Village.

5.6. *Delayed Discharge and Service Planning*

5.6.1. Stirling Adult Social Care held a staff event in August 2017 and Clackmannanshire Social Care will hold a similar network event in October 2017 focussing on staff engagement, key priorities and the development of the supporting service plans to align with the Partnership Strategic Plan.

5.6.2. The Winter Plan is highlighted below in section 7 of this report. in the right place at the right time by the right service. Winter planning will also be discussed by the delayed discharge steering group and actions monitored through the Joint Management Team.

5.7. *Models of Neighbourhood Care*

5.7.1. Healthcare Improvement Scotland are providing support to the test sites across Scotland through regular teleconferencing. Lessons learned will be shared across the test site network and supplemented by a newsletter.

5.7.2. Organisational Development sessions are planned for October.

5.7.3. Evaluation of the model is now being considered.

5.8. *Learning Disability*

5.8.1. Engagement work is being undertaken over October and the model of care and service structure will be drafted for consideration by the Integration Joint Board by the end of January 2018.

5.9. *Mental Health*

5.9.1. Engagement work is being undertaken over October and the model of care and service structure will be drafted for consideration by the Integration Joint Board by the end of January 2018.

6. **Public Dental Health Services**

- 6.1. The public dental health service currently operates two part time clinics in the Stirling area about 3 miles apart. Namely Orchard House Dental Clinic situated within Orchard House Health Centre in Union Street (FK8 1PH) and St Ninian's Dental Clinic situated in Mayfield Health Centre in Mayfield Street (FK7 0BS).
- 6.2. Both clinics provide General Dental Services for registered patients in addition to treatment for patients on referral. They do not have the demand to open five days a week and are therefore opened part time. Proposal was to merge the two clinics in order to minimise the cost of required equipment upgrades.
- 6.3. The dental equipment located at Orchard House Health Centre and St Ninian's Health Centre has reached the end of its useful life and now requires to be upgraded. By closing the Orchard House facility and transferring services to St Ninian's health centre, the replacement cost/upgrade works can be minimised.
- 6.4. The work is not a significant change to service provision and has been approved as set out within the Integration Scheme and directions to NHS Forth Valley.
- 6.5. The IJB is asked to note the closure of the Orchard House facility and transferring services to St Ninian's health centre for public dental health services.

7. **Winter Plan**

- 7.1. The Scottish Government issued DL (2017) 19 – Preparing for Winter 2017/18 guidance on 11 August 2017. The purpose of the guidance was to help ensure that Health and Social Care Services are well prepared for winter.
- 7.2. Winter Plans should provide safe and effective care for people using services and ensure appropriate levels of capacity and funding are in place to meet expected activity and demand. This will support service delivery across the wider system of health and social care.
- 7.3. The plan was prepared with input from health and social care colleagues. Many of the actions are drawn from the unscheduled care sections of the Local Delivery Plan 2017-18, which also aligns with the actions in the Delivery Plan prepared by both Health and Social Care Partnerships. In addition, there are further actions outlined in the Winter Plan, associated with further demands present in the winter, and particularly over the festive period, and actions associated with flu, norovirus and respiratory conditions. The Winter Plan also refers to resilience arrangements, performance management, information and communications. The NHS Forth Valley Communications Department will lead a winter health communications campaign.
- 7.4. The operational and support services leads for the Winter Plan, who are responsible for operational delivery of aspects of the plan, were asked to review the draft plan and submit any improvements or amendments. In particular, it is essential that all relevant services confirm that they will have staffing rotas in place by the end of October for the winter and especially for the festive period, which includes two 4-day “breaks”. This is to ensure that sufficient resources are in place across health and social care to avoid hospital admissions where possible, and where admissions are necessary, to care for patients back at home or closer to home, as soon as appropriate. It is essential that services pull together and that a shortfall in staff availability in one area must not have a detrimental impact on the ability of another service or department to meet the additional demands of winter.
- 7.5. The Unscheduled Care Programme Board, chaired by Dr Andrew Murray, has representation from health and social care and will take responsibility for agreeing and monitoring the Winter Plan. Formal sign off for the plan will be through the two Integration Joint Boards in October and the NHS Forth Valley Performance and Resources Committee on 31 October. The Winter Plan will be submitted to the Scottish Government on 31 October.
- 7.6. Due to timescales to complete the Winter Plan it has not been possible to present this to the Integration Joint Board meeting today.
- 7.7. The Integration Joint Board is asked to delegate authority to the Chief Officer to approve the Winter Plan on behalf of the IJB.
- 7.8. The final Winter Plan will be presented to the Board in December for noting.

8. Delivery Plan

- 8.1. A workshop was held with the Strategic Planning Group on 10 August to work through the draft Delivery Plan.
- 8.2. The output from this workshop has been discussed with the Joint Management Team on 14 September 2017.
- 8.3. A further session will be held with the Strategic Planning Group on 7 November 2017 to discuss how progress is reviewed and how this report is shared with the Integration Joint Board.
- 8.4. The output of these sessions will then be presented to the IJB at their meeting on 13 December 2017. This will inform business planning for the budget requirements which will be set in March 2018.
- 8.5. The IJB Is asked to note this approach to developing the Delivery Plan.

9. Complaints Handling Process

- 9.1. The IJB approved the complaints handling process at their meeting on 27 June 2017 and this was subsequently submitted to Scottish Public Services Ombudsman. The SPSO wrote to the Chief Officer on 5 September 2017 to confirm the process was fully compliant with the requirements of the Scottish Government and Associated Public Authorities Model CHP. The letter is attached at appendix 2.
- 9.2. The IJB is asked to note the CHP is approved.

10. Information Sharing Portal

- 10.1. There has been considerable discussion and work around developing a Health and Social Care Information Sharing Portal to support services. This is currently at the “Business Requirements Gathering” stage to progress with a full detail specification rather than a proof of concept stage. This will be a significant piece of work going forward and will require a full project board and resource commitment to take to the next stage of procurement and market test.
- 10.2. In relation to Information Portals, the Data Sharing Partnership recently organised a demonstration by NHS Lothian colleagues on work that they had done around information sharing for clinical service requests and how this had been streamlined across the various council and health settings. Whilst focusing on a specific aspect of Health and Social Care interaction, the presentation was well received and will be considered as part of the wider portal requirements.
- 10.3. The IJB is asked to note this progress.

11. National Developments

11.1. Health Regional Planning

A session was held on 20 September with Integration Joint Board voting members, Health Board Chief Executives and Chief Officers. Ewan Murray, Chief Finance Officer attended on behalf of Shiona Strachan, Chief Officer.

The event was well attended and there was voting member and officer attendance from the Clackmannanshire and Stirling Partnership.

The day was both intensive and interactive and covered:

- The ‘case for change’ including demographic, clinical, financial and workforce sustainability challenges
- Developing models of care
- Progress on developing the initial regional plan by the end of September 2017 and key stages, including governance arrangements, of the timeline in developing the full regional plan by March 2018
- Communication and Engagement Strategy with Health Boards, Local Authorities, Health and Social Care Partnerships and the General Public

Key messages from the day were that to address the multiple and complex challenges faced transformational change is required. Our partnership will require to cognisant of the regional planning dimension as we develop our own medium term planning.

Further information will be brought to the Board on the development of the regional plan in due course.

11.2. Mental Health Strategy 2017-2027

The Scottish Government recently published a new Mental Health Strategy. This strategy follows on from the previous strategy and covers a 10 year period (2017-2027).

The strategy is very broad in its aspiration and a wide range of public sector partners, and practitioners are being asked to work together to plan and implement the changes required to deliver the objectives.

It sets out the main priorities that the Scottish Government considered will deliver significant improvements in mental health for the population of Scotland. A total of 40 actions are contained within the strategy focusing on improving access to services, earlier interventions and giving mental health the same prominence as physical health.

A multi-agency Forth Valley planning event was held on Friday 15 September 2017 to:

Raise awareness of the new national Mental Health Strategy

- Undertake a gap analysis of its recommendations
- Identify as local partners its joint implementation
- Identify options for joint monitoring of local progress

Fifty one participants from across a range of statutory agencies and third sector organisations working with adults, children, educational and criminal justice services attended this event. A formal evaluation report of the outputs of this event is presently being prepared and will be shared across all relevant agencies.

The IJB is asked to note progress with planning a response to the new Mental Health Strategy 2017-2027.

12. Consultation Submissions

12.1. Advocacy Services

- 12.1.1. In relation to the new duty on Health Boards and Local Authorities under the Mental Health (Scotland) Act 2015, the Mental Welfare Commission is carrying out a biennial survey about advocacy planning. Independent Advocacy services are commissioned jointly across Forth Valley and the Health and Social Care Partnerships and have submitted a joint response to this survey. The survey provides information about mental health (including dementia) and learning disability advocacy services, in relation to how services have been provided over the past two years, and about the plans in place for the next two years.
- 12.1.2. The draft consultation response is set out in appendix 3 and was submitted to the Mental Welfare Commission on behalf of the two Partnerships.
- 12.1.3. The draft consultation was submitted to the Mental Welfare Commission on 7 August 2017.
- 12.1.4. The IJB is asked to note the consultation response.

12.2. Scottish Health Council Consultation

- 12.2.1. The consultation on the role of the Scottish Health Council is now underway and is being led by Healthcare Improvement Scotland. This follows a reflective exercise undertaken by the Chair of the Scottish Health Council, Pam Whittle CBE, earlier this year.

- 12.2.2. The draft consultation response is set out in appendix 4.
- 12.2.3. The IJB is asked to approve this consultation response for submission by the consultation deadline of 20 October 2017.

12.3. Cyber Resilience Consultation

- 12.3.1. On 1 August 2017 John Swinney wrote to Chief Officers of Health and Social Care Partnerships and Chief Executives of Health Boards and Local Authorities seeking comments on draft public sector action plan on cyber resilience and draft best practice guidelines on cyber resilience for Scottish public bodies.
- 12.3.2. Forthcoming legislative changes (including the new General Data Protection Regulation, which will introduce significant new fines for personal data breaches from May 2018) reinforce the key role that cyber security has in underpinning digital public services that handle citizens' personal data.
- 12.3.3. The attached draft action plan has been produced by the National Cyber Resilience Leaders' Board (NCRLB) and its cross-public sector sub-group (CROPS) in partnership with the Scottish Government. It sets out the proposed key actions that the Scottish Government and its partners will take during 2017-18 to help ensure a common approach to achieving higher standards of cyber resilience amongst Scotland's public sector organisations. These actions include the publication of the attached draft best practice guidelines on cyber resilience for Scottish public bodies.
- 12.3.4. A response has been submitted on behalf of the Partnership, this is attached at appendix 5.

13. Integration Joint Board Standards Officer

- 13.1. As a public body, the Integration Board is required, under the Ethical Standards in Public Life (Scotland) Act 2000, to adopt a Code of Conduct setting out how its members should conduct themselves in undertaking their duties.
- 13.2. Connected to the obligation to have a Code of Conduct and similarly arising by reason of the Board's status as a public body, the Integration Joint Board is required (as per the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003) to have a 'Standards Officer'. A Standards Officer has certain roles and responsibilities connected to the upholding of ethical standards by members of the public body.

- 13.3. At the 22 June 2016 Integration Joint Board meeting the Board approved Andrew Wyse as the IJB Standards Officer.
- 13.4. Andrew Wyse has now left his role in Clackmannanshire Council and the IJB require to appoint a Standards Officer.
- 13.5. Approve the nomination of Lindsay Thomson (Legal and Democratic Services Manager, Clackmannanshire Council) as this Integration Joint Board's Standards Officer, subject to approval by the Standards Commission.

14. Resource Implications

- 14.1. There are no resource implications to note.

15. Impact on Strategic Plan Priorities and Outcomes

- 15.1. This report and associated recommendations, relates to the following Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate):

Fit with Local Outcomes	
Self Management	<input checked="" type="checkbox"/>
Community Focussed Supports	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Decision Making	<input checked="" type="checkbox"/>
Experience	<input checked="" type="checkbox"/>

Fit with Our Priorities 'we will...'	
Further develop systems to enable front line staff to access and share information	<input checked="" type="checkbox"/>
Support more co-location of staff from across professions and organisations	<input checked="" type="checkbox"/>
Develop single care pathways	<input checked="" type="checkbox"/>
Further develop anticipatory and planned care services	<input checked="" type="checkbox"/>
Provide more single points of entry to services	<input checked="" type="checkbox"/>
Deliver the Stirling Care Village	<input checked="" type="checkbox"/>
Develop seven-day access to appropriate services	<input checked="" type="checkbox"/>
Take further steps to reduce the number of unplanned admissions to hospital and acute services	<input checked="" type="checkbox"/>

- 15.2. This report covers a range of topics which link back directly to our local outcomes and priorities.

16. Equality and Human Rights Impact Assessment

- 16.1. The contents of this report do not require an EQIA because it provides updates on a range of activities which will have equality impact assessments completed as required.

17. Exempt reports

- 17.1. Not exempt.

18. Appendices

Appendix 1 – Workstream Timeline

Appendix 2 – SPSO Letter Complaints Handling Process

Appendix 3 – Mental Welfare Commission, Advocacy Response

Appendix 4 – Scottish Health Council Consultation Response

Appendix 5 – Cyber Resilience Consultation Response

APPENDIX 1 - TIMELINE

Agenda Item 10.1 – Chief Officer Report

Workstream	Lead	May 17	Jun-17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct-18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr-19	May 19	Jun 19	Jul 19
Models of Neighbourhood Care inc Strathendrick	Caroline Cherry																											
Develop a Project Team to deliver the MNC	Aug-17																											
Develop work streams associated with the Model	Sep-17																											
Resource to support the Model-identified	Sep-17																											
Develop an early intervention stream of work	Oct-17																											
OD events with staff	Oct-17																											
Develop an options appraisal on the future of Strathendrick	Oct-17																											
Evaluation Model	Nov-17																											
Develop a working proposal on team roles, function and governance	Dec-17																											
Complete stakeholder engagement	Dec-17																											
Service start date	Jun-18																											
Learning Disability	Jim Robb																											
Engagement with staff, carers & Trade Unions re the proposed model of care in relation to day and 24/7 care services.	Dec-17																											
Review of management structure with a focus on developing an integrated, single line management structure across Health & Social Care services.	Dec-17																											
Efficiencies made via management of vacancies	Mar-18																											
Opportunities to redesign small elements of service developed via the management of vacancies	Mar-18																											
Review of external high cost placements and preparation for the commissioning of alternative services	Mar-18																											
Review hospital based patients with a view to discharge	Mar-18																											
Initial implementation of an integrated Health & Social Care service	Apr-18																											
Implement the redesign of in house day services focussing on the provision of flexible/client centred services.	Jun-18																											
Implement alternative models of care for those presently residing in high cost, external residential placements	Oct-18																											
Discharge of hospital based patients to community alternatives	Mar-19																											
Mental Health	Jim Robb																											
Engagement with staff, carers & Trade Unions re the proposed model of care in relation to community based and 24/7 care services.	Dec-17																											
Review of management structure with a focus on developing an integrated, single line management structure across Health & Social Care services.	Dec-17																											
Efficiencies made via management of vacancies	Mar-18																											
Opportunities to redesign small elements of service developed via the management of vacancies	Mar-18																											
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Implement alternative models of care for those presently residing in high cost, external residential placements	Oct-18																											
Discharge of hospital based patients to community alternatives	Mar-19																											

Agenda Item 10.1 – Chief Officer Report

Appendix 2 – SPSO Letter Complaints Handling Process



Scottish
Public
Services
Ombudsman

5 September 2017

4 Melville Street
Edinburgh
EH3 7NS
Tel 0800 377 7330
Fax 0800 377 7331
Web www.spso.org.uk

CONFIDENTIAL

Ms Shiona Strachan
Chief Officer
Clackmannanshire and Stirling Integration Joint Board
Kilncraigs
Greenside Street
Alloa
Clackmannanshire
FK10 1EB

Dear Ms Strachan

Compliance with the Scottish Government and Associated Public Authorities Model Complaints Handling Procedure

Thank you for providing me with your Integration Joint Board (IJB) Complaints Handling Procedure (CHP), together with your statement of compliance and self-assessment of compliance.

I have assessed your CHP against the requirements of the Scottish Government and Associated Public Authorities Model CHP. The IJB template CHP was developed from this Model CHP, and both have been used as the standard on which to base our assessment. Clackmannanshire and Stirling Integration Joint Board has been assessed as:

Fully compliant with the requirements of the Scottish Government and Associated Public Authorities Model CHP.

Ongoing compliance will be monitored by the SPSO, in conjunction with existing reporting mechanisms.

Yours sincerely

John Stevenson
Head of Complaints Standards Authority

Appendix 3 – Mental Welfare Commission – Advocacy Response

Mental Welfare Commission for Scotland: Duty to provide advocacy services

#3

COMPLETE

Collector: Web Link 1 (Web Link)
Started: Monday, August 07, 2017 2:39:02 PM
Last Modified: Monday, August 07, 2017 4:57:30 PM
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Page 1: Mental Welfare Commission survey - Mental Health (Scotland) Act 2015 advocacy duty

Q1 Who are you?

Name	Joe McGhee /Maureen McMaster
Job title	Planning and Commissioning Officer
Organisation	Clackmannanshire and Stirling HSCP
Area you are covering in your response (NHS board or HSCP)	Clackmannanshire and Stirling HSCP and Falkirk HSCP
Email	joe.mcghee@nhs.net and mcmasterm@stirling.gov.uk
Contact telephone	01786 457270

Page 2: Current Planning

Q2 At what level is advocacy strategic planning carried out in your area?

HSCP,

Other (please specify):

there are 2 HSCP in Forth Valley and the planning for advocacy services is undertaken jointly by both

Q3 Is there a current independent advocacy strategic plan covering your area?

No

Q4 If yes, please upload your plan here

Respondent skipped this question

Q5 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

There is a draft strategic advocacy plan developed and further consultation is required between the partnerships, following the outcome of the Independent Advocacy procurement process. The Contract Award is due by September 2017.

Page 3: Consultation and involvement

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q6 Please describe how advocacy provider organisations were consulted/involved in the development of the plan

5 open consultation events were held over a 3 month period . These events provided an opportunity for advocacy provider organisations to discuss current advocacy provision in Forth Valley, Eligibility Criteria, any barriers to advocacy provision and provide any further feedback on local advocacy services.

We also circulated a detailed electronic questionnaire to which we received 123 responses. In total we had 109 electronic responses and 15 paper responses from service users.

Q7 Please describe how people who use advocacy services were consulted/involved in the development of the plan

People accessing health and social care services had the opportunity to attend any of the open consultation events and also there was a facilitated service user only event. This allowed services users to attend with carers and family.

We also circulated a detailed electronic questionnaire to which we received 123 responses. In total we had 109 electronic responses and 15 paper responses from service users.

Page 4: Action plan

Q8 Is there an action plan for the development of mental health/learning disability independent advocacy services in your area? **No**

Q9 If yes, please upload your plan here

Respondent skipped this question

Q10 If no, is a plan in the process of being developed?

Yes,

If yes please give details of when plan will be completed:

The action plan is in draft format and will be finalised on the completion of the Strategic Advocacy Plan. This action plan will be for all client groups.

Q11 Please detail actions in relation to the development of mental health / learning disability services which may be in other local plans

The actions from the Strategic Advocacy Plan, yet to be finalised, will be consistent with the local delivery plans of both HSCPs and the NHS Forth Valley healthcare strategy

Page 5: Currently commissioned services

Q12 Please complete the attachment that was included in the original email relating to the independent advocacy services currently commissioned in your area and upload it here. (Alternatively, please email to michaelbanks@nhs.net)

[MWC advocacy adult return Q9.docx \(41.5KB\)](#)

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q13 Do you specify that any organisations prioritise referrals for advocacy support, eg support for people subject to compulsory measures under the Mental Health Act?

Yes,

If yes, please give details:

In order to ensure that the services are targeted on those people in most need, and in acknowledgement that resources are finite, the Provider will ensure appropriate management of resources to meet these priorities for service delivery: • The eligible individual is subject to intervention under the Mental Health (Care and Treatment) (Scotland) Act 2003. People falling within this category should be seen by the Provider within fifteen working days of a referral unless timescales for action under the MHA require a more urgent response. • The individual has needs requiring intervention under the Adults with Incapacity (Scotland) Act 2000 or under the Adult Support and Protection (Scotland) Act 2007

Q14 Do you specify that any organisations apply a limit to the amount of advocacy per person?

No

Page 6: Commissioning budget

Q15 Has the commissioning budget for mental health/learning disability independent advocacy organisations changed over the past two years?

No

Q16 If the budget has changed please say how. Have services changed as a consequence?

Respondent skipped this question

Page 7: Prisons and advocacy services

Q17 Do you have any prisons in your HSCP area?

Yes

Q18 If yes, do any of the services currently commissioned provide advocacy support in the prison(s)?

Yes,

If yes, please provide details:

Limited ring fenced budget for independent advocacy in prison service (3 national prison establishments) for individuals in receipt of healthcare.

Page 8: NHS patients placed in private healthcare facilities outwith home health board area

Agenda Item 10.1 – Chief Officer Report

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q19 Please specify how NHS patients from your area, who have been placed in private healthcare facilities outwith their home health board area, receive advocacy support	Don't know, Any further details: Have not received any charges for such advocacy services outwith the Forth Valley area.
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Page 9: Current commissioning - homeless, asylum seekers, carers

Q20 Do you currently commission advocacy services specifically for homeless people with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

Independent Advocacy Services are commissioned on the jointly agreed eligibility criteria, as follows: People will be deemed eligible for the independent advocacy service if they fall into one or more of the undernoted categories:

- over 16 years of age AND
- Have a learning disability AND/OR
- Have a mental health disorder AND/OR
- Have an acquired brain injury AND/OR
- Are vulnerable adults deemed at risk of harm as defined in Section 3 of the Adult Support and Protection Act (2007) AND
- Have a specific issue/s affecting their life and circumstances requiring health, social care or legal interventions in relation to health and social care
- Whose independent advocacy needs come within the scope of the relevant legislation as outlined above

Additionally, this service will be provided for people under the age of 16 years if they are subject to action under the Mental Health Act. The Provider must ensure that reasonable access to independent advocacy services are accessible to people across the Forth Valley area while endeavouring to keep costs of premises and offices to an acceptable level in terms of Best Value. This applies regardless the person's living circumstances.

Q21 Do you currently commission advocacy services specifically for asylum seekers with mental health issues, learning disability or dementia? If not, how do you ensure they are supported?

Please provide details

No but please refer to Q20 regarding Eligibility Criteria. Any specific communication issues would be addressed by the Independent Advocacy organisation.

Q22 Do you currently commission advocacy services specifically for carers of people with mental health issues, learning disability or dementia? If so, which carers are supported?

Please provide details

No but please refer to Q20 regarding Eligibility Criteria.

Page 10: Monitoring and review arrangements

Q23 What are the outcomes you are seeking to achieve and how do you monitor these?

please refer to email attachment

Q24 Briefly describe the arrangements in place for monitoring the quality of mental health/dementia/learning disability independent advocacy services, including independent evaluation

The Independent Advocacy service be monitored by the 2 HSCPs through a number of ways :

Meetings

Agenda Item 10.1 – Chief Officer Report

Mental Welfare Commission for Scotland: Duty to provide advocacy services

The Provider's Representative shall attend the following meetings with the Partners' monitoring group:

- monthly start up meetings (or more often if required);
- quarterly; and
- ad hoc meetings

All meetings will be chaired and minuted by the Lead Authority's Representative or delegated officer.

All meetings unless otherwise agreed between the Parties will be held on premises selected by the Lead Authority's Representative.

The main purpose of the review meetings shall be to discuss the performance of the Contract and take a forward look at delivery of the Service.

A six monthly performance review will be undertaken by the monitoring group and reported to the strategic partnership board. The Provider may be asked to report to the partnership board.

Reports

The Provider shall ensure that they have sufficient processes and arrangements in place to provide the required information to the Partners.

The Provider shall produce the following reports:

Six Monthly Report

Reports for six monthly meetings shall submitted to the Lead Authority's Representative five (5) full working days prior to each meeting.

The six monthly report shall provide the following information:

- Service User (anonymised) "tracking" information regarding services delivered to Service Users
- aggregated outcome for Service Users including service levels in regard to advocacy activities under categories of services and geographical areas (the Partners may require the Provider to use an approved template)
- "exceptions" reports – in cases of self-referral requests
- note of unmet demand
- interface with Partners' Staff and volunteers
- any areas of concern or any weaknesses in the Services provided together with any corresponding actions being taken
- the identification of any future key events and actions
- breaches identified/rectified
- significant events or adult support and protection or child protection issues
- any unexpected problems and emergencies resolved by Provider
- recognised recruitment needs
- Staff and volunteer training progress
- comment upon any Service User complaints or compliments received
- failure of services provided by others
- results of customer satisfaction surveys (where appropriate)
- security breaches
- proposed changes to working practices leading to greater efficiencies, improved performance and enhanced value for money.

There will also be service user and stakeholder feedback requested throughout the Contract period. The service can be open to independent evaluation from the SIAA or any other relevant party.

Agenda Item 10.1 – Chief Officer Report

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q25 Do you get information from each organisation about the number of cases of people accessing advocacy support

Yes,

If yes please give the most up-to-date information provided by each organisation:
see attached -sample from monthly report

Q26 Do you ask services to provide information about unmet needs, eg about people waiting to access advocacy support?

Yes,

If yes, please give the most up-to-date information provided:
Information on sign posting available on request. We are in tender process so currently cannot request this from incumbent provider at this stage. Can be provided at end of the process.

Q27 Are you aware of providers prioritising provision of advocacy support to people subject to compulsory measures?

Yes,

If yes please provide details:
Due to the eligibility criteria set by the HSCPs this is a priority

Q28 What arrangements are in place to measure the satisfaction of people using advocacy services?

Provider surveys completed at end of the advocacy service. Patient Opinion feedback form NHS services is promoted as way to provide feedback. Plans to have HSCPs performance measures on Advocacy to be developed against the outcomes outlined within the Contract see Q23

Q29 How do you monitor complaints about advocacy services?

Annual monitoring data from providers

Page 11: Making people aware of services

Q30 How do you currently raise awareness and deliver public information about the availability of mental health/learning disability advocacy services in your area?

Information is available on the HSCPs websites promoting Advocacy . Leaflets are available on Independent Advocacy which can be used as resources for professionals and promotion of advocacy services for registered providers. Attendance at workshop and consultation events. Advocacy representation at forum events.

Q31 Have there been any specific actions to promote the use of advocacy among health and social care staff? **Yes**

Q32 How do you ensure services are available to equality groups (eg LGBT people, ethnic minority groups)?

The Eligibility criteria applies to all equality groups

Agenda Item 10.1 – Chief Officer Report

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q33 How do you measure this?

The provider request equality information and keeps records of this information . This is available on request. Local equality action groups can access Independent Advocacy promotion leaflets.

Q34 Has an equality impact assessment of advocacy services been undertaken? Yes

Page 12: Future plans

Q35 Is there an advocacy planning group covering your area? Yes

Q36 If no, is a plan in the process of being developed? Respondent skipped this question

Q37 Are you assessing the projected need for mental health / learning disability independent advocacy supports in the future?

Yes,
Please describe:
The HSCPs Strategic Plans and Needs Assessment both include future requirements for this client group. The Strategic Advocacy Plan will progress more detailed analysis of need from this client group.

Q38 Do you have information about current identified gaps in provision / unmet need which you are using for future planning purposes?

If yes, please
describe:
feedback from consultation highlighted the need for other forms of advocacy . At present the HSCPs meet all the statutory requirements to provide Independent Advocacy other forms would need to be delivered through alternative funding streams.

Q39 Are any specific actions planned to do more to promote awareness of the availability of advocacy services locally over the next two years?

Yes,
Other (please specify):
With the new Contract Award it is anticipated there will be a promotion by the service provider . The consultation highlighted the need for greater awareness sessions so this will form part of the Advocacy action plan.

Page 13: Other comments?

Agenda Item 10.1 – Chief Officer Report

Mental Welfare Commission for Scotland: Duty to provide advocacy services

Q40 Any other comments? For example, are there other local advocacy services which are not commissioned but receive funding from other services?

Across Forth Valley there is only one other local advocacy services. This service receives funding from other sources to deliver specific projects with the main focus on the learning disability client group.

Appendix 4 – Scottish Health Council Consultation Response

Question 1 of 7

Should the Scottish Health Council support the involvement of people in social care services, as well as in health services? If yes, how should it do this?

As outlined in both “A review of the Scottish Health Council” and “Consultation on the role of the Scottish Health Council” publications the Scottish Health Council needs to consider its position in the changed landscape of health and social care service in Scotland.

Given the changes being made across Scotland as a result of the Public Bodies (Joint Working) (Scotland) Act 2014 it would be sensible for the organisation to amend their remit to include Social Care delivered and commissioned through Local Authorities. However with such a change would need to come significant training and culture change. Health Boards and Local Authorities have significantly different ways of working which is evident through how they are funded, governed and operate, this needs to be recognised.

In times of financial restraint it is important to consider widening the remit of a national organisation, which may subsequently require additional capacity and staffing.

If the remit of SHC were to change it would need to build on arrangements in place locally rather than be something additional and would need to contribute to the development of local plans rather than national ones. There would also require to be a focus on doing, rather than planning engagement work. It would be important to consider whether SHC wish to be a supporting partner in taking forward H&SC or a scrutiny body overseeing user and carer input.

Further to this would be the relative size of partnerships: smaller partnerships have considerably less flexibility in their workforce and often can require more input than larger partnerships that may be in a position to divert resource from other activities for specific projects.

Question 2 of 7

Healthcare Improvement Scotland thinks that the Scottish Health Council should work in the following ways:

People and communities

- ❑ Help people to know their right to be involved
- ❑ Support people to get involved
- ❑ Help people to get the information they need
- ❑ Ask people what they think

Community groups, voluntary organisations and membership groups

- ❑ Share the things that people are saying about health and social care services
- ❑ Share ways of listening to people and involving them
- ❑ Find out which groups of people are not being heard

NHS boards, Local Councils and Health and Social Care Partnerships

- Understand more about good ways to listen to people and involve them in giving their views
- Help Health and Social Care staff to understand how important it is to use good ways to listen to people
- Understand more about *Our Voice* and how to use it

Should the Scottish Health Council work in the ways described with:

- (a) People and communities**
- (b) Community groups and voluntary organisations**
- (c) NHS boards, Local Councils and Health and Social Care Partnerships?**

(a) People and communities

This is perhaps a one off project to develop a toolkit for partnerships to take forward locally as getting information needed may not be the same process or held in the same place in every partnership.

(b) Community groups and voluntary organisations

The Participation Standard Toolkit supports Health Boards in this endeavour with a refresh this could be improved to widen the scope to include social care services and support Partnerships too.

Finding out what groups aren't being heard and sharing what people are saying about H&SC services would be a local level activity and should be done in collaboration with Partnerships rather than as a separate exercise by an external body. This would of course not negate the option of SHC undertaking national pieces of work around engagement.

(c) NHS boards, Local Councils and Health and Social Care Partnerships?

The Participation Standard Toolkit supports Health Boards in this endeavour with a refresh this could be improved to widen the scope to include social care services and support Partnerships too.

Question 3 of 7

The Scottish Health Council thinks more could be done to find evidence of the best ways of:

- Hearing people's views on health and social care
- Involving people and communities in health and social care services

Should the Scottish Health Council lead in finding evidence of the best ways to support people and communities to get involved and give their views? If yes, how should it do this?

Yes. This could be done by conducting an evidence scan of the literature and research and

providing a guidance note to Partnerships on best practice. Perhaps going further and providing a toolkit on how to do engagement well and different approaches.

Question 4 of 7

The Scottish Government wants NHS boards to listen to patients and local people about the quality of their services. The Scottish Health Council has helped NHS boards to involve people and communities when changes are being made to local health services. Should the Scottish Health Council offer advice to Health and Social Care Partnerships on how to involve people and communities when changes are being made to health and social care services? If yes, how should it do this?

The Participation Standard Toolkit supports Health Boards in this endeavour with a refresh this could be improved to widen the scope to include social care services and support Partnerships too. Perhaps conducting evidence scan of the literature and research and providing a guidance note to Partnerships on best practice. Perhaps going further and providing a toolkit on how to do engagement well and different approaches.

Question 5 of 7

The Scottish Health Council checks how well NHS boards listen and take account of people's views on changes to services. The Scottish Health Council writes reports on how well people and communities' views have been listened to and taken account of. This is called "quality assurance". Do you have any views on the Scottish Health Council's "quality assurance" role in NHS service changes?

The Participation Standard Toolkit supports Health Boards in this endeavour with a refresh this could be improved to widen the scope to include social care services and support Partnerships too.

It would be important to consider whether SHC wish to be a supporting partner in taking forward H&SC or a scrutiny body overseeing user and carer input.

This could apply to large scale / significant changes however work would need to be undertaken to define what a large scale / significant change is as the definition is unclear at the moment.

Question 6 of 7

Some people are saying that not enough people know about the Scottish Health Council. Some people are saying that we should change the name of the Scottish Health Council to something which explains more about what it does. Do you think the name of the Scottish Health Council should be changed to make it easier to understand what it does?

The name should only be changed to be more in line with the agreed purpose with form following function. If the role were to evolve and be a supporting organisation to Partnerships then the name would need to reflect this.

Question 7 of 7

We want to hear any ideas you have about how the Scottish Health Council might work in

the future. We want to know any views you have on:

- (a) How the Scottish Health Council should be run and organised**
- (b) How the Scottish Health Council should tell people about what it does**

If the role of the Scottish Health Council were to change and support Partnerships then it should publish an annual report on this activity demonstrating impact and value for money. Further consideration will need to be given to the current governance arrangements for SHC as it currently sits within the governance structure of HIS and is viewed as a health board organisation.

Appendix 5 – Cyber Resilience Consultation Response

Clackmannanshire & Stirling Health and Social Care Partnership

Questions for Scottish public sector organisations on the draft public sector action plan and draft best practice guidelines on cyber resilience

Please provide comments on the draft action plan and the draft best practice guidelines on cyber resilience in line with the following questions.

Question 1: To provide important context, please give an overview of your current arrangements for cyber security. In particular, please provide details of:

- any relevant accreditations held, or standards met, by your organisation
- current board level, governance and risk management arrangements for managing the cyber threat in your organisation
- any ongoing programmes of work on cyber security in your organisation
- the current level of resource you devote to cyber security in your organisation.

Answer to Question 1

The Health and Social Care Partnership consists of Clackmannanshire Council, Stirling Council and NHS Forth Valley. As a result the Partnership uses systems maintained and monitored by the three partners.

All three partners IT systems are utilised by staff and services delivered across Clackmannanshire and Stirling. Please see partner's responses for further detail on current arrangements for cyber security.

Question 2: Please give your views on the draft public sector action plan and best practice guidelines. We would particularly welcome views on:

- Whether there are any key omissions from the plan
- Whether there is likely to be any unnecessary duplication as a result of the plan
- Whether you believe the plan, if implemented, would make a significant difference to levels of cyber resilience among Scotland's public bodies.

Answer to Question 2

Please see partner's responses.

Question 3: Please identify any key implementation challenges for your organisation in respect of the draft public sector action plan and best practice guidelines.

Answer to Question 3

Please see partner's responses.

Question 4: If you are a public sector organisation that is not subject to the Scottish Public Finance Manual, please indicate whether you would be in favour of adopting the recommendations set out in the draft action plan and best practice guidelines to ensure alignment with other public sector organisations.

Answer to Question 4

Not applicable.

Question 5: Please indicate whether you would be willing in principle for your organisation to become a public sector cyber catalyst, in line with the description set out in the draft action plan at Key Actions 6 and 7. (Please note: due to practical considerations, not all organisations volunteering are likely to be selected as cyber catalyst organisations)

Answer to Question 5

The Health and Social Care Partnership consists of Clackmannanshire Council, Stirling Council and NHS Forth Valley. As a result the Partnership uses systems maintained and monitored by the three partners and associated support staff. The Partnership does not have a corporate structure of its own, therefore we are not in a position to become a public sector cyber catalyst.



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care
Partnership
Integration Joint Board

18 October 2017

This report relates to
Item 11 on the agenda

Proposed 2018 Meeting Dates

(Paper presented by Lesley Fulford)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lesley Fulford, Programme Manager
Date:	12 September 2017
List of Background Papers:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject: **Proposed 2018 Meeting Dates**
Meeting: **Clackmannanshire & Stirling Integration Joint Board**
Date: **12 September 2017**
Submitted By: **Lesley Fulford, Programme Manager**
Action: **For Approval**

1. Introduction

- 1.1. The purpose of this paper is to propose Clackmannanshire & Stirling Integration Joint Board programme of meeting dates for 2018.
- 1.2. Once approved the meeting dates will be publicised on the Clackmannanshire & Stirling Health and Social Care Partnership [web page](#).

2. Recommendations

The Integration Joint Board is asked to:

- 2.1. Approve the proposed programme of meeting dates.

3. Proposed 2018 Meeting Dates

Date	Time	Venue
28 March 2018	2.30pm – 4.30pm	Stirling Campus
13 June 2018	2.30pm – 4.30pm	Alloa Campus
26 September 2018	2.30pm – 4.30pm	Stirling Campus
28 November 2018	2.30pm – 4.30pm	Alloa Campus

4. Resource Implications

- 4.1. Time commitment from Board members to prepare for and attend the meetings.

5. Impact on Strategic Plan Priorities and Outcomes

- 5.1. This report and associated recommendations, relates to the following Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities (please select as appropriate):

Fit with Local Outcomes	
Self Management	<input type="checkbox"/>
Community Focussed Supports	<input type="checkbox"/>

Safety	<input type="checkbox"/>
Decision Making	<input type="checkbox"/>
Experience	<input type="checkbox"/>

Fit with Our Priorities ‘we will...’	
Further develop systems to enable front line staff to access and share information	<input type="checkbox"/>
Support more co-location of staff from across professions and organisations	<input type="checkbox"/>
Develop single care pathways	<input type="checkbox"/>
Further develop anticipatory and planned care services	<input type="checkbox"/>
Provide more single points of entry to services	<input type="checkbox"/>
Deliver the Stirling Care Village	<input type="checkbox"/>
Develop seven-day access to appropriate services	<input type="checkbox"/>
Take further steps to reduce the number of unplanned admissions to hospital and acute services	<input type="checkbox"/>

- 5.2. This will provide the IJB with an opportunity to discuss business and make decisions.

6. Legal & Risk Implications

- 6.1. This will provide the IJB with an opportunity to discuss business and make decisions.

7. Consultation

- 7.1. Chief Executives, Elected Members and Health Board Non Executives have been consulted in the drafting of these dates.

8. Equality and Human Rights Impact Assessment

- 8.1. An assessment is not required.

9. Exempt reports

- 9.1. No



Clackmannanshire
Council



Clackmannanshire & Stirling Health and Social Care
Partnership
Integration Joint Board

18 October 2017

This report relates to
Item 12.1 on the agenda

**Integration Joint Board Audit
Committee Minute of
16 August 2017**

For Noting

Minute of the Clackmannanshire & Stirling IJB Audit Committee
Wednesday 19th August, 2pm – 4pm, Bruce Room, OVF, Stirling

Present:

Fiona Gavine, Non-Executive Board Member, NHS Forth Valley
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership [HSCP]
Kevin O’Kane, Audit Manager, Corporate Operations, Stirling
Councillor Susan McGill, Elected Representative, Stirling
Councillor Ellen Forson, Elected Representative, Clackmannanshire
Blyth Deans, Audit Scotland

In Attendance:

Ross Wilson, Business Support (minute taker)

1. APOLOGIES

Apologies for absence were intimated on behalf of:

John Ford, (Vice Chair), NHS Forth Valley
Paul Craig, Audit Scotland

It was noted that Fiona Gavine will chair the meeting in John Ford’s absence.

Councillor McGill is attending on behalf of Councillor Houston.

2. MINUTE OF IJB AUDIT COMMITTEE MEETING OF 16 FEBRUARY

The minute of the previous meeting was accepted as complete and accurate.

3. MATTERS ARISING

It was noted that it had not been possible to hold the Audit Committee, previously planned for June, as a result of the IJB meeting require to be moved due to a clash with the UK General Election. As the IJB requires to appoint the Audit Committee membership it was not possible to reschedule prior to summer recess.

Further to the action point brought forward from the last meeting, Ewan advised he and peers were discussing the possibility of CIPFA facilitating training for Audit Committee members and will feed back to the next meeting. If this option turns out not to be practical or deliverable within a reasonable timeframe, Ewan and Kevin will look into alternative options on a local basis.

There was consensus round the table that such training would be beneficial. Ewan agreed to provide a further update to the next meeting.

4. UNAUDITED 2015/16 ACCOUNTS

Ewan referred to his report and advised that the Local Authority Accounts (Scotland) Regulations 2014 requires the Integration Joint Board (IJB) to submit the Unaudited Annual Accounts of the IJB for the financial year ended 31 March 2017 to the Auditor by the statutory deadline of 30 June 2017. This has now been completed. Under the regulations, a Committee of the IJB, whose remit includes audit and governance functions, must meet to consider the unaudited Annual Accounts before 31 August 2017.

The unaudited accounts were prepared by the Chief Finance Officer in line with the updated guidance on accounting for the integration of health and social care published by the Local Authority Scotland Accounts Advisory Committee (LASAAC) published on 29 March 2017.

He asked that the Audit Committee consider the Unaudited Annual Accounts for the Integration Joint Board for the financial year ended 31 March 2017.

Fiona asked Blyth Deans for an overview of the work done on this by Audit Scotland. Blyth advised the Audit was substantially complete and that Audit Scotland will agree any remaining presentational changes to the Accounts with Ewan and Shiona and bring the annual Audit Report to the next meeting.

Blyth confirmed Audit Scotland were satisfied they had been given full access to documentation, evidence and officers as required and they were happy with the process to date.

The Audit Committee noted the Unaudited Accounts.

5. ANNUAL INTERNAL AUDIT REPORT

Kevin advised that the Internal Audit Annual Report 2016/17 is submitted to the Audit Committee to comply with the requirements of Public Sector Internal Audit Standard 2450 (Overall Opinions) by providing the Committee with an annual report on Internal Audit activity. This is timed to support the preparation and consideration of the Integration Joint Board's draft Annual Governance Statement.

The Annual Governance Statement, which is part of the Integration Joint Board's audited annual financial statements, should draw attention, if required, to any specific

areas where the Integration Joint Board needs to further develop or improve financial controls, operational controls or broader governance arrangements.

Kevin asked that The Audit Committee note the contents of paragraphs 1.4 of the Annual Report 2016/17 (attached at Appendix 1), prepared to support the Integration Joint Board's Annual Governance Statement, which is incorporated in the unaudited Annual Accounts to 31 March 2017; note and make any comments on the recommendations at page 6 of the Annual Report and endorse the Annual Report.

Councillor Forson asked, as a new member, if she could be provided with a copy of the IJB Development programme referred to in the report. Shiona confirmed this would be the subject of a paper to the August IJB meeting.

Kevin confirmed that he'd had access to all documentation, evidence and officers requested during the process and reporting had been a "positive experience". He confirmed that there was nothing else he felt should be included in the report or drawn to the Committee's attention.

The committee noted the report.

6. GOVERNANCE SELF-ASSESSMENT

Ewan advised that, as part of statutory accounting requirements, the Integration Joint Board requires to include a governance statement within its financial statements. The draft governance statement within the financial statements will be updated in the final accounts to reflect the opinion given

The governance self assessment was compiled by the Chief Finance Officer and agreed with the Chief Officer and provided to the Chief Internal Auditor with supporting documentation as part of the evidence base for the annual internal audit report.

Ewan asked the Audit Committee to note the governance self assessment checklist attached to the paper and note that a governance action plan will be presented to the Audit Committee at the September 2017 meeting encompassing the key future developments, improvements and reviews of governance arrangements required.

There were no further questions from committee members.

7. AOCB

Shiona advised the Risk Register report would be brought to the next meeting.

Ross was asked to establish committee dates for the remainder of 2017/18 and 2018/19 and advise committee members of dates.

8. DATE OF NEXT MEETING

Thursday 14th September, 14:30 – 16:30 at Boardroom, Carseview House, Stirling

