

A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on
Wednesday 19 April 2017 at 2.00 - 4.00pm,
in **Boardroom, Forth Valley College, Alloa Campus**

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

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 MEETINGS**
 - 5.1 MINUTE OF THE CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD MEETING HELD ON 1 FEBRUARY 2017** For Approval
 - 5.2 MINUTE OF THE CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD SPECIAL MEETING HELD ON 29 MARCH 2017** For Approval
- 6. MATTERS ARISING**
- 7. FINANCE**
 - 7.1 FINANCIAL REPORT** For Approval
(Paper Presented by Ewan Murray)
 - 7.2 DELIVERY PLAN** For Approval
(Paper Presented by Shiona Strachan)
- 8. GOVERNANCE**

STANDING ITEMS

 - 8.1 STRATEGIC RISK REGISTER** For Approval
(Paper Presented by Shiona Strachan)
 - 8.2 DELAYED DISCHARGE** For Approval
(Paper Presented by Alan Milliken and Jim Robb)
 - 8.3 PERFORMANCE REPORT** For Approval
(Paper Presented by Elaine Vanhegan)

9. OPERATIONAL AND PLANNING

- 9.1 GP FELLOWS INNOVATION** For Noting
(Paper Presented by Susan Bishop)
- 9.2 INTERMEDIATE CARE SERVICES** For Approval
(Paper Presented by Hazel Chalk, Shiona Hogg & Janice Young)
- 9.3 CARE ABOUT PHYSICAL ACTIVITY IMPROVEMENT PROGRAMME (CAPA)** For Noting
(Paper Presented by Janice Young)
- 9.4 CHIEF OFFICER REPORT** For Noting & Approval
(Paper Presented by Shiona Strachan)
- 9.5 THE NATIONAL SOCIAL CARE & HEALTH DELIVERY PLAN & MEASURING PERFORMANCE UNDER INTEGRATION OBJECTIVES** For Noting & Approval
(Paper presented by Susan White)

10. PAPERS FOR NOTING –

10.1 ADULT PROTECTION COMMITTEE – REPORT OF THE INDEPENDENT CHAIR

MINUTES OF MEETINGS:

10.2 MINUTE OF THE STAFF FORUM MEETING HELD ON 20 JANUARY 2017

11. ANY OTHER COMPETENT BUSINESS

12. DATE OF NEXT MEETING

Wednesday 7 June 2017, 2:00 – 4:00pm, Kildean Suite, Forth Valley College, Stirling Campus



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 5.1 on the agenda

Minute of Clackmannanshire & Stirling Integration Joint Board meeting held on 1 February 2017

For Approval

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 1 February 2017, at 2.00pm, in Kildean Suite, Forth Valley College, Stirling Campus.

Present:

Councillor Les Sharp, (Chair), Clackmannanshire Council
John Ford, (Vice Chair), NHS Forth Valley
Joanne Chisholm, Non-Executive Board Member
Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface
Councillor Scott Farmer, Stirling Council
Dr Graham Foster, Executive Board Member, NHS Forth Valley
Shubhanna Hussain-Ahmed, Unpaid Carers Representative for Stirling
Alex Linkston, Chairman, NHS Forth Valley
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Elizabeth Ramsay, Unpaid Carers Representative for Clackmannanshire
Fiona Ramsay, Director of Finance, NHS Forth Valley
Abigail Robertson, Joint Trade Union Committee Representative for Stirling
Pamela Robertson, Chair, Joint Staff Forum
Wendy Sharp, Third Sector Representative for Stirling
Councillor Christine Simpson, Stirling Council
Marie Valente, Chief Social Work Officer, Stirling Council
Professor Angela Wallace, Director of Nursing, NHS Forth Valley
Councillor Graham Watt, Clackmannanshire Council
Dr Scott Williams, Medical Representative, NHS Forth Valley

In Attendance:

Francine Abercrombie, Housing Options Team Leader, Clackmannanshire Council
Tamara Armour, Corporate Services Assistant (Minute)
Jim Boyle, Chief Finance Officer, Stirling Council
Stewart Carruth, Chief Executive, Stirling Council
Carol Hamilton, Service Manager, Housing & Augmented Care & Support, Stirling Council
Ruth McColgan, Solicitor, Stirling Council
Elaine McPherson, Chief Executive, Clackmannanshire Council
Alan Milliken, Senior Manager, Communities & People, Stirling Council
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Kathy O'Neill, General Manager, Community Services Directorate
Jim Robb, Interim Assistant Head of Service, Social Services, Clackmannanshire & Stirling Councils
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership [HSCP]
Elaine Vanhegan, Head of Performance Management, NHS Forth Valley

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:

Councillor Johanna Boyd, Stirling Council
Tom Hart, Employee Director, NHS Forth Valley
Teresa McNally, Service User Representative for Clackmannanshire
Angela Leask-Sharp, Third Sector Representative for Clackmannanshire

2. NOTIFICATION OF SUBSTITUTES

- Fiona Ramsay substituted for Jane Grant
- Professor Angela Wallace substituted for Fiona Gavine
- Councillor Graham Watt substituted for Councillor Robert McGill

3. DECLARATION(S) OF INTEREST

There were no declarations of interest.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

There was no urgent business brought forward.

5. MINUTE OF MEETING HELD ON 16 NOVEMBER 2016

The minute of the meeting held on 16 November 2016 was approved as an accurate record.

Amendment to page 12, Item 12 – Remove. No other competent business was brought forward.

6. MATTERS ARISING

Dr Graham Foster advised that the Winter Plan was in place and active.

All other matters were covered within substantive agenda items.

7. FINANCE

7.1 BUDGET UPDATE

Ewan Murray delivered a Budget Update by means of a presentation.

7.2 FINANCIAL REPORT

Ewan Murray presented the paper and advised the purpose of the report is to provide the Integration Joint Board with an overview of the financial position of the Health and Social Care Partnership.

Ewan highlighted the figure at 5.2 should read £0.924m opposed to £0.942m

The Integration Joint Board:

- Noted the financial position for the period of a net overspend of £0.616m relating to in-scope budgets for Clackmannanshire and Stirling Councils and NHS Forth Valley.
- Noted the current projected overspend of £0.924m for the year to 31 March 2017 in relation to the delegated budgets. This represents an improvement in the financial position of £0.758m in comparison to the previously reported position.
- Noted the significant areas of financial pressures as detailed in Section 5.5 of this report.
- Noted the demand and cost pressures in relation to the Set Aside budget as detailed in Section 5.5.1 of this report and that this will be a future planning risk the Integration Joint Board will require to consider.
- Noted the budget recovery actions detailed in Section 6 and Appendix IV.
- Noted that it is now clear that budget recovery action will not produce a balanced financial position for the partnership in 2016/17 and as such the constituent authorities with projected overspends have been requested to provide a corporate position in terms of providing additional non-recurrent funding to meet the projected in-year cost of providing delegated services,
- Approved the continued retention of Partnership Funding to meet the projected overspend unless non-recurrent funding support is provided by the constituent authorities.
- Noted the post due diligence issues update in relation to Community Hospitals as detailed in Section 8 of this report.
- Noted the update in relation to Value Added Tax and Integration Joint Boards as detailed in Section 9 of this report.
- Approved the holding of a special meeting on 29 March 2017 primarily for the purpose of considering the 2017/18 budget.

7.3 LIVING WAGE

Alan Milliken presented the paper and advised the purpose of the report is to provide the Integration Joint Board with an update on the progress made to implement the National Living Wage and Scottish Living Wage in relation to adult services in the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) as requested at the Board meeting on 16 November 2016.

The Integration Joint Board:

- Noted progress to implement the Scottish Living Wage for commissioned services in the Clackmannanshire and Stirling Health and Social Care Partnership.
- Noted the of rate increase requests and potential cost of implementing the Scottish Living Wage of up to £1,037,000 in Clackmannanshire and up to £1,270,000 in Stirling for the period October 16 to March 2017.
- Noted the potential budget pressure associated with the implementation of the Scottish Living Wage in Stirling in 2016/17 has reduced from £404,000 to £140,000 for the period October 2016 to March 2017 and that this will be addressed by the more efficient and effective commissioning of existing and future home care services.
- Noted that there is no budget pressure associated with the implementation of the Scottish Living Wage in Clackmannanshire in 2016/17.
- Noted the potential budget pressure for 2016/17 associated with implementing the National Living Wage uplift to sleepovers of £0 for Clackmannanshire and £210,000 for Stirling. Negotiations with providers have not concluded and the budget pressure noted has the potential to be reduced. Additionally, all service users receiving a sleepover service are presently being reviewed, timeframe 31 March 2017, with a view to re-modelling the service provided to a more cost effective Telecare/Responder service again with the potential to reduce the noted budget pressure.
- Noted the revenue provided for the implementation of the Scottish Living wage does not cover an equivalent uplift for the recruitment of personal assistants employed via Self-Directed Support (Option 1: Direct Payment) and the other options that include personal assistants. However the Scottish Government has noted a potential risk of legal challenge to Local Authorities if the equivalent rate is not implemented. Consequently, as agreed at the IJB on 16 November, the equivalent will be applied to such circumstances across Clackmannanshire and Stirling and payments are in the process of being updated. The specific cost of £90,000 for Stirling and £35,236 for Clackmannanshire is included in the projections noted in 2.4 and 2.5. Payments will be progressed and updated within the financial year 2016/17.
- Noted that an uplifted rate of £8.45 per hour from £8.25 has been announced by Scottish Government for financial year 2017/18. However, the initial information provided to the Chief Officer by the Scottish Government would indicate a

financial shortfall of £750k for Clackmannanshire and £1.320m For Stirling. The projected shortfalls have been included as budget pressures presented to the Councils.

- Noted that both Clackmannanshire and Stirling Councils are compliant with the Scottish Government's guidance.
- Recommended that future reporting of the financial impact of the Living Wage/Scottish Living Wage is incorporated into the general Budget Update presented to the Integration Joint Board

8. GOVERNANCE

8.1 STRATEGIC RISK REGISTER

Shiona Strachan presented the paper and advised the report provides the Integration Joint Board with the current Strategic Risk Register (Appendix 1).

Shiona Strachan asked the Board to note that this is a live document and will be subject to review on an ongoing basis.

The Integration Joint Board:

- Approved the Strategic Risk Register at Appendix 1
- Reviewed the Strategic Risk Register as part of the Integration Joint Board's broader governance arrangements twice per year. it was agreed that the Risk Register would come to each Integration Joint Board meeting.
- Noted that, whilst assurance can be provided that the Strategic Risk Register reflects current risks, it is a dynamic document and will continuously evolve.
- Noted that as agreed in June 2016 the Strategic Risk Register now includes:
 - a) Inherent (Current) Risk (after current mitigation / controls)
 - b) Net (Target) Risk (after additional mitigation /actions)
 - c) Progress and Timescales for completing mitigation / additional actions with Lead Officers to develop these further

8.2 STANDING ORDERS

Ruth McColgan presented the paper and advised since the Clackmannanshire & Stirling Integration Joint Board approved its current Standing Orders at the meeting of 22 March 2016, a review has been undertaken to update those Standing Orders. Ruth advised the paper summarises the key amendments and seeks the Integration Joint Board's approval of the updated Standing Orders.

Ruth advised the changes are highlighted in blue on appendix 1.

The Integration Joint Board:

- Approved the revised Standing Orders at Appendix 1

9. OPERATIONAL AND PLANNING

9.1 SPECIALIST HOUSING NEEDS – OLDER PEOPLE & HOMELESSNESS

Carol Hamilton & Francine Abercrombie presented the paper and advised this paper presents the final drafts of two reports examining specialist housing needs within the Partnership area, focussing on older people and homelessness. The research was carried out by consultant Tony Donohoe (formerly of the Joint Improvement Team) and Gillian Young (Newhaven Research). The final draft reports are attached as Appendices 1 and 2 and form part of the Strategic Plan for the Integration Joint Board.

Carol advised that Tony Donohoe will be holding a multi agency workshop.

The Integration Joint Board:

- Noted the Specialist Housing Needs: Older People report
- Noted the Specialist Housing Needs: Homelessness report
- Agreed that the report and its recommendations should be considered and reviewed by the Housing Contribution Group, working closely with the Strategic Housing Authorities and other key stakeholders to contribute to and inform the Housing Needs and Demand Assessments for Clackmannanshire and Stirling.
- Noted that the output from the Needs Assessments will help to inform the Housing Needs and Demand Assessments for both Councils, which will, in turn, inform the reviews of the Local Housing Strategy in Clackmannanshire in 2017 and in Stirling in 2018.

9.2 PERFORMANCE REPORT

Elaine Vanhegan presented the paper and advised as per the approved Performance Management Framework at the meeting of 16 November 2016, 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 Strategic Plan. This report is the second presented to the Integration Joint Board with the format and approach in development.

Elaine further advised the report has been prepared in partnership, supported by the Performance Management Workstream and has been formatted around the Local Outcomes from the Strategic Plan.

The Integration Joint Board:

- Noted the second performance report to the IJB
- Noted the Summary highlighted and delegate appropriate action to the Chief Officer in conjunction with relevant senior managers
- Noted the next steps required and the expectation of the Scottish Government as detailed in paragraph 5.4 and 5.5.

9.3 MODELS OF NEIGHBOURHOOD CARE

Shiona Strachan presented the paper and advised the report provides an update to the Integration Joint Board on the work being undertaken to plan for the models of neighbourhood care pilot in Stirling. The report builds on the update provided to the Integration Joint Board in the Chief Officer's report in November 2016.

Shiona Strachan further advised that the scoping exercise is underway inform the Outline Business Case.

Discussion on Models of Neighbourhood Care in which Joanne Chisholm and Professor Angela Wallace expressed an interest in hearing further the detail of the model. It was confirmed that the outline business case was due to be brought forward to the Board in June.

The Integration Joint Board:

- Noted the work undertaken to date to progress the models of neighbourhood care pilot in Stirling and the next steps as outlined in section 5.
- Noted the Outline Business Case is being developed with a view to bringing this to the Integration Joint Board for fuller consideration in June 2017

9.4 DELAYED DISCHARGE

Jim Robb presented the paper and advised the purpose of this paper is to update the Integration Joint Board on the performance of the Clackmannanshire and Stirling Partnership in relation to the national delayed discharge target of 2 weeks. The longer term trend information relating to delayed discharge performance and Occupied Bed Days is set out in appendix 1 and appendix 2.

The Integration Joint Board:

- Noted the performance of the partnership, based on the December 2016 census, and provide appropriate challenge.

- Noted that targets for the remainder of the financial year 16/17, including the April census, have been agreed with the Scottish Government on a Forth Valley NHS Board basis as outlined in section 7. The target total includes all Code 9 but excludes Code 100.
- Noted the management actions being undertaken as outlined in section 7.

10. PAPERS FOR NOTING

10.1 CHIEF OFFICER REPORT

10.2 ALCOHOL & DRUG PARTNERSHIP CARE INSPECTORATE REPORT

10.3 NEW NATIONAL HEALTH & SOCIAL CARE STANDARDS

The Integration Joint Board:

- Noted the Chief Officer Report
- Noted the Alcohol & Drug Partnership Care Inspectorate Report
- Noted the New National Health & Social Care Standards

11. ANY OTHER COMPETENT BUSINESS

No other competent business was brought forward.

12. DATE OF NEXT MEETING

Special IJB – Wednesday 29 March 2017 at 2:30 – 4:30pm, in Kildean Suite, Forth Valley College, Stirling Campus

Wednesday 19 April at 2.00 - 4.00pm, in Boardroom, Forth Valley College, Alloa Campus

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Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 5.2 on the agenda

**Minute of Clackmannanshire & Stirling
Special Integration Joint Board meeting held
on
29 March 2017**

For Approval

Minute of the Clackmannanshire & Stirling Special Integration Joint Board meeting held on Wednesday 29 March 2017, at 2.30pm, in Kildean Suite, Forth Valley College, Stirling Campus.

Present:

Councillor Les Sharp, (Chair), Clackmannanshire Council
John Ford, (Vice Chair), NHS Forth Valley
Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface
Councillor Scott Farmer, Stirling Council
Councillor Ellen Forson, Clackmannanshire Council
Dr Graham Foster, Executive Board Member, NHS Forth Valley
Fiona Gavine, Non-Executive Board Member
Jane Grant, Chief Executive, NHS Forth Valley
Tom Hart, Employee Director, NHS Forth Valley
Shubhanna Hussain-Ahmed, Unpaid Carers Representative for Stirling
Angela Leask-Sharp, Third Sector Representative for Clackmannanshire
Alex Linkston, Chairman, NHS Forth Valley
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Teresa McNally, Service User Representative for Clackmannanshire
Andrew Murray, Medical Director, NHS Forth Valley
Elizabeth Ramsay, Unpaid Carers Representative for Clackmannanshire
Fiona Ramsay, Director of Finance, NHS Forth Valley
Abigail Robertson, Joint Trade Union Committee Representative for Stirling
Wendy Sharp, Third Sector Representative for Stirling
Marie Valente, Chief Social Work Officer, Stirling Council
Councillor Graham Watt, Clackmannanshire Council

In Attendance:

Tamara Anderson, Corporate Services Assistant (Minute)
Jim Boyle, Chief Finance Officer, Stirling Council
Nikki Bridle, Depute Chief Executive, Clackmannanshire Council
Stewart Carruth, Chief Executive, Stirling Council
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Kathy O'Neill, General Manager, Community Services Directorate
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership [HSCP]
Susan White, Programme Manager, Clackmannanshire & Stirling HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:

Councillor Johanna Boyd, Stirling Council
Joanne Chisholm, Non-Executive Board Member
Celia Gray, Chief Social Work Officer, Clackmannanshire Council
May Kirkwood, Unpaid Carers Representative for Stirling
Elaine McPherson, Chief Executive, Clackmannanshire Council
Pamela Robertson, Chair, Joint Staff Forum
Elaine Vanhegan, Head of Performance Management, NHS Forth Valley
Professor Angela Wallace, Director of Nursing, NHS Forth Valley
Dr Scott Williams, Medical Representative, NHS Forth Valley

2. NOTIFICATION OF SUBSTITUTES

- Councillor Corrie McChord substituted for Councillor Christine Simpson.
- Nikki Bridle, Depute Chief Executive, Clackmannanshire Council substituted for Elaine McPherson Chief Executive, Clackmannanshire Council.
- Fiona Ramsay substituted for Joanne Chisholm.

The Chair welcomed Andrew Murray; Medical Director to the Integration Joint Board It was noted that he had been appointed to the post previously held by Tracey Gillies.

The Chair also noted that Councillor Ellen Forson had been nominated by Clackmannanshire Council and replaces Councillor Bobby McGill who has resigned.

3. DECLARATION(S) OF INTEREST

There were no declarations of interest.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

The Chair read out the following statement -

As agreed at previous meeting in February this is a special meeting of the IJB. On that basis there is no previous minute to consider and the draft minute from the meeting in February will be brought forward to the full IJB meeting on 19 April 2017.

This is a single issue meeting relating to the budget and audit committee – accordingly no other business will be considered.

I apologise for the late release of the papers for this meeting which have fallen out with the 5 day period – within the Standing Orders we do have provision to enable us to continue with the meeting and to give notice that the meeting is convened.

A copy of the Standing Orders is available to Members of the Board on request.

5. FINANCE

5.1 AUDIT COMMITTEE REPORT

Ewan Murray presented the paper and advised that the Integration Joint Board previously agreed the establishment and Terms of Reference for the Audit Committee. The Clackmannanshire & Stirling Audit Committee met on 16 February 2017.

Ewan Murray further advised of the agenda items which were considered at the meeting were:-

- Update on Annual Accounts Planning and Year End Assurance
- Annual (External Audit Plan)

- Internal Audit Progress Report including Internal Audit Report on Governance Arrangements
- Review of Financial Regulations and Reserves Policy and Strategy; and
- Accounts Commission Report: Social Care In Scotland

The Integration Joint Board:

- Noted the considerations of the Audit Committee as detailed in Section 4 of the report.
- Approved the reserves policy and strategy attached as Appendix I to the report.

5.2 2017/18 PARTNERSHIP BUDGET

Shiona Strachan and Ewan Murray presented the 2017/18 Budget, using a PowerPoint presentation [copy attached] .

Ewan Murray presented the paper and advised the purpose of the report is to provide the Integration Joint Board with an overview of the financial position of the Health and Social Care Partnership.

The Integration Joint Board:

- Noted the update on delivering the Strategic Plan and that the Delivery Plan will be presented to the April meeting of the Integration Joint Board (Section 4 of the report)
- Noted the developing performance framework and the requirement to set local objectives for submission to the Scottish Government. Further detail will be provided to the April meeting of the Integration Joint Board. (Section 4 of the report)
- Noted the 2016/17 projected outturn and impact on reserves (Section 5 of the report).
- Noted the proposed base resource transfers from the constituent authorities and the compliance with the terms of the Scottish Budget as detailed in Table 4 (Section 6 of the report).
- Noted the specific budget considerations in relation to the 2017/18 Scottish Budget and the constituent authorities. (Section 6 of the report)
- Approved the initial 2017/18 Partnership Budget as detailed in Table 5.
- Noted the assessment of Partnership financial risk as detailed in Section 7 of the report given the level of financial risk task the leadership group with producing a Budget Recovery Plan, linked to the Delivery Plan, for presentation to the June Integration Joint Board meeting.

6. ANY OTHER COMPETENT BUSINESS

Councillor Les Sharp thanked Jane Grant for her contribution to the Integration Joint Board and wished her well with her new venture as Chief Executive at NHS Greater Glasgow & Clyde.

Councillor Les Sharp also congratulated Fiona Ramsay on her interim post as Chief Executive of NHS Forth Valley

7. DATE OF NEXT MEETING

Wednesday 19 April at 2.00 - 4.00pm, in Boardroom, Forth Valley College, Alloa Campus

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Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 7.1 on the agenda

Financial Report

(Paper Presented By Ewan C. Murray)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ewan C. Murray, Chief Finance Officer
Date:	19 April 2017
List of Background Papers:	
Special Board Meeting 30 March 2016 – Partnership Budgets and Financial Assurance	
Special Board Meeting 29 March 2017 – Partnership Budget	
Previous Integration Joint Board Financial Reports	

Title/Subject: Financial Report
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Ewan C. 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 and on the basis of financial reporting arrangements and format agreed through the Finance Workstream.
- 1.2. The structure and format of financial reports will be the subject of ongoing review in light of evolving experience and feedback and development of financial reporting systems and arrangements to support the requirements of Integration Joint Boards. The Integration Joint Board will normally receive a financial report at each meeting from this point forward.

2. Executive Summary

- 2.1. The Integration Scheme requires at least quarterly financial reporting to the Integration Joint Board. Discussions via the finance workstream including Chief Officers recognised the Integration Joint Board would require a financial report to be presented at each meeting.
- 2.2. This report is based on the financial positions and projections for the 11 month period to 28 February 2017.
- 2.3. A summary of the projected financial position for the year and movement from the position reported to the special IJB meeting on 29 March 2017 is provided at table 1 below.

Table 1: Summary of Movement in Projected Outturn 2016/17

	Projection per Report to Special IJB 29 March £m	Projection per Current Report £m	Movement £m
Clackmannanshire Council	(1.009)	(0.954)	0.055
Stirling Council	(0.252)	(0.300)	(0.048)
NHS Forth Valley	0.674	0.663	(0.011)
PARTNERSHIP TOTAL	(0.587)	(0.591)	(0.004)

3. Recommendations

The Integration Joint Board is asked to

- 3.1. Note the current projected overspend of £0.591m for the year to 31 March 2017 in relation to the delegated budgets. This is broadly consistent with the projection reported to the Special IJB meeting on 29 March 2017 within the Partnership Budget paper.
- 3.2. Note the financial position for the period of a net overspend of £0.355m relating to in-scope budgets for Clackmannanshire and Stirling Councils and NHS Forth Valley.
- 3.3. Note the significant areas of financial pressures as detailed in Section 5.5 of this report.
- 3.4. Note the demand and cost pressures in relation to the Set Aside budget as detailed in Section 5.5.1 of this report and that this will be a future planning risk the Integration Joint Board will require to consider.
- 3.5. Note that it is now clear that budget recovery action will not produce a balanced financial position for the partnership in 2016/17 and as such the constituent authorities with projected overspends have been requested to meet these overspends from their own reserves on a non-recurrent basis in line with the Integration Scheme. Contingent on these overspends being met the projected underspend in relation to in-scope NHS budgets would be used to create a general reserve into 2017/18.
- 3.6. Approve the continuation of partnership funding for a 6 month period to 30 September 2017 in relation to Enhanced Discharge Allied Health Professionals, Stirling Intermediate Care and Southwest Stirlingshire Rural Intermediate Care.

4. Background

- 4.1. The Integration Joint Board agreed the initial budget for the Partnership for 2016/17, at the special meeting of the Integration Joint Board of 30 March 2016 and the initial 2017/18 budget at the special meeting of the Integration Joint Board of 29 March 2017.
- 4.2. At these points directions were issued to the constituent organisations requiring them to deliver the delegated functions within the defined resource envelopes and in line with the approved Strategic Plan 2016 - 2019. Constituent authorities are required to report on the use of these delegated resources which is then consolidated to produce financial reports to the Integration Joint Board.
- 4.3. The financial report should be read alongside the performance report to give a rounded view of the performance of the partnership.

5. Financial Report for Period to 28 February 2017

Summary of Financial Position

- 5.1 The summary financial position relating to IJB budgets for the period to 28 February 2017 is a reported net overspend of £0.355m. The Integration Joint Board are, however, strongly advised to focus on the projected financial position for the financial year which is a net overspend of £0.591m. The year to date position can be materially affected during the year due to issues such as the timing of receipts of income and different accounting practices within Local Authorities and NHS Boards, notably that NHS Boards account on an accruals basis during the financial year.
 - A net £0.608m underspend for the period on budgets delegated to NHS Forth Valley consisting of, £0.557m underspend on the Operational Management budget and a £0.050m underspend on the budget relating to Universal Health Services.
 - A net £0.688m year to date overspend in relation to budgets delegated to Clackmannanshire Council
 - Calculated on a pro rata basis of the current projection a £0.275m year to date overspend in relation to budgets delegated to Stirling Council.
- 5.2 Based on financial performance to date, known issues which will affect the financial position over the remainder of the year and anticipated impact of measures to deliver savings and efficiency programmes an overspend of £0.591m is projected in relation to budgets delegated to Clackmannanshire and Stirling Councils and NHS Forth Valley.

Table 1 on Page 3 of this report summarises the projected outturn across the partnership and the movement from the previous projection presented to the Integration Joint Board.

Changes to Partnership Budget

- 5.3. The initial budget agreed by the Integration Joint Board in March 2016 totalled £165.265m. This consisted of a payment from Clackmannanshire Council totalling £15.322m, Side Aside Budget from NHS Forth Valley for Large Hospital Services of £19.123m, a payment from NHS Forth Valley totalling £96.788m, Partnership Funding Streams totalling £4.507m, and a payment from Stirling Council totalling £29.524m.

Changes to these initial budgets/payments are detailed in the tables below. These remain subject to revision in line with the provisions within the Integration Scheme relating to first year budgets.

Table 2: Change in Set Aside and Payment from NHS Forth Valley

	Set-Aside £m	Operational £m	Universal £m	TOTAL £m
30 Nov per IJB report	19.776	36.174	65.396	121.346
Partnership Funding to Match Expenditure		1.060		1.060
Savings Adjustments		(0.028)	(0.088)	(0.116)
Other Budget Adjustments and Allocations	0.041	0.109	0.050	0.200
TOTALS	19.817	37.315	65.358	122.490

The detail of the budget adjustments and allocations has been shared with the Chief Officer and IJB Chief Finance Officer.

The payment from Clackmannanshire council has not changed since the previous report.

Table 3: Change in Payment from Stirling Council

	£m
Budget @ 30 Nov 16 per IJB Report	30.510
16/17 Demand Pressures	0.500
Other Budget Adjustments	0.598
Payment @ 28 February 2017	31.608

Current Position

5.4. There are a number of budget pressures some of which are a continuation of overspends in previous years and some which relate to emergent financial pressures in year and delivery of savings and efficiency programmes.

5.5. The most significant areas of financial pressure are, by constituent authority:

5.5.1. In relation to budgets delegated to NHS Forth Valley

5.5.1.1. Set Aside Budget For Large Hospital Services

- It should be noted the Set Aside budget will be reported annually as part of the annual report / annual financial statement in line with the current financial reporting protocol agreed through the finance workstream. It is acknowledged that reporting in relation to these services requires to develop further.
- Where significant financial pressures are emerging in relation to the Set-Aside budget the current protocol is that these will be reported via the narrative within financial reports.
- In relation to this period, financial pressures in relation to the Set Aside budget are notable in relation to Accident & Emergency Services, Geriatric Medicine, Rehabilitation Medicine, Learning Disability Inpatients and Mental Health Inpatient Services. These financial pressures are reflective of demand and cost pressures across the health and social care system and timing of release of revenue savings in relation to the cases for change for Mental Health and Learning Disability services previously approved by the Integration Joint Board.
- The demand and cost pressures relating to the set-aside budget will be a future planning risk that the Integration Joint Board will require to consider for future years taking account of the issues reported within Section 5 of the Chief Officers report (Scottish Government correspondence) to the February 2017 Integration Joint Board meeting.

5.5.1.2. Operational and Universal Services

- The Operational element of the budget is reporting an underspend position of £0.557m for the period. There are a range of over and underspends within this area including financial pressures relating to community hospitals, significant financial risks relating to the costs of joint funded complex care packages and delivery of recurrent cash releasing savings. The main areas of underspend relate to Community Addictions Services and Community Learning Disability services and many of the areas of underspend relate to non-recurrent savings from issues such as vacant posts.

- The Universal and Family Health Services element of the budget is reporting an underspend of £0.050m for the period. There is an overspend for the period in relation to Primary Medical Services which is more than offset by underspends in relation to Community Pharmaceutical Services (including costs of Primary Care Prescribing) and GP Out of Hours Services. Due to a two month time lag for actual prescribing data the current position is based on actual data for December and estimates for January and February.
- Overall NHS Forth Valley are projecting that a balanced financial position for the year is achievable. This position however, includes the impact of some non-recurring benefits and is dependent on continued efforts to reduce the recurrent cost base, realise cash releasing efficiency savings and manage significant areas of financial risk around complex care packages, prescribing and staffing costs including temporary workforce costs.

5.5.2. Partnership Funding Streams

- As partnership funding streams are directed for specific use they are assumed to be neutral to the current position and projected outturn detailed in this report. As detailed in the 2017/18 Partnership Budget report a report and review of the use of partnership funding streams is now scheduled to be reported to the Integration Joint Board in June 2017 and will be linked to both the delivery plan and Intermediate Care framework.
- To allow the review of partnership funding to be completed and presented the Board is asked to consider and approve continuation of the following projects at current funding levels until 30 September 2017. Any further recommendations regarding ongoing funding will be brought forward as part of the review of the use of partnership funding streams
 - Enhanced Discharge Allied Health Professionals (linked to Stirling Care Village) - £45,980 for 6 months
 - Stirling Intermediate Care (linked to Stirling Care Village) - £195,563 for 6 months
 - Southwest Stirlingshire Rural Intermediate Care - £76,675 for 6 months

5.5.3. In relation to budgets delegated to Clackmannanshire Council

- There is a projected overspend on Reablement services of £0.323m due to current commitments on staffing costs being in excess of available budgets.
- There is a projected overspend of £0.132m on Residential Care

- There is a projected underspend of £0.042m in relation to Care at Home. Review activity in this area is projected to eliminate the previously projected overspend position.
- There is a projected £0.577m overspend in respite care for the year due to the planned saving in Intermediate Care not being achieved in the current year.
- There is a projected £0.138m overspend in the Equipment and Adaption's budget due to private sector demand for minor adaption's and a shortfall in planned savings.
- An overspend of £373k relates to approved savings which will be unachieved this financial year. These savings are the re-design of day services and to a re-design of intermediate care bed provision at Menstrie and Ludgate. The day service review has not been achieved in full due to the lack in uptake in voluntary redundancy while the bed reductions have not been implemented in order to sustain care home capacity for the growing demand of older people.
- The areas of financial pressure detailed above are partially offset by underspends in various other budget areas and work is ongoing to further mitigate the projected overspend both in-year and on a recurrent basis. A fuller review of intermediate care models is proposed in another paper to the Board.

5.5.4. In relation to budgets delegated to Stirling Council

- The increase in the projected overspend in 2017/18 is in relation to legacy/backdated payments for three care packages and is therefore non-recurrent in nature.
- Care and Support at Home is projected to overspend by £0.725m for the year due to increasing numbers of services users and cost of care packages.
- Residential Care costs are projected to overspend by £0.240m for the year due to ongoing increases in service users.
- Budget pressures from the introduction of the National and Scottish Living Wages.
- The service is continuing efforts to address budget pressures through ongoing management action both in-year and on a recurrent basis.
- The areas of financial pressure detailed above are partially offset by underspends in various other budget areas.

5.5.5 Detailed financial summaries of the in-scope NHS Forth Valley and Clackmannanshire and Stirling Council budgets are attached at Appendices I to III to this report.

5.5.6 Living Wage

The 2017/18 Partnership Budget contained an update on the cost pressures associated with the Living Wage and an assessment of how this impacts on the overall financial risk for the partnership.

6. Conclusions

6.1. The projection detailed within this report for 2016/17 is consistent with the projection contained within the 2017/18 Partnership Budget presented to the Integration Joint Board on 29 March 2017. Therefore the key messages and financial risks as detailed within the budget paper remain valid.

6.2. Work is ongoing, aligned to the delivery plan, to establish plans to deliver financially sustainable service delivery. The Board has approved the development of a budget recovery plan and a further update on this will be presented to the June meeting.

6.3. Meanwhile efforts must continue across the partnership to manage cost pressures, deliver savings programmes and deliver services within resources available.

7. Resource Implications

7.1. The resource implications are detailed in the body of this report.

8. Impact on Strategic Plan Priorities and Outcomes

8.1. The Integration Joint Board's budget represents the resources available to deliver the priorities of the Strategic Plan.

9. Legal & Risk Implications

9.1. The report detailed the financial risks associated with the delivery of delegated functions with the resource levels defined in the extant directions.

10. Consultation

10.1. The Section 95 officers of Clackmannanshire and Stirling Councils and Director of Finance of NHS Forth Valley have been consulted on the content of this report.

11. Equality and Human Rights Impact Assessment

11.1. No equality and human rights issues arising directly in relation to this report.

12. Exempt reports

12.1. Not Exempt

Appendix I

BUDGETS DELEGATED TO NHS FORTH VALLEY		Annual Budget 28th February 2017	Budget to date	Actual	Variance (over) / under spend
		£m	£m	£m	£m
<u>Operational</u>					
	District Nursing Services	3.431	3.145	3.027	0.118
	Community Addiction Services	2.636	2.503	2.372	0.131
	Community Based AHP Services	5.602	5.127	5.188	-0.061
	Public Dental Service	0.942	0.864	0.873	-0.009
	Services provided outwith a hospital in relation to geriatric medicine	0.971	0.890	0.764	0.126
	Palliative Care (delivered in Community)	0.050	0.046	0.051	-0.006
	Community Learning Disability Services	0.810	0.743	0.514	0.228
	Community Mental Health Services	3.005	2.745	2.693	0.052
	Continence Services	0.170	0.156	0.135	0.021
	Services Provided by health professionals that aim to promote public health	1.367	1.187	1.134	0.053
	Community Hospitals	5.697	5.238	5.343	-0.105
	Resource Transfer	8.179	7.498	7.498	0.000
	Joint Partnership Agreements	2.002	1.817	1.808	0.009
	Partnership Funds (ICF/ Delayed Discharge / Bridging)	2.454	2.454	2.454	0.000
	Subtotal	37.315	34.410	33.853	0.557
<u>Universal</u>					
	Primary Medical Services (GMS Contract)	21.733	19.211	19.544	-0.333
	Primary Dental Services (GDS Contract)	7.645	6.793	6.784	0.009
	Community Ophthalmic Services	2.643	2.368	2.368	0.000
	Community Pharmaceutical Services	32.114	29.970	29.649	0.321
	GP Out of Hours Services	1.224	1.101	1.048	0.053
	Subtotal	65.358	59.444	59.394	0.050
	TOTAL CLACKS / STIRLING IJB	102.673	93.854	93.246	0.608
PROJECTED OUTURN					0.663

Appendix II

Budgets Delegated to Clackmannanshire Council					
IJB Function:	Full Year Budget	Year to Date Budget	Year to Date Actual	Forecast	Projected (over)/underspend
Older People	1.522	1.243	1.540	1.482	0.040
Mental Health	0.847	0.773	0.974	0.801	0.046
Learning Disability	0.507	0.414	0.400	0.489	0.018
Physical Disability	0.092	0.081	0.415	0.092	0.000
Sensory Impairment	0.092	0.081	0.078	0.092	0.000
Reablement	0.403	0.189	0.987	0.726	(0.323)
Care at Home	3.763	3.610	2.927	3.721	0.042
Residential Care	5.006	4.703	4.635	5.138	(0.132)
Respite Care	0.188	0.173	0.507	0.766	(0.577)
Day Care Services	1.531	1.404	1.507	1.509	0.022
MECS Telecare					
Telehealth	0.412	0.378	0.207	0.468	(0.055)
Housing With Care	0.249	0.228	0.184	0.257	(0.008)
Meals on Wheels	0.000	0.000	(0.029)	(0.007)	0.007
Advocacy	0.072	0.000	0.006	0.072	0.000
Substance Misuse	0.011	0.010	0.009	0.011	0.000
Mental Health Team	0.377	0.346	0.112	0.362	0.015
Voluntary Orgs	0.255	0.197	0.072	0.166	0.088
Garden Aid	0.105	0.097	0.079	0.105	0.000
Adult Support & Protection	0.000	0.000	(0.048)	0.000	0.000
Housing Aids and Adaptations	0.202	0.185	0.152	0.202	0.000
Equipment & Adaptations	0.142	0.130	0.211	0.279	(0.138)
TOTAL	15.776	14.239	14.927	16.730	(0.954)
Year to Date Variance			(0.688)		

Appendix III

Budgets Delegated to Stirling Council			
Function	Budget	Projection	Variance
	£m	£m	£m
Older People	1.348	1.290	0.058
Mental Health	0.403	0.380	0.023
Learning Disability	0.848	0.798	0.050
Physical Disability	0.557	0.000	0.557
Adult Support and Protection	0.170	0.166	0.004
Carers	0.000	0.000	0.000
Care & Support and Home	8.927	9.652	(0.725)
Residential Care	10.518	10.758	(0.240)
Respite Care	0.290	0.642	(0.352)
Day Care/ Services: PD,LD,OP,MH	1.861	1.421	0.440
MECS/Telecare/Telehealth	0.604	0.672	(0.068)
Housing with Care/Sheltered Accommodation	4.301	4.084	0.217
Shopping Service	0.000	0.000	0.000
Equipment and Adaptations	0.155	0.155	0.000
Advocacy	0.000	0.000	0.000
Sensory Team	0.000	0.000	0.000
Mental Health Team	0.000	0.000	0.000
Learning Disability Team	0.000	0.000	0.000
JLES	0.217	0.213	0.004
Day Care/Centre: Mental Health	0.000	0.000	0.000
Sensory Resource Centre	0.201	0.254	(0.053)
Voluntary Organisations	0.424	0.639	(0.215)
Integration fund	0.000	0.000	0.000
Housing Aids and Adaptations	0.384	0.384	0.000
Improvement Grants	0.400	0.400	0.000
Totals	31.608	31.908	(0.300)
Year to Date Variance Calculated on Pro-Rata Basis			(0.275)



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 7.2 on the agenda

Delivery Plan 2017-2019

(Paper presented by Shiona Strachan)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Shiona Strachan, Chief Officer
Date:	13 April 2017
List of Background Papers:	
NHS Forth Valley [2016] <i>Healthcare Strategy 2016-2021: Shaping the Future</i> Clackmannanshire & Stirling Health & Social Care Partnership <i>Strategic Plan 2016-2019</i> Scottish Government [2016] <i>The Health and Social Care Delivery Plan</i> Clackmannanshire Alliance [2013] <i>Single Outcome Agreement 2013-2023</i> Stirling Community Planning Partnership [2013] <i>Single Outcome Agreement 2013-2023</i>	
Appendices:	Appendix 1 Draft Delivery Plan 2017-2019

Title/Subject: Delivery Plan 2017-2019
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Shiona Strachan
Action: For Approval

1. Introduction

- 1.1 This report presents the first draft Delivery Plan to the Integration Joint Board for consideration and approval.
- 1.2 This Delivery Plan is one of a suite of underpinning documents which support the implementation of the Strategic Plan for the Partnership.

2. Executive Summary

- 2.1 The first draft Delivery Plan is designed to support the change programme across the Partnership. It is key to delivery of the service re design and transformation, further integration of services, and delivery of the short and medium term financial plan for the Partnership.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Approve the first draft Delivery Plan;
- 3.2. Agree an annual review of the Delivery Plan in line with the annual Performance Report;
- 3.3 Note the role of the Strategic Planning Group in developing and reviewing the Strategic Plan;
- 3.4 Agree that the Strategic Planning Group should lead the work on the mid year progress report [October] and full year review [April] on behalf of the Partnership;
- 3.5 Agree a quarterly report, on progress to the Integration Joint Board, including the mid and final reviews, in August, October, February and April;
- 3.6 Note the review of the National Outcomes and the developing Measuring Performance under Integration indicators and the likely requirement to review and realign the first draft Delivery Plan as appropriate, and;
- 3.7 Note the requirement to further develop the Performance under Integration Objectives and the supporting local measures for the actions.

4 Background

- 4.1 This first draft Delivery Plan sets out the activities which are designed to deliver against the Strategic Plan vision, priorities and outcomes. The Plan has a focus on the areas of joint activity for the Partnership and some of the actions also reflect work taking place across Forth Valley.
- 4.2 In line with the Strategic Plan, it reflects the current Single Outcome Agreements for the Clackmannanshire Alliance and the Stirling Community Planning Partnerships, and the NHS Forth Valley Healthcare Strategy.
- 4.3 The local priorities are the 'we will' statements drawn from the Strategic Plan. These are high level statements and have been further developed into a series of key actions. The key actions themselves have then been further developed, using a consultation and engagement approach, into core delivery priorities. These bring together the health and social care services along with the commissioned services and partners, to redesign and focus activity onto integrated service delivery models, which will significantly strengthen the community and place based service approach.
- 4.4 In addition to the Annual Review, the Delivery Plan should be used as the basis for the change programme and to monitor progress at the mid year points, which should be aligned with the annual Performance Report. Some of the actions are noted as taking place over the remaining two year cycle of this Strategic Plan – some of this is because the actions are ongoing, or are rolling activities, and some are complex with long lead in times.
- 4.5 The Strategic Planning Group has a clear function to develop and review the Strategic Plan. In doing so, it would be appropriate for this Group, with support from the Joint Management Team, to carry out the mid year and full year progress review on behalf of the Partnership, and to report these to the Integration Joint Board.
- 4.6 The Joint Management Team is operating as a Programme Board for the core delivery priorities and the enabling activities, including the budget recovery actions.
- 4.7 These delivery priorities do not cover the entire activity taking place within and between services and partners, but focus on the actions the Partnership can take together to strengthen and develop the building blocks for community based services. They are the activities which, taken together, will build on the positive work already taking place in the Partnership and will deliver transformational change in the way we deliver services – a shift to multi disciplinary place based services, which are engaged with local communities, delivering services with a focus on prevention, early intervention and where people receiving services are supported to make informed choices about their own health, social care and support to meet their personal outcomes.

Measuring Performance

- 4.8 The National Outcomes form the basis for the underpinning performance framework. The national suite of indicators is currently being reviewed and the Partnership's Delivery Plan will require to be realigned to the outcome of that review. The Plan incorporates the requirements of the National Social Care and Health Delivery Plan, and the developing Performance under Integration objectives, which all Partnerships have been asked to submit to the Scottish Government. The National Delivery Plan, and the supporting Performance under Integration measures, are the subject of another report to the Board and are effectively a Local Delivery Plan for the Partnership and now forms a sub set of the Local Delivery Plan for NHS Forth Valley.
- 4.9 The performance measures for the Partnership are now subject to regular reports to the Integration Joint Board.

5 Financial

- 5.1 It is vital that the Partnership is able to re design and deliver services within the financial envelope available and to make best use of the available joint resources. The Plan will continue to develop to more fully reflect the required efficiencies and change programmes. Further work is required to develop a medium term financial strategy which supports the Delivery Plan and helps the Partnership to achieve the vision of the Strategic Plan.

6 Conclusions

- 6.1 This is the first draft Delivery Plan to underpin the Strategic Plan and to guide the use of the joint resources. It provides a framework for the transformational change programme for the Partnership.
- 6.2 There are a number of external factors which are likely to impact on the Partnership's Delivery Plan, relating to the review of the National Outcomes, the Scottish Government national priorities and the developing Performance under Integration measures.
- 6.3 The review of local arrangements for Community Planning will result in the development of Local Outcome Improvement Plans, and further work will be required to ensure alignment of the Plans.

7 Resource Implications

- 7.1 This is a challenging agenda to deliver transformational change at a time of reducing resources. Section 5 of the Delivery Plan details the financial context and resource implication.

8 Impact on Integration Joint Board Priorities and Outcomes

- 8.1 This is the key document which outlines the actions which will support the us to meet the national and the Partnership's priorities and outcomes.

9 Legal & Risk Implications

- 9.1 There are no legal implications from the content of this report which essentially draws together all of the previously agreed local priorities, key actions and core delivery priorities into one document of plan.
- 9.2 The Delivery Plan is designed to support the change programme across the Partnership. It is key to delivery of both service re design, further integration of services and delivery of the financial plan for the Partnership.

10 Consultation

- 10.1 The local priorities (the 'we will' statements) from the Strategic Plan, and the key actions and core delivery priorities, have been subject to a series of formal consultations. The efficiency and re design programmes within each of the local authorities have been part of the consultation programmes linked to the budget setting process, and are closely aligned to the local priorities and key actions for the Partnership.

11 Equality and Human Rights Impact Assessment

Clackmannanshire and Stirling Health and Social Care Partnership is committed to ensuring that all individuals and communities in the Partnership area are treated fairly and have the opportunity to live full and positive lives within supportive communities.

The Equality Outcomes for the Health and Social Care Partnership are -

- Self management – Individuals, their carers and families are enabled to manage their own health, care and wellbeing
- Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home, or in homely settings, within the community
- Safety – Health and social care support systems help to keep people safe and live well for longer
- Decision Making – Individuals, their carers and families are involved in, and are supported to, manage decisions about their care and wellbeing
- Experience – Individuals will have a fair and positive experience of health and social care.

The actions outlined within the Delivery Plan are consistent with the equality outcomes. The Strategic Plan and the Delivery Priorities have been subject to extensive public consultation and engagement. Individual work streams will carry out the required and specific EHRIA as part of the development of the proposals and implementation.

12 Exempt reports

- 12.1 No

APPENDIX 1

Clackmannanshire & Stirling Health & Social Care Partnership

Draft Delivery Plan 2017-2019

1 What is the Delivery Plan?

This Delivery Plan sets out the activities which are designed to deliver against the Strategic Plan priorities and outcomes. Whilst the Plan has a particular focus on the areas of joint activity across the Partnership, it also reflects the range of activity taking place as part of the efficiency and improvement programmes within each of the constituent authorities: the requirements of the National Delivery Plan; NHS Forth Valley's Healthcare Strategy and supporting Local Delivery Plan [LDP]; the Clackmannanshire Alliance and Stirling Community Planning Partnership's current Single Outcome Agreements; the developing local Improvement Objectives and wider Performance Framework; and, the Falkirk Health and Social Care Partnership's Strategic Plan [where services are delivered across Forth Valley]. This inter-relationship is expressed in the following diagram:



This Delivery Plan will be further developed to include details of the re designs and programmes of activity aimed at bringing costs in line with resources available.

Significant further actions, over and above the programmes currently in place, will be required.

It is anticipated that a medium term financial strategy will be developed to support and underpin the Delivery Plan.

2 Partnership Vision

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

3 The Strategic Plan and Partnership Priorities

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

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

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

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

The 'we will' or high level priorities are statements of how the Partnership intends to develop services to deliver the vision. They have been further developed, again

using a consultation and engagement approach, into core delivery priorities. These bring together the health and social care services, along with the commissioned services and partners, to redesign and focus activity onto integrated service delivery models, which will significantly strengthen community and place based services.

The following diagrams represent the *core* Partnership delivery priorities for 2017-2019 and the underpinning enablers which also involve re design activity. These delivery priorities do not cover the entire activity taking place within and between services and partners, but focus on the actions the Partnership can take together to strengthen and develop the building blocks for community based services. They are the activities which, taken together, will build on the positive work already taking place in the Partnership and deliver transformational change in the way we deliver services – a shift to multi disciplinary place based services which are engaged with local communities, delivering services with a focus on prevention and early intervention, and where people receiving services are supported to make informed choices about their own health, social care and support to meet their personal outcomes.



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

The Enablers



Work is now underway in each of these areas, with workstreams being established, or further refined, to support implementation of the core delivery priorities. The required progress and performance will be reported to the Integration Joint Board over 2017-19.

In line with the Strategic Plan and the requirement for an annual Performance Report [due for publication in July each year] this Delivery Plan will be fully reviewed annually.

4 Performance

Without change we won't make improvements. Without measurement we won't know if we have improved [qihub.scot.nhs.uk]

Integration Joint Boards are 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 Strategic Plans. The Integration Joint Board also requires to prepare and publish an Annual Performance Report, the contents of which are laid down in the Public Bodies (Joint Working)(Scotland) Act 2014, (the Act). The Annual Report requires to be approved and published by the end of July each year.

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

The national outcomes are-

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

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

The National Health and Social Care Delivery Plan

The activities of the Partnership have to be set against the national Health and Social Care Delivery Plan which sets out the Scottish Government's programme to further enhance health and social care services and is underpinned by locally set objectives.

The National Delivery Plan has a focus on the three 'triple aim' areas:

- we will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all [**better care**]
- we will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self management [**better health**]; and
- we will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient

and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing of prevention and early intervention [**better value**]

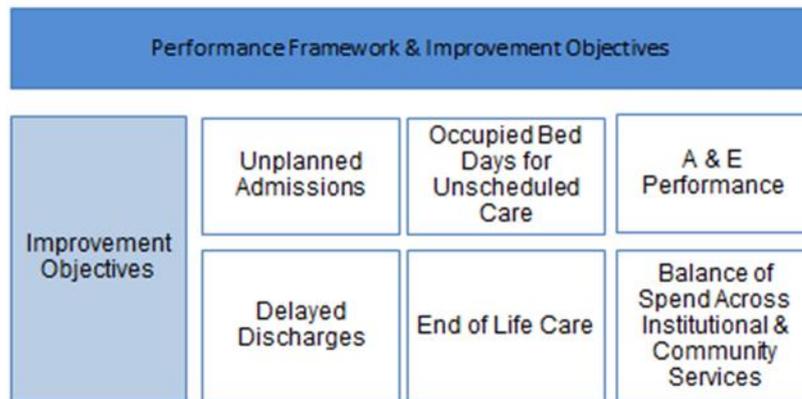
The report sets out a series of actions required between 2017 and 2021, linked to clear expectations of the Health and Social Care Partnerships, Local Authorities and NHS Boards.

In addition to our local priorities the Partnership is required to develop and provide services in a way which meet the new national priorities for the Integration Authorities in respect of the planning for, and provision of, social care, primary care and unscheduled hospital care for adults. The key areas are:

- Reduce occupied hospital bed days associated with avoidable admission and delayed discharges focussing on investment in care alternatives
- Increase the provision of good quality appropriate palliative and end of life care particularly in people's homes and communities or, where appropriate, in hospices
- Enhance primary care provision expanding multidisciplinary teams, sustainability, development of GP cluster etc.
- A focus on mental health, improving outcomes and reducing variation
- Deliver agreed service levels for Alcohol and Drug Partnerships
- Provision for the living wage
- Continue implementation of Self Directed Support
- Prepare commencement of the Carer (Scotland) Act 2016

To support the delivery of the national priorities, as detailed within the *Health and Social Care Delivery Plan*, Partnerships were invited to set out the local improvement objectives for each of the following supporting indicators:

Performance under Integration



Irrespective of any local priorities and performance measures, these will be the key deliverables for the Partnership and will be used at national level to compare performance across Partnerships.

5 **Financial Context**

The 2017/18 Partnership Budget approved at the Special Integration Joint Board meeting of 29 March 2017 detailed the financial context and key financial challenges and risks facing the Partnership over the short to medium term.

These key financial risks were defined as:

- Short, medium and longer term financial sustainability of the Partnership.
- The full year cost of implementing the living wage including the increase in the hourly rate
- Delivery of sufficient savings and efficiency programmes to deliver services within resources available across the Partnership
- Not all providers sign up to the 2017/18 National Care Home Contract settlement
- Implementation of the Carers Act from 1 April 2018 generating additional demand for services
- Planning Risk in relation to the Set Aside Budget for large hospital services

The level of financial risk identified within the Partnership Budget requires a Budget Recovery Plan to be developed to give assurance that services can be delivered within resources available.

This, along with plans to review the utilisation of current Partnership funding streams, including the Integrated Care Fund (ICF), Delayed Discharge Funds, Technology Enabled Care, Out of Hours and the Primary Care and Mental Health Transformation Funds, will support the change programme detailed in this Delivery Plan, aligned to the Strategic Plan priorities.

To underpin this, a medium term financial strategy for the Partnership will be developed to take account of -

- Economic outlook and projected impact on public expenditure
- Demand and cost of services including the impact of demographic change
- Projected financial impact of implementing this Delivery Plan, including the development of Localities
- Financial risks and projected financial impact of any known changes in legislation, national policy and the regulatory environment
- Efficiency and savings requirements to ensure financial sustainability of the Partnership

6 Best Value

Health and Social Care Partnerships have a statutory duty to achieve best value from the public resources under their control.

Best value, in the context of Health and Social Care Partnerships is illustrated by the Best Value diagram below. In simple terms best value is an equilibrium of delivering the transformational change required and priorities of the Strategic Plan, effective utilisation of resources and financial sustainability and key performance measures and outcomes.



7 **Equalities Statement**

Clackmannanshire and Stirling Health and Social Care Partnership are committed to ensuring that all individuals and communities in the Partnership area are treated fairly and have the opportunity to live full and positive lives within supportive communities.

The Equality Outcomes for the Health and Social Care Partnership are -

Self management – Individuals, their carers and families are enabled to manage their own health, care and wellbeing

Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home, or in homely settings, within the community

Safety – Health and social care support systems help to keep people safe and live well for longer

Decision Making – Individuals, their carers and families are involved in, and are supported to, manage decisions about their care and wellbeing

Experience – Individuals will have a fair and positive experience of health and social care.

The actions outlined within the Delivery Plan are consistent with these equality outcomes.

8 The Delivery Plan

The Delivery Plan is presented in grid format below. The content is derived from the following:

Column 1: The Local Outcomes are highlighted in blue and the current National Outcomes in black with the number reference.

Column 2: The set of national priorities are those contained in the national Health and Social Care Delivery Plan

Column 3: These are the local priorities, expressed as ‘we will’ statements within the Strategic Plan

Column 4: The key actions have been gathered from the output from the consultation and engagement process, aligned to the efficiency and improvement programmes within each of the constituent authorities; NHS Forth Valley’s Healthcare Strategy and the supporting Local Delivery Plan [LDP]; the Clackmannanshire Alliance and the Stirling Community Planning Partnership’s current Single Outcome Agreements; and, the requirements of the national Health and Social Care Delivery Plan.

Column 5: this column highlights the core delivery priorities

Columns 6 & 7: Highlights the time frame for delivery

Local & National Outcomes	National Priorities	Local Priorities ['we will']	Key Actions	Partnership Core Delivery Priorities	2017-18	2018-19
Self Management – of health & wellbeing	A focus on mental health, improving outcomes and reducing variation	Further develop systems to enable front line staff to access and share information	Develop a directory of service at locality level and Partnership level [SP] [PUI]		✓	
			Develop test and implement an information sharing portal [SP] [PUI]			✓
			Refresh and embed single shared assessment - including end of life care [SP] [PUI]		✓	
			Develop self assessment and online self help [SP]			✓
			Support the delivery of the new Mental Health Strategy	✓	✓	✓
Healthier Living [1] Reduce Inequalities[5]						
Community Focused Supports – to live well longer at home or in homely setting	Continue implementation of Self Directed Support		Implement Self Directed Support [NP]		✓	✓
	Enhance primary care provision expanding multi disciplinary teams, sustainability, development of GP cluster etc..	Support more co location of staff from across professions and organisations	Develop, pilot and roll out a model of neighbourhood care [SP] [PUI]	✓	✓	✓
			Develop the Primary Care, Mental Health and Out of Hour Transformation funding plans to support implementation of enhanced primary care provision and place based services [SP] [NP]	✓	✓	✓
	Increase the provision of good quality appropriate palliative and end of life care particularly in people's homes and community or, where appropriate, in hospices	Develop single care pathways	Review the dementia pathway and evaluate the impact of the Dementia Outreach Team [SP] [PUI]		✓	✓
			Further develop Hospice at Home service delivered with Strathcarron [PUI]		✓	✓
			Review end of life pathway [PUI]		✓	
			Identify how access to specialist palliative care advice and support can be provided in hospital over 7 days [PUI]			

			Increase use of Key Information Summary – long term and end of life care [PUI]		✓	✓
			Improve post diagnostic support services for people with dementia [SP] [NP]		✓	
			Review Learning Disability Services [SP]	✓	✓	✓
			Review respite services [all care groups] [SP]		✓	✓
			Review day support/day care services [all care groups] [SP]	✓	✓	✓
			Develop Technology Enabled Care – including volunteering opportunities and support end of life care [SP] [PUI]		✓	✓
		Further develop anticipatory and planned care services	Embed Anticipatory Care Planning [SP] [PUI]		✓	✓
Independent Living [2] Carers are supported [6]	Reduce occupied bed days associated with avoidable admission and delayed discharges focussing on investment in care alternatives	Take further steps to reduce the number of unplanned admissions to hospital and acute services	Raise awareness of Guardianship – services [SP] [PUI]		✓	
			Raise awareness of Power of Attorney – public and services [SP] [PUI]		✓	
			Carry out tests of change – e.g. frailty pathway; Innovation Session in Clackmannanshire to support people at high risk of admission and/or high resource [SP] [PUI]	✓	✓	
			Review model of intermediate care [SP] [PUI]	✓	✓	
			Enhance intermediate care through GP Fellows pilot and evaluation [PUI]		✓	✓
			Review use of beds in the in patient bed base [PUI]		✓	✓

		Provide more single points of entry to services	Develop a plan for and implement a staged approach to single point of access [SP] [PUI]		✓	
			Review Advice Line for You [ALFY] – Forth Valley [SP] [PUI]		✓	
		Deliver the Stirling Care Village	Refresh the Programme Board arrangements to deliver the care village [SP]	✓	✓	
			Review model of care [links to review of intermediate care] [SP]	✓	✓	
			Step into the Care Village [SP]	✓		✓
		Develop seven day access to appropriate services	Work towards an increase in number of discharges at week end [PUI]		✓	✓
			Review and develop out of hours and crisis response services [SP]		✓	✓
			Review pathways with acute services and continue to work with the Scottish Ambulance service – including frailty and uninjured fallers [SP] [PUI]			
		Delayed Discharge	Improve flow in hospital – 40% people discharged before noon [PUI]	✓	✓	✓
			Improved use of the discharge hub @ FVRH [PUI]		✓	✓
			Support pre noon discharge process through HEPMA prescribing system [PUI]		✓	✓
			Continue to develop care at home services to support discharge and prevent admission – through evaluation of quick step and review of commissioning arrangements [SP] [PUI]		✓	✓
		A & E Performance	Continue to support Pharmacy initiatives e.g. Pharmacy First [PUI]		✓	✓
			Review and re design GP Forth Valley Out of Hours [PUI]		✓	✓
			Support and continue to develop escalation process in place across system [PUI]		✓	✓
			Support 6 Essential Actions Action Plan to		✓	✓

			support unscheduled care [PUI]			
			Support day of care audit [PUI]		✓	✓
Safety – HSCP support systems to keep people well and safe	Deliver agreed service levels for Alcohol and Drug Partnerships		Deliver service levels for alcohol and drug services [NP]		✓	✓
People are Safe [7]			Develop and deliver adult support and protection services in line with the Adult Protection Committee Delivery Plan and associated service improvement plans [SP]		✓	✓
Decision Making – individuals, carers and families are involved in and supported to manage decisions about their care	Prepare Commencement of the Carer(Scotland) Act 2016	Prepare for and implement the provisions of the Carer (Scotland) Act 2016	Develop plan and actions to support implementation [NP] [SP] [PUI] Implement provisions of Carers Act [SP] [NP]	✓	✓	✓
			Strengthen identification of the needs of carers through rolling programme of training & awareness raising programmes-all services [PUI]		✓	✓
Quality of Life [4]		Prepare for the new Dementia 3 Strategy	Review services to align to Dementia strategy [SP] [NP]		✓	✓
Experience – individuals will have a fair and positive experience of health and social care	Provision for the living wage		Ensure that the living wage is in place across all providers through contract monitoring processes [NP]		✓	✓
			Continue to develop outcomes focused patient/service user and carer feedback to support continuous improvement [SP]		✓	✓
Positive experience and outcomes [3] Engaged workforce [8]	Develop and engaged and supported workforce		Further develop Workforce Plan and supporting Implementation Plan in line with the national plan and incorporating staff feedback process [SP]		✓	✓

Resources used effectively [9]			Support the Joint Staff Forum – Forth Valley and continue to develop staff engagement [SP]		✓	
			Establish appropriate provider fora and develop a Market Position Statement [SP]		✓	
			Review commissioning arrangements for services – including Forth Valley wide services [SP]		✓	
			Review and modernise day support services and respite provision across all care groups [SP] [PUI]		✓	

Key:

NP-National Priority

SP- Strategic Plan

PUI – Performance under Integration



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 8.1 on the agenda

Strategic Risk Register

(Paper presented by Carol Johnson)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Carol Johnson, Principal Information Analyst
Date:	
List of Appendices:	
Appendix 1 Risk Register	

Title/Subject: Strategic Risk Register
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Carol Johnson
Action: For Approval

1. Introduction

- 1.1. This report provides the Integration Joint Board with the current Strategic Risk Register, following discussion and review at the last Joint Management Team on 23 March 2017.

2. Executive Summary

- 2.1. The Strategic Risk Register is the mechanism for assessing and monitoring the Integration Joint Board's strategic risks, to manage threats to achievement of objectives, and take advantage of opportunities when they arise. The Risk Register is a dynamic document which will constantly evolve and develop.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Approve the updated register with regard to progress of relevant actions, and the alignment to key strategic processes.
- 3.2. To note the ongoing development of the risk register and reporting arrangements

4. Background

- 4.1. The Board approved the Risk Management Strategy in March 2016, and an initial Strategic Risk Register in June 2016. An updated version of the register went to the Board February 2017.
- 4.2. At the meeting on 29 March 2017 the Board considered and agreed the budget for 2017/18 and the Chief Finance Officer highlighted the following financial risks, which have now been reflected in the risk register:
- Financial sustainability – short , medium and longer term
 - Living wage
 - Savings delivery

- Not all providers signing up to 17/18 National Care Home Contract Settlement
- Implementation of the Carers Act and cost of projected additional demand
- Planning risk regarding the set aside for large hospital services

5. Main Body Of The Report

- 5.1. Risk management is the process of identifying significant risks, evaluating the potential consequences and implementing the most effective way of responding to, controlling and monitoring them.
- 5.2. A briefing session on risk management is being organised with Integration Joint Board members to ensure a common understanding of the subject.
- 5.3. Each risk has been reviewed and updated for the purpose of this report. Following the discussion at the last JMT (February 2017), the document has been aligned (under Strategic Fit) to national and local outcomes and priorities within the Strategic Plan.
- 5.4. Actions within the register have also been reviewed to include:
 - Operational priorities around Delayed Discharge, Care Village, Service Review within Mental Health and Learning Disability, Primary Care Out Of Hours service, and End of Life Care Pathway.
 - Recent strategic tasks relating to the Ministerial Strategic Group's introduction of Monitoring Integration indicators and Improvement Objectives.
 - Risks identified by the Chief Finance Officer in the presentation to the Board on 29 March 2017. Actions to mitigate the risks are under development.
- 5.5. Exception reporting has also been reviewed and updated to highlight areas of concern. It would be appropriate for the exceptions to be reported as part of the Performance Report for each Board meeting.

6. Conclusions

- 6.1. The Strategic Risk Register (Appendix1) outlines the key risks to achieving the Integration Joint Board's Strategic Plan, and processes in place to mitigate those risks. It provides the Board with assurance that risks have been identified and are being managed appropriately. It is a dynamic document and will continue to evolve.
- 6.2. There are at present 10 high level risks, 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

- Carers
- Information Management
- Information Sharing

6.3. Actions have been identified and progress monitored on those relevant to ensuring that the risk is managed to an acceptable level, at this point there are 5 actions that have been highlighted within the exception summary. The actions highlighted are either those within High Risk areas where progress is 50% or less by the third quarter of the financial year, or others considered strategically significant. The actions relate to the following:

- Efficiency and redesign monitoring arrangements
- Protocols for variations of budgets
- Implementation of the Living Wage
- Information Sharing Portal
- Annual Performance Report

7. Resource Implications

7.1. The delivery of the Strategic Plan, and effective management of the associated risks, will be dependent on the continued resource commitment of partner organisations.

8. Impact on Strategic Plan Priorities and Outcomes

8.1. A key risk is the failure to effectively identify and manage the risks to achieving the outcomes and priorities detailed with the Integration Joint Board's Strategic Plan. Therefore it is intended to include exception reporting within the partnership performance report. The performance report is aligned and reported by Strategic Plan outcomes and will give a fuller context to performance in this area.

8.2. The Strategic Risk Register has been aligned to national and local outcomes, operational and strategic priorities arising from the Strategic Plan. It should be noted that the National Outcomes are currently subject to review and work is ongoing to further develop the Measuring Performance Under Integration local objectives.

9. Legal & Risk Implications

9.1. The key risks are failure to effectively:

- Identify and assess risks to delivering the Integration Joint Board's Strategic Plan
- Meet the commitments made within the Integration Scheme

10. Consultation

10.1. This is dynamic document and consultation on it's content happens regularly with Joint Management Team and those leading on key relevant actions.

11. Equality and Human Rights Impact Assessment

11.1. None

12. Exempt reports

12.1. None

EXCEPTIONS – Action Progress below 50% within Red Rated Risks

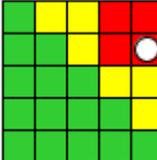
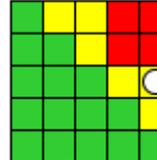
Covalent Code	Risk		Rating Status
HSC 001	Financial Resilience		
Description	This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets.		
Action Status HSC RIS 003	Establish efficiency and redesign monitoring arrangements.	<input type="text" value="50%"/>	Process in place, but further development required as part of the 17/18 budget setting.

Covalent Code	Risk		Rating Status
HSC 007	Information Management and Governance		
Description	This risk relates to Information Management and Governance, and the risk of increased demand for relevant areas of provision covering Health & social Care combined. It includes the lack of resources which are fit for purpose, capacity and capability of staff, as well as records and data management processes. It also covers Information and Communication Technology systems, infrastructure, data protection and data sharing.		
Action Status HSC RIS 031	Develop information sharing portal	<input type="text" value="25%"/>	Initial Business Case in place. Orion Portal option considered in late December 16 as proof of concept. Capital bid process to be explored to support further work.

EXCEPTIONS – Significant Others

Covalent Code	Risk		Rating Status
HSC 003	Sustainability of Partnership		
Description	The unique three way Health & Social Care Partnership fails to further develop due to differing priorities and needs		
Action Status HSC RIS 020	Publish annual performance report by end of July 2017	<input type="text" value="20%"/>	The first annual report will be based on national indicators. The data for these indicators is provided centrally by ISD and concerns have been raised by the partnership about the timescales for receiving 16/17 year end (March) data to enable the production, formal approval by IJB, and publication of a report by July. Timescale risks have been highlighted to IJB.

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

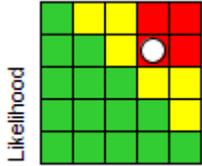
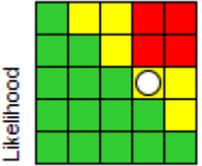
Covalent Code	Risk			Rating Status		Current Rating	20	Target Rating	15
HSCP 001	Financial Resilience								
Description	This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets.								
Potential Effect	Failure to: <ul style="list-style-type: none"> Deliver efficiency and redesign programmes Deliver integration functions within resources available 								
Related Actions	Action Status HSC RIS 003	Establish efficiency and redesign monitoring arrangements.	<input type="text" value="50%"/>	Process in place, but further development required as part of the 17/18 budget setting. The progress of this action is dependent on the sub-action below.	Internal Controls				Leadership Group HSCP LG
			Sub-action HSC RIS 003a Review and assess deliverability of efficiency and redesign programmes and align to Strategic Plan.						<input type="text" value="25%"/>
	Action Status HSC RIS 001	Develop financial strategy to compliment and support delivery planning to implement Strategic Plan	<input type="text" value="20%"/>	Strategy to be developed to underpin Delivery Plan and ensure financial stability in the short, medium and long term.					Integration Scheme HSCP FRIS
			Due Date 2017/18						IJB Audit Committee HSCP AUC
	Action Status HSC RIS 002	Ensure all providers sign up to the 17/18 National Care Home Contract Settlement	<input type="text" value="0%"/>	Commissioning teams are in discussion with providers locally and nationally. National Contingency group re-established.					<u>Risk Management Strategy</u> and reporting framework HSCP RMS
			Due Date June 17						<u>Annual Internal Audit Report</u> by Chief Internal Auditor of the Clackmannanshire and Stirling IJB HSCP IAR
	Action Status HSC RIS 010	Ensure adequate budget provision to cover any additional resource demand following full implementation of Carers Act	<input type="text" value="25%"/>	Scoping work taking place to estimate impact and costs.					Integration Joint Board (IJB) SOS HSC IJB
			Due Date April 2018						
	Action Status HSC RIS 011	Set aside budget for large hospital	<input type="text" value="25%"/>	Joint planning ongoing in relation to national priorities for integration authorities including delayed discharges, unscheduled care and end of life care. Performance and financial reporting will require to develop to support appropriate and effective monitoring.					IJB Scheme of Delegation HSCP SOD
			Due Date 2017/18						
Action Status HSC RIS 004	Ensure adequate reserves to address any unforeseen financial challenges	<input type="text" value="50%"/>	Revised Reserve Policy & Strategy approved 29 March 2017	IJB Financial Regulations HSCP FIR					
		Due Date – 17/18		Finance Workstream SOS HSC POO					
Action Status HSC RIS 005	Monitor Scottish Government and COSLA approach / policy on Living	<input type="text" value="100%"/>	Complete - monitoring of financial implications via financial reporting to IJB	HSC Strategic Planning Group SOS HSC SPG					

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

		Wage and relationship to Integration Joint Board	Due Date - March 2017		Governance Arrangements SOS HSC GOV
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Covalent Code	Risk - Financial Resilience	Rating Status	Covalent Code	Current Rating	20	Target Rating	15		
Related Actions	HSC RIS 006 	Living Wage arrangements are in place	<input type="text"/> Due Date - ongoing	Internal Controls					
	Action Status HSC RIS 007 	Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes	<input style="width: 50px;" type="text" value="80%"/> Due Date - March 2017					Continued monitoring of financial implications via budget process.	Local Authority Accounts Regulations 2014 HSCP LAA
	Action Status HSC RIS 008 	Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams and agree investment plan for 2017/18.	<input type="text"/> Due Date – June 2017					Ability to maintain existing service levels being assessed.	External auditor appointed by Audit Scotland HSCP EAA
								This action relates to specific partnership allocation funding from Scottish Government such as Delayed Discharges, and Integrated Care Fund.	
								Review programme in place. Some delay due to change in personnel and post vacancy.	
Latest Note	Continued uncertainty relating to some Scottish Government allocation where the delivery of outcomes will lie within functions delegated to the IJB. There is a need to look at the implications of the stepped delegation of operational responsibilities to Chief Officer in 17/18. Further analysis and certainty required around implications of 17/18 Scottish Budget				Managed By	Chief Finance Officer			
Strategic Fit	This risk and actions associated with it relate to: <ul style="list-style-type: none"> National Core Outcome 'Resources are Used Effectively & Efficiently' Local Outcome 'Decision Making' 								

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Covalent Code	Risk	Rating Status		Current Rating	16	Target Rating	12	
HSC 002	Leadership, Decision Making and Scrutiny [including effectiveness of governance arrangements and potential for adverse audits and inspections]							
Description	This risk relates to the establishment of effective governance structures and to implement them effectively.			 <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	16	 <p style="text-align: center;">Likelihood</p> <p style="text-align: center;">Impact</p>	12	
Potential Effect	Failure to: <ul style="list-style-type: none"> ▪ Comply with legislation ▪ Deliver Strategic Plan outcomes ▪ Satisfy audit and external inspection bodies ▪ Avoid associated reputational damage 							
Related Actions	Action Status HSC RIS 012	There is a joint management structure which reflects partnership arrangements	<div style="width: 80%; background-color: #4F81BD; color: white; text-align: center; padding: 2px;">80%</div>	Re designs within partner organisations currently nearing completion. Revised. Joint Management Team and Leadership Group in place. Will be subject to further development as re designs move to implementation phases.	Internal Controls	Leadership Group HSC LG		
			Due Date Ongoing			Health & Social Care Joint Management Team meetings SOS HSC JMT		
	Action Status HSC RIS 013	Develop planning and operational structures	<div style="width: 40%; background-color: #4F81BD; color: white; text-align: center; padding: 2px;">40%</div>			Initial review in place – further work required to re-align planning structure across Forth Valley as services develop.	Clinical and care governance framework HSC CCGF	
			Due Date December 2017				IJB Code of Conduct HSC COC	
Latest Note	Annual Report to the Board and the Controller of Audit for the period from 3 October 2015 to 31 March 2016 for Clackmannanshire and Stirling Integration Joint Board was presented to the September 2016 IJB. It reported that it did not identify any instances of non-compliance with the Code in relation to Clackmannanshire and Stirling IJB's Annual Governance Statement.			Managed By			Annual Governance Statement HSC AGS	
	The risk-based Internal Audit Annual Plan 2016/17 presented to the February 2017 Audit Committee, included a review of governance processes. The audit found that governance policies and procedures have been developed and approved and the roles and responsibilities of IJB members have been defined and meetings are taking place regularly. Generally, from the findings of the review, Internal Audit can provide substantial assurance that the corporate governance arrangements are appropriate and are operating effectively. The report does not identify any critical or high risk findings and contains an agreed Action Plan to strengthen corporate governance arrangements.						Risk Management Strategy and reporting framework HSC RMS	
						HSC Audit Committee HSC AUC		
						Public Sector Internal Audit Standards HSC PSI		
Strategic Fit	This risk and actions associated with it relate to:				Chief Officer			
	<ul style="list-style-type: none"> • National Core Outcome 'Resources are Used Effectively & Efficiently' • Local Outcome 'Decision Making' 							

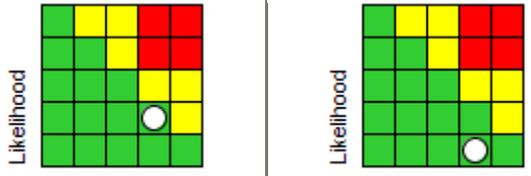
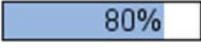
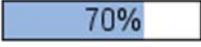
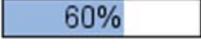
CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Covalent Code	Risk	Rating Status		Current Rating	10	Target Rating	5
HSC 003	Sustainability of Partnership						
Description	The unique three way Health & Social Care Partnership fails to further develop due to differing priorities and requirements.						
Potential Effect	<ul style="list-style-type: none"> Dissolution of partnership Escalation to mediation with Ministers Reputational damage to partners Inability to deliver on Strategic Plan 						
Related Actions	Action Status HSC RIS 009 	Establish and implement Governance Framework.		<u>Governance Framework</u> has been established (Mar 2016) – currently in implementation phase.	Internal Controls	Integration Joint Board SOS HSC ITB	
			Due Date – April 2017				HSC Strategic Planning Group SOS HSC SPG
	Action Status HSC RIS 014 	Regular meetings between Chief Executives and Leaders of Councils established to ensure flow of communication		Ongoing		Integration Scheme HSCP FRIS	
			Due Date Ongoing				Clinical and care governance framework HSCP CCGF
				Clinical and Care Governance Oversight Group HSCP CCOG			
				Risk Management Strategy and reporting framework HSCP RMS			
Latest Note				Managed By	Chief Officer		
Strategic Fit	This risk and actions associated with it relate to National Core Outcome 'Resources are Used Effectively & Efficiently'.						

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Covalent Code	Risk			Rating Status	Current Rating	8	Target Rating	4
HSC 004	Performance Framework							
Description	This relates to the responsibility of the Health and Social Care Partnership to provide an overview of performance in planning and carrying out the integrated functions in an open and accountable way.							
Potential Effect	<ul style="list-style-type: none"> Failure to implement the Performance Management Framework and Annual Report Inability to implement Strategic Plan Unable to achieve the legislative requirements in terms of monitoring against the National Outcomes and Core Indicator set Lack of confidence around effectiveness of partnership 							
Related Actions	Action Status HSC RIS 015	Ensure clarity of key priorities within Strategic Plan to ensure focus for the IJB in performance assessment	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #4a7ebb; color: white; text-align: center; margin: 0 auto;">80%</div>	Strategy map developed linking key outcomes in Strategic Plan to measures. Performance Report to IJB presents performance by local outcomes from Strategic Plan. A development session with IJB and Strategic Planning Group was undertaken Dec 16 around performance and key priorities. Clinical and Care Governance Oversight Group framework established.	Internal Controls	Performance workstream HSCP PMF		
			Due Date :April 2017			Integration Joint Board SOS HSC ITB		
	Action Status HSC RIS 018	Minimise duplication and bureaucracy to ensure performance management and reporting meaningful and realistic	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #4a7ebb; color: white; text-align: center; margin: 0 auto;">50%</div>	Performance workstream in place. Covalent Portal in place. Performance reporting to IJB in place and developing exception reporting.		Performance Management Framework HSCP PEF		
			Due Date: ongoing			Health & Social Care Strategic Plan SOS HSC STP		
	Action Status HSC RIS 020	Publish annual performance report by end of July 2017	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #4a7ebb; color: white; text-align: center; margin: 0 auto;">20%</div>	The first annual report will be based on national indicators. The data for these indicators is provided centrally by ISD and concerns have been raised by the partnership about the timescales for receiving 16/17 year end (March) data to enable the production, formal approval by IJB, and publication of a report by July. Timescale risks have been highlighted to IJB.		HSC Strategic Planning Group SOS HSC SPG		
			Due Date July 2017			Health & Social Care Joint Management Team meetings SOS HSC JMT		
Action Status HSC RIS 015	Measuring Performance Under Integration	<div style="border: 1px solid black; width: 50px; height: 15px; background-color: #4a7ebb; color: white; text-align: center; margin: 0 auto;">40%</div>	Initial draft in place reflecting actions to achieve improvement.	Risk Management Strategy and reporting framework HSCP RMS				
		Due Date May 2017		Clinical and Care Governance Oversight Group HSCP CCOG				
Latest Note					Managed By	Performance Workstream Lead		
Strategic Fit	This risk and actions associated with it relate to; National Core Outcome 'Resources are Used Effectively & Efficiently', and Local Outcome 'Decision Making'.							

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

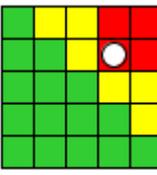
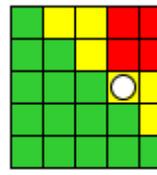
Covalent Code	Risk			Rating Status	✓	Current Rating	8	Target Rating	4
HSC 005	Culture/HR/Workforce Planning								
Description	This risk relates broadly to the work of Human Resource management across all partners to Workforce Planning for the 'in scope' workforce. It includes developing culture, behaviours and values, as well as sustainable change skills and capabilities								
Potential Effect	<ul style="list-style-type: none"> Impact on staff – reduction in performance, mistakes, rise in absence rates Negative impact on industrial relations as a result of inadequate communication/consultation Difficulties with recruitment and retention of staff 								
Related Actions	Action Status HSC RIS 021 	Develop multi-disciplinary care pathways and teams	 40% Due Date Ongoing	Established approach to further integration on a stepped basis in line with Strategic Plan.	Internal Controls	Workforce Workstream HSCP WOW			
	Action Status HSC RIS 023 	Develop workforce strategy and plan.	 80% Due Date September 2017	Workforce Strategy <u>Approved</u> Jan 2016 Review of implementation to date completed in Feb 2017. Revised Implementation Plan being drafted.		Workforce group HSCP WFG			
	Action Status HSC RIS 024 	Communicate regularly with staff	 70% Due Date Ongoing	This action will always be ongoing. Work done 16/17 includes the following : <ul style="list-style-type: none"> Participation & Engagement Strategy approved Feb 2016 A Participation and Engagement work-stream was established to support the delivery of the Strategy and to review current mechanisms for participation and engagement across the partnership. . Regular Staff Briefing Updates Staff Engagement Events Details in <u>communication action plan</u> 		Integrated Workforce Plan HSCP IWP			
	Action Status HSC RIS 025 		Organisational Development working with staff to support culture change			 60% Due Date Ongoing	Phase 2 of <u>staff engagement sessions</u> in June 2016 and further sessions over Nov/Dec 2016, focussed on identifying key priorities that will deliver aims of Strategic Plan. Collaborative Leadership in Practice (CLIP)' national level programme to be delivered locally for senior leaders and managers during 2017	Participation and Engagement Strategy HSCP PES	
							Risk Management Strategy and reporting framework HSCP RMS		
							Communications Framework and protocol HSCP CFP HSCP Publication Scheme HSCP PBS Absence Management Procedures HSCP AMP Joint Staff Forum HSCP JSF HSC Strategic Planning Group SOS HSC SPG Health & Social Care Joint Management Team SOS HSC JMT Strategic Plan SOS HSC STP		
Latest Note	Key strategic plans in place, Workforce Strategy (Jan 2016), and Participation & Engagement Strategy (Feb 2016).					Managed By	Workforce Workstream Lead & JMT		

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Strategic Fit	This risk and actions associated with it relate to: <ul style="list-style-type: none"> National Core Outcome 'Engaged Workforce', and 'Resources are Used Effectively & Efficiently' Local Outcome 'Decision Making' HSCP priority 'Develop Single Care Pathways', and 'Support more Co-location of Staff from across Professions and Organisations'
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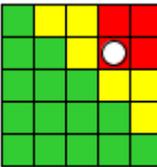
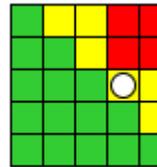
Covalent Code	Risk	Rating Status		Current Rating	16	Target Rating	12	
HSC 006	Experience of service users/patients/unpaid carers							
Description	This risk is about failure to engage adequately and fully with stakeholders, in particular those harder to reach groups of service users and their unpaid carers. It includes feedback and learning from complaints. Key challenges in this area are around measuring and evidencing change.				16			
Potential Effect	<ul style="list-style-type: none"> Failure to take into account the needs of stakeholders Failure to have identified lead who can develop and follow through Participation and Engagement Strategy Failure to adequately plan and deliver services as a result of limited communication, engagement and participation with stakeholders Reputational damage to partners. 							
Related Actions	Action Status HSC RIS 028	Implement Participation and Engagement Strategy		Internal Controls			Risk Management Strategy and reporting framework HSCP RMS	
			Due Date December 2017				A Participation & Engagement Strategy was approved by IJB (February 2016). Action Plan is being developed and implemented 17/18. Significant level of stakeholder engagement has taken place during 15/16. Strategic Planning Group in place. Review of actions and progress.	Complaints protocol HSCP COP
	Action Status HSC RIS 026	Planning for implementation of Carers Act					Partnership linked to national steering group. Scoping across partnership underway.	Carers Forum HSCP CAF
			Due Date April 2018					Older Peoples Forum HSCP OPF
Latest Note	An Equality Outcomes and Mainstreaming Report has been considered by the IJB in April 2016 and published. Equality and Human Rights Impact Assessment will be completed where required. The IJB report template includes sections on Consultation and Equalities Assessment, which ensures that the Board are aware of the extent of consultation undertaken when decisions are being taken. The IJB agreed to review the Equality Outcomes in April 2017 with a view to more focussed outcomes informed by the first year of operation.						Joint Staff Forum HSCP JSF	
Strategic Fit	This risk and actions associated with it relate to: <ul style="list-style-type: none"> National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience' Local Outcome 'Community Focused Supports' HSCP priority 'Further develop anticipatory and planned care services', 'Develop 7 day access to appropriate services', and 'Take further steps to reduce the number of unplanned admissions to hospital and acute services'						Community Care Health Forum HSCP CHF	
							Integration Joint Board HSCP IJB	
							HSC Strategic Planning Group SOS HSCPG	
							Participation and Engagement Strategy HSCP PES	
							Communications Framework and protocol HSCP CFP	

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

		Managed By		Chief Officer	
Covalent Code	Risk	Rating Status		Current Rating	16
Target Rating	12				
HSC 007	Information Management and Governance				
Description	This risk relates to Information Management and Governance, and the risk of increased demand for relevant areas of provision covering Health & social Care combined. It includes the lack of resources which are fit for purpose, capacity and capability of staff, as well as records and data management processes. It also covers Information and Communication Technology systems, infrastructure, data protection and data sharing.			 Likelihood Impact	 Likelihood Impact
Potential Effect	<ul style="list-style-type: none"> ▪ Lack of prioritisation across partners, to enable Portal project to be delivered on time ▪ Funding and Support Model for Clinical Portal Programme not clear ▪ Technical solution to meet cross-site authentication will not meet user requirements or expectations ▪ Ongoing technical and legal issues in relation to access to information across all partners 				
Related Actions	Action Status HSC RIS 030		<div style="width: 100%; height: 15px; background-color: #4F81BD; border: 1px solid black;"></div> 100%	Complete Data Sharing Partnership in place. A Technical sub-group of Data Sharing Partnership (DSP) has been established. Terms of Reference of DSP have been established and reviewed.	Internal Controls
		Refresh data sharing governance arrangements	Due Date		
	Action Status HSC RIS 031		<div style="width: 25%; height: 15px; background-color: #4F81BD; border: 1px solid black;"></div> 25%	Outline Business Case in place. Orion Portal option considered in late December 16 as proof of concept. Capital bid process to be explored to support further work to more fully develop the business case across Forth Valley.	
		Develop information sharing portal	Due Date Dec 2017		
	Action Status HSC RIS 037		<div style="width: 20%; height: 15px; background-color: #4F81BD; border: 1px solid black;"></div> 20%	Data sharing partnership working on priority document which will inform action plan and resources. Initial network testing in Stirling and Clackmannanshire complete. Priorities for 17/18 identified.	
		Ensure access to integration systems are available where appropriate across the partnership	Due Date March 2018		
Latest Note					Managed By
Strategic Fit	This risk and actions associated with it relate to: <ul style="list-style-type: none"> • National Core Outcome 'Resources are Used Effectively & Efficiently' • Local Outcome 'Decision Making' 				

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

	<ul style="list-style-type: none"> HSCP priority 'Provide more single points of entry to services', 'Develop 7 day access to appropriate services, ' Further develop systems to enable front line staff to access and share information', and 'Support more co-location of staff from across professions and organisations'.
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Covalent Code	Risk	Rating Status	Current Rating	16	Target Rating	12	
HSC 008	Information sharing process and practice				Likelihood	Impact	
Description	This relates to the risk of a lack of a structured common information provision across council social work areas and NHS, which is monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership.					Likelihood	Impact
Potential Effect	<ul style="list-style-type: none"> Serious data protection breach and subsequent fine Inability to provide datasets for integrated national data reporting Poor links with national data resources such as ISD resulting in a lack of information and analytical resources/capacity Inability to share data with partners which impacts on service delivery 					Likelihood	Impact
Related Actions	Action Status HSC RIS 034 	Build sufficient capacity to carry out analytical functions for partnership in the long term	50%	Extra resource provided through HSCP 'Enabler Posts' for one temp analyst for the partnership until Mar 2018. Additional analytical capacity being provided by LIST Team. National Services Scotland Local Intelligence Support Team) resource has been extended to 17/18 and workplan to be reviewed.	Internal Controls	Risk Management Strategy and reporting framework HSCP RMS	
	Action Status HSC RIS 036	Appropriate Information Sharing Agreements are in place and reviewed timeously.	20%	List of ISPs to be reviewed for 17/18		Information Sharing Protocols HSCP ISP	
		Sub-action Develop Single Shared Assessment Information Sharing Protocol	100%	Signed by both partnerships		ISD Service Level Agreement HSCP SLA	
		Sub-action Review of FV SASPI to be carried out and signatures obtained	100%	IJB signatures to current FV SASPI. Has been signed.		Fort h Valley <u>SASPI Framework</u> HSCP SAS	
						Data Sharing Partnership HSCP DSP	
Latest Note	This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.					Managed By	Jonathon Proctor Chair of Data Sharing Partnership
Strategic Fit	This risk and actions associated with it relate to: <ul style="list-style-type: none"> National Core Outcome 'Resources are Used Effectively & Efficiently' Local Outcome 'Decision Making' HSCP priority ' Further develop systems to enable front line staff to access and share information' 						

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Covalent Code	Risk			Rating Status	Current Rating	9	Target Rating	6
HSC 009	Effective Links with other partnerships							
Description	This risk relates to partnership planning and effective links with other partnerships. Such as Community Planning, Third and Voluntary Sectors, Criminal Justice, Housing, Falkirk IJB, emergency Planning and Resilience Partnership.							
Potential Effect	<ul style="list-style-type: none"> ▪ Failure to meet Strategic outcomes. ▪ Ineffective use of staff resources ▪ Failure to meet customer or statutory needs/requirements, significant consequences for vulnerable groups ▪ Negative reputational implications. ▪ Need for further redesign, recruitment, retraining or retendering, ▪ Reduced momentum for further integration ▪ Negative impact on staff morale and productivity. 							
Related Actions	Action Status HSC RIS 039	Develop statutory links with Community Planning Partnerships in Clackmannanshire and Stirling	70%	Chief Officer is a member of Alliance in Clackmannanshire	Internal Controls	Risk Management Strategy and reporting framework HSCP RMS		
			Due Date April 2017			Resilience Partnership HSCP REP		
	Action Status HSC RIS 041	Develop links with Public Protection Fora	70%	Operational changes in February 2017 means that the Chief Officer will join the Adult Protection Committee. Clackmannanshire's Chief Social Work Officer (CSWO) is part of Leadership Group and there are quarterly meetings in place with CSWO in Stirling.		Housing Contribution Group HSCP HCG		
			Due Date April 2017			Chief Officer Network HSCP CON		
	Action Status	Ensure overspend risk is minimised by swift and collaborative action to address financial pressures	25%	Recovery and delivery plan in place to support delivery. Implementation of plan ongoing.		Chief Finance Officer Network HSCP CFN		
			Due Date June 2017			Public Protection Forum HSCP PPF		
Latest Note	Links are currently established with partners, including: a) Criminal Justice Authority (and successors) and Community Planning Partnership (note: these are Statutory links) b) Alcohol and Drugs Partnership (ADP) and Public Protection fora c) Third and Independent Sectors – representation as appropriate at IJB and Strategic Planning Group d) Housing Contribution Group e) Other Integration Authorities – via the Chief Officer and Chief Finance Officer Networks There are clear links with Falkirk HSCP, and effective work being done with East Dunbartonshire and Perth & Kinross HSCP. This is in relation to cross boundary work with partnerships who have similar large rural geographies. The risk of overspending and the need to work as a partnership with regard to budgets has been raised as a financial risk at the Special IJB on 29 th March 2017.				Managed By	Chief Officer		
Strategic Fit	This risk and actions associated with it relate to: • National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe' • HSCP priority 'Develop single care pathways, and ' Provide more single points of entry to services'							

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Covalent Code	Risk			Rating Status	Current Rating	8	Target Rating	4												
HSC 010	Harm to Vulnerable People, Public Protection and Clinical & Care Governance																			
Description	This risk relates to the risk to self, to others, and from others. Public Protection and involves the strategic work of the Adult Protection Lead Officer, Child Protection Lead Officer, Mental Health Officers, Independent Chair of the Adult and Child Protection Committees, as well as processes such as PVG checking, and training procedures				<div style="border: 1px solid black; width: 80px; height: 80px; margin: auto;"></div>		<div style="border: 1px solid black; width: 80px; height: 80px; margin: auto;"></div>													
Potential Effect	<ul style="list-style-type: none"> Deterioration in health and well being of the individual Injury or death of the individual, Impact of the health and safety of family, friends and staff members Reputational harm or criminal proceedings, with associated costs Impact of reputational damage and negative publicity on morale Workforce development and sustainability Failure to meet agreed improvements and imposition of 'special measures' 																			
Related Actions	Action Status HSC RIS 043	IJB has assurance that services operate and are delivered in a consistent and safe way.	<div style="border: 1px solid black; width: 60px; height: 20px; background: linear-gradient(to right, #4F81BD 70%, white 70%); text-align: center; color: #4F81BD; font-weight: bold;">70%</div>	A Clinical and Care Governance Oversight Group has been established. The IJB also receives the CSWO annual report and the Independent Chair of Adult Protection Committee's annual report.	Internal Controls															
			Due Date Ongoing																	
	HSC RIS 044	Services work together to strive to meet Delayed Discharge targets	<div style="border: 1px solid black; width: 60px; height: 20px; background: linear-gradient(to right, #4F81BD 60%, white 60%); text-align: center; color: #4F81BD; font-weight: bold;">60%</div>	Both local authorities have not met the projected February 17 reduction.																
			Due Date April 2017																	
	HSC RIS 045	Development of Care Village in Stirling and agreement around model of care	<div style="border: 1px solid black; width: 60px; height: 20px; background: linear-gradient(to right, #4F81BD 25%, white 25%); text-align: center; color: #4F81BD; font-weight: bold;">25%</div>	Review of programme management in place.																
			Due Date April 2018																	
	HSC RIS 046	Primary Care Out Of Hours Service Review	<div style="border: 1px solid black; width: 60px; height: 20px; background: linear-gradient(to right, #4F81BD 50%, white 50%); text-align: center; color: #4F81BD; font-weight: bold;">50%</div>	Plans being developed across Forth Valley																
			Due Date Ongoing																	
	HSC RIS 047	Review End Of Life Care pathways to ensure the right care is provided at the right time	<div style="border: 1px solid black; width: 60px; height: 20px; background: linear-gradient(to right, #4F81BD 50%, white 50%); text-align: center; color: #4F81BD; font-weight: bold;">50%</div>																	
	Due Date Ongoing																			
Latest Note	New Medical Director in post.				Managed By	Chief Social Work Officers														

CLACKMANNANSHIRE AND STIRLING HEALTH & SOCIAL CARE PARTNERSHIP'S STRATEGIC RISK REGISTER 17/18

Strategic Fit	<p>This risk and actions associated with it relate to:</p> <ul style="list-style-type: none"> National Outcome 'Resources are Used Effectively and Efficiently', 'People are safe', 'Positive Experience', 'Quality of life' Local Outcome 'Self Management', 'Community Focused Supports', 'safety', Experience' HSCP priority 'Develop single care pathways', 'Take further steps to reduce the number of unplanned admissions to hospital and acute services', 'Deliver Stirling Care Village', 'Further develop anticipatory and planned care services'
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Risk Governance	
Risk Management Strategy	Approved at IJB 22/3/16
Strategic Risk Register SRR v1	Approved at IJB 22/6/16
Updated Strategic Risk Register SRR v2	Approved at IJB 1/2/17
SRR v3	Discussed at JMT 23/2/17
SRR v4	Corporate risk contacts emailed 21/3/17 for Stirling Council, Clackmannanshire Council and NHS. Reviewed at JMT 23/3/17
SRR v5	Updated to include financial risks following paper by Chief Finance Officer to IJB 29 March 2017
SRR v6	Updated following meeting with CFO 6/4/17

Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 8.2 on the agenda

Delayed Discharge Progress Report

(Paper presented by Alan Milliken & Jim Robb)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Authors	Alan Milliken, Senior Manager, Communities & People Kathy O'Neill, General Manager, Community Services Division, NHSFRV Jim Robb, Assistant Head of Service Adult Care Carol Johnson Principal Information Analyst.
Date:	19 April 2017
List of Background Papers/Appendices:	
	Appendix 1: Delayed Discharges Over 2 Weeks: Census Appendix 2: Delayed Discharge OBD Over 2 Weeks: Census

Title/Subject: Delayed Discharge Progress Report

Meeting: Clackmannanshire & Stirling Integration Joint Board

Date: 19 April 2017

Submitted By: Alan Milliken, Senior Manager, Communities & People; Kathy O'Neill, General Manager; and, Jim Robb, Assistant Head of Service Adult Care, Social Services

Action: For Approval

1. Introduction

1.1. The purpose of this paper is to update the Integration Joint Board [IJB] on the performance of the Clackmannanshire and Stirling Partnership in relation to the national delayed discharge target of 2 weeks¹. The information on the reducing longer term trend relating to delayed discharge performance and Occupied Bed Days is set out in appendix 1 and appendix 2.

2. Executive Summary

2.1. There is ongoing service improvement work (section 8) in the re-designing of services in both Clackmannanshire and Stirling such as mobile/rapid response resources to support and facilitate safe, timely discharge in order to maintain and improve performance.

2.2. There are two key measurements used for performance – occupied bed days and number of patients delayed in their discharge. Long term trends are reducing and have met the locally set target in March for occupied bed days for both Clackmannanshire and Stirling (Appendix 2).

2.3. In terms of the number of people delayed in their discharge, as of the March Census: Clackmannanshire, 5 patients were delayed 2 were awaiting a package of care, and 3 patients were waiting to move to a care home. In Stirling 8 patients were delayed, 3 patients were waiting on a package of care, and 5 patients were waiting on a suitable vacancy within a care home.

2.4. In December, a target to reduce Delayed Discharges across Forth Valley by 50% was agreed with the Cabinet Secretary for Health and Sport. The target is a reduction of 50% of the total number of people delayed in their discharge and includes all Code 9 but excludes Code 100 as noted in section 7. In March the Partnership did not meet this target.

2.5. Activity is ongoing within Social Care services to review existing cases and contract management to free up capacity within Care at Home services, with additional support allocated to the commissioning service to focus on and

¹ 72 hour data not yet available.

support work across the social care service. Previous commissioning work within Clackmannanshire has seen an improvement in rapid access to care at home services to support discharges.

- 2.6. Reviews of care at home are ongoing as a programme of activity in Stirling with a dedicated resource now in place to carry this out. It is too early to note if this is having a direct effect on increasing access to care at home for people being discharged from hospital. In the short term, dedicated resource is in place on a pilot basis to build up more flexible arrangements with care at home providers. Stirling will evaluate this work at the end of April 2017. Longer term, work is now underway in Stirling to take a whole systems approach to re-design of the pathways and processes around discharge including a review of the hospital discharge team.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the performance of the Partnership, based on the March 2017 census, and provide appropriate challenge.
- 3.2. Note that targets for the remainder of the financial year 16/17, including the April census, have been agreed with the Scottish Government on a Forth Valley basis as outlined in section 7. The target total includes all Code 9 but excludes Code 100 and is a stepped approach to the national target.
- 3.3. Note the improvement in long term trends.
- 3.4. Approve the management actions being undertaken as outlined in section 8 and to agree that the Improvement Plan will be reported in full to the June meeting of the Integration Joint Board.

4. Background

- 4.1. The revised delayed discharge data definitions were introduced and became effective from 1 July 2016. Data on the new indicator, up to 72 hour discharge timescale, is awaiting publication by the Information Services Division (ISD).
- 4.2. Work is ongoing locally and nationally to build reporting mechanisms to allow confident reporting of the new data. When this is available it will be incorporated into this report and submitted to the Integration Joint Board as part of the performance report.

5. Analysis of reasons for delay

- 5.1. As at the March census date (30 March 2017), there were 5 Clackmannanshire patients delayed awaiting discharge from hospital of which, 4 patients were delayed more than 2 weeks (Table 1).
- 5.2. In Stirling, there was a total of 8 patients delayed awaiting discharge from hospital, of which 4 patients were delayed for more than 2 weeks (Table 2).

Table 1 - Clackmannanshire Council: Total delays and those over 2 weeks

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total standard delays at census point ²	1	4	5	5	2	8	4	3	5	3	4	7	5
Total numbers of delays over 2 weeks	0	2	4	1	1	4	3	2	5	1	0	1	4

Table 2 - Stirling Council: Total delays and those over 2 weeks

	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17
Total standard delays at census point	3	10	11	19	13	15	12	15	8	8	7	20	8
Total numbers of delays over 2 weeks	1	3	6	9	7	7	3	3	2	5	0	6	4

- 5.3. 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).
- 5.4. Code 9 was introduced for very limited circumstances where NHS Chief Executives and local authority Directors of Social Work (or their nominated representatives) could explain why the discharge of patients was out with their direct control. At 30 March 2017 there were 3 patients in Clackmannanshire and 7 patients in Stirling who were Code 9. Of those there were 3 patients in Clackmannanshire and 5 in Stirling going through the statutory mental health Guardianship process. The remainder were complex placements or arrangements to return home.
- 5.5. Code 100 relates to those patients who have been assessed for transfer to a specialist resource where no such resource is available or exists. Examples of this include patients awaiting transfer to a community setting as part of a commissioning or resettlement programme. On 30 March 2017, there were no patients in Clackmannanshire and 1 patient in Stirling with a Code 100 applied.

² Census point changed from 15th of each month to last Thursday of month from July 2016 onwards.

- 5.6. Of the 5 standard delays in Clackmannanshire, 2 patients were delayed waiting on a package of care, and 3 patients were waiting to move to a care home. In Stirling 3 patients were waiting on packages of care and 5 patients were waiting on a suitable vacancy within a care home.
- 5.7. In Stirling there were a total of 33 discharges from hospital of which 18 patients were discharged home with a care packages; 10 patients were discharged to a care home, and 4 patients to Intermediate Care. In total 23 new patients from Stirling were added to Edison the electronic recording system during the reporting period.
- 5.8. In Clackmannanshire there were a total of 11 discharges from hospital of which 5 patients were discharged with a care package; and 6 patients were admitted to a care home. In total 9 new patients from Clackmannanshire were added to Edison the electronic recording system during the reporting period. Given the difficulties in providing care home placements, and care at home packages, activity levels continue to be reasonably high but comparable with national performance.

6. Table 3 – Comparison Activity Around Those Leaving Hospital in February

	Total Discharges		Intermediate Care		Package of Care		Care Home	
	Mar 16	Mar 17	Mar 16	Mar 17	Mar 16	Mar 17	Mar 16	Mar 17
Clackmannanshire	5	11	2	0	0	5	3	6
Stirling	22	33	2	4	9	18	10	10

- 6.1. As the Partnership moves towards preventative approaches of care delivery, it is important to acknowledge the usage of the intermediate care beds which form alternative pathways to hospital admission, or support timely discharge. Admissions and discharges to short stay assessment beds are being monitored (Table 4). There are a total of 30³ Intermediate Care beds available in Stirling and 7 in Clackmannanshire. Intermediate care, both bed based and care at home, is the subject of a report to this meeting of the Board.

Table 4: Admissions to Intermediate Care Beds

Admissions	Step Up		Step Down		Delayed Discharge	
	Clackmannanshire	Stirling	Clackmannanshire	Stirling	Clackmannanshire	Stirling
Mar & Apr 16	2	8	6	11	0	5
May-16	2	0	0	7	0	5
Jun-16	0	4	5	8	1	5
Jul-16	1	2	1	9	0	2
Aug-16	2	1	0	3	0	2
Sep-16	1	0	2	7	2	0
Oct-16	2	2	2	5	2	4
Nov-16	0	1	2	6	1	2
Dec-16	1	2	3	4	3	4

³ Comprising of Beech Gardens, Allan Lodge and Strathendrick.

Jan-17	0	0	0	1	0	6
Feb-17	4	4	2	4	0	2
March 17	1	3	0	7	0	1

6.2. The use of a step down bed from hospital would be considered an effective rehabilitation and recovery programme to support timely discharge, and is categorised as a planned episode of care. Generally those people awaiting a package of care go home. It is worth noting that intermediate care beds are used effectively for both "step down" (discharge from hospital) and "step up" (avoid hospital admission), and therefore have an impact on both managing and avoiding delayed discharge.

6.3. Specialist reablement services are offered across the Partnership to facilitate both discharge from hospital and avoid admission to hospital. The service supports service users in their recovery and ensures an appropriate assessment of care need. It is acknowledged that there are hotspots in capacity within these services, caused mainly by difficulties in resourcing care at home providers following episodes of reablement. This is particularly challenging in the rural locality of Stirling. A review of reablement services in relation to the preferred model of care, and how they link to long term home care provision is presently underway, and this will be considered as part of the Clackmannanshire Innovation Challenge workshop for high resource users of services which will take place on 25 April. This will help inform the whole system review of intermediate care including care at home reablement across the Health & Social Care Partnership area.

7. Forth Valley agreement for reduction in Delayed Discharges December 2016-April 2017

7.1. The target agreed with the Scottish Government was an overall reduction in Delayed Discharges of 50% across the Health Board area. The total includes all Code 9 but excludes Code 100.

Clackmannanshire 2016/17 - Trajectory

	December	January	February	March
Target	12	10	9	7
Actual	6	8	11	8

Of the 8 delays:

- 5 patients are standard delays.
 - 2 patients required two carers which meant that both packages of care could not start until the 3 April due to staff availability
 - 3 patients are waiting on a care home placement. 2 of these patients are moving on 31 March and 3 April respectively. One patient has refused the offered care home and the situation is being escalated through the Choice Policy.

- 3 patients are delayed because they are subject to Guardianship applications. All currently in progress, with 1 of the 3 a private or family application rather than the social work service.

Stirling 2016/17 – Trajectory

Stirling has worked in a focused way to considerably reduce the number of people experiencing a delay in their discharge and has taken a number of steps to address demand.

	December	January	February	March
Target	20	16	12	10
Actual	17	17	29	15

Of the 15 delays:

- 8 patients are standard delays.
 - 3 patients are waiting on packages of care with 1 patient care packages scheduled to start 3 April respectively. 5 are waiting on care homes.
- 7 patients are Code 9s
 - 5 are subject to Guardianship applications
 - 2 are complex arrangements

8. Improvement Planning

8.1. As agreed at the November 2016 Board meeting, the Improvement Plan is managed as a standing item by the Joint Management Team and progress against the full plan be reported to the IJB on a six monthly basis, with the next report on the Plan coming forward to the June meeting. However points worth noting at this stage in relation to releasing home care capacity are as follows.

8.2. Clackmannanshire:

Increasing Capacity Through Care Reviews:

8.2.1. From August 2016 until 27 March 2017 there have been 1,216 reviews completed for older people/other adults. This has assisted with the net reduction in home care spend of £210k. The combination of reviews and the robust use of the agreed eligibility criteria have resulted in home care activity becoming relatively stable, with turnover matching the requirement for new care packages identified as potential delayed discharges, and operating within budget.

Rapid Response Service (Quick Step):

8.2.2. A new service was commissioned within Clackmannanshire in January 2017 for a 3 month pilot period, with the aim of reducing commissioning time and facilitating an early care review. This would speed up the discharge process, with the 5 day review being used as the opportunity to "step-down" the care

package from the initial discharge care package to an appropriate long term package.

8.2.3. A review of the service was undertaken on 2 of March and noted the following outcomes:

- Avoid hospital admissions
 - Prevention of hospital admissions was surprisingly more than the anticipated number of delayed discharges. The service handled 21 referrals between 9 January 2017 and 2 March 2017.
 - The post project review team considered that the introduction of the Quick Step service had prevented re admission to hospital in 10 cases.
- Facilitate an individual's hospital discharge
 - Patients who were medically fit for discharge can sometimes be delayed awaiting re-ablement care at home services. The Quick Step service has facilitated 4 direct discharges from hospital to home.

8.3. Stirling:

Increasing Capacity through Care Reviews

8.3.1. Reviews are an important part of releasing care and ensuring services continue to be focused on those most in need. In addition it can assist the service to manage the budget which in turn releases service capacity. Since September, the Older Adult review team have focused on service users who have more than 7 hours of care & support. Within this time they have completed 324 reviews.

Care at Home Working Group

8.3.2. Stirling Council has a Care at Home Working Group established, looking to co-ordinate all aspects of assessing, planning and commissioning care at home including process mapping the overall service user journey and tackling particular shortages in providing care at home, particularly in rural areas within Stirling. Investment has been made in a Programme Lead to take forward various work streams forward over the next year.

Care Home Access

8.3.3. Stirling has re-established regular forums with Care Home Providers to improve communication and will also be taking forward work to prioritise access to and use of care home placements which can also create delays as noted in March performance report for Stirling.

8.4. Mental Health Officer activity across Clackmannanshire and Stirling

8.5. Guardianship activity continues to account for a significant number of occupied bed days. Operational practice in the management of delayed discharge cases has improved as the result of the following:

- Robust allocation of work in order to avoid delays.
- Implementation of an updated operational paper that simplifies the process for pre-guardianship meetings and the use of legislative options including 13ZA.

Winter Plans

8.6. In order to provide additional winter bed capacity, NHS Forth Valley funded, through its Winter Plan, an additional 56 beds across Forth Valley including 11 refurbished beds in a decommissioned ward at Stirling Community Hospital.

8.7. These beds are subject to short term funding and a phased plan of closure of all of the winter beds has been agreed and implementation commenced in March. It is anticipated that all contingency beds will be closed by the end of April but each phase will be closely monitored and any system pressure assessed before implementing the next phase.

9. Conclusions

9.1. The report sets out the performance of the Clackmannanshire and Stirling Partnership based on the census data of 30 March 2017. The report advises the Integration Joint Board on the principal reasons for delay and the actions being taken forward by the Partnership to mitigate the delays.

10. Resource Implications

10.1. Services are provided within existing resources.

11. Impact on Integration Joint Board Outcomes, Priorities and Outcomes

11.1. The actions outlined in this report contribute to the delivery of the National and Local outcomes set out in the Strategic Plan.

12. Legal & Risk Implications

12.1. N/A

13. Consultation

- 13.1. The Head of Social Services, the General Manager for Forth Valley Community Services Directorate and the Chief Officer for Clackmannanshire & Stirling Health and Social Care Partnership have been consulted in the compiling of this report.

14. Equality and Human Rights Impact Assessment

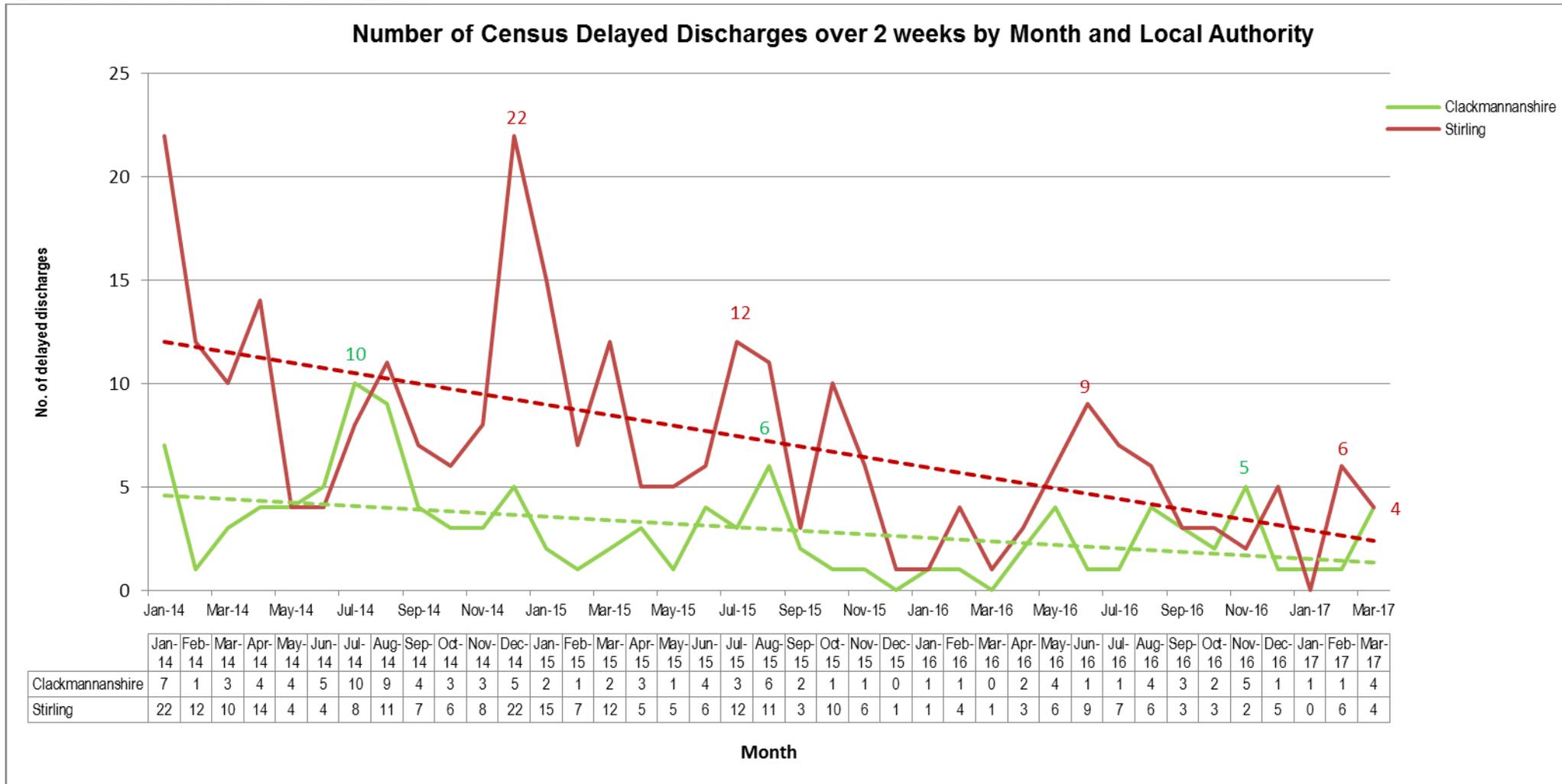
- 14.1. N/A

15. Exempt reports

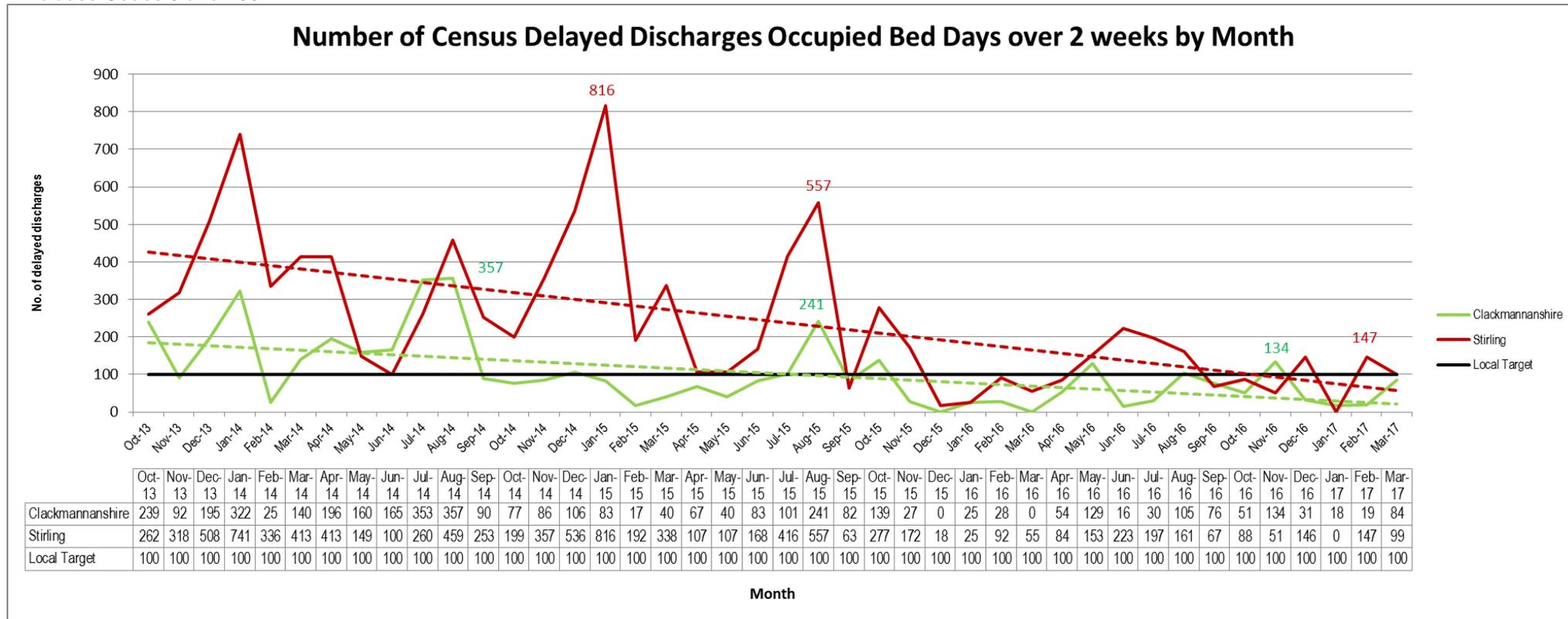
- 15.1. No

Appendix 1

Delayed Discharges Over 2 Weeks by Month and Local Authority
 Excludes Codes 9 and 100 Source: Edison



Delayed Discharges OBDs Over 2 Weeks by Month and Local Authority
Excludes Codes 9 and 100





Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 8.3 on the agenda

Performance Report

(Paper presented by Elaine Vanhegan)

For Discussion

Approved for Submission by	Shiona Strachan Chief Officer
Author	Carol Johnson, Elaine Vanhegan, Viv Meldrum
Date:	
List of Background Papers:	
<ol style="list-style-type: none"> 1. IJB Performance Framework – approved March 2016 2. Delayed Discharge Report to March 2017 IJB 	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject: Performance Report
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Shiona Strachan
Action: For Discussion

1. Introduction

1.1 As per the approved Performance Management Framework, the Integration Joint Board (IJB) 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 Workstream.

2.2 A Summary is presented in Section 1, with an overview of performance in Section 2 and detailed reporting in Section 3.

3. Recommendations

The Integration Joint Board is asked to:

3.1 Note the performance report to the IJB

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. In November 2016 the IJB received a full update on the partnership's position against the National Health and Wellbeing Outcomes, measured by the National Core Integration Indicators. As reported, the data sources can date over long periods of time and are therefore not as timeous as data collected more routinely. A year end position against the National Outcomes and National Core Integration Indicators will be presented in the Partnership Annual Report.

4.2 Similar to the report presented to the February IJB, this report continues to focus on lower level 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.

5. Approach

- 5.1 As described in the previous IJB Performance Report, to ensure that there is a direct link back to the Strategic Plan, a Strategy Map was created (Appendix 1) which 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.
- 5.2 The content of the report mainly focuses on indicators around capacity across the system including delayed discharges with some measures of experience. It also includes some of the indicators that now form the Partnership Improvement Plan, as requested by the Ministerial Strategic Group for Health and Community Care (MSG) in a letter received by the Chief Officer on 19 January 2017. As noted in the Chief Officer report, further work is required and this will be taken forward. A Forth Valley wide Unscheduled Care Group is being established, chaired by the Medical Director, to ensure a co-ordinated approach to both trajectory setting and analysis of the impact of the many initiatives supporting care alternatives.

Indicators included in this report:

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

There is more detailed breakdown for a number of indicators based of varying age ranges, excluding children. All data have been reconciled with ISD publications. Further work is underway in terms of drawing conclusions around what the data is suggesting and cross linking this to interventions that may be supporting improvement or where further action is required where there is a deterioration performance.

6. Report structure

- 6.1 Section 1 of this report considers key exceptions for further focus. Section 2 provides a performance overview of key performance in respect of some local partnership indicators noting a RAG status where appropriate. Section 3 - Summary of Key Performance provides detail, where relevant, of the partnership action around improvement. These are grouped under the five local outcome headings identified by the Clackmannanshire and Stirling partnership as described above.
- 6.2 The Covalent performance reporting system has been used to prepare the majority of this report. Within that system a variance range is required to be set for indicators. This defines the acceptable or tolerable spread between numbers in a data set for red and amber RAG statuses.

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 and financial sustainability of the partnership. Additionally, the triangulation of key performance indicators, measureable progress in delivering the priorities of the strategic plan and financial performance should be regarded as forming the cornerstone of demonstrating best value. Moving forward greater linkage will be made between the reports in preparation for the formulation of the Annual Report.

8. Conclusions

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.

9. Resource Implications

The management of performance is critical to managing the overall budget of the IJB. The resource requirements to ensure effective performance management and performance reporting are under review.

10. Impact on Integration Joint Board Outcomes and Priorities

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

11. Legal & Risk Implications

Performance management is a legal requirement as defined in the IJB's Integration Scheme.

12. Consultation

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

13. Equality and Human Rights Impact Assessment

Report not assessed. Content derived from national indicators.

14. Exempt reports Nil

SECTION 1: Summary

Local Outcome	Indicators	Comment
Self Management <ul style="list-style-type: none"><i>Of health and wellbeing</i>	<ul style="list-style-type: none">Emergency Dept (ED) 4 hour wait	<ul style="list-style-type: none">The comparator of February 2015 to February 2017 indicates there has been a deterioration of approx 2% in Clacks and 3% in Stirling in the ED 4 hour wait for patients in each of the Local Authority areas. Overall it is the 75+ age groups which accounts for the least compliance with an average of

	<ul style="list-style-type: none"> Emergency Dept attendances per 100,000 by 20-64yrs, 65-74yrs, 75-84yrs and 85+yrs 	<p>85.9% in Clacks and 88% in Stirling. The most prevalent reason for delay in this age group is 'Wait for a bed'(Source IM, local ED Reporting)</p> <ul style="list-style-type: none"> In terms of ED attendance, analysis is based upon 100,000 per population of each of the respective age groups within the Local Authority area. There has been an overall increase in attendance of circa 7.5% in both Local Authority areas. The most significant increase in attendance per 100,000 population occurs in the 65-74 age group rising by 15% over 2015 and 2016 in Clackmannanshire and 13.8% in Stirling.
<p>Community focussed support</p> <ul style="list-style-type: none"> <i>To live well for longer at home or in homely setting</i> 	<ul style="list-style-type: none"> Care utilisation Home Care at Home services 	<ul style="list-style-type: none"> The 'Balance of Care' is being explored within the Measuring Integration indicators, and the partnership is very close to the national average with 0.6% of it's population living in care homes for all ages but is well below national average (6.2%) with 4.7% of its population aged 75+ living in care homes. The partnership has a comparatively low rate of registered care home places for those aged 65+ in both areas which are well below the national average. This lower level of care home residency reflects the consistently higher level of those aged 75+ who remain living in their own home with or without support. Care at home services is comparable with the national average.
Local Outcome	Indicators	Comment
<p>Safety</p> <ul style="list-style-type: none"> <i>Health and Social care Systems keep people well and safe</i> 	<ul style="list-style-type: none"> Readmission rate within 28 days per 1000 population 75+ 	<ul style="list-style-type: none"> As described in the November IJB report, work is underway reviewing readmission data and linking this to Anticipatory Care Plans. The reporting period indicates a static position in Clackmannanshire and a fall in Stirling. Future reports will consider trends over time to ensure more meaningful analysis.

	<ul style="list-style-type: none"> • Adult Support and Protection 	<ul style="list-style-type: none"> • The Adult Protection Committee has developed a Strategic Plan for 2016-18, focusing on safeguarding activity within Clackmannanshire and Stirling. Among the priorities for the Adult Protection Committee are financial abuse, abuse in care homes and neglect. The Adult Protection Committee commissions regular self-evaluation and audit of adult protection activity, which provide a focus for the improvement work. In addition, an Improvement Plan arising from a Significant Case Review between MAPPA and Adult Protection is being implemented. A multi-agency audit, supported by the Care Inspectorate, is in planning for February 2017. The Committee has been considering a proposal for a Performance Framework with 15 quality indicators relating to ASP processes.
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Local Outcome	Indicators	Comment
<p>Decision Making</p> <ul style="list-style-type: none"> • <i>Individuals carers and families are involved in and supported to manage decisions about their care</i> 	<ul style="list-style-type: none"> • Emergency Admission per 100,000 population & Emergency bed days 20-64yrs, 65-74yrs, 75-84yrs and 85+yrs • Number of ACPs (Anticipatory Care Plans)] 	<ul style="list-style-type: none"> • The rate referred to is the number of all emergency admissions regardless of the mode of referral and is calculated as the rate per 100,000 of the population in the age range of each Local Authority area. Whilst the rate shows an increase in admissions of 5.3% for the isolated months of December 2015 and 2016, the monthly average taken over 2015 in comparison with 2016, shows an overall reduction in admission rates for the majority with a percentage decrease of 0.9%. The exception being Stirling 85+ age group showing an increase in admission of 3.1% in 2016. The 85+ age group accounts for the majority of emergency bed days in the over 75 age range by approximately a third. • The number of patients with an ACP has increased with further work required on full impact of having an ACP.

<p>Experience</p> <ul style="list-style-type: none"> • <i>Individuals will have a fair and positive experience of health and social Care</i> 	<ul style="list-style-type: none"> • Zero delays over 2 weeks • Delayed Discharges including 50% reduction target. 	<ul style="list-style-type: none"> • The key target of having no delays over 2 weeks has not been met by the partnership for the reporting period. • The 50% reduction target across Forth Valley was set by the Cabinet Secretary in December 16 to be achieved by March 17 was not met.
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SECTION 2: Overview

Key:

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

Clackmannanshire & Stirling Health and Social Care - Partnership Indicator Performance (as at February 2017)

Local Outcomes	Partnership Indicator	RAG Clackmannanshire			RAG Stirling		
		Feb 2015	Feb 2016	Feb 2017▼	Feb 2015	Feb 2016	Feb 2017▼
1. Self Management - of Health & Wellbeing	1. Emergency department 4 hour wait	95.2%	94.6%	93.6%	96.5%	94.1%	93.1%
	2. Emergency department attendances per 100,000 population 20-64 years	908.9	1109.7	1218.4	807.4	862.2	909.7
	3. Emergency department attendances per 100,000 population 65-74 years	1026.1	1145.8	906.4	894.8	1136.9	936.9
	4. Emergency department attendances per 100,000 population 75-84 years	1711.4	1536.8	2025.7	1349.6	1486.9	1595.0
	5. Emergency department attendances per 100,000 population 85+ years	2180.6	3426.7	3011.4	1908.0	3249.0	2991.2

Local Outcomes	Partnership Indicator	RAG Clackmannanshire		RAG Stirling	
		2014/15	2015/16◄►	2014/15	2015/16
2. Community Focused Supports - to live well for longer at home or in a homely setting	6. Respite (overnight) care for unpaid carers – crude rate per 1000 population	4.4	4.4	—	3.5
	7. Number of care homes	2014	2015◄►	2014	2015▼
	8. Number of care home beds	365	342	735	691
	9. Care home occupancy - %	2014	2015	2014	2015
		95%	93%	85%	88%
	10. In receipt of home care services aged 65+ - rate per 1000 population	Feb 2017	Mar 2017▼	Feb 2017	Mar 2017◄►
		52.8	51.8	62.4	62.2
	11. Percentage of adults 65+ receiving 10+ hours of personal care at home services	Feb 2017	Mar 2017▼	Q2 16/17	Q3 16/17▼
	44%	43%	33%	32%	
12. Proportion of last six months of life spent at home: Community	2014/15	2015/16◄►	2014/15	2015/16▼	
	86%	86%	87%	86%	
13. Number of days by setting during the last six months of life: Community	2014/15	2015/16▲	2014/15	2015/16▲	
	77,752	78,301	135,600	136,247	

Local Outcomes	Partnership Indicator	RAG Clackmannanshire			RAG Stirling		
		Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
3. Safety – Health & Social Care support systems keep people well and safe	14. Readmission rate within 28 days per 1000 population 75+	4.18	4.70	4.18	4.06	3.92	1.57
		RAG Clackmannanshire			RAG Stirling		
	15. Number of Adult Protection Referrals	2014/15	Apr-Sep 16	2014/15	Apr-Sep 16	2014/15	Apr-Sep 16
		164	95	381	205		
	16. Number of Adult Protection Investigations	2014/15	Apr-Sep 16	2014/15	Apr-Sep 16	2014/15	Apr-Sep 16
		21	3	42	25		
	17. The total number of people with community alarms at end of the period	Feb 2017	Mar 2017	Feb 2017	Mar 2017 ◀▶		
	1502	1503	2,159	2,159			
18. Percentage of community care service users feeling safe	14/15	15/16▲	14/15	15/16▲			
	70%	88%	86%	87%			

Local Outcomes	Partnership Indicator	Clackmannanshire RAG		Stirling RAG	
		Dec 2015	Dec 2016▼	Dec 2015	Dec 2016▲
4. Decision Making – Individuals, carers and families are involved in and supported to manage decisions about their care	19. Emergency admission rate per 100,000 population 20-64 years	653.9	667.1	535.26	516.9
	20. Emergency admission rate per 100,000 population 65-74 years	1,299.8	1,436	1,294.8	1,158.0
	21. Emergency admission rate per 100,000 population 75-84 years	1,955.9	3,003.8	2,418.9	2,559.1
	22. Emergency admission rate per 100,000 population 85+ years	3,946.0	4,672.8	5,260.4	4,589.9
	23. Acute emergency bed days per 1000 population 20-64 years	272.05	250.6	234.2	213.2
	24. Acute emergency bed days per 1000 population 65-74 years	1164.8	998.2	1040.8	941.1
	25. Acute emergency bed days per 1000 population 75-84 years	3344.0	3147.3	2925.1	3002.1
	26. Acute emergency bed days per 1000 population 85+ years	7169.0	8734.0	6446.6	7373.3
	27. Long term conditions – bed days per 100,000 population	6684	6617	4910	5970
	28. Number of patients with an ACP	3167	3729	3653	4816
	29. KIS as Percentage of the Board area list size	6.1%	7.2%	3.9%	5.1%

Local Outcomes	Partnership Indicator	Clackmannanshire RAG			Stirling RAG		
		Mar 2015	Mar 2016	Mar 2017▼	Mar 2015	Mar 2016	Mar 2017▼
5. Experience – Individuals will have a fair and positive experience of Health & Social Care	30. Total standard delayed discharges	3	1	5	7	3	8
	31. Total delayed discharges over 2 weeks	1	0	4	1	1	4
	32. Delayed discharge occupied bed days over 2 weeks	40	0	84	338	55	99
	33. Number of code 9 delays	3	7	3	5	6	7
	34. Number of Code 100 delays	2	2	0	6	1	1
	35. Total delays (standard and code 9)	8	11	8	17	29	15
	36. Total delays – 50% reduction target (30 March 2017) (Tgt in brackets)	(10) 8	(9) 11	(7) 8	(16) 16	(12) 29	(10) 15

SECTION 3: Summary of Key Performance – by Exception

LOCAL OUTCOME: SELF MANAGEMENT – Individuals, their unpaid carers and families are enabled to manage their own health, care and wellbeing.

Local Partnership Indicators – (aligned to national indicators as appropriate)

1. Emergency Department (ED) 4 Hour wait

Purpose of Indicator: This is a system measure which can be impacted upon for a variety of reasons e.g. the availability of beds for admission, inappropriate ED attendance, multiple attendances all at once and it is not all within the control of the ED. The target is that 95% (moving to 98%) of people should wait no longer than 4 hours from arrival in the ED, to admission, discharge or transfer from the ED.

Position

Emergency department 4 hour wait	Clackmannanshire			Stirling		
	Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
	87.5%	94.6%	93.6%	96.5%	94.1%	93.1%

2. Emergency Department attendances per 100,000 population 20-64 years

3. Emergency Department attendances per 100,000 population 65-74 years,

4. Emergency Department attendances per 100,000 population 75-84 years

5. Emergency Department attendances per 100,000 population 85+

Purpose of Indicator: The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated. The goal is a reduction in the rates of attendance at ED.

Position

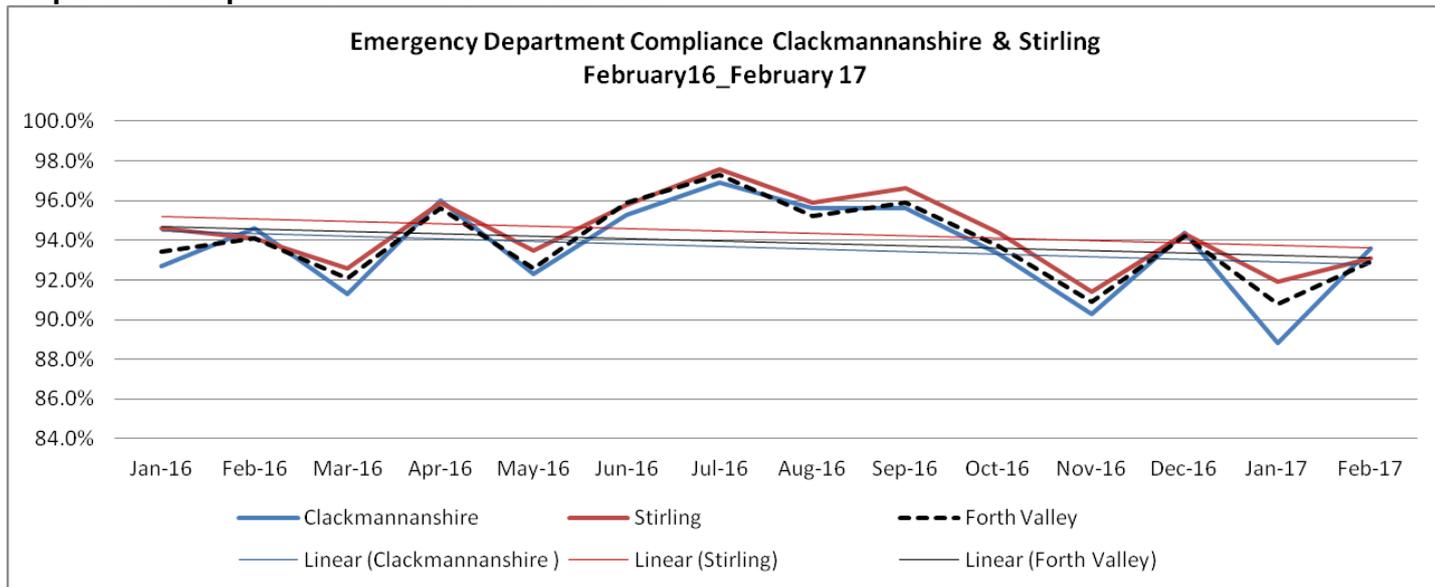
Emergency department attendances per 100,000 population 20-64 years	Clackmannanshire			Stirling		
	Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
	908.9	1109.7	1218.4	807.4	862.2	909.7
Emergency department attendances per 100,000 population 65-74 years	Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
	1026.1	1145.8	906.4	894.8	1136.9	936.9
Emergency department attendances per 100,000 population 75-84 years	Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
	1711.4	21536.8	2095.7	1349.6	1486.9	1595.0
Emergency department attendances per 100,000 population 85+ years	Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
	2180.6	3426.7	3011.4	1908.0	3249.0	2991.2

ED 4hr Wait: The Emergency Department 4 Hour wait and Emergency Department attendances both locally and nationally, remain a key area of focus. In terms of the 4 hour ED target average performance was between 92% and 93% for the latter part of 2016 with a period of thrice daily monitoring to the Scottish Government in place between February and early March 2017. There was a notable increase in breaches due to 'wait for bed' as the system was challenged with an increased number of delayed discharges however into March this has become more settled. The other main reason for patients breaching the 4 hour wait period remains 'wait for first assessment'. Considerable work has been undertaken throughout the year to ensure all processes with the Emergency Department are as efficient as possible. The ED performance has improved significantly during March and into April.

Emergency Department 4 hour Wait

Target is 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. .

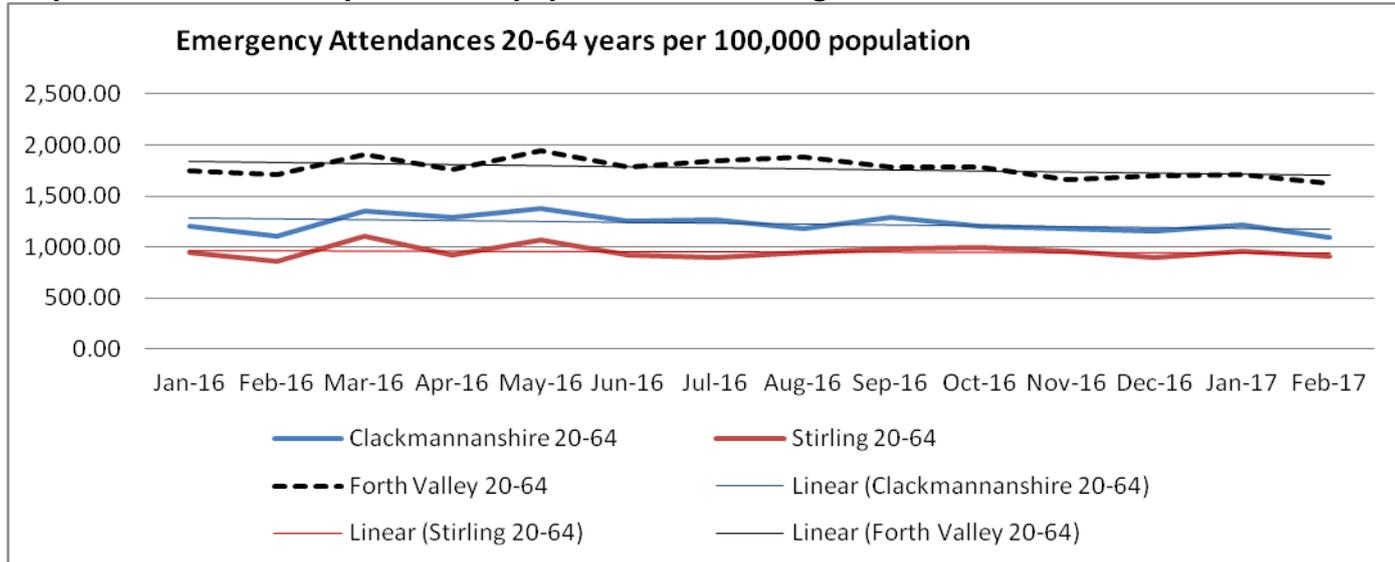
Graph 1: % compliance with the 4 hour ED wait



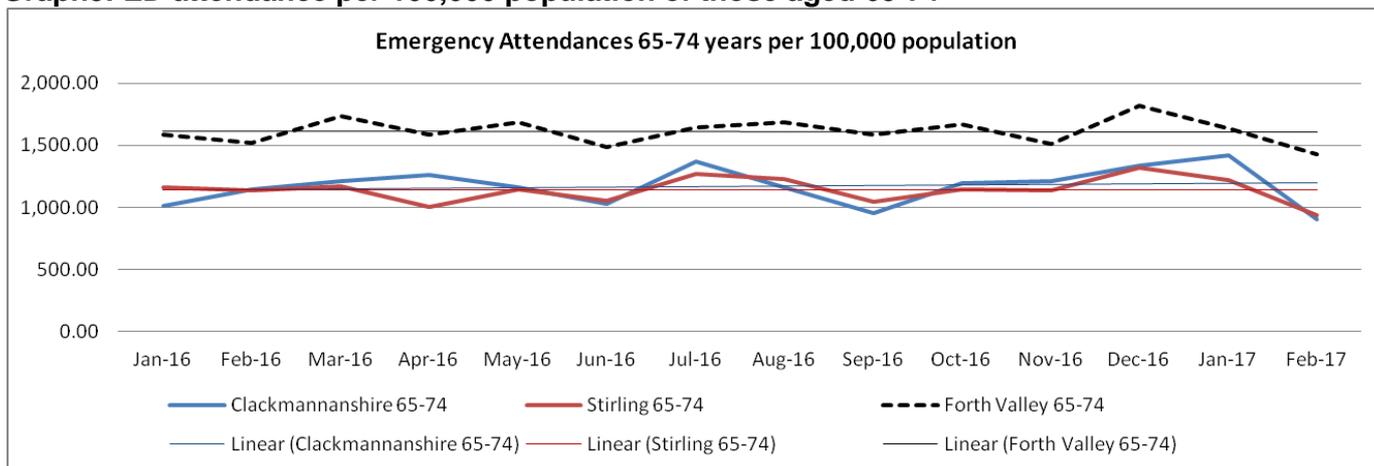
Emergency Department attendances

The graphs illustrate the rising trend of ED attendance. Further work is required to correlate this information to activities at the front door, discharge routes e.g. Closer to Home, Intermediate care and information regarding home care. Targets and trajectories require to be set based on activities to prevent attendance.

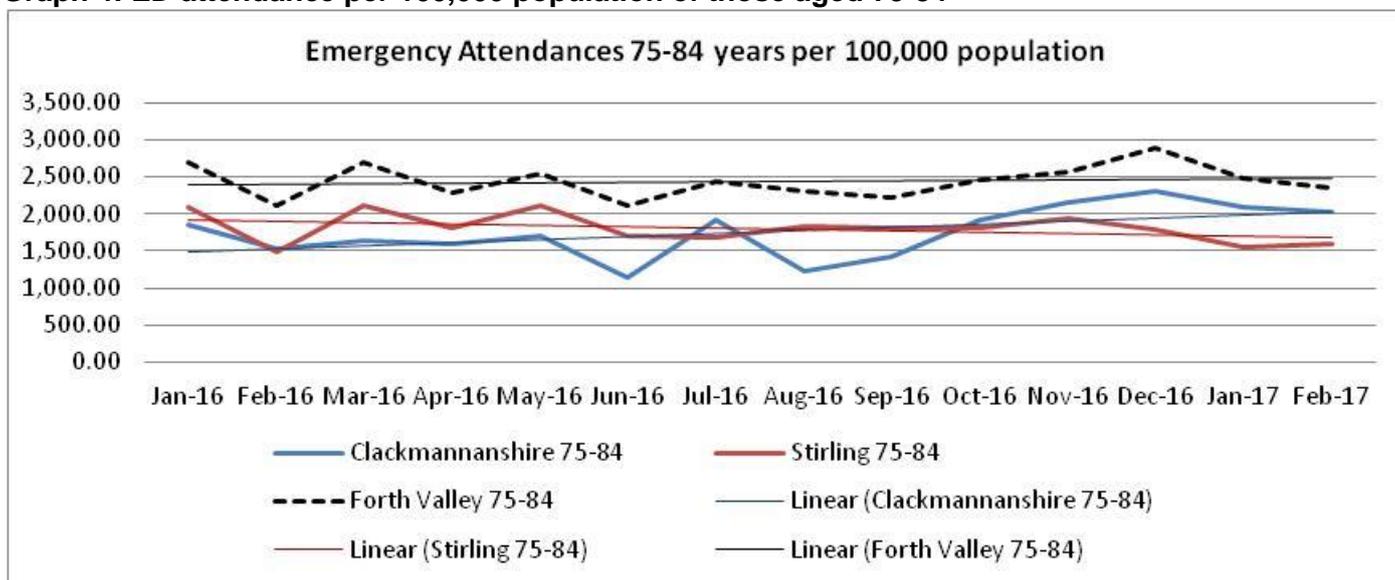
Graph 2: ED attendance per 100,000 population of those aged 20-64



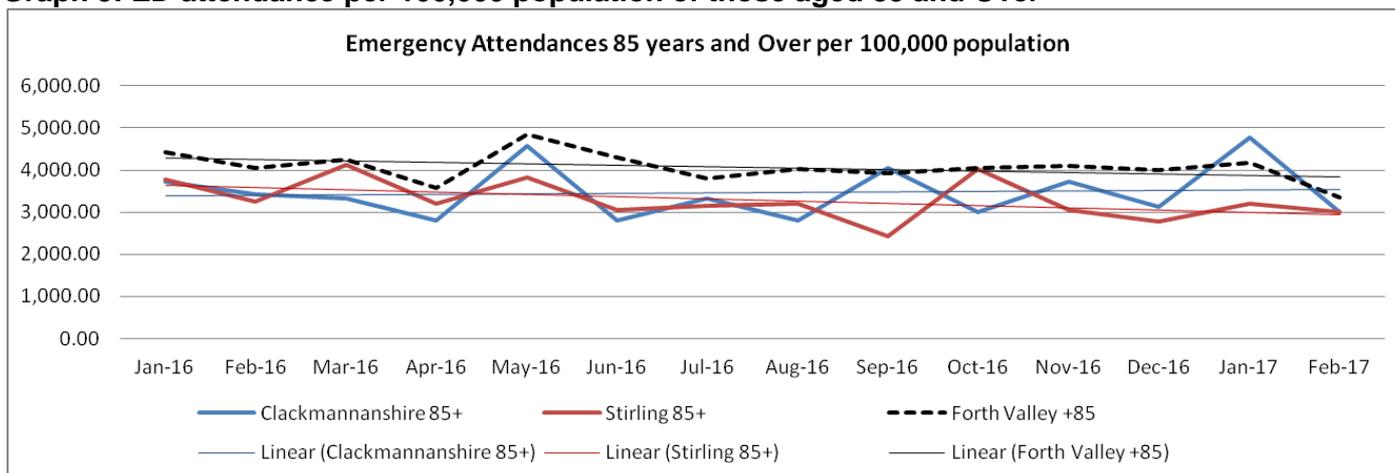
Graph3: ED attendance per 100,000 population of those aged 65-74



Graph 4: ED attendance per 100,000 population of those aged 75-84



Graph 5: ED attendance per 100,000 population of those aged 85 and Over



LOCAL OUTCOME: COMMUNITY FOCUSED SUPPORTS - Supports are in place, they are accessible and enable people, where possible, to live well for longer at home or in homely settings within their community.

Local Partnership Indicators – (aligned to national indicators as appropriate)

6. Respite (overnight) care for unpaid carers – crude rate per 1000 population

Purpose of Indicator: The importance of supporting unpaid carers and enabling people to live independently at home are both well established aspects of the Scottish Government's approach to health and social care. Short breaks are an essential part of the overall support provided to unpaid carers and those with care needs, helping to sustain caring relationships, promote health and well being and prevent crises.

Position

	Clackmannanshire		Stirling	
	2014/15	2015/16	2014/15	2015/16
Respite (overnight) care for unpaid carers – crude rate per 1000 population	4.4	4.4	--	3.5

7. Number of care homes

8. Number of care home beds

9. Care home occupancy - %

Purpose of Indicator: These indicators support information in respect of demand, capacity and queue in terms of care home bed availability. Further work underway to analyse this against admissions to care homes and specific trends

	Clackmannanshire		Stirling	
	2014	2015	2014	2015
Number of care homes	11	11	26	25
Number of care home beds	365	342	735	691
Care home occupancy - %	95%	93%	85%	88%

10. In receipt of home care services aged 65+ - rate per 1000 population

Purpose of Indicator: Home care is one of the largest areas of spending in social work, making this an important indicator. The indicator shows councils' progress towards this goal of shifting the balance of care of the elderly from hospitals and other healthcare settings to the community.

Position

	Clackmannanshire		Stirling	
	Feb 2017	Mar 2017	Feb 2017	Mar 2017
In receipt of home care services aged 65+ - rate per 1000 population	52.8	51.8	62.4	62.2

11. Percentage of adults 65+ receiving 10+ hours of personal care at home services

Purpose of Indicator: This indicator measures the extent to which the council is maintaining people with intensive needs in the community. Increasing the flexibility of the service is a key policy objective for both central and local government, to ensure that people receive the type of care and assistance they need, when they need it. The indicator shows councils' progress towards this goal of shifting the balance of care of the elderly from hospitals and other healthcare settings to the community. This data takes no account of complexity of cases.

Position

	Clackmannanshire		Stirling	
	Feb 2017	Mar 2017	Q2 16/17	Q3 16/17
Percentage of adults 65+ receiving 10+ hours of personal care at home services	44%	43%	33%	32%

This indicator is a part of a suite of national Local Government Benchmarking Indicators. Latest published figures for 15/16 saw Clackmannanshire and Stirling well above the national average (35%) and placed high within their respective comparator groupings. Figures for 16/17 shows a drop in last year's year end figures but still comparable with the national average.

Shifting the 'balance of care' is being explored as part of the work to set trajectories against the suite of indicators requested by the Ministerial Strategic Group of the Scottish Government in January of this year around unscheduled care. The partnership is very close to the national average with 0.6% of its population living in care homes for all ages but is well below national average (6.2%) with 4.7% of its population aged 75+ living in care homes. The partnership has a comparatively low rate of registered care home places for those aged 65+ in both areas which are well below the national average. This lower level of care home residency reflects the consistently higher level of those aged 75+ who remain living in their own home with or without support. Care at home services is comparable with the national average.

12. Proportion of last six months of life spent at home

13. Bed days in last six months of life

Purpose of Indicator: The Clackmannanshire & Stirling Health and Social Care Partnership and NHS Forth Valley are committed to enabling people to die in the location of their preference with research indicating that most people, when asked, would prefer to die at home. Admissions to hospital as an emergency in the last few days or hours of their lives are to be avoided.

Position

	Clackmannanshire		Stirling	
	2014/15	2015/16	2014/15	2015/16
Proportion of last six months of life spent at home: Community	86%	86%	87%	86%
Number of days by setting during the last six months of life: Community	77,752	78,301	135,600	136,247

The position reported is people who are in a community setting which includes care home residents as well as those living in their own home. These indicators are also part of the above work and requirements to set future trajectories will be agreed and submitted to the Ministerial Strategic Group in due course. Benchmarking analysis as at October 2016 shows that the partnership is just below the national average (87.5%) and place in the middle of comparator authority groupings. Further work is required to agree a more targeted approach to this indicator.

LOCAL OUTCOME: SAFETY - Health and social care support systems help to keep people safe and live well for longer

Local Partnership Indicators – (aligned to national indicators as appropriate)

14. Readmission rate within 28 days per 1000 population 75+

Purpose of Indicator: The readmission rate reflects several aspects of integrated health and care service - including discharge arrangements and co-ordination of follow up care underpinned by good communication between partners. The 28 day follow-up was selected as this is the time that the initial support on leaving hospital, including medicines safety, could have a negative impact and result in readmission.

Position

Readmission rate within 28 days per 1000 population 75+	Clackmannanshire			Stirling		
	Feb 2015	Feb 2016	Feb 2017	Feb 2015	Feb 2016	Feb 2017
	4.18	4.70	4.18	4.06	3.92	1.57

Readmissions were presented to the IJB in the November Report with aggregated Forth Valley wide data. For this report, data has been broken down into Local Authority area. As highlighted in November, work is underway to review the position of readmissions across the Board. The Medical Director of NHS Forth Valley has been leading on work around understanding the reasons for readmission and prevention including linking to the focus on Anticipatory Care Planning. Future reports will consider trends over time. Please note the data is standardised by population and specialty of admission is not comparable to the ISD analysis which reports the crude rate as a percentage of admissions.

15. Number of Adult Protection Referrals

16. Number of Adult Protection Investigations

These indicators support information in respect of demand and activity in terms of Adult Protection

The Adult Protection data relate to the most recent Six Monthly Returns to the Scottish Government, for 1 April to 30 September 2016.

For Clackmannanshire 95 concern referrals were received in the period, 3 of which led to investigation under the Adult Support and Protection (ASP) Act, with 1 case requiring a Case Conference.

For Stirling in this period, 205 referrals were received, of which 25 were investigated under the Act, with 6 Case Conferences. About 75% of Stirling investigations related to people over 65 years and harm mostly took place in the person's home or in a care home.

Councils collate additional performance information that is reported to Council Committees. These performance indicators cover aspects of the ASP process that reflect the quality of response to people at risk, and are showing improvement in 2016, for example in timely response, recording of chronologies and use of protection plans. They indicate areas for attention and further practice improvement, for example referrals to independent advocacy, use of protection plans and recording of risk assessments.

Clackmannanshire Council

Quarterly Indicators:

- % of Adult Protection discussions within timescale (1 working day of referral): Q1 = 85%. Q2 = 92%.
- % of ASP cases that went to case conference that have a protection plan: Q2 = 50% Q3 = 80%
- % ASP investigations that have Independent Advocacy offered: Q1= 42%. Q2 = 52%.

Stirling Council

Quarterly Indicators:

- % of Adult Protection discussions within timescale (1 working day of referral): Q1 = 86%. Q2 = 98%.
- % of ASP cases that went to case conference has a Protection Plan: Q1 = 15%, Q2 = 25%.

Annual indicators 2015/16:

- Percentage of cases that have gone to Case Conference that resulted in a Protection Plan: 2015/16 = 36%

- % ASP investigations that have Independent Advocacy offered:
2015/16 = 60%
- % ASP cases audited evidencing a chronology: 2015/16 = 100%
- % ASP cases audited evidencing assessment of risk: 2015/16 = 60%.

Work is on-going in respect of the Safety Partnership Indicators in support of ensuring meaningful data and comparisons.

LOCAL OUTCOME: DECISION MAKING - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing.

Local Partnership Indicators – (aligned to national indicators as appropriate)

- 19. Emergency admission rate per 100,000 population 20-64 years
- 20. Emergency admission rate per 100,000 population 65-74 years
- 21. Emergency admission rate per 100,000 population 75-84 years
- 22. Emergency admission rate per 100,000 population 85+ years

Purpose of Indicator: To monitor a shift from a reliance on hospital care towards proactive and coordinated care and support in the community. Improvements in peoples overall health, and reducing health inequalities should also lead to fewer emergencies (the emergency admission rate is strongly related to patient age and to deprivation).

Position

	Clackmannanshire RAG		Stirling RAG	
	Dec 2015	Dec 2016▼	Dec 2015	Dec 2016▲
Emergency admission rate per 100,000 population 20-64 years	653.9	667.1	535.26	516.9
Emergency admission rate per 100,000 population 65-74 years	1,299.8	1,436	1,294.8	1,158.0
Emergency admission rate per 100,000 population 75-84 years	1,955.9	3,003.8	2,418.9	2,559.1
Emergency admission rate per 100,000 population 85+ years	3,946.0	4,672.8	5,260.4	4,589.9

- 23. Acute emergency bed days per 1000 population 20-64 years
- 24. Acute emergency bed days per 1000 population 65-74 years
- 25. Acute emergency bed days per 1000 population 75-84 years
- 26. Acute emergency bed days per 1000 population 85+ years

Purpose of Indicator: This measure is intended to support improved partnership working between the acute, primary and community care sectors ensuring the most appropriate treatments, interventions, support and services are provided at the right time to everyone who will benefit.

Position

	Clackmannanshire		Stirling	
	Dec 2015	Dec 2016▲	Dec 2015	Dec 2016▲
Acute emergency bed days per 1000 population 20-64 years	272.05	250.6	234.2	213.2
Acute emergency bed days per 1000 population 65-74 years	1164.8	998.2	1040.8	941.1
Acute emergency bed days per 1000 population 75-84 years	3344.0	3147.3	2925.1	3002.1
Acute emergency bed days per 1000 population 85+ years	7169.0	8734.0	6446.6	7373.3

There has been a reduction in overall emergency admissions over the time period with the exception being for the 85+ age group in Stirling. Further work is underway to refine the figures and consider the determinants of admission related to the work around prevention and Anticipatory Care Plans.

27. Long term conditions – bed days per 100,000 population

To support an improvement in ambulatory care for people with long term conditions in the community. Conditions currently included are Diabetes, Hypertension, Angina, Ischaemic Heart Disease, Chronic Obstructive Pulmonary Disease, Asthma and Heart Failure.

Position

Partnership Indicator	Clackmannanshire		Stirling	
	Dec 2015	Dec 2016	Dec 2015	Dec 2016
Long term conditions – bed days per 100,000 population	6684	6617	4910	5970

28. Number of patients with an Anticipatory Care Plan (ACP)**29. KIS as Percentage of the Board area list size**

Purpose of Indicator: The measure is the number of patients who have a Key Information Summary (KIS) or Electronic Palliative Care Summary (ePCS) uploaded to the Emergency Care Summary (ECS). The ECS provides up to date information about allergies and GP prescribed medications for authorised healthcare professionals at NHS24, Out of Hours services and accident and emergency.

Position

Partnership Indicator	Clackmannanshire		Stirling	
	Feb 2016	Feb 2017	Feb 2016	Feb 2017
KIS as Percentage of the Board area list size	6.1%	7.2%	3.9%	5.1%

This is a useful indicator of an increase in activity around planning ahead and ensuring vulnerable people at risk of admission or requiring additional support have a KIS. Further work is underway to look at the impact of these in respect of readmission and how ACPs and the KIS is being used on a day to day basis and kept in a timely fashion.

LOCAL OUTCOME: SERVICE USER EXPERIENCE - Individuals will have a fair and positive experience of health and social care.

Local Partnership Indicators – (aligned to national indicators as appropriate – note delayed discharge not currently an national indicator)

- 7.1.1 Total standard delayed discharges
- 7.1.2 Total delayed discharges over 2 weeks
- 7.1.3 Delayed discharge occupied bed days over 2 weeks
- 7.1.4 Number of code 9 delays
- 7.1.5 Number of Code 100 delays
- 7.1.6 Total delays - 50% reduction in delayed discharges by end March 2017

Purpose of Indicator: Waiting unnecessarily in hospital is a poor experience and can potentially result in a poor outcome for the individual, is an ineffective use of scarce resource and potentially denies an NHS bed for someone else who might need it.

Delayed Discharges Position

Partnership Indicator	Clackmannanshire RAG			Stirling RAG		
	Mar 2015	Mar 2016	Mar 2017▼	Mar 2015	Mar 2016	Mar 2017▼
19. Total standard delayed discharges	3	1	5	7	3	8
20. Total delayed discharges over 2 weeks	1	0	4	1	1	4
21. Delayed discharge occupied bed days over 2 weeks	40	0	84	338	55	99
22. Number of code 9 delays	3	7	3	5	6	7
23. Number of Code 100 delays	2	2	0	6	1	1
24. Total delays (standard and code 9)	8	11	8	17	29	15
25. Total delays – 50% reduction target) (Tgt in brackets)	(10) 8	(9) 11	(7) 8	(16) 16	(12) 29	(10) 15

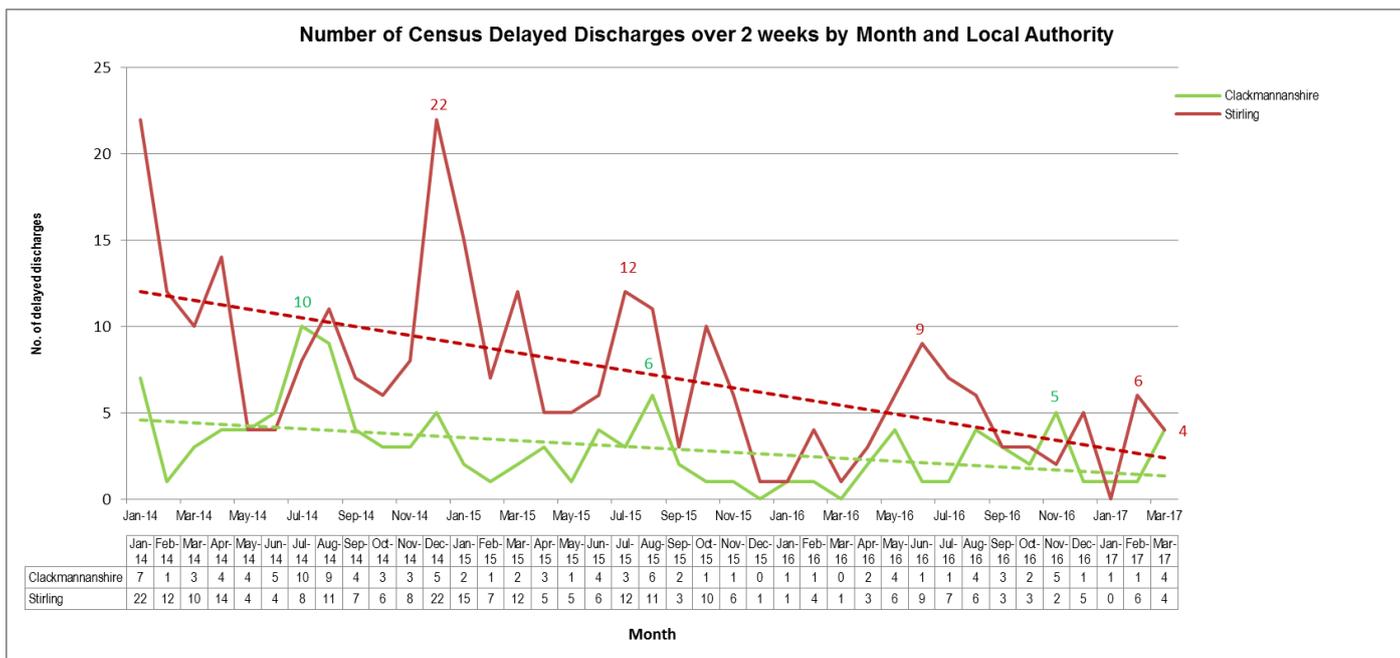
There have been on-going challenges in respect of delayed discharges. In December, the Health Board Chief Executive and the Chief Officers of the Health and Social Care Partnerships in Forth Valley met with the Shona Robison, Cabinet Secretary for Health and Sport. As an outcome it was agreed that a 50% reduction in delayed discharges was required by the end of March 2017, while continuing to focus on extant targets. This was based on the total number of patients across Forth Valley in November including Guardianships and Codes 9s. Trajectories were set from December onwards. The Partnership did not meet the March target although improvement was noted from February into March.

There is ongoing service improvement work in the re-designing of services in both Clackmannanshire and Stirling such as mobile/rapid response resources to support and facilitate safe, timely discharge in order to maintain and improve performance. Activity is ongoing within Social Care services to review existing cases and contract management to free up capacity within Care at Home services, with additional support allocated to the commissioning service to focus on and support work across the social care service. Previous commissioning work within Clackmannanshire has seen an improvement in rapid access to care at home services to support discharges.

Analysis of reasons for delay

Graph 5 highlights the position at the March census date (30 March 2017). There were 5 Clackmannanshire patients delayed awaiting discharge from hospital of which, 4 patients were delayed more than 2 weeks. In Stirling, there was a total of 8 patients delayed awaiting discharge from hospital, of which 4 patients were delayed for more than 2 weeks. At 30 March 2017 there were 3 patients in Clackmannanshire and 7 patients in Stirling who were Code 9. Of those there were 3 patients in Clackmannanshire and 5 in Stirling going through the statutory mental health Guardianship process. The remainder were complex placements or arrangements to return home. On 30 March 2017, there were no patients in Clackmannanshire and 1 patient in Stirling with a Code 100 applied.

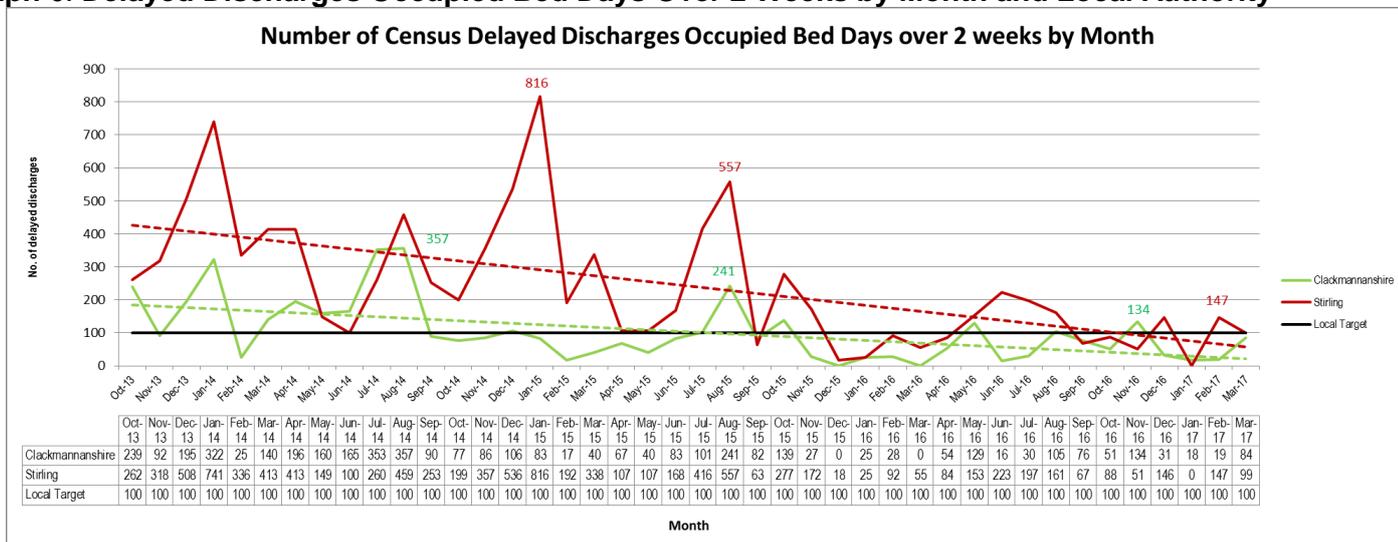
Graph 5: Census Delayed Discharges Over 2 Weeks by Month and Local Authority



Of the 5 standard delays in Clackmannanshire, 2 patients were delayed waiting on a package of care, and 3 patients were waiting to move to a care home. In Stirling 3 patients were waiting on packages of care and 5 patients were waiting on a suitable vacancy within a care home.

Graph 6 highlights the position in respect of delayed discharge occupied bed days over 2 weeks. Both areas show a reducing long term trend that has been below the locally set target for the past 3 months. Data excludes Codes 9 and 100.

Graph 6: Delayed Discharges Occupied Bed Days Over 2 Weeks by Month and Local Authority



Forth Valley agreement for reduction in Delayed Discharges December 2016-April 2017

The trajectories for the 50% target are noted below

Clackmannanshire 2016/17 – Target Trajectory

	December	January	February	March
Target	12	10	9	7
Actual	6	8	11	8

Stirling 2016/17 – Target Trajectory

	December	January	February	March
Target	20	16	12	10
Actual	17	17	29	15

Issues in respect of Intermediate Care, Reablement Services and Home Care Services, Improvement Planning and Winter Plans are discussed in the **Delayed Discharge Progress Report on the IJB agenda**.

Clackmannanshire & Stirling Integration Joint Board Strategy Map

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 FOCUSED 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 are involved in and supported to manage decisions about their care	EXPERIENCE - Individuals will have a fair and 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) (* Indicator under development nationally)	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 8) % of carers who feel supported in their role 15) % of last 6 months of life spent at home or in community 18) % of adults 18+yrs receiving intensive support at home 21*) % of people admitted to hospital from home then discharged to care home <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

Partnership Indicators

Local Outcomes	<u>SELF MANAGEMENT</u> - of Health, Care and Wellbeing.	<u>COMMUNITY FOCUSED SUPPORTS</u> - to live well for longer at home or homely setting	<u>SAFETY</u> - H&SC support systems keep people well and safe	<u>DECISION MAKING</u> - Individuals, carers and families are involved in and supported to manage decisions about their care	<u>EXPERIENCE</u> - Individuals will have a fair and positive experience of health and social care
Partnership Indicators	<ul style="list-style-type: none"> • ED 4 hour wait • ED Attendance 20-64, 65-74, 75-84, 85+ 	<ul style="list-style-type: none"> • Care at home services, including Homecare patterns for clients 65+ • Respite weeks provided • Community care assessments • Carers' assessments • Proportion of last 6 months of life spent at home or community setting • Bed days in last 6 months of life 	<ul style="list-style-type: none"> • Readmissions 75+ • Adult Protection • Community alarms • Service users feeling safe 	<ul style="list-style-type: none"> • Anticipatory Care plans (ACP) • Key information summary (KIS) • Emergency Admissions per 100,000 population 20-64, 65-74, 75-84, 85+ • Acute emergency bed days 20-64, 65-74, 75-84, 85+ • Long Term Conditions 	<ul style="list-style-type: none"> • Patient/Service user Experience survey • Delayed discharge • Complaints • Absence • Financial and Budgetary information
Partnership Indicators (Under development)	<ul style="list-style-type: none"> • Life expectancy age 65+ • Deaths from Cancer/CHD • Consent to share 	<ul style="list-style-type: none"> • Impact of Delayed discharges on readmissions • Balance of care 18-64 • Balance of care 65+ • Discharge to assess • Closer to Home 	<ul style="list-style-type: none"> • Falls – ED attendance/ Community teams • Mental Welfare Commission reports • Care Inspectorate reports • Mental Health patient Safety data • HAI Community Hospitals • Telecare data 65+ 	<ul style="list-style-type: none"> • Dementia – post diagnostic support • Mental Health/Learning Disability SOLD measures • Emergency re-attendance – alcohol/drugs/mental health • Care home capacity • Single shared Assessment (SSA) data • AWI measures 	<ul style="list-style-type: none"> • Local service user/patient data • Staff Survey data



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 9.1 on the agenda

GP Fellows Innovation

(Paper presented by Susan Bishop)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Susan Bishop, Head of Efficiency, Improvement and Innovation, NHS Forth Valley
Date:	19 April 2017
List of Background Papers / Appendices:	

Title/Subject: GP Fellows Innovation
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Susan Bishop
Action: For Noting

1. Introduction

- 1.1 The purpose of the report is to provide information about the objectives of a new GP Fellows role and development and testing of this role within a primary and community care model aimed at improving outcomes.
- 1.2 The information is intended to increase the understanding of Integration Joint Board members about the stage of local development and testing of the GP Fellows and its contribution to strengthening community based services.

2. Executive Summary

- 2.1. NHS Forth Valley and NHS Fife have worked with the Scottish Government's Health Workforce Directorate and NHS Education for Scotland since early 2016 as pilot sites to design, test and implement a new career development model for GPs (GP Fellowship) and to develop the concept of community hubs.
- 2.2. The objectives of the project for NHS Forth Valley and the two Health and Social Care Partnerships include supporting more people to remain at home, reducing time spent in hospital, providing the most appropriate support for people with complex needs and sustaining primary care.
- 2.3. The fellowship programme developed by NHS Education for Scotland includes a one-year GP post-qualification Fellowship (GP Fellows employed by NES) followed by a two-year Health Board funded post as a "*community physician*" in newly developed community hubs.
- 2.4. During 2016 five Forth Valley located GP Fellows undertook training and were supported to develop and test a model of working to augment Closer to Home pathways and bridge gaps between acute and primary care.
- 2.5. In January 2017 three GP Fellows were given contracts of employment to provide GP sessions and began testing implementation of the model within the Enhanced Community Team (ECT). (See Appendix 1)
- 2.6. The first four weeks of testing took place in Bo'ness, Grangemouth and Braes, with access to a step up bed in Bo'ness Hospital.

- 2.7. The model was adapted, promoted and increased to additional localities in Falkirk Health and Social Care Partnership in February.
- 2.8. From 6 March the scope of the GP Fellows was widened to include the City of Stirling, Bannockburn, Bridge of Allan , Dunblane and Fallin.
- 2.9. The aim between March and end of May 2017 is to determine the maximum reach of the model and improve its efficiency and effectiveness within the Enhanced Community Team and the current intermediate care pathways.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the progress in the development of the GP Fellows role in strengthening community based services and next stage.
- 3.2. Note that the primary aim of the GP Fellows within Closer to Home and the wider intermediate care at home services is to keep primarily frail older people well at home.

4. Background

- 4.1. The key national drivers supporting the introduction of GP fellows are as follows:
 - The Scottish Government's Sustainability and Seven Day Services Taskforce - convened to help deliver on the 2020 vision and the quality ambitions set out in the Healthcare Quality Strategy for NHS Scotland.
 - Everyone Matters: 2020 Workforce Vision (2013)
 - The National Clinical Strategy which set out the ongoing challenges of sustainability of the GP workforce.
 - The Shape of Medical Training Review (2013) which highlighted that a new kind of doctor was needed to deliver more care in the community to an ageing population. These doctors would require more generic skills enabling them to work across the interface between primary and secondary care.
 - The 2016 Scottish Government commitment which set out a vision to *'transform primary care, delivering a new Community Health Service with a new GP contract, increased GP numbers and new multi-disciplinary community hubs'*.
- 4.2. Forth Valley's drivers include supporting more people to remain at home through augmentation of Closer to Home, reducing time spent in hospital, providing the most appropriate support for people with complex needs and

reducing pressure on General Practitioner [GP] services arising from the shortage of GPs.

5. Main Body Of The Report

- 5.1. Over the last 12 months, a local project group supported by the Efficiency, Productivity, Quality and Innovation Team has been working with the Scottish Government to develop a new model of care involving GP Fellows. The Fellows will essentially 'bridge the gap' between primary & secondary care, initially providing support for frail elderly patients and those with complex multi-morbidities. Their key focus is to improve outcomes and where possible avoid hospital admission.
- 5.2. The initial pilot envisaged six GP Fellows being in post from January 2017. Forth Valley successfully recruited five Fellows, three of whom are currently in post, contracted to work a minimum of two sessions a week in General Practice to allow them to remain on the Performers List. It is anticipated that the other two Fellows will return to Forth Valley in Autumn 2017.
- 5.3. The GP Fellows have completed their education and training programme and on the 9 January 2017 three GP Fellows commenced their role as an integral part of the Enhanced Community Team providing valuable medical input/intervention. This should allow the ECT to receive increased and more complex referrals in accordance with their Operational Framework which is in the process of being updated to reflect the addition of the GP Fellows to the team.
- 5.4. GP Fellows are anticipated to add value particularly in their ability to work with colleagues to identify and provide medical input to:
 - People who are at risk or who are on the verge of admission;
 - People whose needs are escalating / health & wellbeing or means of support are deteriorating e.g. carer is becoming ill or less able to provide support.
- 5.5. Additionally, each GP Fellow will add value in the system through maximising their enhanced skills and knowledge. For example, their perspective of risk and ability to spread and share learning between primary and secondary care has already been acknowledged as a benefit.
- 5.6. Analysis of Emergency Department and admissions data has provided an assessment of activity, anticipated demand and plan use of capacity. Analysis of Enhanced Community Team referrals and activity is being applied and a virtual ward round test is being conducted to further assess anticipated demand working with front door colleagues.

- 5.7. The pilot sites have contributed to NHS Health Scotland's evaluability assessment of the community hub concept and theory of change, commissioned by The Scottish Government. As a result a research team at the University of Stirling has been asked by NHS Health Scotland to conduct a qualitative evaluation of the GP Fellow-community hub pilots. The evaluation seeks to explore in particular the development and early implementation of the initiative and what impact, if any, it could or has had on patient care and inter-professional working.
- 5.8. Locally a measurement framework has been developed to assess the impact of key elements of the Closer to Home model.
- 5.9. A key challenge in the evaluation will be to assess the contribution and impact of each part of this complex system of care, existing and new services and, in particular, the role of the GP Fellows within the broader Closer to Home and intermediate care models.
- 5.10. The NHS Forth Valley Communications Department has worked with the Fellows to support internal and external communication.
- 5.11. The progress of the project has been reported to the EPQi Programme Board and the NHS Forth Valley Corporate Management Team with briefings provided to the Health and Social Care Partnership Chief Officers.

6. Conclusions

- 6.1. The GP Fellows role is being implemented within the 'Closer to Home' model strengthening community based services and contributing to the aim of avoiding hospital admissions by keeping people well at home.
- 6.2. It is anticipated that the model within which the GP Fellows are operating will continue to be evaluated and redesigned over the next two years with closer working with acute, primary and community care teams.

7. Resource Implications

- 7.1. The GP Fellowship is a three year programme with year one being funded by the NHS Education for Scotland and subsequent 2 year funding being provided by NHS Forth Valley.
- 7.2. A Scottish Government allocation has been made available to support the Programme locally during Year One including consultant time for mentoring and project support.

8. Impact on Strategic Plan Priorities and Outcomes

- 8.1. The project is consistent with local strategic and operational priorities. The introduction of GP Fellows will be an integral part of Forth Valley's support for people to remain well at home. This is well documented in *Shaping The Future, NHS Forth Valley's Annual Plan / Local Delivery Plan* and Directorate Plans and the developing Delivery Plan underpinning the health and Social Care Partnership's Strategic Plan.
- 8.2. Working in partnership across health and social care, with third and independent partners is essential to achieving this aim.
- 8.3. The drivers for this project are:
 - Reducing time spent in hospital rather than at home;
 - Increasing sustainable seven day services in hospital and the community;
 - Alleviate access pressure in general practice which in some cases leads to presentations at Emergency Department;
 - Delivering improved care in the community;
 - Need for more doctors able to assess and manage patients with more complex multiple conditions.

9. Legal & Risk Implications

- 9.1. There are no legal implications from the development of this model. A risk assessment has been completed and is reviewed on a regular basis.
- 9.2. Clinical responsibility for patients referred to a GP Fellow will rest with the GP Fellow. ECT Operational Framework review will highlight any risks identified with this pilot project and mitigation strategies.
- 9.3. The risk of GP Fellows leaving will impact on success of this pilot. This is mitigated by an anticipated second cohort and the provision of technology enabled work and interesting/satisfying roles.

10. Consultation

- 10.1. A stakeholder event was held in April 2016 aimed at exploring the potential role of the GP Fellow in the right support being providing, at the right time by the right professional.
- 10.2. The GP Fellow model has been developed primarily through collaboration between the Medical Director, Primary and Secondary Care Leads, GP

Fellows, The Enhanced Community Team, Geriatricians, eHealth and Medical Records.

- 10.3. Local discussion has taken place and relationships developed between the GP Fellows, the hospital front door team, the Frailty Service and Social Care Services.
- 10.4. A number of tests of change involving individual patients have been undertaken.
- 10.5. Health & Social Care Partnership Programme Managers, General Managers and relevant Service Managers have been kept informed of discussions

11. Equality and Human Rights Impact Assessment

- 11.1. The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

12. Exempt reports

- 12.1. This report is not exempt.

Appendix 1

Box 1: NHS Forth Valley Proposed Model

The pilot will commence in the Bo'ness, Grangemouth, and Braes (BGB) locality for frail elderly patients and those with complex multi-morbidities. Their key focus will be to avoid unnecessary admissions to hospital.

Initially the GP Fellows will provide cover 8am – 6pm, Monday to Friday.

GP Fellows will:

- Be integrated with and provide the medical input to the Enhanced Community Team under the broader Closer to Home model of care, including rapid access to diagnostics.
- Manage at least one step-up hospital bed in Bo'ness Community Hospital.
- Subject to current testing - work with front door colleagues (ED/AAU/CAU) to support comprehensive Geriatric Assessments and facilitate 'discharge to assess' prior to potential admission to ward areas.
- Work two sessions a week (FTE) hosted by a GP Practice to remain on the Performers List.
- Have one session a week (FTE) SPA.

The 'Closer to Home' model of care provides a portfolio of co-ordinated community health and social care services that aim to improve people's resilience at home through linkage with the appropriate care and support. Key elements of this model are:

- ALFY – a 24/7 nurse led telephone support line for public.
- Pro-active approach to anticipatory care planning.
- Multidisciplinary Enhanced Community Team (ANP, DNs, night nursing, AHPs, MH nurse) providing seven day urgent, co-ordinated and enhanced response at time of crisis.
- Access to Rapid Access Frailty Service.
- Access to the ReACH, community rehabilitation.
- Intermediate care step up/step down beds as part of a broader rehabilitation care model.



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 9.2 on the agenda

Intermediate Care Services

(Paper Presented by
Hazel Chalk, Shiona Hogg & Janice Young)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Carol Hamilton, Service Manager, Housing, Augmented Care & Support, Stirling Council, Shiona Hogg, Service Manager, Allied Health Professional NHSFV Janice Young, Acting Service Manager, Clackmannanshire Council
Date:	19 April 2017
List of Background Papers / Appendices:	
Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland, Scottish Government [2012]	

Title/Subject: Intermediate Care Services
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Janice Young, Acting Service Manager
Action: For Approval

1. Introduction

- 1.1. The purpose of this report is to provide the Integration Joint Board with information on the intermediate care services provided across the Partnership and the further work taking place to develop the services to support the delivery priorities of the Strategic Plan.

2. Executive Summary

- 2.1. Intermediate Care is an umbrella term used to describe services which provide a bridge between health and social care, with the aim of supporting people to live in their own homes or in a homely setting, reducing dependence on acute hospital facilities.
- 2.2. This report provides a description of the current range of Intermediate Care Services operating within the Clackmannanshire and Stirling Health and Social Care Partnership, which are delivered through a combination of bed based care, care at home and in multi disciplinary community based settings.
- 2.3. This report highlights the different service delivery models which have been developed to meet local needs over time and the positive experience of service users and unpaid carers. The service delivery models require to be reviewed to ensure that the services make best use of joint resources and continue to contribute to the Partnership's strategic priorities and key objectives including the 'step into' the care village, the work emerging from the innovation session approach in Clackmannanshire and in particular the objectives in relation to unscheduled care.

3. Recommendations

The Integration Joint Board is asked to:

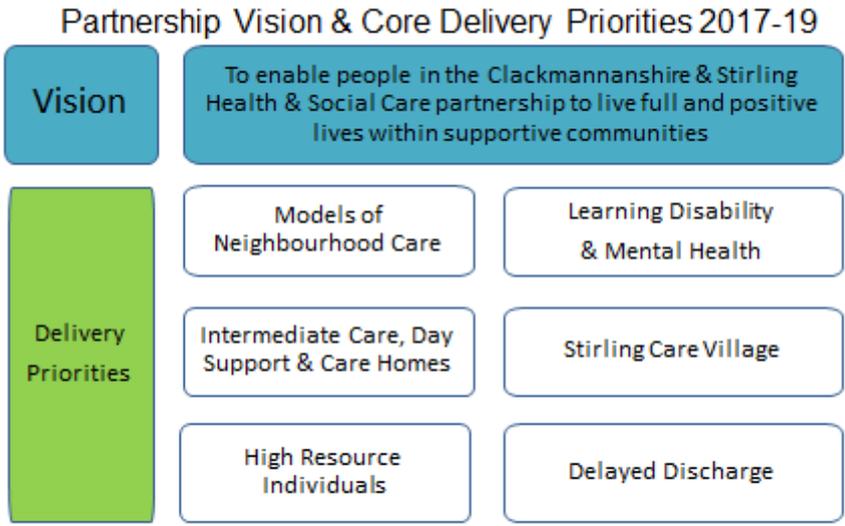
- 3.1. Note the service delivery models which sit under the umbrella of Intermediate Care Services and their impact on meeting the priorities of the Strategic Plan of the Health and Social Care Partnership.
- 3.2. Approve the review of the model of service delivery as part of the 'step into' the Care Village, covering bed based intermediate care and the supporting intermediate care at home services

- 3.3. To agree that, to ensure a coherent approach, the review of the model of service delivery will incorporate the Clackmannanshire based services.
- 3.4. To note that a whole systems approach should be applied to enable re design activity and to ensure it is effective, and makes the most of opportunities to align the teams and services appropriately to maximise outcomes and efficiency. This is also likely to mean that further integration of the teams delivering the services will be required.
- 3.5. To agree that further updates on progress will be brought to the Integration Joint Board in August 2017.

4. Background

Strategic Plan Delivery Priorities 2017-19

4.1. The further development of intermediate care is one of the core delivery priorities emerging from the Strategic Plan. The diagram below illustrates the key priorities which have a focus on strengthening community based services.



What is Intermediate Care?

4.2 *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland* [Scottish Government, 2012] provides the national framework and evidence base for the range of services which come under the banner of intermediate care. The framework was used as a basis for the initial development of intermediate care services in the Partnership. Intermediate care encompasses a range of functions which focus on prevention,

rehabilitation, re-ablement and recovery, depending on the needs of the individual and which contribute significantly to -.

- Preventing unnecessary acute hospital admission or premature admission to long-term care
- Supporting timely discharge from hospital
- Promoting faster recovery from illness
- Supporting anticipatory care planning and self-management of long-term conditions

Within the national framework the following definition is offered:

"The function of intermediate care - inherent in its name - is to **integrate, link** and provide a **transition** (bridge) **between locations** (home/hospital and vice versa); **between different sectors** (acute/primary/social care/housing); and **between different states** (illness and recovery, or management of acquired or chronic disability)."

Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland, Scottish Government [2012]

This definition is underpinned by four key principles –

- A focus on early intervention and prevention
- Maintenance and/or re-establishes independence for individuals
- Supports a shift from institutional care to supporting people in their own homes
- A short term intervention

In general there are three main streams of intermediate care services. These are:

Intermediate Care at Home

4.3 This provides people with rapid access to assessment, rehabilitation and support following a crisis. It is usually provided by a mix of health and social care professionals, for example occupational therapists and physiotherapists, home carers, and community support teams. This model is also often referred to as re-ablement.

4.4 Help will usually be provided within 24 hours, and offers a safe alternative to admission to hospital, or short-term support following discharge from hospital. This type of care is time-limited, usually lasting for up to six weeks.

Bed Based Intermediate Care

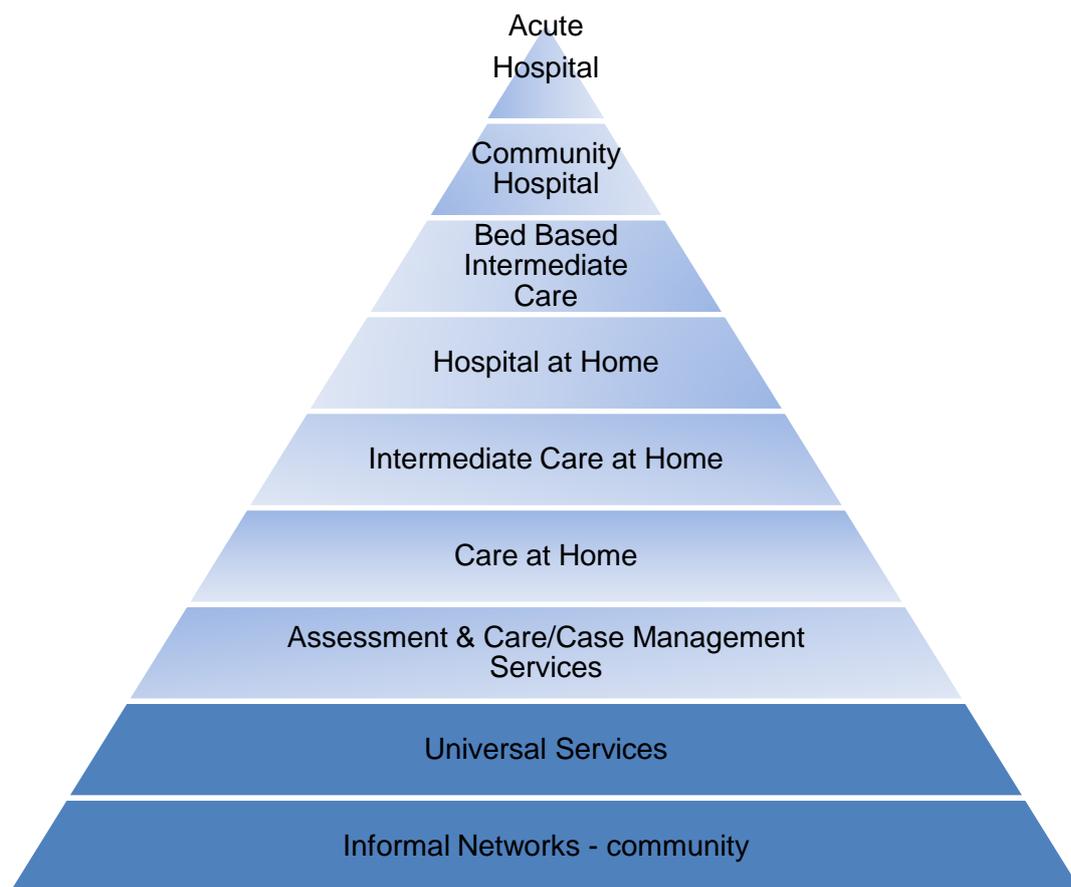
4.5 Similar to Intermediate Care at Home, this is a time limited episode of care provided in dedicated care homes, housing with care or community hospitals. It can be provided as an alternative to admission to hospital (step-up) or to provide further assessment and rehabilitation, following discharge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

Hospital at Home

- 4.6 A time limited episode of specialist clinical care provided at home (or care home), as an alternative to admission to acute hospital. The care is overseen by a consultant or GP with special interest.

Outline of Current Service Delivery Models

- 4.7 In this Health and Social Care Partnership [HSCP] intermediate care services are largely focused on supporting older people and are provided as Intermediate Care at Home and Bed Based Intermediate Care.
- 4.8 We know that older people and their unpaid carers are concerned about the increasing likelihood of unplanned or emergency hospital admissions as they develop more long term conditions and complex needs – and about having to stay there for longer periods of time. This concern is reflected in the Partnership’s Strategic Plan as part of Sam’s journey. We also know from our own service developments and the wider research and evidence base that, while many admissions to hospital are necessary, some can be avoided if we take the right anticipatory care action and we have developed appropriate and effective alternatives in the community.
- 4.9 While this report has a focus on intermediate care services there are 6 broad tiers or categories of service provision, underpinned by assessment of individual need and review. The tiers are more fluid in ‘real life’ and people will move up and down the tiers according to their needs, which will often fluctuate. The vast majority of people will live at home with support from their family and friends in their local community and will access universal services such as those provided through primary care on an ‘as needed’ basis.
- 4.10 As people age and develop long term conditions and become generally more frail there is often an increased need for support. Following on from primary care services and episodic health care such as day surgery the mainstream care at home services are often the first areas of direct ongoing service provision people experience along with smaller pieces of equipment and adaptations such as alarms, stair lifts and bathing which improve mobility and general quality of life. Care at home services in the HSCP are focused on the provision of personal care i.e. bathing, dressing, meal provision and range from a few hours a week to larger packages of care.
- 4.11 The Board has previously discussed the Buurtzorg principles and the services described in this report are the formal networks, represented in the following grid by the lighter blue sections and in ascending order in relation to the increasing complexity and immediacy of the assessed needs of the person.



Intermediate Care at Home

- 4.12 Within the HSCP there is no single model of re-ablement or intermediate care at home but rather five overlapping service delivery models which have emerged at different times to meet local needs or utilise local resources more effectively. However, while there are differences in the mix of services available all of them do operate within the principles outlined above - focus on early intervention and prevention; maintenance and/or re-establishes independence for individuals; support a shift from institutional care to supporting people in their own homes; provided as a short term intervention.
- 4.13 **Clackmannanshire Reablement** [Intermediate Care at Home] consists of a combined model of assessment and rehabilitation with support from both Care Management from Social Care, and Community Rehabilitation (ReACH) teams. The service is primarily provided to people over 65 who have been discharged from hospital or are at home and have experienced a change in their condition. This can include people who may have had a stroke or surgery and need support to regain their previous level of function. Identified outcomes are established, which include managing personal care, mobility, meal preparation and re-engaging with the community. This service has broad criteria and currently includes supporting people in crisis, or to bridge care from hospital to home, as well as providing end of life care.

- 4.14 **Stirling: Home Care Assessment and Reablement Team (HART)** This service supports users to build confidence and enables appropriate assessment for longer term care at home service provision. The team operates within a social care delivery model with care planning and reviews following an outcome focussed assessment process. The team has specially trained support workers who provide rehabilitation services, and who work closely with Community Rehabilitation (ReACH) teams and are managed under the HART service.
- 4.15 **Stirling: the Rural Partnership** service is a rehabilitation model of care supported by Community Rehabilitation (ReACH) and covers North West Stirlingshire. The support workers within this team have been trained to provide augmented care and support in addition to rehabilitation, and are able to support Community Nursing services with tasks. These teams are co-located within Callander Healthcare Centre, and Cherrytree Centre in Balfron.

Hospital at Home: Closer to Home / Enhanced Care Team

- 4.16 Since December 2016, a nurse led Enhanced Care Team has been in place the purpose of which is to provide immediate and intensive support predominantly to older people who are becoming unwell and are at risk of an unplanned admission to hospital. The Enhanced Care Team will also support people who fall at home but are un injured, preventing further risk of falls and can support early discharge where this is appropriate. While this is not a full hospital at home service a further development in this service has been the recent addition of GP Fellows to the Team, details of which are included in a separate paper to the Board. This will allow the Enhanced Care Team to accept increased and more complex referrals from GPs and is being rolled out on a phased basis across the health and social care localities.
- 4.17 Discussions are now taking place to consider how the Closer to Home services (Enhanced Team, GP Fellows, and Alfie) can be better aligned with the other community reablement and intermediate care services to provide a more coordinated and integrated "front door" to community services. A report on the GP Fellows is also being presented to the Integration Joint Board at this meeting.

Bed Based Intermediate Care

- 4.18 Bed based intermediate care services have been established within the residential care homes owned by the local authorities. The care homes provide a more homely environment in which people can be assessed, while giving them the opportunity to make informed decisions about their longer term care and support needs. Within this bed based provision care and support is available 24 hours a day.
- 4.19 These services offer an appropriate discharge pathway for service users who may benefit from further recovery and assessment prior to them returning home, or a more homely alternative from which to receive rehabilitation programmes when medically fit for discharge. This type of service provision is

described as “Step Down” assessment. On average, 70% of service users access the service from a hospital setting.

- 4.20 Equally, the service can accommodate people from their own home in the community and may be used as an alternative to admitting someone to hospital if they are unwell, but not in need of specialist medical care. This type of provision can be accessed by Primary Care Teams, to support people to be cared for in their local community and out with a hospital based setting, and is often referred to as “Step Up” assessment. On average, 30% of service users access the service from the community.

Current service provision is outlined in Table 1 below -

Service Name	Service Description	Beds Available
Ludgate House Resource Centre [Clackmannanshire]	Provides short stay assessment services – including for people with a diagnosis of dementia or mental health condition. A multi-disciplinary team support the assessment of users of this service.	7
Allan Lodge Care Home [Stirling]	Provides short stay assessment services - including for people with a diagnosis of dementia or mental health condition. A multi-disciplinary team support the assessment of users of this service. Integrated Care Funds support this model of service delivery in readiness for transition to Stirling Care Village in Autumn 2018.	20
Beech Gardens Care Home [Stirling]	Provides short stay assessment for older people – including for people with a diagnosis of dementia or mental health condition. A multi-disciplinary team support the assessment of users of this service. Integrated Care Funds support this model of service delivery in readiness for transition to Stirling Care Village in Autumn 2018.	10
Strathendrick Care Home	Provides short stay assessment for older people – including for people with a diagnosis of dementia or mental health	5

	condition. A multi-disciplinary team support the assessment of users of this service. Integrated Care Funds support this model of service delivery and the service is currently subject to review	
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Recent analysis of the services over the period 2016/17 show the following destinations –

2016-2017 (1 st April – 31 st March)	Total Nos Discharged	Home with package of care	Care home admission	Hospital admission	Death
Clackmannanshire	26 people	27%	46%	23%	4%
Stirling	97 people	55%	25%	17%	3%

- 4.21 There are clearly differences in the outcomes in terms of destinations identified in this analysis and a review of the wider model of care is now taking place as part of the further work required to 'step into' the care village.
- 4.22 Where service users have made the decision to move into a care home from the bed based intermediate care services, they were able to do so in a more suitable environment, with their needs fully assessed by the appropriate professionals. Service users and carers have expressed that they have found this an invaluable opportunity to come to terms with challenges and changes in their lives, and could not have done so meaningfully within a hospital environment.
- 4.23 A key benefit to these services is having links to communities and supporting people to access supports which will maintain positive outcomes, and enable people to keep well once they have been discharged. All of the care home settings have close links with local schools, churches and other organisations, and are able to help sign post service users and their carers to appropriate on-going supports to promote active ageing wherever possible.
- 4.24 All of the services have appropriate technology enabled care systems installed, which also support assessment, and can enable people in learning how assistive technology can help them to be more independent at home.

Development of Intermediate Care Models

- 4.25 The development of place based multi disciplinary approaches such as the proposed model of neighbourhood care pilot and the emerging locality or local approach to planning and service delivery across the HSCP and within each of the local authority areas provide a positive opportunity to realign and further develop intermediate care.

- 4.26 The reablement and rehabilitation community based intermediate care services require to be reviewed to ensure there is equity of access and that the service delivery model is effective and maximises our joint resources. Reablement services across the Partnership should be aligned to ensure that the most appropriate pathways are in place which have a focus on anticipatory care and support both discharge and prevention of avoidable admission to acute hospital.
- 4.27 The delivery of Stirling Care Village, a key Strategic Plan priority, involves a range of work to be done to support the 'step into' the facility which will be operational from Autumn 2018. The Programme Board arrangements have been refreshed to incorporate both the building work and to commence the review of the model of care for the service, essentially the bed based intermediate care services.
- 4.28 To ensure a coherent approach the review of the bed based intermediate care services will incorporate the Clackmannanshire based services. The supporting services – the intermediate care at home services [rehabilitation and re-ablement], mainstream care at home and the supporting multi-disciplinary place based services across the whole HSCP area also need to be re-aligned, with opportunities for further integration and streamlining identified and developed.

5. Conclusions

- 5.1. A whole systems approach should be applied to enable re-design activity and to ensure it is effective, and makes the most of opportunities to align the teams and services appropriately to maximise outcomes and efficiency. This is also likely to mean that further integration of the teams delivering the services will be required.
- 5.2. Intermediate Care Services [both bed based and care at home models] across the Partnership underpin many of the ambitions of the Strategic Plan and need to be re-designed to support innovative service delivery models to be developed which are anticipatory and are place based.

6. Resource Implications

- 6.1. There are no immediate resource implications identified in this report.

7. Impact on Strategic Plan Priorities and Outcomes

- 7.1. The objectives of Intermediate Care Services are consistent with vision and priorities of the Strategic Plan and the National Health and Well-being Outcomes.

- Outcome 1 – Improving health and well-being
- Outcome 2 – Living independently at home
- Outcome 3 – People have positive experiences of services
- Outcome 4 – Services focusing on improved quality of life

8. Legal and Financial Risk Implications

- 8.1. There are no anticipated legal risks to the Partnership.
- 8.2. There is significant financial investment in the delivery of Intermediate Care Services and re-design activity should be carried out within the appropriate financial governance of the Integration Joint Board.

9. Consultation

- 9.1. Consultation and engagement in the re-design of services is on-going as part of delivery of Strategic Plan priorities.

10. Equality and Human Rights Impact Assessments

11. Exempt Report

- 11.1. Not Exempt

Case Study 1- Reablement Service received by Mr M

Background

Mr M was discharged from Forth Valley Royal Hospital and referred to Reablement for a package of care, initially consisting of 4 visits per day. Mr M had lost his ability to mobilise without the use of specialist equipment due to a healthcare condition. Moving and handling support was required through the use of a hoist and slide sheet. He was otherwise confined to bed. Mr M's family prepared all meals and supported him in taking his medication.

What did we do?

Mr M and his family were introduced to the multi-disciplinary team which consisted of Reablement Support Workers and an Occupational Therapist. Equipment was supplied to support Mr M's care, including a hoist and profiling bed.

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

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

What difference did we make?

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

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

What was key to improved outcomes?

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

What were the views of the service user?

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

Case Study 2-Short Stay Assessment Service received by Mrs J

Background

Mrs J was admitted to Forth Valley Royal Hospital following a fall at home. She had spent a period of time in hospital for her immediate recovery, but had lost her independence, and her mobility was greatly reduced due to having a fractured ankle. It was identified by Hospital staff that Mrs J would have difficulty managing if she were to go directly home and so a referral was made for a short stay assessment service.

What did we do?

- Mrs J was visited by the short stay assessment service to discuss her outcomes and what the service could do to support her recovery
- Mrs J agreed to an admission, with her main outcomes being that she wished to return home, fully able to manage her own care and support needs
- Mrs J was admitted to short stay assessment with the aim of supporting her rehabilitation outcomes within a safe environment.

What difference did we make?

Upon admission, Mrs J met with Occupational and Physiotherapists within the short stay service, and agreed to work with the support staff on an exercise programme which built her bone and muscle strength as well as balance. She also participated in outcomes to re-gain her confidence in preparing meals and managing her medicines.

An opportunity was taken to support Mrs J with a home simulation in the first instance. This consisted of Mrs J only receiving assistance when required or at the times of a home care visit. This was closely monitored and from this, a trial visit to her own home was then arranged. In providing Mrs J with support of a trial visit overnight, both she and the service were able to assess any potential risks and consider how best to support her in the longer term. A small package of telecare, consisting of the community alarm service (Mobile Emergency Care Service) was provided to Mrs J should she require assistance in an emergency.

Mrs J was able to return home with no package of care.

What was key to improved outcomes?

The service was able to support Mrs J in reaching very ambitious outcomes and work with her to improve her overall health and well-being thus reducing her risk of falling again in the future.

The multi-agency approach of working with colleagues across health and social care was pivotal to ensuring that robust assessments of risk and achievable outcomes were established.

What were the views of the service user?

Mrs J believed that this service supported her to get home and gave her the opportunity to recover in a safe environment.



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 9.3 on the agenda

Care About Physical Activity Improvement Programme [CAPA]

Paper presented by Janice Young

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Carol Hamilton, Service Manager, Housing, Augmented Care & Support, Stirling Council, Shiona Hogg, Service Manager, Allied Health Professional NHSFV Bette Locke, Allied Health Professional Strategic Lead, NHSFV Janice Young, Acting Service Manager, Clackmannanshire Council
Date:	19 April 2017
List of Background Papers / Appendices:	
Appendix 1 – Note of Interest Submission	

Title/Subject: Technology Enabled Care Programme Grant Funding
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Janice Young, Acting Service Manager on behalf of group
Action: For Noting

1. Introduction

- 1.1. The purpose of this report is to provide the Integration Joint Board with information on the recently successful application to join the Care About Physical Activity (CAPA) Improvement Programme, led by the Care Inspectorate and the Scottish Government. This report will provide an overview of the national programme, and intentions of the health and social care partnership in supporting improved access to physical activity in the care home sector.

2. Recommendations

The Integration Joint Board is asked to:

- 2.1. Note the opportunities which the CAPA Improvement Programme will bring to the Health and Social Care Partnership in widening access to physical activity for older people living in care home settings.

3. Background

- 3.1. The Care About Physical Activity Programme [CAPA] has been established by the Care Inspectorate, with support from the Scottish Government and Active Scotland. The key objective is to deliver improved access to physical activity programmes for people living in a care home setting.
- 3.2. A national improvement programme investment of £1 million has been committed by the Scottish Government to develop and increase levels of physical activity in older people living in the care home sector. This funding commitment will support education and development within the care home industry, and Health & Social Care Partnerships were invited to submit notes of interest to participate in the programme during January/February 2017.
- 3.3. A Note of Interest (Appendix 1) for the programme was submitted by the Clackmannanshire and Stirling Partnership in February 2017. The note of interest covers the development of physical activity programmes in all care homes and very sheltered housing complexes across the Partnership area. .

- 3.4. The Note of Interest was successful, with the Partnership area being taken forward as one of the 8 Partnerships nationally who will benefit from programme support to improve physical activity levels for older people. Programme activity is expected to commence in April/May 2017 and will run until November 2018.

4. Current Position of Physical Activity in Care Homes Nationally

- 4.1. Research has shown that in some cases older people living in care homes can spend 80% of their time sitting, which can have a negative effective both on their physical and mental health.
- 4.2. The Care Inspectorate published guidance to support the promotion of physical activity, called “Care About Physical Activity” in 2014. This included a pack of resources which care homes could use to improve the assessment of activity in their setting, and a range of opportunities which they could work towards to improve activity levels for their residents.
- 4.3. This pack of resources, where implemented has been seen to have a very positive impact on the well-being of residents in care home settings, as well as improving morale and indeed, physical exercise amongst staff groups.
- 4.4. It has been noted through evaluation by the Care Inspectorate, that while successful, the overall take up of the resource pack has not been universal, meaning that not all residents in care home settings are gaining from approaches to improve activity and exercise. This has led to the development of a national programme approach to support the implementation, learning and development of the workforce to embed physical exercise and activity into the support plans and culture of the care home sector.
- 4.5. The Care About Physical Activity Programme will include access to Programme Advisers, an evaluation process and opportunities for learning and development for the workforce.

5. Key Objectives for Clackmannanshire and Stirling

- 5.1. Currently, there are 18 care homes across the Clackmannanshire and Stirling Health and Social Care Partnership area providing 779 long term placements. There is also one very sheltered housing complex, as well as 4 Local Authority owned and operated care homes providing intermediate care services to older people.
- 5.2. It is not clear at this time, how many of these units have fully implemented the Care Inspectorate resource pack to improve levels of physical activity in their homes.
- 5.3. The Note of Interest submitted to the CAPA Programme sought support to improve the current position through:-

- Improving equity of access to physical activity in all care homes across in the Health and Social Care Partnership.
- Improving access to learning and development opportunities for care home employees with a focus on learning about the benefits of physical exercise and activities.
- Exploring opportunities to use technology to support effective delivery of physical exercise programmes. This would be through the use of video conferencing technologies and links to the work already taking place as part of Technology Enabled Care.
- Improving research methodologies and improving local knowledge through effective benchmarking with other Partnership areas via the programme network.
- Make links from this work to improvement activity to support uninjured fallers in care home settings and support Anticipatory Care Planning.

6. Conclusions

- 6.1. The programme support which will be provided to the Partnership to support the expansion of physical activity in care homes is a positive opportunity to promote transformational change in the way services are delivered to enable people to live successful lives in a care setting. In securing this support, there is an opportunity to work towards improving outcomes for people living in care homes, who may otherwise be excluded from opportunities in their communities.

7. Resource Implications

- 7.1. The resource implications are provided within Appendix 1 – Note of Interest Submission.

8. Impact on Strategic Plan Priorities and Outcomes

- 8.1. The objectives of the Care About Physical Activity Programme for the Partnership are consistent with the vision and priorities of the Strategic Plan and the National Health and Well-being Outcomes.
- 8.2. National Outcome 4 – Quality of Life. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- 8.3. National Outcome 8 – Engaged workforce. People who work in health and social care services are supported to continuously improve the information,

support, care and treatment they provide and feel engaged with the work they do.

- 8.4. Local Outcome: Community Focused Supports. Supports are in place, they are accessible and enable people, where possible to, to live well for longer at home or in homely settings within their community.

9. Legal & Risk Implications

- 9.1. There are no anticipated legal implications to the Partnership.

10. Consultation

- 10.1. Submission of the draft application was agreed by the Joint Management Team and the Chief Officer.

11. Equality and Human Rights Impact Assessment

- 11.1. This is a national programme which aims to promote the health and wellbeing of people living in care homes and is subject to national assessment

12. Exempt reports

- 12.1. Not exempt.

APPENDIX 1 – CAPA Note of Interest Application

CAPA Improvement Programme - note of interest for Integration Joint Boards (IJBs)

Name of IJB: Clackmannanshire & Stirling

Name of Chief Officer: Shiona Strachan

Email address: sstrachan@clacks.gov.uk

Contact Number: 01259 452018

Workstream Choice

Work stream 1: Care Homes for older people

Work stream 2: Care at home services, housing support and other support services for older people

Consider both work streams 1 and 2

1. Why should your partnership be considered for this programme based on the stated criteria? (limit 500 words)

We have a robust and varied physical activity programme for older people based within council leisure services. This programme is evidenced based and well evaluated. The majority of older people attending live in their own homes and do not receive any care.

We are aware there is lack of equity between the physical activity opportunities available to the older population who are still fairly independent and those who are either in a care home or receiving care to support them in their own homes. We would like to build on our expertise and knowledge in physical activity to make this accessible and meaningful to all older people. We feel by using the CAPA resource and support around improvement methodology we could make real changes to both our NHS and council staff's knowledge base and the knowledge base of staff working within the care sectors.

We have recently started to develop some joint working within the care home sector based around the Care Inspectorates "Managing Falls and Fractures in Care Homes

for Older People” resource”. This programme involves NHS and Council staff developing their knowledge of the resource and delivering a 1 day multidisciplinary education to care home staff. This piece of work has been well received by NHS and council staff and care homes demonstrating commitment to shared learning and development to improve the quality of care of older people living in a care home.

Within Stirling and Clackmannan we have a mix of urban and rural areas with 18 care homes across Stirling and Clackmannan totalling 779 beds. There are also 3 intermediate care council care homes, totalling 42 beds.

There are number of sheltered housing complexes across the partnership area, with one unit providing an enhanced housing support service to its tenants. There would be opportunity to enhance the lives of the residents of this housing with care service, building confidence in a range of physical activity opportunities.

NHS FV Health Promotion Service has recently commissioned a project to scope what physical activity is currently taking place in care homes. This initial exercise will involve 6 care homes in Clackmannanshire. This project will enable us to commence engagement with care homes locally and assist us in gaining baseline data to inform what support care homes are requiring to ensure all residents are encouraged and supported in physical activity opportunities.

There would be an interest within the Health and Social Care Partnership to explore how technology and Home and Health Care Monitoring could support the delivery of physical activity programmes, while the use of Self Management platforms such as Living it Up to maintain levels of physical activity would also be an area for further consideration and development. The Partnership has a Technology Enabled Care Service User Group who could be involved in identifying how technology can assist in supporting people to achieve positive outcomes.

The Partnership would also like to explore how Physical Activity can be actively promoted within its workforce and would appreciate support from the Programme to produce baseline data from which to develop opportunities for improvement.

2. What help will your partnership offer to support services to improve and provide sustainability? (limit 500 words)

As the Partnership has developed links to work jointly with the independent and in-house care home sector, it would be expected that from this Programme, we would be able to work closely with Health Improvement colleagues to improve levels of physical activity in this care group. This would build on existing examples of how physical activity has been used to a beneficial effect, and provide a robust network for these partner agencies to improve their approach to physical activity within their services.

The learning and development needs of the front line work force would be key in order to deliver safe and effective programmes of physical activity.

We would be committed to continuing this education and support to staff and services after the programme is complete, perhaps with the use of train the trainer programmes and supporting networking between different care homes.

The Partnership would also seek to link work from this programme with that of other areas of development such as the Falls and Frailty Programme also with the Active and Independent programme[AILIP]which is a 3 year AHP led national improvement programme, which aims to maximise the health and wellbeing of the population of Scotland and the expansion of our approach towards Anticipatory Care Planning.

The evaluation of physical activity programmes would also be seen as an area where learning could then be applied to continuous improvement in service delivery, with a focus on meaningful outcomes for older people/participants in any physical activity programme.

The Partnership would also have an interest in sharing opportunities to develop a network of services to support people living with dementia in order to promote physical activity for those who may have both physical frailty and dementia.

3. Who will your identified link person be? (Name and contact details)
Shiona Hogg, AHP Manager for Acute and Rehab Services, 01324 673737,
shiona.hogg@nhs.net

Janice Young, Acting Service Manager, Adult Provisions Service, 01259 226848,
jyoung@clacks.gov.uk

4. Please add any other information you think is important for us to know? (limit 500 words)

Please note that this is a very preliminary paper but would really welcome the opportunity to be part of this exciting piece of work.

Please return this by email to edith.macintosh@careinspectorate.com by the 19 January 2017.



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 9.4 on the agenda

Chief Officer Report

(Paper presented by Shiona Strachan)

For Noting and Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Shiona Strachan, Chief Officer
Date:	19 April 2017
List of Background Papers:	

Title/Subject: Chief Officer Report
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Shiona Strachan, Chief Officer
Action: For Noting and Approval

1. Introduction

1.1 This report 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.

2. Executive Summary

2.1. This paper provides Board members with information on:

- Delivery Plan [Section 4]
- Chief Finance Officer Post [Section 5]
- Duty of Candour [Section 6]
- Integration Joint Board Membership [Section 7]
- Health & Social Care Partnership: Inspection and Joint Self Evaluation [Section 8]
- Operational Services [Section 9]
- Governance & Programme Management Approach [Section 10]
- Collaborative Leadership in Practice & Workforce development and engagement [Section 11]
- Models of Neighbourhood Care [Section 12]
- Care Village [Section 13]
- Innovation Session [Section 14]
- Winter Planning [Section 15]
- Complaints Handling procedures [Section 16]
- Equality Mainstreaming and Outcomes [Section 17]

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the content of the report
- 3.2. To approve the post of Chief Finance Officer for advertisement as a permanent post with hours up to full time
- 3.3. To note the submission of the review of the equalities outcomes will be presented to the June meeting of the Integration Joint Board.

4. The Delivery Plan

- 4.1. Due to the complexity of the budget setting process the development of the draft Delivery Plan was delayed. Following agreement of the budget, work continues to take place to more fully develop the Delivery Plan which underpins the Strategic Plan. The Delivery Plan contains a degree of additional detail on efficiency and savings programmes. However, further actions will be required to bring the costs of service delivery into line with resources available, with a further requirement for a linked Recovery Plan to be developed.
- 4.2. As discussed at the March meeting of the Integration Joint Board the budget pressures are arising from three key areas - the implementation of the living wage; the demographic changes to the population and the general effect of inflation.

5. Chief Finance Officer

- 5.1. The Chief Finance Officer post was established on a temporary, part time basis in the transition year and has continued to operate across year one of the Integration Authority and the Integration Joint Board on that basis. It is the second post to be seconded to the Integration Joint Board – the other being the Chief Officer.
- 5.2. The early part of the focus for the post holder was the due diligence exercise and the establishment of financial reporting to the Integration Joint Board, establishment of and support to the Audit Committee. This Partnership is unique in that it consists of three constituent authorities or partners. At this point in time, there is no 'single' Health and Social Care Partnership delivery structure meaning that the key groups are the Leadership and Joint Management Team, which bring together the operational management teams from the constituent parties to focus on the delivery of the Strategic Plan. As per previous agreement, the support services are drawn down from the constituent partners. This means that both the Chief Officer and the Chief Finance Officer are operating across the three constituent organisations and also have the lead responsibility in relation to the Integration Authority itself. Over the last 12 months the demand in respect of the Integration Authority has continued to grow – recent examples of this are the application of the model complaints, Internal and external audit, Inspection, Duty of Candour and requests for separate consultation responses. This level of demand was not fully anticipated at the inception of the Partnership and, in common with the constituent partners, there is a finite resource to meet it.
- 5.3. The model job description issued by the Scottish Government for the post of Chief Finance Officer outlines the purpose of the post as –
 - Is accountable to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's three year

financial strategy [this is the medium term strategy referred to in the meeting in March and aligns to the delivery of the Strategic Plan]

- Is responsible for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer and for the financial administration and financial governance of the Integration Joint Board
- The post holder is the Accountable Officer for the financial management and administration of the Integration Joint Board. The Chief Officer has all other Accountable Officer responsibilities. The Chief Finance Officer's responsibility includes assuring probity and sound corporate governance and responsibility for achieving best value.

5.4 Further the dimensions are set out as being –

- A key member of the Senior Leadership Team, helping it to plan, develop and implement business strategy and to resource and deliver the IJB's strategic objectives sustainably and in the public interest;
- Responsible for developing the financial strategy of the IJB
- Must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term financial implications, opportunities and risks are fully considered, and alignment with the IJB's financial strategy; and,
- Must lead the promotion and delivery of by the IJB of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.
- Responsible for creating, in conjunction with related Local Authority and Health Board Directors of Finance a collaborative arrangement with Business partners.

5.5 The model job description was formed during the transition year and has required some localising and updating to more fully reflect the developing task and responsibility range. A copy of the newly revised job description is attached in Appendix one of this report.

5.6 It is important that key posts associated with the delivery of the Partnership's outcomes and objectives are mainstreamed and do not continue to operate on a temporary basis. It is also important that they have the capacity to carry out the assigned functions fully. The first year of operation has demonstrated that the budget setting process is complicated, that there requires to be enough capacity to develop the medium term financial strategy and to fully support the Chief Officer and the management teams within the constituent partners to develop a Partnership approach and not a single agency approach. There are a range of views on the requirement and there are a range of approaches across the country. It is the chief Officer's view that a 0.5 WTE post is insufficient to carry out the full range of functions to the level required, including involvement in the material business decisions as we enter into a year of considerable financial strain which requires re design of services to meet the financial envelope and delivery of some large developments, such as the Care Village.

5.7 Approval is being sought from the Integration Joint Board to advertise the post of Chief Finance Officer on the same basis as the Falkirk Partnership – that is, a permanent post with hours up to full time to secure the best person for the post. The salary banding for the post is £52,998-£69,860.

6. Duty of Candour

6.1. The duty of candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill were given Royal Assent on April 6, 2016. A target implementation date of April 1, 2018 has been agreed. This duty will apply to local authorities and NHS Boards – and for the Integration Authority it will apply to the health and social care services being commissioned and will be an element of the Clinical and Care Governance arrangements.

6.2. The purpose of the new duty of candour provisions is to support the implementation of consistent responses across health and social care providers when there has been an unexpected event or incident that has resulted in death or harm that is not related to the course of the condition for which the person is receiving care.

6.3. The principles of candour already inform the approach that is taken in many organisations. The professional duty currently applies to many health and social care professionals across Scotland as this is a part of the requirements of their practice by their professional regulators.

6.4. Regulations will be developed using powers created by Section 22 of the new Act. These will set out the detail of the Duty of Candour Procedure to be followed by each organisation. These Regulations will be legally binding and require the approval of the Scottish Parliament.

6.5. Guidance will be issued in due course by the Scottish Government to support implementation of the duty of candour part of the Act and outline supportive information on how the Act is applied in practice, including the preparation of an annual report. The Guidance will address how the duty can be integrated with existing processes for responses to complaints, adverse event and incident reporting [which are part of the clinical and care governance arrangements for the Integration Joint Board] — emphasising the requirements for support, training and identification of learning and improvement actions. The key principles are -

- Providing health and social care services is associated with risk and there are unintended or unexpected events resulting in death or harm from time to time.
- When this happens, people want to be told honestly what happened, what will be done in response, and to know how actions will be taken to stop this happening again to someone else in the future.

- There is a need to improve the focus on support, training and transparent disclosure of learning to influence improvement and support the development of a learning culture across services.
- Candour is one of a series of actions that should form part of organisational focus and commitment to learning and improvement.
- Transparency, especially following unexpected harm incidents is increasingly considered necessary to improving the quality of health and social care.
- Being candid promotes accountability for safer systems, better engages staff in improvement efforts, and engenders greater trust in patients and service users.

7. Integration Joint Board Membership

- 7.1. As noted in the Chief Officer report in February 2017, in line with the revised Standing Orders and the decision of the Integration Joint Board in March 2016, the Chair is due to transfer from Clackmannanshire Council to Stirling Council for the remaining term of the Local Authority two year period in April 2017. Due to the impending Scottish local government elections on 4 May 2017 agreement has been reached between Clackmannanshire Council and Stirling Council that the current chair, Councillor Les Sharp, will continue to hold the chair for the April cycle. The chair will transfer to the Stirling Council nomination from the June meeting of the Integration Joint Board and will end at the agreed point in April 2018, transferring to NHSFV for the next two year cycle.
- 7.2. The induction programme will be brought forward for consideration to the June meeting of the Integration Joint Board.

8. Health and Social Care Partnership Inspection and Joint Self Evaluation

- 8.1. The Partnership has received a letter advising of a possible inspection during 2017/18. New Strategic Link Inspectors have been allocated to both Clackmannanshire and Stirling by the Care Inspectorate and services have begun to engage with them. Discussion has also taken place with the Head of Strategic Inspection, Kevin Mitchell, with a view to meeting to discuss the approach to inspection given that the Partnership will be one of the first to be inspected using a new integrated model. A self evaluation exercise has established a baseline and further work will be done over the coming months to develop this and an improvement plan by a small multi agency core group.

9. Operational Services

- 9.1. As the Board are aware Learning Disability Services, Mental Health Officer Services and Mental Health Services now sit within the operational management arrangements under the Chief Officer. Work continues on the

scoping of areas for further integration in this Partnership and further discussion is now taking place on the timescales for the next steps.

10. Governance & Programme Management Approach

- 10.1. Within this Partnership we are working within a complicated landscape, often with competing priorities, and there is a great deal of activity taking place within and between services and organisations. It is important to achieve some clarity on the priorities for activity relating to delivery of the Strategic Plan, co ordinate the activities to gain maximum benefit and to agree the timescales for the activities to help prioritise and target resources to achieve traction.
- 10.2. To better support the implementation phase of the key areas for development to deliver the Strategic Plan and to reflect the operational management position of the integrated Learning Disability, Mental Health and Mental Health Officer services the related governance structures have been reviewed including the role and function of both the Joint Management Team and Leadership Group. Key leads have been identified for the work streams to develop services in line with the delivery priorities and a programme management approach is in place, with progress monitored through the Joint Management Team. These arrangements will be reflected in the draft Delivery Plan.
- 10.3. The following diagram illustrates the delivery priorities for the Partnership -



11. Collaborative Leadership in Practice [CLiP], Workforce Development and engagement

11.1 We recognise that supporting our whole workforce is essential to the delivery of the Partnership priorities. An implementation plan for 2017-18 has been developed to ensure delivery against our commitments in the Partnership Workforce Plan (approved by the Integration Joint Board on 26 January 2016).

This Implementation Plan includes actions for:

- Support development of the Joint Management Team role, function and capacity as the Partnership's strategic leadership team to lead and deliver the Partnership priorities. This will be delivered via the 'Collaborative Leadership in Practice' [CLiP] Leadership Programme, a bespoke offering nationally from a collaboration of NHS Education for Scotland (NES), Scottish Social Services Council (SSSC) and the Royal College of General Practitioners (RCGP).
- The SSSC will also provide team-based input for development of the models of neighbourhood care, as previously indicated to the Board.
- Further analysis of workforce data and workforce planning for the future.
- Development of a local approach to ongoing staff engagement and measuring staff experience at team level. This will include a series of team and service based discussions and an exploration of the *imatter* and other continuous improvement tools to inform engagement. *imatter* is currently in use within NHSFV.
- Ensuring a focus on workforce engagement, training and development within each of the delivery priority areas and any other improvement activity work taking place.

12. Models of Neighbourhood Care

12.1. The evaluation resource has now been agreed with the National Programme and iHUB and Ailsa Cook has been assigned and is now in touch to commence the initial scoping work with the core project team. The core project team has been established and will now take the work forward.

12.2. The initial community facing session will take place in April [as planned] supported by the Communities & People service in Stirling Council.

12.3. As agreed the outline business case will be presented to the Integration Joint Board in June 2017.

13. Care Village

- 13.1. The delivery of Stirling Care Village, a key Strategic Plan priority, involves a range of work to be done to support the 'step into' the facility which will be operational from Autumn 2018. The Programme Board arrangements have been refreshed to incorporate both the building work and to commence the review of the model of care for the service, essentially the bed based intermediate care services. To ensure a coherent approach the review of the bed based intermediate care services will incorporate the Clackmannanshire based services. The supporting services – the intermediate care at home services [rehabilitation and reablement], mainstream care at home and the supporting multi disciplinary place based services across the whole HSCP area also need to be re aligned.

14. Innovation Session – Clackmannanshire

- 14.1. The Innovation session is scheduled to take place on 25 April 2017. As previously intimated to the Integration Joint Board the session is a collaboration between NHS Forth Valley, the HSCP, third and independent sector providers and the intended outcomes are -

- Arrive at a shared commitment to deliver in collaboration a small number of defined innovations
- Increase public and staff awareness of the key challenges in the delivery of Health and Social Care Services
- Give feedback to the public and staff groups across the partnership on some of the actions taken as a result of the consultation and engagement sessions
- Increase awareness of the technology options/'innovations' already in use elsewhere and how they can be transferred into use locally to better support people and enable staff to carry out their range of functions

- 14.2 The innovation session is being sponsored by NHS FV Efficiency, Productivity, Quality and Innovation Programme Board. The output from the session will be provided within the next Chief Officer report.

15. Winter Plans – Additional Bed Capacity

- 15.1. Additional short term winter bed capacity had been provided in Ward 5 at Stirling Community Hospital to respond to demand over the winter period. This facility is no longer available and is scheduled for demolition as part of the Care Village development. In order to provide additional winter bed capacity, the Health Board has made capital funds available to upgrade decommissioned ward accommodation at SCH to provide 11 contingency beds. An exit plan for the beds has been agreed through the Operations Group of NHSFV and further work is now required to monitor the progress and impact. The Chief Officer and the Medical Director will continue to work

together with the Chief Officer in Falkirk to ensure that any required actions are taken.

16. Complaints Handling Procedures

- 16.1. The Scottish Public Services Ombudsman (SPSO) Complaints Standards Authority has been working with partners and stakeholders to develop new Model Complaints Handling Procedures (CHP) for both Social Work and Health Services in Scotland. This alignment of procedures will enable organisations to:
- Handle complaints flexibly
 - Reduce the number of conflicting procedures in operation
 - Improve services to the public by ensuring they receive a joined up response wherever possible
- 16.2 The Model CHP for Social Work Services was issued in line with the Public Service Reform (Social Work Complaints Procedure) Order 2016. The new NHS Scotland Model CHP meets the requirements of the Patient Rights (Scotland) Act 2011.
- 16.3 The new procedures were required for the 1 April 2017 deadline and a compliance statement submitted to the SPSO by 7 April 2017.
- 16.4 The respective CHPs, based on the national models, have been adopted by Clackmannanshire and Stirling Councils and NHS Forth Valley, to ensure a consistent person centred approach to the management of complaints, which is aligned to the complaints procedures adopted across the wider public sector in Scotland.
- 16.5 Staff training and improved information for customers will help to ensure that the procedures are implemented effectively.
- 16.6 The SPSO Complaints Standards Authority has very recently produced a model Complaints Handling Procedure for Integration Joint Boards, and will be writing to IJBs to confirm required arrangements for adopting the new model. In the meantime, the Complaints Protocol, approved by the Integration Joint Board on 22 March 2016, is in place.
- 16.7 Details of the new CHPs can be seen on the respective organisation's websites, and the models can be obtained via the SPSO's site at www.valuingcomplaints.org.uk.

17. Equality Mainstreaming and Outcomes

- 17.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions but public organisations, including Integration Joint Boards, have additional duties.

- 17.2. The Equality Act 2010 (Specific Duties)(Scotland) Regulations 2012 placed specific duties on the IJB to agree and publish, by 30 April 2016, equality outcomes and report on the mainstreaming of the equality duty. At its meeting on 27 April 2016, the IJB approved the Equality Mainstreaming and Outcomes Report, April 2016. The outcomes approved are:

Self management – Individuals, their carers and families are enabled to manage their own health, care and wellbeing

Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home, or in homely settings, within the community

Safety – Health and social care support systems help to keep people safe and live well for longer

Decision Making – Individuals, their carers and families are involved in, and are supported to, manage decisions about their care and wellbeing

Experience – Individuals will have a fair and positive experience of health and social care.

- 17.3 As part of the report in April 2016, the IJB agreed to review these outcomes in April 2017, with a view to more focused outcomes informed by the first year of operation. To align to the review of the Equalities Outcomes by Clackmannanshire Council, NHS Forth Valley and Stirling Councils the review of the outcomes relating to the IJB have been delayed and will now be presented to the June meeting.
- 17.4 In the meantime, it is intended that the IJB reporting template will be enhanced by introducing a section that will evidence and monitor actions which help meet the Equality Outcomes set by the Board. This will be put in place for the June IJB meeting.
- 17.5 The timescales set out by the Scottish Government and the Equality and Human Rights Commission is that Integration Joint Boards are required to publish an Equalities Mainstreaming progress report in April 2018. It is intended that a full review will be presented to the Board in December 2017.

18. Resource Implications

- 18.1. The resource implications are as outlined in the body of the report.

19. Impact on Strategic Plan Priorities and Outcomes

- 19.1. The proposals contained within this paper will help support the development of the partnership and the Integration Joint Board.

20. Legal & Risk Implications

- 20.1. The proposals contained within this paper will help support the development of the Partnership and the Integration joint Board in line with the required roles and functions set out within the Public Bodies (Joint Working) (Scotland) Act 2014.

21. Consultation

- 21.1. This paper provides a summary of national, Partnership and service activities to support the Health and Social Care Partnership. A number of the Partnership and service activities outlined have been subject to previous reports and decisions by the Integration Joint Board.

22. Equality and Human Rights Impact Assessment

- 22.1. An assessment is not required for this paper.

23. Exempt reports

- 23.1. No

Appendix 1 – CFO Job description

APPENDIX 1

JOB DESCRIPTION

POST TITLE

- Chief Finance Officer – Health and Social Care Partnership

REPORTING TO

- Chief Officer – Health and Social Care Partnership

JOB PURPOSE/CONTEXT

- The post holder is the Accountable Officer for the financial management and administration of the Integration Joint Board, as expressed under Section 13 of the Public Bodies (Joint Working) (Scotland) Act, 2014.
- Working closely with NHS and local authority partners, and the Chief Officer lead and manage the planning, development and delivery of the financial strategy for the Integration Joint Board
- To contribute to the development and review of the Strategic Plan. Using knowledge of health and social care cost behaviours arising from service delivery and demand, present opportunity cost information to the Integration Joint Board to support their decision making
- To provide strategic financial advice, information and support to the Chief Officer, the Integration Joint Board and any relevant sub committees to ensure effective financial administration and governance..
- To establish, maintain and develop a robust corporate financial governance framework to ensure effective governance of the Integration Joint Board.
- To develop, implement and support the Risk Management and Performance Reporting frameworks.

KEY RESULT AREAS/PRINCIPAL DUTIES AND RESPONSIBILITIES

- Ensure the integrity of the budget payment made in respect of the integrated budget and set aside budget by reviewing the provisions in the Integration Scheme setting out the methodology used and by undertaking due diligence

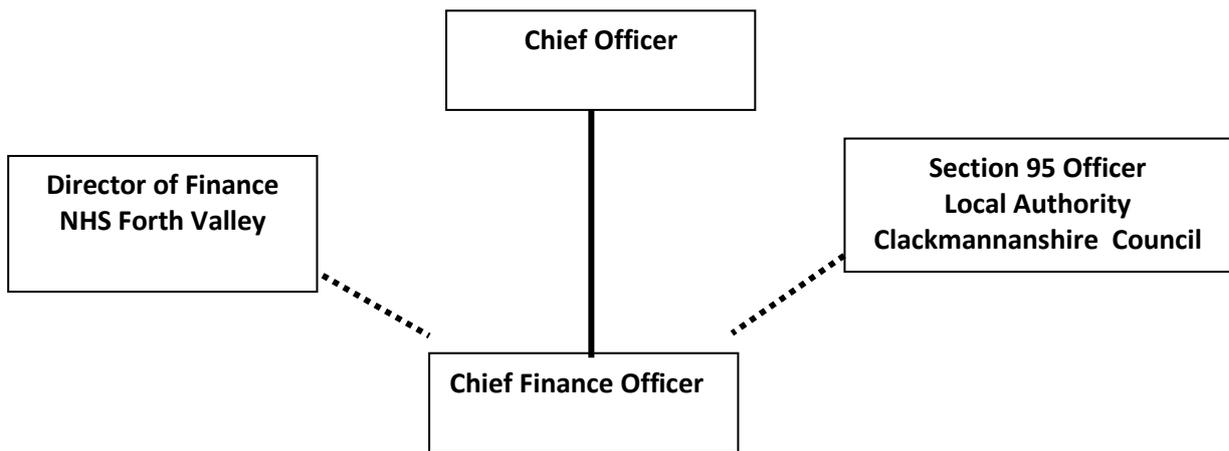
work with the Section 95 Officer of the Council[s] and the Director of Finance of NHS Forth Valley.

- Lead the development of the long term financial and resources strategy of the Integration Joint Board (IJB), and annual revenue budget setting, in support of the overall Strategic Plan.
- Ensure the financial implications of the Integration Joint Board's commissioning strategy are accurately and appropriately reflected in the financial plan which is the key delivery support element of the Strategic Plan, including options appraisals of proposed delivery model re design and scenario planning
- Provide transparency on all financial aspects of the Integration Joint Board's Strategic Plan highlighting any underlying assumptions and/or key risks inherent in the approval of a balanced financial plan/ budget.
- Ensure the development of the financial strategy and annual budget setting process complies with relevant requirements and timescales, and the respective processes already underpinning the Health Board and Local Authority [Authorities'] annual planning cycles.
- Working with the Chief Officer, lead on the preparation and maintenance of Directions from the IJB to NHS Forth Valley and Stirling and Clackmannanshire Councils, to carry out functions as set out in section 26 of the Public Bodies (Joint Working) (Scotland) Act
- Production and management of the Integration Joint Board's financial plans, in terms of processes and outcomes, ensuring compliance with relevant regulations and local and national timescales.
- Working with the constituent partners, in particular the s95 officers and the accountable officer of NHS FV identify priority areas for action e.g. preparation of any required Recovery Plan in line with the Integration Scheme requirements
- Establish effective financial management systems and forecasting arrangements, in conjunction with NHS Forth Valley Director of Finance and Local Authority [Authorities] S95 Officer to provide the Chief Officer and the Integration Joint Board [or any delegated sub Committee] with management accounts for all elements of the integrated budget.

- Establish, develop and review procedures in conjunction with the accountable officer in NHS Forth Valley and the Local Authority [Authorities'] section 95 Officer to allow the best practice principles set out in the *Code of Guidance on Funding External Bodies* and *Following the Public Pound* to be followed
- Develop appropriate mechanisms to ensure that the Health Board and Local Authority utilise financial resources in line with the allocations set out in the IJB strategic plan, and that reserves are managed consistently with the reserves policy
- Ensure effective management and monitoring of budgets, together with the development and production of robust and concise management reports
- Plan, monitor and coordinate and ensure completion of the IJB annual accounts and financial statements, ensuring compliance with statutory reporting requirements and timescales.
- Contribute to the annual report of the Integration Joint Board in line with the Partnership's Integration Scheme
- Act as point of contact with External Audit in respect of the audit of financial statements and liaise with them during this process to ensure approval on publication of finalised annual accounts and financial statements.
- Ensure that appropriate arrangements are in place for the provision of internal audit services
- Embed and further develop, a fit for purpose, financial governance framework by ensuring a regular review process is in place for the Financial Regulations, Financial Standing Instructions, Scheme of Delegation and Financial Operating Procedures for the IJB.
- Responsible for Best Value assessment contributing to the Integration Joint Board's Strategic Plan, playing a key role in the production and development of the Plan and monitor and provide appropriate advice on the strategic financial implications/considerations of Best Value.
- Contribute to the review and maintenance of the Integration Joint Board's Risk Register. Ensure that any financial risk is properly identified and mitigation strategies are agreed and implemented accordingly.
- Contribute to the development and delivery of a comprehensive and coherent performance management system, facilitating real performance improvement across the IJB, reducing duplication and delivering excellence in governance.

- Lead the promotion and delivery by the Integration Joint Board of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.
- Work with the internal and external Auditors for the Integration Joint Board and, where appropriate, the internal and external Auditors for the constituent Authorities
- Participate in the national Chief Finance Officer network and any other relevant fora
- Be an active member of the Strategic Planning Group, the Leadership Group and the Joint Management Team
- Work with the Chief Officer and the Joint Management Team to achieve the objectives of the Strategic Plan
- Support the Chief Officer and the senior managers to develop and implement service re design through the provision of advice, financial information and linked performance information and ensure a clear link between the resources and re design opportunities
- Provide transparency on all financial aspects of the Integration Joint Board strategic planning, highlighting any underlying assumptions and/or key risks inherent in the approval of a balanced financial budget or plan.
- To attend, as required, any relevant Council or NHS Board meetings
- To actively contribute to the relevant wider, NHS, Local Authority [Authorities] and Community Planning Partnership strategies

ORGANISATIONAL POSITION –



EQUIPMENT AND MACHINERY

- Essential user of personal computers and networked systems across NHS Forth Valley and Local Authority [Authorities] .
- Use of office equipment: PC photocopies, printer, telephone.

SYSTEMS

- Good knowledge of MS Office suite of software including Outlook, Excel. Word and PowerPoint.
- Use of the internet for information and research purposes.
- Familiarity with NHS and Local Authority [Authorities] financial systems and formats to access and interpret required information.

ASSIGNMENT AND REVIEW OF WORK

- Objectives will be agreed with the Chief Officer of the Health and Social Care Partnership, who will be advised by the Director of Finance of NHS Forth Valley and the relevant S95 Officer[s].
- The post holder is responsible for ensuring delivery of objectives. Formal reviews will take place at mid and end of year, objectives may be updated and progress reviews will also take place during the year, through regular 1:1 meetings with the Chief Officer.
- To participate in regular professional supervision and support

- To be responsible for your own professional development in line with registration requirements
- The work of this post is largely self- directed.
- The nature of the work will be a mixture of routine, planned and timetabled tasks, in addition, ad-hoc assignments are likely to be requested.
- Workload management is the responsibility of the post holder. The post holder is required to prioritise workload to support the Chief Officer to ensure all the demands of the Integration Joint Board are understood and all necessary tasks and deadlines are met.

DECISIONS AND JUDGEMENTS

- Decisions will require to be made where no policies or procedures exist either locally or nationally.
- Required to work autonomously, guided by national policy and regulations and taking into account agreed priorities for the Integration Joint Board , interpreting how these apply to the role.
- High level of personal and professional responsibility to stakeholders (including the Integration Joint Board and its members; Strategic Planning Group and its members; Local Authority [Authorities]; NHS FV Board; , senior management, clinicians and the social care and health teams)
- Inform future decision making within the Integration Joint Board interpreting financial information as required and advising the Chief Officer and Board Members appropriately.

MOST CHALLENGING/DIFFICULT PARTS OF THE JOB

- Balancing the needs of the Chief Officer of the Health and Social Care Partnership with those of the respective Directors of Finance/Section 95 Officer [s] and wider finance functions of NHS Forth Valley and the Local Authority [Authorities].
- Knowing and understanding the business of both health and social care services, as well as the financial context, and therefore understanding the non-financial challenges.
- Developing and coordinating the production and distribution of concise and robust financial reports aggregated from the financial information available from partner bodies.

COMMUNICATIONS AND RELATIONSHIPS

The ability of the post holder to develop and maintain key relationships and effective communication with a range of individuals and parties is crucial. It is essential that strong relationships are developed and maintained with finance and operational colleagues in both NHS Forth Valley and the Local Authority [Authorities] and the third and independent sectors.

Communication will need to be appropriate and flexible to meet the requirements of the recipients, including written reports, presentation, informal briefings, group discussions and 1:1 meetings.

The information to be communicated may often be complex financial analysis, and will need to be conveyed in a clear and concise manner to non-finance colleagues. It will be required to inform and influence key decisions.

Examples of key relationships include

- The Chief Officer
- Integration Joint Board members
- Other Council Elected Members
- External Audit for the Integration Joint Board
- Internal Audit for the Integration Joint Board
- Care Inspectorate, Health Improvement Scotland and any other relevant inspection and registration bodies
- NHS Forth Valley
 - Director of Finance
 - Executive Directors
 - Non – Executive Directors
 - General Managers
 - Trade Unions and Staff Organisations
 - Internal Audit
 - Corporate Management Team
- Local Authority [Authorities]
 - S95 Officer[s]
 - Management Team
 - Elected Members
 - Senior Managers
 - Chief Social Work Officer [s]
 - Trade Unions
 - Internal Audit
 - Corporate Management Team[s]
- External
 - Scottish Government Health & Social Care Directorates

- Other NHS Boards
- Other Local Authorities
- Audit Scotland

PHYSICAL MENTAL EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB

- High degree of personal resilience, especially in relation to the interpretation and application of complex financial policies and decisions, often at times of significant organisational and political change.
- Requirement for speed, accuracy and attention to detail that modelling work involves. There may be prolonged periods of exposure to VDU/keyboard in combination with concentration and thinking that the role involves.

KNOWLEDGE TRAINING AND EXPERIENCE TO DO THE JOB

- CCAB, CIMA or overseas equivalent qualified accountant.
- Educated to degree level or equivalent with significant financial experience at senior management level within a large complex organisation, preferably within the NHS or Local Authority.
- Strong negotiation and communication skills.
- Knowledge and understanding of national health and social care policies and the impact on financial planning and control.
- Ability to develop and maintain effective positive relationships with key partner organisations, and provide a positive role model for partnership, relationship and conflict management.
- Practical experience of applying relevant strategic business and financial support tools.

PERSON SPECIFICATION

Factor	Essential	Desirable	Method of Assessment
Education	<ul style="list-style-type: none"> • Educated to degree level. • CCAB, CIMA or overseas equivalent Qualified Accountant. • Evidence of continuing, relevant professional and personal development. 	<ul style="list-style-type: none"> • Structured higher level, professional business or management study and/or qualification. 	Application
Relevant Experience	<ul style="list-style-type: none"> • Significant financial experience in a senior management role within a large complex organisation. • Experience of working within the public sector • Experience of overseeing the production of annual accounts of a large and complex organisation. • Successful track record of collaborative working that produces results. • Experience of budget preparation • Proven track record in managing and monitoring budgets effectively • Significant experience of developing and coordinating the production and distribution of concise and robust financial reports 		Application Interview/ Assessment. Reference
Skills, Knowledge and attributes	<ul style="list-style-type: none"> • Knowledge and application of tools and techniques for strategic financial management and planning. • Knowledge and understanding of national health and social care policy and the impact on financial planning • Excellent communication and inter-personal skills, including sensitivity, tact and political astuteness. • Effective influencing skills. • Personal resilience and ability to manage competing priorities in a high pressure environment. • Demonstrate honesty, integrity and high professional standards. • Ability to engage with different groups, clarify complex financial information and generate respect • Ability to work collaboratively, as an effective team player. • Ability to work on own initiative. 	<ul style="list-style-type: none"> • Knowledge of the business of both health and social care services • Good understanding of the current Public Sector developments in Scotland • Understanding of working in a political environment 	Application Interview/ Assessment. Reference



Clackmannanshire
Council



Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 9.5 on the agenda

The National Social Care & Health Delivery Plan & Measuring Performance under Integration Objectives

Paper presented by Susan White

For Noting and Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Susan White, Programme Manager, Health and Social Care Partnership
Date:	19 April 2017
List of Background Papers / Appendices:	
Appendix 1- National Health and Social Care Delivery Plan	
Appendix 2 – Measuring Performance Under Integration draft submission	

Title/Subject: Performance Under Integration & the National Social Care and Health Delivery Plan

Meeting: Clackmannanshire & Stirling Integration Joint Board

Date: 19 April 2017

Submitted By: Shiona Strachan, Chief Officer

Action: For Noting and Approval

1. Introduction

- 1.1. This report provides information on the recent Scottish Government Health and Social Care Delivery Plan, published in December 2016, and the requirement for Health and Social Care Partnerships to submit 'Measuring Performance under Integration' objectives by end of February 2017.

2. Executive Summary

- 2.1. The Scottish Government published the national Health and Social Care Delivery Plan in December 2016, setting out the programme to further enhance health and social care services. The Plan sets out a series of actions required between 2017 and 2021, linked to clear expectations of the Health and Social Care Partnerships, Local Authorities and NHS Boards.
- 2.2. The Clackmannanshire and Stirling Health and Social Care Joint Management Team has been considering the commitments and content of the national Delivery Plan in preparation for compiling the Partnership's Delivery Plan to support the implementation of the Strategic Plan.
- 2.3. The Ministerial Strategic Group for Health and Community Care (MSG) has agreed a framework for measuring progress against the national priorities. Partnership Chief Officers were advised of the framework detail on 19 January 2017 and 'Measuring Performance under Integration' submissions requested by the end of February.
- 2.4. The timescales for this submission have been challenging. However, an initial draft document has been submitted, subject to approval by the Integration Joint Board, and drawn up in line with priorities previously approved by the Strategic Planning Group and the Integration Joint Board. The draft submission can be seen in Appendix 1. The draft was noted by the Strategic Planning Group at its meeting on 14 March 2017. Further work is currently taking place across Forth Valley to establish the appropriate measures.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the content of the national Health and Social Care Delivery Plan and;
- 3.2. Approve the initial draft submission to the Scottish Government of the 'Measuring Performance under Integration' document (Appendix 2).

4. Background

- 4.1. The three year Strategic Plan (2016-2019) for the Clackmannanshire and Stirling Health and Social Care Partnership was approved by the Integration Joint Board (IJB) on 24 February 2016. The published Plan was the culmination of a significant research and data gathering and consultation exercise.
- 4.2. The Strategic Plan sets the policy context and priorities for the ongoing work which needs to take place across the Partnership area to help deliver the vision 'To enable people in the Clackmannanshire and Stirling Health and Social Care Partnership area to live full and positive lives within supportive communities'.
- 4.3. The following areas of priority and the supporting actions have been subject to a planned programme of consultation and will be further developed into the Delivery Plan, aligned to the budget and incorporating the efficiency programmes. The Local Delivery Plan will also support the implementation of the national Health and Social Care Delivery Plan.
- 4.4. As highlighted in previous reports to the Strategic Planning Group and the IJB, the core areas of development activity for the Health and Social Care Partnership are:
 - Delayed Discharge
 - The Model of Neighbourhood Care pilot
 - Care Village– incorporating a review of the model of care
 - Further development of intermediate care, including a focus on high users of health and social care services and supporting with technology
 - Primary Care and Out of Hours (Forth Valley wide)
 - Mental Health and Learning Disability

5. Delivery Plan and Performance Monitoring Requirements

- 5.1. The Scottish Government published the national Health and Social Care Delivery Plan on 19 December 2016. This sets out the Scottish Government's programme to further enhance health and social care services. The Delivery Plan has a focus on the three 'triple aim' areas:-

Better care - improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all

Better health - improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities and adopting an approach based on anticipation, prevention and self management; and

Better value - increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing of prevention and early intervention

- 5.2. The Plan sets out a series of actions required between 2017 and 2021, linked to clear expectations of the Health and Social Care Partnerships, Local Authorities and NHS Boards. A copy of the national Health and Social Care Delivery Plan can be accessed at <http://www.gov.scot/Publications/2016/12/4275>
- 5.3. On 19 January 2017 the Scottish Government, having considered mechanisms to support the delivery of the national priorities, sent a letter jointly with COSLA to Integration Authority Chief Officers advising that the Ministerial Strategic Group for Health and Community Care (MSG) had agreed (on 21 December 2016) a framework for measuring progress against the national priorities.
- 5.4. It was agreed that the Scottish Government will track performance in the following 6 priority areas across Integration Authorities:
 1. Unplanned admissions
 2. Occupied bed days for unscheduled care
 3. A&E performance
 4. Delayed discharges
 5. End of life care; and
 6. The balance of spend across institutional and community services.
- 5.5. Partnerships were invited to set out their local objectives for each of the indicators for 2017/18 by the end of February. This was a challenging timescale but a draft 'Measuring Performance under Integration' document, shown in Appendix 1, was submitted to the Scottish Government on 2 March 2017. This draft, which was overseen by the Joint Management Team, attempts to align as well as possible to the Partnership's Strategic Plan and was submitted subject to IJB approval and without the detailed measures which require further consideration and agreement. Everything contained in the document has already been approved by the IJB.
- 5.6. The intention is that the indicators will be submitted quarterly and will be based wherever possible on existing data collection methodologies. The Scottish Government is looking to understand both the contribution of social care and

primary care services to high level systems indicators and how they support important outcomes in respect of independent living and the protection and maintenance of health. There is expected to be consistency between National Health Service Local Delivery Plans (LDPs) and Health and Social Care Partnership plans for implementation of their Strategic Plans.

6. Conclusions

- 6.1. In requesting specific implementation and performance information, the Scottish Government is demonstrating a keen interest in driving and tracking planned improvements in the Integration of Health and Social Care Services.
- 6.2. Timescales have been challenging but the draft Partnership submission has been lodged with the Scottish Government, subject to approval by the Integration Joint Board. The draft aligns as well as possible to the Partnership's approved Strategic Plan and will be further developed to include detailed indicators and measures, which require further consideration.
- 6.3. The submission will form the basis of the Partnership's Delivery Plan, which is currently being developed and is also presented to the Board for consideration at this meeting. The Partnership's Delivery Plan will set out the actions to implement the priorities highlighted in the Strategic Plan.

7. Resource Implications

- 7.1. Any additional resource required as a result of the Delivery Plan and performance monitoring will be met from existing resources.

8. Impact on Strategic Plan Priorities and Outcomes

- 8.1. The submission detailed within this paper has been drawn up in alignment with the approved principles and priorities of the Partnership. Ongoing monitoring will help support the development of the Partnership and its priorities and outcomes.

9. Legal & Risk Implications

- 9.1. There are no legal or risk implications in respect of the content of this report.

10. Consultation

- 10.1. Consultation continues to be carried out in line with the approved consultation and engagement strategy.

11. Equality and Human Rights Impact Assessment

11.1. An assessment is not required for this paper

12. Exempt reports

12.1. This report is not exempt

Measuring Performance under Integration – Draft Submission

Clackmannanshire & Stirling Health & Social Care Partnership

Purpose:

This document sets out the Clackmannanshire and Stirling Health and Social Care Partnership's objectives which will form part of the local delivery plan which will be considered by the Integration Joint Board at its scheduled meetings. This submission is **draft** until agreed by the Integration Joint Board.

At the time of submission of this report there is considerable work taking place to develop the supporting objectives and performance framework.

Partnership Vision:

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

Outcomes:

The Strategic Plan is focused on the delivery of the national outcomes, underpinned by local outcomes and agreed Partnership priorities for development. The Strategic Plan, Delivery Plan and, for this Partnership, developing improvement objectives are aligned to the NHS Forth Valley's Healthcare Strategy and the Falkirk Health and Social Care Partnership's Strategic Plan [where services cover the Forth Valley area].

The national and local outcomes and the Clackmannanshire & Stirling Health and Social Care Partnership [HSCP] priorities are illustrated in the following diagram -



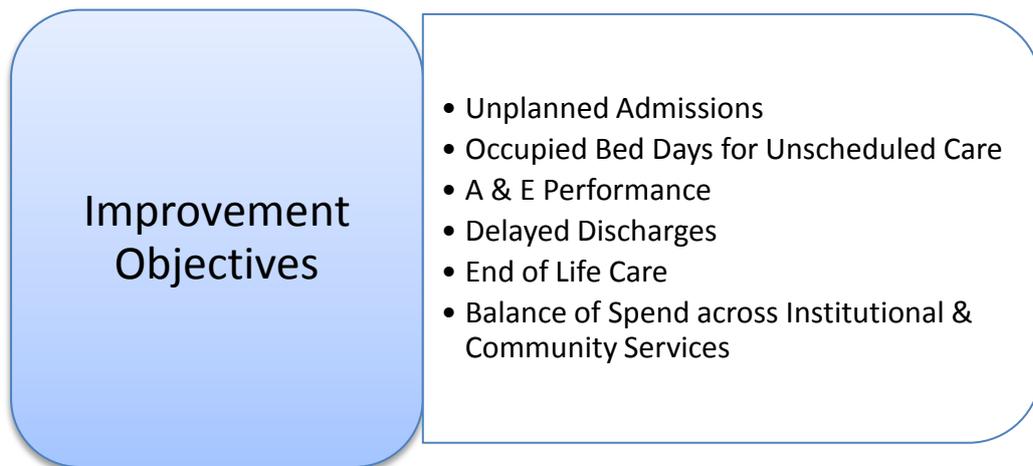
A strategy map has been developed and agreed by the Integration Joint Board which maps the local and national outcomes to the national and developing partnership indicators. The local Delivery Plan which will accompany the budget setting process and the supporting Market Position Statement will set out the actions being taken by

the Partnership to meet the eight strategic priorities [outlined above] and the improvement objectives.

Within the series of actions there are some core activities which will deliver change across the whole system and substantially strengthen community based services. They are not all addressed within the improvement objectives outlined in this paper. A number of the core activities are also being taken forward across Forth Valley.

The National Health and Social Care Delivery Plan Actions:

At national level the Health and Social Care Partnerships have been set six improvement objectives for 2017/18 [outlined below]. The improvement objectives reflect core elements of the National Health and Social Care Delivery Action Plan and will provide a basis for measuring performance across the Integration Authorities



Clackmannanshire & Stirling Health and Social Care Partnership:

Working with NHS Forth Valley and, as appropriate, the Falkirk Health and Social Care Partnership we will continue to progress the key frameworks to underpin the work of the HSCP and the strategic planning process, incorporating the Performance Framework, Clinical & Care Governance Framework, Participation & Engagement Strategy, and Workforce Strategy, including the continued development of the Joint Staff Forum.

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

In addition the Clackmannanshire and Stirling Health and Social Care Partnership will work with NHS Forth Valley to implement priorities in the Healthcare Strategy, The HSCP does and will continue to work closely with the Community Planning Partnership/Alliance to support delivery of the respective Single Outcome Agreements.

The Delivery Plan Actions and the underpinning improvement objectives are all closely linked and while activity has been assigned to an improvement objective heading they often apply to more than one area.

Unplanned Admissions

The Clackmannanshire and Stirling HSCP will take further steps to reduce the number of unplanned admissions to hospitals and acute services by supporting more prevention, early intervention [including Technology Enabled Care] and community based services.

In addition the HSCP will further develop anticipatory and planned care services for people with long term conditions.

We intend to do this by -

- Referring patients to the enhanced community team [Closer to Home]
- Further developing and embedding the Advice Line for You [ALFY] Helpline for the most vulnerable people.
- Ensuring Anticipatory Care Planning is everyone's business and supporting planned approaches to care, focused on those with complex or multiple long term conditions and those with palliative or end of life care needs.

- Raise general awareness of Power of Attorney and Guardianship and strengthen local processes to support planned approaches to care and ensure people and their unpaid carers are supported in the right place at the right time
- Developing a staged approach to single points of entry and access to services, supported by the development and maintenance of a 'directory' of services and local information
- Tests of change around admission avoidance and earlier discharge will be rolled out once evaluated. Current tests of change include implementing the Frailty pathway in the Accident and Emergency Department
- Developing a Model of Neighbourhood Care in an area of rural Stirling, based around the core principles of Buurtzorg
- Using an improvement cycle approach, develop local services to identify people at risk of admission in Clackmannanshire – this will include sharing of information across services
- Embedding the revised Single, Shared Assessment
- We will continue to work with the Scottish Ambulance Service to review the pathway for patients who fall but who have not suffered harm, minimising admission to hospital.
- Identifying the needs of unpaid carers and addressing these is also an important factor in the ability to keep people well at home, reduce unplanned admissions and minimise the period of time patients need to spend in hospital.
- Preparation for the implementation of the Carers (Scotland) Act in April 2018 will be progressed during 2017/18 in collaboration with NHS Forth Valley and Falkirk HSCP
- Reviewing the Dementia pathway and improving post diagnostic support, including the implementation of a Dementia Outreach Team providing intensive home treatment for people in times of crisis.

Occupied Bed Days for Unscheduled Care

The Clackmannanshire and Stirling HSCP will take further steps to reduce the number of unplanned admissions to hospitals and acute services by supporting more prevention, early intervention [including Technology Enabled Care] and community based services.

Continue development of anticipatory and planned care services for people with long term conditions and work with partners including third and independent sector providers of care and NHS Forth Valley to facilitate discharge and reduce the length of stay in hospital for patients.

In terms of the Strategic Plan priorities this includes the development of seven day access to appropriate services to maximise the quality of care, the potential for rehabilitation, re-ablement and recovery and improve the flow between acute and community based services.

It should be noted that the actions described relating to unscheduled occupied bed days and Accident and Emergency Performance are interlinked.

We intend to do this by –

- Working towards the 40% target for patients able to be discharged by 12 noon, in order to improve the flow of patients through the acute hospital. Monitoring is in place.
- Improved use of the Forth Valley Royal Hospital discharge hub, which is in place over 7 days, in order to facilitate the discharge of patients
- Maximising the benefit of the HEPMA prescribing system in supporting pre-noon discharges and improving the flow of unscheduled care patients ready for discharge.
- Working towards an increase in the number of discharges which take place at weekends in order to improve patient flow over 7 days.
- Continuing to provide care at home services using the principles of discharge to assess model.
- Further developing intermediate care services [both bed based and care at home] as an appropriate alternative to hospital admission and to support timeous discharge

A & E Performance

Working with NHS Forth Valley and Falkirk HSCP will work towards achieving and maintaining performance in respect of the target to see, treat and discharge or transfer ED and Minor Injury patients within 4 hours.

As noted above the actions relating to unscheduled occupied bed days and Accident and Emergency Performance are interlinked.

We intend to do this by -

- A “6 Essential Actions” Action Plan is in place covering a range of unscheduled care actions including actions associated with A and E Performance
- As a core part of the response to and management of admissions and discharges operational management arrangements are in place in the Acute Hospital and across the community services to manage patient flow on a day to day basis. Clear escalation plans support the operational arrangements.

- Continuing to promote the use of the Minor Injuries Unit in Stirling.
- Reviewing and redesigning the Forth Valley GP Out of Hours Service in line with the recommendations of the National Review of GP OOH Services (Ritchie Review).
- The Pharmacy First initiative is in place across Forth Valley. This allows patients access to treatment for some conditions from a community pharmacy.

Delayed Discharges

Working with NHS Forth Valley and Falkirk HSCP we will take further steps to reduce delays in discharge, supported by improvement plans. Further developing anticipatory and planned care services for people with long term conditions and work with partners including our third and independent sector providers of care and NHS Forth Valley to facilitate discharge and reduce the length of stay in hospital for patients.

We intend to do this by –

- Implementation of Discharge to Assess approach
- Embedding the revised single shared assessment process to support assessments across services and disciplines
- Further develop intermediate care services and review re-ablement care at home pathways
- Working with our providers to develop a Market Position Statement and to commission appropriate care at home and care home provision
- Introduction of GP Fellows into Closer to Home Service to further support and develop prevention of admission pathways
- Further developing our approach to Adults with Incapacity legislative requirements including a review of the Guardianship process and raising awareness of Power of Attorney
- Ongoing implementation of Anticipatory Care Planning and Falls prevention strategies
- Establishing a consistent approach to frailty screening and comprehensive geriatric assessment at the front door to ensure the most appropriate route for patients i.e. admission, discharge with appropriate support
- During 2016/17 NHS Forth Valley and the Clackmannanshire & Stirling and Falkirk HSCPs committed to achieving a 50% reduction in the total numbers of delayed discharges between the November census position and the end of March 2017, equating to a target total number of 47 discharges. During 2017/18, NHS Forth Valley and the two Health and Social Care Partnerships will commit to maintain the delayed discharge performance at the agreed level of 47 discharges and will work towards delivering and maintaining the national target of no delays over 2 weeks.

Reducing bed days occupied

- The “save 10,000 bed days” project was launched in 2016 in order to raise awareness amongst staff of the importance of minimising the length of stay in hospital and optimising the methodologies for ensuring earliest discharge of suitable patients, by recording where bed days have been saved and how this has been achieved.
- Develop services further by reinforcing clinical decision making and roles, in particular Clinical Directors, ward based Consultants, Charge Nurses and Advanced Professional Practitioners, to ensure patient flow is optimised across extended hours and weekends. Examples include the development of criteria led discharge.
- Continue to undertake the fortnightly Day of Care Audit to identify patients who are potentially delayed in accessing the most appropriate place of care or discharge home and to ensure that no inpatients have a length of stay greater than 28 days.

Optimising Patient Flow

- Standard Operating procedures and criteria are in place for pathways including referrals to Community Hospitals, REACH, Short term assessment, social care services etc.
- Implement the recommendations from the Institute of Health Optimisation (IHO) programme in FVRH wards to reduce the length of stay. NHS Forth Valley is one of three national pilots working with the IHO to help reduce delays for patients. The aim of the programme is to even out the peaks and troughs in the demand for and use of hospital beds.
- Intermediate care services are in place and continue to develop, with clear referral pathways and access
- The range of rehabilitation and re-ablement options for patients has been extended, particularly access at weekends. For example, rehabilitation is now available across 3 community hospitals and all wards to facilitate greater flexibility of bed use; whilst step down and intermediate care beds are available in the Clackmannanshire and Stirling HSCP.
- Review the use of the beds in the inpatient bed base, by working to reduce the average length of stay and decrease the reliance on contingency beds.
- Exploring the opportunity for information sharing and improved records eg portal, new social care records system, Trakcare

End of Life Care

The Clackmannanshire and Stirling Health and Social Care Partnership, the Falkirk Health and Social Care Partnership and NHS Forth Valley are committed to enabling people to die in the location of their preference. We are aware that most people, when asked, would prefer to die at home. We are also committed to avoiding bringing patients in to hospital as an emergency in the last few days or hours of their lives.

We intend to do this by -

- Rolling out and mainstreaming the single anticipatory care plan using consistent methodology in order to plan ahead to meet the changing needs of palliative and end of life care patients.
- The Hospice at Home service is provided in partnership with Strathcarron Hospice and works with health and social care providers in the community to support palliative and end of life patients to be cared for at home or close to home. Working towards improving access to this service is an important aspect of meeting the needs of this group of patients.
- Continuing to work towards an increase the use of the Key Information Summary for patients with long term conditions and patients with palliative and end of life care needs, to ensure that healthcare and social care professionals who come into contact with patients are fully aware of patients' conditions and management.
- Identifying how the speed of access to healthcare equipment can be improved to enable more care to be provided at home.
- Sustaining continuous improvement in the communication skills of staff involved in palliative and end of life care, supported by training packages offered in Forth Valley.
- Identifying how access to specialist palliative care advice and support in the hospital over 7 days can be improved, to facilitate earlier discharge home or close to home.
- Embedding the single shared assessment of need to support provision of care
- Supporting the roll out of Technology Enabled Care to support unpaid and family carers to support people at home

Balance of Care Spend

Clackmannanshire and Stirling

Shift in spend **away** from care homes, accommodation based social care and unplanned inpatient care **towards** community based NHS and social care, including care at home, intermediate care services and planned inpatient care

We intend to do this through –

- The development of community based models of care through the pilot of models of care in the rural area of Stirling which is based around the Buurtzorg principles and includes building the capacity of communities.
- Embedding the revised single shared assessment.
- Improved information sharing to support identification and proactive work with people who are at risk of admission.
- Delivering the Stirling Care village
- Further development of intermediate care bed provision, including the planning and revision of models of care as part of the planning for the step into the Care Village in Stirling in 2018.
- Working with the care providers to further develop reablement model of care at home.
- Continuing to work with local providers of care homes to ensure appropriate admissions and support the care of those with complex needs.
- Reviewing pathways with acute services including those for uninjured fallers and frailty.
- Reviewing and modernising the day care, day support and respite services across all care groups
- Reducing long stay inpatient beds for people with a learning disability and developing more robust and proactive support for people in the community.

S Strachan
Chief Officer Clackmannanshire & Stirling HSCP
1 March 2017

Appendix 1 – Clackmannanshire & Stirling HSCP Strategy Map

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 FOCUSED 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 are involved in and supported to manage decisions about their care	EXPERIENCE - Individuals will have a fair and 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) (* Indicator under development nationally)	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 8) % of carers who feel supported in their role 15) % of last 6 months of life spent at home or in community 18) % of adults 18+yrs receiving intensive support at home 21*) % of people admitted to hospital from home then discharged to care home <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
Partnership Indicators (Under development)	<ul style="list-style-type: none"> Emergency Department Attendance Life expectancy age 65+ Deaths from Cancer/CHD 	<ul style="list-style-type: none"> Hours of homecare for clients 65+ Respite hours provided Emergency /Admission 65+ and 75+ per 100,000 	<ul style="list-style-type: none"> Healthcare Associated Infection Telecare data 75+ Adult Protection 	<ul style="list-style-type: none"> *Dementia – post diagnostic support Mental Health/Learning Disability data 	<ul style="list-style-type: none"> Local Client/patient data Patient Experience survey Staff Survey data Financial and Budgetary information



Clackmannanshire
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Clackmannanshire & Stirling
Integration Joint Board

19 April 2017

This report relates to
Item 10.1 on the agenda

REPORT OF THE ADULT PROTECTION COMMITTEE INDEPENDENT CHAIR [2016]

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer,
Author	Liz Taylor Independent Convenor Adult Protection Committee
Date:	19 April 2017
List of Background Papers / Appendices:	
Appendix 1: Adult Protection Committee Report 2016	

Title/Subject: Report of the Adult Protection Committee Independent Chair [2016]
Meeting: Clackmannanshire & Stirling Integration Joint Board
Date: 19 April 2017
Submitted By: Liz Taylor
Action: For Noting

1. Introduction

- 1.1. This report presents the Clackmannanshire and Stirling Adult Protection Committee Report 2016 which was submitted to the Scottish Government in December 2016, in accordance with the Adult Support and Protection (Scotland) Act 2007 Section 46.
- 1.2. The Integration Joint Board is requested to note the content of the Report and acknowledge the positive contribution of the Adult Protection Committee in 2016 to the support and protection of adults who are at risk of harm and unable to safeguard themselves.

2. Executive Summary

- 2.1. The attached report describes how the Adult Protection Committee (APC) fulfilled its statutory functions of continuous improvement, strategic planning, and public information during 2016 and recommends the strategic priorities for the APC for 2017.
- 2.2. The Report describes its activities in 2016 in the context of considerable change as Clackmannanshire and Stirling Councils restructured their social services throughout 2016 and new appointments were made to their senior management teams.
- 2.3. Through this period of change the APC has been developing as a multi-agency partnership that has welcomed new members and has discharged its functions with diligence.
- 2.4. Highlighted in the Report is the APC's commitment to improvement through its focus on self-evaluation, quality assurance and audit activity, better outcomes for users, training for staff, areas of priority (care homes and financial harm) and support for collaborative working across public protection areas. Recommendations for improvement activity in 2017 are set out.
- 2.5. The Report refers to the APC Strategic Improvement Plan 2016-2018 which is currently under review and will incorporate actions on the recommendations from the 2016 Report.

3. Recommendations

The Integration Joint Board is asked to:

- 3.1. Note the content of the Adult Protection Committee Report 2016;
- 3.2. Acknowledge the contribution of the Adult Protection Committee in 2016 to the support and protection of adults who are at risk of harm and unable to safeguard themselves; and
- 3.3. Note that the Integration Joint Board is a key strategic partner of the Adult Protection Committee, represented by the Chief Officer.

4. Background

- 4.1. The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit vulnerable adults who are at risk of being harmed. The Act requires Councils to establish multi-agency Adult Protection Committees, with an Independent Convenor, responsible for: reviewing adult protection practices, improving co-operation, improving skills and knowledge, providing information and advice, and promoting good communication.
- 4.2. Section 46 of the Act requires each APC to produce a biennial report on the exercise of its functions in the preceding two years and to submit this to the Scottish Government. However, as the Clackmannanshire and Stirling APC were established in December 2015, with a new Convenor, the Committee agreed that the Report would cover 2016 only. This was acceptable to the Scottish Government.
- 4.3. The Clackmannanshire and Stirling Public Protection Forum, in its governance role, received the APC Report on 19 December 2016 for information and comment and confirmed its support for the work of the Committee.

5. Main Body Of The Report

- 5.1. The APC Report 2016 sets out the context for the establishment of the Clackmannanshire and Stirling APC following the disbanding of the Forth Valley APC in 2015 and describes the development of the work of Committee in its first year of operation.
- 5.2. The APC Report 2016 describes and comments on the work of the Committee in 2016 in relation to:
 - The Committee
 - Performance
 - Quality Assurance - Self-evaluation Activity
 - Outcomes for Service Users
 - Learning and Development

- Collaboration in Public Protection
- Recommendations and Future Plans

5.3. The Report provides a number of case examples to exemplify the issues in adult support and protection and the impact of multi-agency collaboration on practice and outcomes for vulnerable adults at risk of harm.

6. Conclusions

6.1. This report and the attached APC Report 2016 are appropriately presented to the Integration Joint Board as a key member of the APC with responsibility for adult support and protection in adult health and social care under the Integration Scheme (see 8 below).

7. Resource Implications

7.1. There are no resource implications.

8. Impact on Strategic Plan Priorities and Outcomes

8.1. The report relates to an area of function, adult support and protection that is delegated by the Local Authority to the Integration Joint Board (IJB) under the Clackmannanshire and Stirling Integration Scheme. With the transfer of responsibility for this function, the IJB becomes a key member of the APC.

8.2. The APC, through the activities set out in the Report and the APC Strategic Improvement Plan 2016-2018, will contribute to the IJB's achievement of

- The National Health and Wellbeing Outcomes prescribed by Scottish Ministers, in particular:
 - Outcome 7 - People who use health and social care services are safe from harm.
- Local Outcome **Safety** - Health and social care support systems help to keep people safe and live well for longer.

9. Legal & Risk Implications

9.1. There are no legal and risk implications.

10. Consultation

10.1. The Adult Protection Committee will note the submission of this report.

11. Equality and Human Rights Impact Assessment

11.1. This report does not introduce new policy, function or strategy or recommend a change to existing policy, function or strategy, therefore no Equality Impact Assessment is required.

12. Exempt reports

12.1. Not applicable.

CLACKMANNANSHIRE and STIRLING

ADULT PROTECTION COMMITTEE

REPORT 2016



The Adult Support and Protection Act (Scotland) 2007



The Act provides ways to offer support and protection to adults who may be at risk of harm or neglect.

Who does the Act say is an adult 'at risk of harm'?

An adult "at risk of harm" is defined as a person

Aged 16 or over
and

Who may be unable to protect themselves from harm, exploitation or neglect

Because of

- having a disability of any kind, including learning disability
- suffering from a mental illness
- being infirm due to a physical or mental condition

What is meant by harm?

Harmful behaviour can take many forms:

Physical
Financial
Neglect
Self Harm
Self Neglect
Sexual

For help and further information, please contact the Duty Worker:

If you live in:

Stirling call 01786 471177

Clackmannanshire call
01259 452498

Out of hours: 01786 470500

You can also speak to a health professional or contact any Police office.

They **will** take your concerns seriously

What can I do?

If you are worried that you, or someone else you know is being harmed, it is important to tell someone.

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APPENDIX A ADULT PROTECTION 6 MONTHLY RETURN
1 April and 30 September 2016 – Clackmannanshire Council

APPENDIX B ADULT PROTECTION 6 MONTHLY RETURN
1 April and 30 September 2016 – Stirling Council

Foreword

As Independent Convener, it is my privilege to submit the first report of the new Clackmannanshire and Stirling Adult Protection Committee, reflecting the work of the Committee through 2016.

The first meeting of the Committee was in December 2015 and while some of the members were new, a core group had been members of the disbanded Forth Valley Committee. This gave a degree of continuity, along with the Forth Valley Adult Protection Action Plan 2014-16, elements of which were still being implemented. We have focussed on establishing the Committee as a working group, developing a Strategic Plan, responding to performance and audit findings and establishing links across the public protection sector.

This activity has taken place at a time of great change and some uncertainty in the lead agencies, Clackmannanshire and Stirling Councils. From a partnership of shared social services the Councils have been disaggregating these arrangements at the same time as restructuring the organisations. One result of this was the loss of the experienced senior management team over several months, necessitating temporary arrangements on different levels to bridge the period until appointments were made. As new managers come into post in both Councils, we welcome new members and their contribution to meeting the challenge of reorganising delivery of adult support and protection services. We look forward, also, to the appointment of a new Co-ordinator to support the work of the Committee. The Committee will continue to promote collaborative working across the Council areas, and Forth Valley, and is supported in this by the Public Protection Forum which remains committed to a single Adult Protection Committee for Clackmannanshire and Stirling. This will facilitate any further changes that may be necessitated by the phased transfer of adult services to the Health and Care Partnership.

There is much work for the Committee to do and the Strategic Plan for 2016-2018 sets out the priorities. There is scope to improve the response to adult protection concerns and improve outcomes for service users. Self-evaluation and audit activity will be critical to this. New arrangements for staff training need to be agreed under new Council structures. Promotion of public awareness and informing harder to reach groups is an ongoing challenge. We shall, of course, respond to new national and local demands. As Convener, I am determined that a strong multi-agency focus is essential to success in protecting people from harm and I know that partners and members support this.

I would like to thank members of the Committee, our administrator and the Chief Officers of the Public Protection Forum for their commitment and support. I would also like to acknowledge the contribution of Bridget Stone who was Adult Support and Protection Coordinator until August 2016 and Chair of the Social Work Scotland ASP sub-group. I look forward to continuing our efforts together on behalf of our most vulnerable citizens.

Liz Taylor
Independent Convener

Executive Summary

The partners welcome Liz Taylor, the Independent Convenor of the Clackmannanshire and Stirling Adult Protection Committee, who took up this role in November 2015.

The Adult Protection Committee continued the implementation of the work of the outgoing Forth Valley Committee's Action Plan and has developed a Strategic Plan for 2016-18, focusing on safeguarding activity within the Clackmannanshire and Stirling Council areas. The Plan covers 5 priority areas:

1. Continuous Improvement
2. Improved support for service users
3. Improving Skills and Knowledge
4. Widening the Horizon – better integration throughout Public Protection
5. Improving Public Awareness

A varied training programme has been delivered by on-line and direct routes to meet the needs of staff in different roles across agencies, some of this in partnership with Falkirk. For 2017, a new Learning and Development Plan, based on a multi-agency Training Needs Analysis, is needed and the Committee will have to consider options for resourcing this across agencies. The Committee is keen to maintain its partnership with Falkirk Council across the public protection agenda.

The Adult Protection Committee acts in response to performance data and commissions regular self-evaluation and audit of adult protection activity. Effective joint working has been demonstrated across partner agencies. Audits have shown areas of improvement in practice, e.g. in use of chronologies and protection plans, and areas of deficit that will be a priority for improvement, e.g. risk assessment and recording. The aim is to ensure that vulnerable people experience better outcomes and are safer as a result of intervention. The Action Plan from a Significant Case Review between MAPPa and Adult Protection is being implemented. A multi-agency audit, supported by the Care Inspectorate, is in planning for February 2017 and the Committee will undertake a self-evaluation exercise on its progress over its first year.

In her foreward, the Independent Convenor points to the challenges of raising public awareness and engaging with hard to reach groups. The priorities agreed in the Committee's Strategic Plan outline work to be done in engaging with the public and ensuring improved outcomes for service users. More will be done to garner the views of service users about their experience of adult support and protection.

The work of the Committee is set within an environment of change in both Councils, following the ending of Shared Service arrangements. As new structures and management teams are put in place, it is hoped that continuity of membership of the Committee from Council officers and strategic partners will ensure that the outcomes of the Strategic Plan will be delivered. The Committee will further develop partnership working across the public protection environment of Forth Valley. The Committee will respond to current and emerging local and national priorities and will maintain and further develop a robust, multi-agency overview of the protection of adults at risk of harm.

1 The Adult Protection Committee

The Clackmannanshire and Stirling Adult Protection Committee was established in December 2015, with a new, Independent Convenor. The Committee evolved from the former Forth Valley Adult Protection Committee, which had also included Falkirk, and a degree of continuity was provided through the continuation of some of the members into the new Committee.

1.1 Membership of the Committee

The following agencies comprise the membership of the Committee, with individual members nominated by the chief officer of their agency. A key criterion for membership is that the representative should be in a position to speak and make appropriate decisions on behalf of the agency in relation to Committee business.

Clackmannanshire and Stirling Councils - Social Services (shared services)

Clackmannanshire and Stirling Councils - Trading Standards (joint service)

Stirling Council - Housing

Clackmannanshire Council - Housing

NHS Forth Valley

Police Scotland

Scottish Fire and Rescue Service

Scottish Ambulance Service (from August 2016)

Third Sector - Forth Valley Independent Advocacy

Care Inspectorate

Though they have not been able to nominate a committee member, the Committee links with General Practitioners through the Clinical Lead for Stirling area. The Procurator Fiscal service has not taken up a place on the Committee but would attend on request for relevant business, as would the Mental Welfare Commission. Clackmannanshire Council Housing service is expected to join. The Committee continues to seek nomination from Scottish Care.

The direct involvement in the Committee of users and carers or their local groups was considered the issue of representation across a wide range of interests led to an alternative solution. The membership of FV Advocacy will ensure that user and carer views are considered. Work will be done to seek the views of users and carers on their experience of the ASP system through the Committee's performance framework.

The Committee was supported by the Adult Protection Co-ordinator to August 2016, a post jointly funded by the Councils. It is hoped that the vacant post will be filled early in 2017.

1.2 Terms of Reference

The Committee operates in accordance with *The Adult Support and Protection (Scotland) Act 2007 Part 1: Guidance for Adult Protection Committees*.

The committee schedules six meetings per year, held every two months. From December 2015 to September 2016 five meetings have taken place, including one development day. Attendance is generally good, with agencies identifying replacement members for staff changes and substitutes when members are not available.

The purpose of the committee is to:

- promote the safety of adults at risk of harm;
- identify the role, responsibility, authority and accountability of each agency or group to protect adults at risk;
- facilitate cooperation and communication between agencies in relation to adult protection;
- oversee the development of policies and procedures to support adult protection processes and support the implementation of these;
- oversee the education and development of staff in all partner agencies to ensure that they have the skills to protect adults at risk;
- establish and support quality assurance activity to drive service improvement;
- agree performance reporting frameworks for adult protection and oversee the development of quality indicators; and
- engage with service users and carers to assure the positive contribution of a service user perspective to the work of the committee.

To support the work of the Committee an Operational Group has been established and its work to date has focussed on developing the Committee's Strategic Plan (see Appendix 1). Its role will develop to ensure implementation of the Plan and identify areas for improvement in adult support and protection across agencies.

The importance of Forth Valley approaches to adult support and protection, for the benefit of service users and partner agencies, is recognised in the commitment to retaining the Forth Valley ASP Reference Group that ensures consistency in policy and core training across Forth Valley, and a means of liaison for the Adult Protection Committees.

Through the Convenor, the members and the AP Coordinator, links have been secured with the Child Protection Committee, MAPPA (Forth Valley), the Alcohol and Drug Partnership (ADP), and the Violence Against Women Partnership. The Committee is supportive of the work of the Public Protection Lead Officers Group that ensures joint working on key matters of public protection across Forth Valley.

1.3 Governance

The Clackmannanshire and Stirling Community Planning Partnerships established a Public Protection Forum (PPF) in 2015 to provide leadership and oversight of the governance arrangements for public protection. This Chief Officer Group meets four times a year and the Adult Protection Committee (APC) submits reports on its activity, progress and challenges twice yearly. The PPF will also receive Significant

Case Review (SCR), inspection and planned audit reports. The APC Convenor is a co-opted member of the PPF.

1.4 Strategic Plan

When the Committee was established in December 2015, the Forth Valley APC Action Plan for 2014-16 was current, with actions for Clackmannanshire and Stirling being implemented and outstanding. The Committee agreed to continue with implementation of this Action Plan, which would become the basis of its Strategic Plan for 2016-2018.

At a committee development day on 24 February 2016, elements of the Action Plan were reviewed and the work to develop the new Strategic Plan was then taken forward by the AP Coordinator and the Operational sub-group. The strategic priorities in developing the Plan were:

1. Continuous Improvement
2. Improved support for service users
3. Improving Skills and Knowledge
4. Widening the Horizon – better integration throughout Public Protection
5. Improving Public Awareness

The impact of organisational change has prolonged work on the Plan and it will be presented to Committee for approval in December 2016. It is intended that this will be a working document, to be reviewed and developed, to encourage ownership of its implementation by member agencies.

2 Performance

The Committee expects to receive Performance Reports at each meeting. These have been forthcoming for the Stirling area but for Clackmannanshire they have been less regular as a result of staff absence and system issues. The Committee has made known its concerns about this to the Public Protection Forum.

2.1 Performance Data and Analysis

The most recent Six Monthly Returns to the Scottish Government, for 1 April to 30 September 2016, are included as Appendix A for Clackmannanshire and Appendix B for Stirling. For Clackmannanshire 95 concern referrals were received in the period, 3 of which led to investigation under the ASP Act, with 1 going to a Case Conference. The three people subject of investigation were aged over 65 years and financial abuse was the concern in 2 cases. For Stirling in this period, 205 referrals were received, of which 25 were investigated under the Act, with 6 Case Conferences. About 75% of Stirling investigations related to people over 65 years and harm mostly took place in the person's home or in a care home. Financial abuse was the predominant concern (9), followed by physical abuse (6) and neglect (6). Among the priorities for the Committee are financial abuse (see 4.6), abuse in care homes (see 4.5) and the growing concern of neglect. The Committee will seek clarification of the source of referrals to understand the breakdown of the high number that are recorded as 'other', 63% in Clackmannanshire and 67% in Stirling.

Stirling and Clackmannanshire Councils collate additional performance information that is reported to Committee. Performance indicators cover aspects of the ASP process that reflect the quality of response to people at risk, and are showing improvement in 2016, for example in timely response, recording of chronologies and use of protection plans. They indicate areas for attention and further practice improvement, for example referrals to independent advocacy, use of protection plans and recording of risk assessments.

Clackmannanshire Council

Quarterly Indicators:

- % of Adult Protection discussions within timescale (1 working day of referral):
Q1 = 85%. Q2 = 92%.
- % of ASP cases that went to case conference that have a protection plan:
Q2 = 50% Q3 = 80%
- % ASP investigations that have independent advocacy offered:
Q1= 42%. Q2 = 52%.

Stirling Council

Quarterly Indicators:

- % of Adult Protection discussions within timescale (1 working day of referral):
Q1 = 86%. Q2 = 98%.
- % of ASP cases that went to case conference has a protection plan:
Q1 = 15%, Q2 = 25%.

Annual indicators 2015/16:

- Percentage of cases that have gone to Case Conference that resulted in a Protection Plan: 2015/16 = 36%
- % ASP investigations that have independent advocacy offered: 2015/16 = 60%
- % ASP cases audited evidencing a chronology: 2015/16 = 100%
- % ASP cases audited evidencing assessment of risk: 2015/16 = 60%.

2.2 Performance Framework

The Committee has been considering a proposal from the AP Coordinator for a Performance Framework with 15 quality indicators relating to ASP processes, under the categories of Activity, Compliance and Performance. This is based on the East Lothian and Midlothian Public Protection Performance Framework. The feasibility of data collection for these measures electronically has been confirmed for Stirling Council and is under consideration for Clackmannanshire, where some manual collection may be necessary. Across both areas, a methodology for capturing all service user views on feeling safer will need to be developed.

3 Quality Assurance - Self Evaluation Activity

The Adult Protection Committee is committed to developing its self evaluation activity as a means to improving standards of practice and provision in adult support and protection.

3.1 Audit

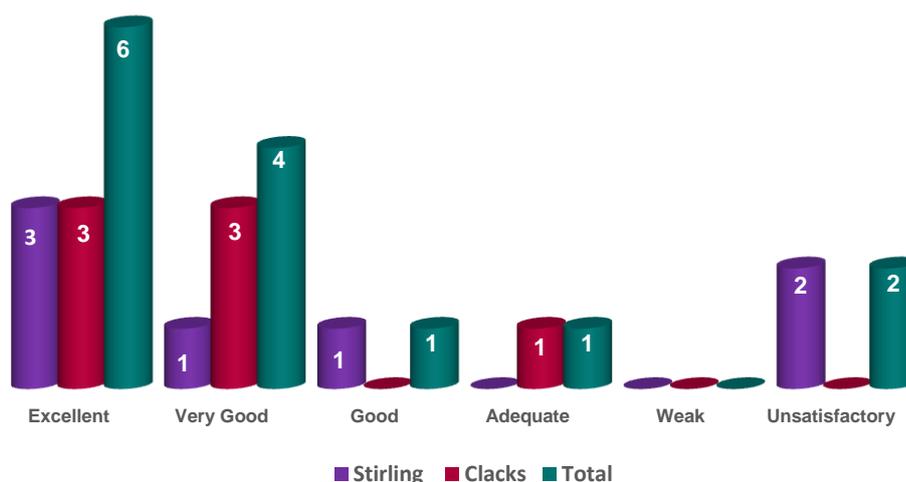
A multi-agency case-file audit was undertaken in February 2016. This was an action from a single agency (social services) audit in 2015. This was an audit of social services and Police Scotland files. Permissions for including NHS files were not received in time for the audit date. NHS.

The audit tool used was drawn from the resource handbook developed by Professor James Hogg and Dr David May from the University of Dundee. The tool looked at three evaluation areas (each of which is linked to a principal quality indicator).

1. Was the Adult at risk safer as a result of our activity?
2. How well do we meet the needs of the at risk person and their family?
3. How good is our service delivery?

The random sample was 7 cases from Clackmannanshire and 7 from Stirling where there had been an adult support and protection referral between 01/04/2015 and 30/11/2015 which had gone on to have an Initial Referral Discussion (IRD). Some ASP activity was still in progress but most cases had concluded the activity in relation to the incident being audited

Chart 1 - Overall Results



The overall scores for all cases ranged from unsatisfactory through to excellent, with 79% being graded as good or better. 14% were rated less than adequate. The most common grading was excellent. The average grading was very good (4.6).

Although this audit cannot be directly compared with previous audits, it was noted that there had been areas of significant improvement since a multi-agency audit in 2014 and a single agency (social services) audit in 2015. The improvements are in:

- timely responses;
- interventions leading to a satisfactory conclusion; and
- strong leadership.

Some areas showed little improvement on previous audits and improvements to be taken forward were identified in:

- independent advocacy referral;
- case recording; and
- case records.

These are incorporated in the APC Strategic Plan 2016-18.

A multi-agency audit, supported by the Care Inspectorate, is in planning for early 2017. Because of the significant changes to social services, in senior staff and organisational structures, during 2016, this audit is deferred from autumn 2016.

3.2 Case File Spot Checks

An improvement plan was drawn up to address the issues arising from the single agency audit in 2015. This included action by the ASP Coordinator to undertake spot checks on cases on a monthly basis.

Spot checks on 81 randomly selected cases took place between 1 July 2015 and 30 June 2016. A set of 9 questions was extrapolated from the improvements required from the 2015 audit findings, to assess whether improvement actions were impacting on practice in:

- roles, responsibilities and leadership in ASP
- responding within timescales
- risk assessment
- chronology recording
- case recording
- transparent decision making
- multi-agency decision making
- advocacy referral.

The ASP coordinator also made a judgement from the evidence available as to whether the adult at risk was safer as a result of ASP activity.

There is evidence that improvement actions have impacted on the quality of ASP activity. Over 12 months the following indicators have improved but show room for further improvement:

- risk assessment;
- chronology recording.

Areas identified for improvement correspond to the 2015 audit, as:

- understanding of responsibilities in ASP
- proportionate and timely responses
- case recording
- transparency of decision making
- multi-agency decision making
- offer of Independent Advocacy
- the adult being safer.

Measures to tackle these are incorporated in the APC Strategic Plan 2016-18. However, further case file spot checks on the effectiveness of improvement measures are discontinued meantime as these were undertaken by the AP Coordinator, for which there is a vacant post. The multi-agency audit in 2017 will evaluate performance in these indicators.

3.3 Significant Case Review

One SCR has been reported in 2016 to the APC. This SCR was commissioned by the Forth Valley MAPPA Strategic Oversight Group (SOG) in March 2015 and was conducted in collaboration with ASP, following the Forth Valley Significant Case Review Protocol. While the SOG accepted the findings of the SCR in June 2015 the report could not be published for legal reasons. A summary report and recommendations were shared with Forth Valley Adult Protection Committees and Chief Officer Groups.

A registered sex offender subject to MAPPA (Level 1) was reported for a series of sexual harm offences against vulnerable women living across the three local authority areas of Forth Valley. No court appearance resulted. The Review identified that existing protocols and procedures in relation to MAPPA, ASP and interagency processes, could have formed the basis for dealing with concerns in a more collaborative way to ensure an overview of the case. Many examples of good practice were identified but the nature of the relationships and the different locations of the victims led to concerns over time being dealt with sequentially, and patterns of behaviour that would have merited closer collaboration and examination by MAPPA and ASP partners were not recognised. A core conclusion is of the need for stronger connections between MAPPA and ASP. Issues in relation to access to capacity assessment and responses to vulnerable people who do not meet the 'three point test' need to be considered.

Twelve recommendations form the basis of an Action Plan that is being implemented through a multi-agency working with representation from the MAPPA Practice Standards Group and the Adult Protection Committees. The SCR Report and Action Plan were considered and by Clackmannanshire and Stirling Public Protection Forum (Chief Officer Group) according to statutory MAPPA guidance.

4 Outcomes for Service Users

The Committee's scrutiny of ASP activity is ultimately concerned with the difference this is making to the lives of vulnerable adults. Case file audit has provided evidence of positive outcomes for service users and areas for improvement.

CASE STUDY – Physical Abuse

An elderly man, Mr G, lived in a 3 bedroom local authority house over two floors, and had joint tenancy with his daughter. Mr G was known to have limited mobility although he was able to get about his house with the use of a walking aid. He used a scooter when outdoors and visited with friends in a local pub once a week. Mr G was deemed to have capacity to make decisions about his welfare and finances.

Mr G received 2 visits per day from a care provider to meet his personal care needs. The Council received a call from the care provider who advised that a carer had stated to their manager that on a visit to Mr G he disclosed that his daughter had hit him. The carer had not sought any additional information before reporting the matter to her manager. The care provider followed up the phone call with a referral form.

On receipt of the referral the Council reviewed the information known about Mr G prior to discussing the referral with colleagues in the Adult Protection Unit (APU), Police Scotland. It was agreed that Police would seek to speak to Mr G in the first instance about the issues raised by the carer.

Mr G's daughter was at home when Police attended to speak to him. Mr G was spoken to alone and confirmed that he had told the carer that his daughter had hit him. He stated that his daughter had punched him to the side of the head, and on another occasion had hit him with a coat hanger. Police spoke to Mr G's daughter who advised that she and her father had a difficult relationship due to his demands on her time, and always wanting to know where she was going. She stated that she had hit her father more than twice.

Police made arrangements to speak to both parties formally and Mr G's daughter was charged with assaulting him. Police colleagues advised the Council that Mr G's daughter would be staying with a friend that evening and that she had said that she wanted her father "in a home" as she would not be leaving the family home.

Council Officers visited Mr G who told them he did not want to go into long term care and they re-assured him that he would be able to remain at home. The joint tenancy and Mr G's daughter's rights were discussed. In considering the matter Mr G decided to seek alternative housing so that his daughter could continue to live in the family home. Mr G was assisted to apply for a one bedroom, barrier-free house, and his daughter agreed to only visit Mr G when carers were in attendance. A Banning Order had been considered but Mr G did not consent to this as he wished to maintain contact with his daughter.

Mr G was re-housed nearer his friends and maintains contact with his daughter

4.1 Responding to needs

For most people, the prompt recognition of risk was followed by a proportionate response. In accordance with the principles of The Act, matters are often resolved at the the stage of initial inquiry. There was evidence that the adult's wider care and support needs were addressed by the multi-agency support network. Where work had progressed to the point where impact on quality of life was possible, improvements were evident. In a case involving self neglect, it was evident that staff involved were making significant efforts to build a relationship in order to work with the service user to improve quality of life.

4.2 Engagement

There was evidence of engagement with the adult at risk and, where it was appropriate, their family. Council Officers ensured that they were informed, listened to, respected and that their views were taken into account. The interventions that were implemented were the least restrictive and proportionate. In a case where the adult's needs were not being satisfactorily met, all communication was with the spouse and there was no evidence of engagement with the service user.

However, only a small proportion of adults at risk were afforded the benefit of independent advocacy. From the bi-agency audit of 14 cases, consideration of advocacy was appropriate in 9 but only in 3 was this recorded. From the case file spot checks, only 13 recorded an offer of referral to advocacy for the adult, while 37 showed no record of advocacy being offered when it would have been appropriate.

4.3 Assessing Risk

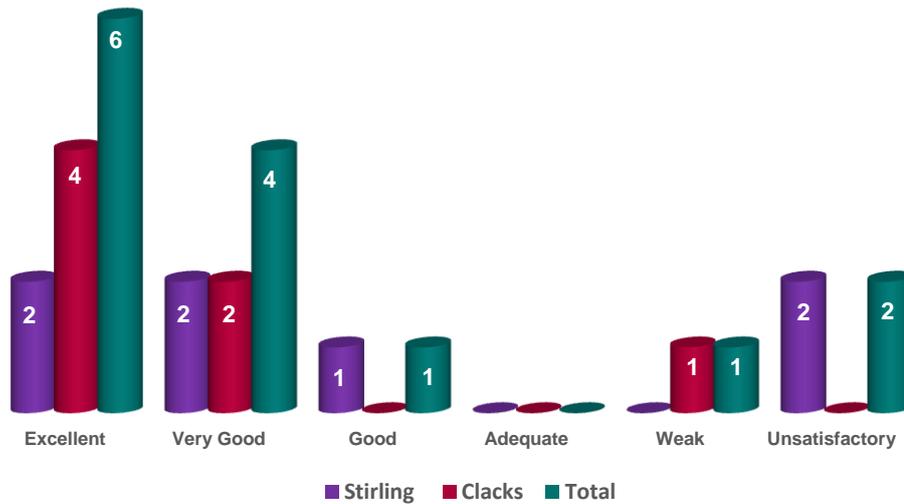
It is concerning that the case file spot checks found a record of risk assessment to be absent in 43 cases (53%) where this would have been expected. As risks are receiving a response, this may be partly a recording issue. The impact of this on outcomes for service users is not clear and will be investigated further through a multi-agency audit.

4.4 Is the Adult at Risk safer?

Most importantly, audits asked the question "Is the adult at risk safer".

The bi-agency audit found that in most cases the adult was safer as a result of multi-agency decisions and interventions, with 10 of the 14 cases being rated 'excellent' or 'very good' in relation to indicators. In a small number of cases, after a full investigation it was found that there was no risk and Council Officers and Police were satisfied that the adult was safe. Not all adults wish to engage but in one case there was good evidence that other protective measures were being explored.

Chart 2 - Is the Adult at Risk safer?



However, while the case file spot checks found that the majority, 28 people (35%), were safer as a result of ASP actions, there was a lack of evidence in 26 cases (32%) for the adult being safer. (In 27 cases, 33%, it was too soon in the process to judge whether the adult was safer, or the adult did not want help to be made safer, or there was no risk found.) This is unacceptably high and the evidence for adults being safer requires further investigation through multi-agency audit.

4.5 People in Care Homes

One of the areas of concern that the Committee has been monitoring during the reporting period is adult protection in care homes. This extends the focus on care homes which was one of the national priority in ASP from 2012-2015. Concerns may arise in relation to individuals but may extend to all residents when standards of care are deficient.

The Adult Protection Lead Officer and the small ASP team have good working relationships with care homes in general and with particular homes especially, from working with them on ASP issues. Homes have been encouraged to report incidents involving staff and residents and between residents and a number of homes have responded with increased referrals and engagement with training opportunities for staff. As well as a rigorous approach to investigation and monitoring, in conjunction with Police Scotland, NHS and the Care Inspectorate as appropriate, the ASP team takes a supportive role in addressing issues to improve standards of care.

The variation in referrals between homes is significant, though. For instance, of 15 local care homes, 4 made no referrals and 11 have made a total of 32 referrals, with a range from 1 to 7, in the reporting period July to September 2016. Three homes accounted for 17, 53%, of referrals. This does not necessarily reflect wide variation in levels of harm to people in care homes or standards of care, rather willingness to refer. The most common type of harm is physical, 14 cases. The main sources of

harm are other residents, 10 cases, and paid staff, 6 cases. (In 10 cases source of harm was not recorded.) Efforts are ongoing by the ASP team to encourage engagement and as the delivery model for ASP changes in the new structures for social care, attention will need to be given to how involvement with care homes is continued.

Through attendance at Committee, several situations in other residential settings that warrant ASP enquiry have been brought to light and links have been developing between the ASP Lead Officer and the Fire and Rescue Service in response to these.

CASE STUDY - Sexual abuse of a Care Home Resident

The Council received a telephone call from the manager of a care home seeking advice on concerns raised by a member of the care staff. The carer had advised that when engaged along with a male carer in personal care of a female resident, she had observed the male carer rubbing a shower head on the resident's genitalia. She had asked him to stop this immediately and had told him to leave the room.

After tending to the resident's care needs, the carer immediately raised her concerns with her line manager. The male carer had left the premises soon after being told to leave the resident's room.

The resident was described having dementia and as lacking capacity to make decisions for her own welfare.

The care home advised the Council that they had informed the Care Inspectorate and the resident's next of kin, but had delayed contacting Police. The resident was described as safe and appeared to be unaware of the incident.

The Council discussed the matter with colleagues in the Adult Protection Unit (APU), Police Scotland. It was agreed that a Police-only response to the alleged assault was appropriate, and that a review of the resident's care needs would be undertaken by the Council. The care provider notified the appropriate registering body of the concerns raised against the male carer.

Police charged the male carer with assault.

4.6 Financial Harm

During the period covered by this report 14% (55) of referrals to Stirling Council related to financial harm with 15% (18) to Clackmannanshire Council in the same period.

Since 2011 the Adult Support & Protection Team, covering Stirling and Clackmannanshire Council areas as part of a Shared Service, have developed working relationships with managers of local banks and raised awareness of the local authorities' need for financial information under Section 10 of the Act. This

working relationship has resulted in a number of referrals from local banks when staff have had concerns about their elderly or vulnerable customers. In general, requests for financial information under Section 10 are dealt with in a timely manner, however there are occasions where follow up correspondence has been required. Local bank staff were extremely helpful in Stirling Council's inquiry outlined in the case study below.

CASE STUDY - Financial Abuse

Mrs B (84yrs) lives alone at home in a local authority tenancy. She had received a re-ablement service following a hospital admission. She is assessed as having capacity. Her husband (86yrs) has been a resident of a nursing home for the last four years and has been assessed as lacking capacity to make decisions in relation to his welfare and finances.

Mrs B's daughter and son-in-law have Power of Attorney in respect Mr and Mrs B.

During the period of re-ablement Mrs B raised concerns with the local authority Occupational Therapist that she believed that her daughter was taking money from the joint bank account that she has with Mr B, spending money on foreign holidays, and that she had also taken £40,000 from a fund in Mr B's name. Mrs B stated that she is not aware of how much money she has and that bank statements are sent to her daughter's address.

Following a referral from the OT, Council Officers met with Mrs B and sought further information about the concerns that she had. Mrs B consented to the Council Officers making inquiries under Adult Support & Protection (Scotland) Act 2007 and to contact her bank. A request for financial information to Mr and Mrs B's bank was made under Section 10 of the Act and followed up with a phone call to the bank manager. Social Workers from the ASP Team had developed a working relationship with local bank managers and this had facilitated a better understanding by local financial institutions of financial harm issues.

Information received from the bank showed that sums of money were being withdrawn regularly from Mr and Mrs B's account and that electronic transactions were also being made to named companies/traders. Mrs B was made aware of these withdrawals and transactions and was able to confirm that she had no knowledge of them.

Social Workers from ASP Team made a referral to the Adult Protection Unit, Police Scotland, and to the Office of the Public Guardian in relation to financial harm. Mrs. B was assisted to attend the bank by the ASP Team to request a new bank card and to arrange that statements be sent direct to her own home address. Mrs. B continues to control her own finances and those of her husband.

The subsequent Police investigation resulted in Mrs B's daughter being charged with embezzlement. The level of financial harm in this case exceeded £150,000.

5 Learning and Development

There have been a number of changes of structure and personnel across Forth Valley in 2015/16 which have had an impact on the continued delivery of multi-agency ASP training within the region. Although the formal partnership with Falkirk Council for training delivery is no longer in place, there remains a clear appetite to share time and expertise amongst the Councils. Furthermore, all partners are committed to collaborating in order to optimise ASP learning in all sectors and to share resources where practicable and appropriate.

Over the past two years, the following programme of ASP training has been available to staff in Clackmannanshire and Stirling through partnership with Falkirk Council:

- E-Learning (Protection Basic Awareness)
- E-Learning (ASP) (Based on NHS LearnPro)
- ASP Level 2a “With Respect” (1/2 day) Care Home Focus
- ASP Level 2b (1 day)
- ASP Level 2a & 2b Refresher
- ASP Level 2 / 3 Financial Harm Training (1/2 day)
- ASP Level 3 Council Officer Training (2 days)
- ASP Level 3 Three Act Training
- ASP Level 3 Investigative Interviewing (2 days)
- ASP Level 3 Court Skills Training
- ASP Level 3 Communication Toolkit
- ASP Level 3 Post Harm Training (2 days)
- ASP Level 3 Professional Decision making
- ASP Level 3 capacity and Consent

Following on from an initial pilot, there have been three further sessions of “Keeping People Safe in Forth Valley”, which is a full day event with input on various areas of public protection including Domestic Abuse, ASP, CP and Substance Misuse.

Table 1 provides details of the staff and agencies From Stirling and Clackmannanshire that have accessed ASP training from 1 April 2014 to the present.

Level 2 Courses include: Level 2a half day; Level 2b full day; Financial Harm training. 63 Fire and Rescue staff from the Stirling and Clacks area are included in the “other & third sector figures.

Level 3 Courses include: Council Officer Training; Investigative Interview Skills; Decision Making; Three Act Training; Capacity and Consent.

All of the training noted above complements an existing programme of single agency training for core service delivery, which incorporates elements of ASP as well as focusing on empowering and supporting vulnerable service users. At present, partners within the Clackmannanshire and Stirling Health and Social Care

Partnership are mapping existing provision and gaps to a Workforce Development and Training Framework, which should contribute to greater cohesion in this area.

Table 1 Access to Training

Agency	Keeping People Safe in Forth Valley	ASP								
		Financial Harm	ASP Level 2a	ASP Level 2b	Defensive Decision Making	Capacity Consent	Council Officer	Investigative Interviewing	3 Act	Post Harm
Clackmannanshire Council	26	26	108	63	29	10	7	7	21	2
Stirling Council	32	28	145	62	45	21	15	12	29	10
NHS	19	315			0					
Police	11	10			3					
3rd Sector	20	262			33					

2016 only

In light of the changes to structures in the area and the move to Health and Social Care Integration, there is an opportunity to revisit and revise the ASP programme to ensure it will continue to meet the changing needs of the area's workforce and service users. Consequently, a small multi-agency working group has been set up to identify needs, gaps and best practice in order to develop a programme for the future.

6 Collaboration in Public Protection

Partners across Forth Valley (Clackmannanshire, Stirling and Falkirk) recognise the mutual benefit of collaboration and the challenges for Forth Valley agencies, notably NHS and Police Scotland, in working across three Council areas and are committed to working together on areas of common interest.

6.1 Forth Valley Collaboration

Lead Officers for areas of public protection - ASP, Child Protection, MAPPA, ADP, Gender-based Violence - have formed a working group to support collaboration across Forth Valley. They deliver multi-agency Public Protection training to raise awareness. There is a commitment to Forth Valley policies and recent joint work includes review of the FV Human Trafficking Protocol and development of a Working Together in Public Protection Protocol. A FV Child Sexual Exploitation Pilot ensures links with ASP on common interests such as on-line abuse.

Lead Officers have planned a Public Protection Conference for 21 November 2016 with the theme of “Working Together in Public Protection – Getting better at getting it right” and a focus on national and local collaborative practice across public protection and across the lifespan.

6.2 Raising Awareness - National Campaign

The ASP awareness campaign took place from 15 February to 4 March 2016. National newspapers carried advertisements and the Scottish Government produced a toolkit and awareness materials including leaflets and posters which were used with Forth Valley materials. Locally the Alloa Advertiser ran the advert and both Councils put out messages on Twitter and Facebook. Other local awareness raising took place:

- In Clackmannanshire and Stirling areas leaflets were distributed by Fire and Rescue Officers when doing fire checks
- In both areas posters were displayed at bus stops by Trading Standards Officers
- ASP Coordinator and Trading Standards Officer distributed awareness materials in ASDA in Alloa and Sainsbury's in Stirling.
- In Clackmannanshire the Community Wardens distributed posters to Community Centres, libraries and churches.

In Clackmannanshire there was the following response to the social media campaign: 21 Posts; 61 clicks; 29 retweeted; 40 likes, 0 comments. It is difficult to know the impact of awareness campaigns as there has been no evident increase in ASP referrals following them. There should be scope for ongoing initiatives.

6.3 Hate Crime Events

Two half day Hate Crime Drama Workshops were held locally for people with learning disabilities, on 26 February in Sauchie Hall and on 9 March in

Bannockburn Community Centre. These were part of the Hate Crime Project funded by Scottish Government and led by the Scottish Commission for Learning Disability. SCLD worked with adult services staff and Police Scotland to plan the event. The workshop was delivered by Centrestage, a drama group from Kilmarnock that has people with a learning disability in the cast. It portrayed hate crime incidents and facilitated discussion about how to respond. All participants received an easy read "Disability Hate Crime What to do Guide". The events were well attended and the feedback was very positive. The APC Chair introduced both events and the ASP Lead Officer facilitated group discussions.

6.4 People who go Missing

Public Protection Lead Officers organised a Forth Valley awareness and engagement event on behalf of the Scottish Government on 6 November 2015, Working Together for People who go Missing. This was part of the consultation on a National Strategy for people who go Missing in Scotland. Scottish Government gave partners the opportunity to become a pilot site for the strategy but whilst there was general multi-agency support, organisational issues prevented this happening.

In advance of the strategy, NHS Forth Valley is examining the circumstances in which people go missing from NHS premises, the response to locate the person and the outcome. A multi-agency group is meeting and has proposed a small piece of research to examine a sample of cases, with the expectation that this will assist partners to provide a more efficient and informed response.

6.5 Transitions

(Note: Further to the section below, the implementation of the named person scheme is delayed following the Supreme Court ruling of 28 July 2016.)

Under the Children and Young People (Scotland) Act 2014 (CYPSA) preparations are underway for implementation of the named person service for all young people up until 18 years of age (and up to 25 in some circumstances). Some of these young people may be or become an adult at risk, in terms of the ASP (Scotland) Act 2007.

Following a local discussion about Police Scotland Vulnerable Person Database (VPD) reports being sent directly to the named person service, and not to social services, the Scottish Government was alerted to the fact that the national named person training did not include adult support and protection. This meant that there would be potentially young people who met the three point criteria who may have access to support via the named person service but may not benefit from the provisions of the ASP legislation.

In response, the Government has undertaken to develop a practice note which will deal with the interface between children's and ASP legislation. Following the issue of the guidance there will be a review of local transitions guidance.

Forth Valley Public Protection Conference, 21st November, 2016
Working Together in Public Protection: Getting Better at Getting it Right

As an example of the benefits of collaborative practice across the public protection agenda (discussed above in Section 5) the Forth Valley Lead Officers in Child Protection, Adult Protection, Substance Misuse, Gender Based Violence and MAPPA, have worked together to organise the second multi-agency Public Protection conference in Forth Valley. This follows the very successful first Public Protection conference in Scotland - Dare to Care: Protecting People in Forth Valley - which was organised by the Forth Valley Lead Officers in partnership with WithScotland in September 2014.

The conference speakers will include Detective Chief Superintendent Lesley Boal, Head of Public Protection in Police Scotland, speaking about Public Protection Priorities; Paul Comely, National Adult Protection Co-ordinator, and Kathryn MacKay, Lecturer in Social Work, Stirling University, sharing themes from Significant Case Reviews relating to child and adult protection; and Professor Brigid Daniels, Stirling University, considering Protection across the Lifespan. There will also be a video drama – Chap at the Door - about the impact of substance misuse across all family members presented by FASS (Families Affected by Drug and Alcohol Misuse) and workshops on Hate Crime; the Multi-Agency Tasking and Co-ordinating Group (MATAC) and Multi-Agency Risk Assessment Conference (MARAC) processes relating to domestic abuse; the Hidden Harm of substance misuse in Forth Valley ; the South Lanarkshire Significant Case Review which addressed the interface between child protection and adult protection; and online risk and vulnerability across all ages.

The conference will be attended by managers and practitioners from Police Scotland, NHS Forth Valley, Clackmannanshire, Falkirk and Stirling councils and Voluntary and Independent Sector partner agencies.

7 Conclusions, Recommendations and Future Planning

7.1 The Committee

The Committee is in a period of change with membership as new organisational structures and new management appointments come into place in social services in both Councils. The separation of previously shared services is likely to increase the membership to represent each Council. Further changes are likely with the transfer of operational responsibilities for delivery of adult services from Councils to the Health and Social Care Partnership, which will be on a phased basis into 2017. All of this has implications for the delivery of services, the reporting of performance and the strategic planning in ASP, and other areas of public protection. Governance arrangements will continue under the PPF which is committed to retaining a single Adult Protection Committee across Clackmannanshire and Stirling. The Committee is concerned that the loss of the Coordinator post will impact on delivery of its Strategic Plan for improvement in ASP.

Recommendations

- (i) A planned self-evaluation by the Committee of its first year of operation in 2016 should include a review of Terms of Reference and membership with a view to bringing greater stability into 2017.
- (ii) The Committee should ensure that its connections to other areas of public protection are strengthened, in the light of organisational changes.
- (iii) The Committee will urge the speedy appointment of the ASP Coordinator in 2017, to ensure support for delivery of the Strategic Plan.

7.2 Performance and Self-evaluation

The National Data Reports for 2014-15 and 2015-16 (not yet published) show that both areas record referrals per 100,000 population and number of investigations as well below the national average but the ratio of investigations to referrals received as around the national average. The source of referrals varies from the national norm with a lower rate of referral from Police Scotland and a higher rate from 'other sources'. It is not possible to put a reliable interpretation on these differences because of variations in reporting and recording practices across Scotland. However, areas of significant difference will be scrutinised by the Committee for 2015-16 data.

The Lead Officer for ASP across both Councils has submitted regular reports with accompanying analysis, with a full range of data from Stirling but an absence of data from Clackmannanshire over several reporting cycles, as a result of system and staffing issues. This issue has been noted to the PPF and raised with senior officers in Clackmannanshire who are now addressing this. The new Performance

Framework being considered by Committee will need to be achievable across both Council areas.

With regard to self-evaluation, a planned multi-agency audit supported by the Care Inspectorate will be conducted early in 2017. The Committee sees the monthly case file spot-checks as conducted from 2015-16 as a valuable source of information on practice in ASP and is concerned that the vacancy in the ASP Coordinator post has meant that these are discontinued from June 2016. Concerns have been noted to the PPF.

Recommendations

- (i) The Committee should receive an analytical report on the National Data Report 2015-16, with comparisons between the local and national average data and benchmarking.
- (ii) The Committee should adopt the proposed performance Framework.
- (iii) The Committee will expect to receive regular Performance Reports, as agreed, covering both Council areas.
- (iv) The Committee should pursue options for monthly spot checks of case files and will expect that this will continue to be a responsibility of the ASP Coordinator post.

7.3 Outcomes for Service Users

According to 2016 audits, there is some improvement from previous audit in outcomes for service users but this is variable across indicators. Areas of good practice have been identified in engagement, listening to users, multi-agency approaches, responding to user needs and proportionate response to protection issues. However, records do not show a commensurate level of improvement in ensuring that the vulnerable person is safer and few users have the benefit of support from independent advocacy. For people who live in care homes, reporting of ASP concerns is being encouraged, with positive responses in a few care homes but ongoing work needed across the sector.

Recommendations

- (i) Continuing audit activity should ensure scrutiny of indicators relation to outcomes for users and actions to improve indicators in deficit.
- (ii) Recording in adult protection is an area for improvement that agencies need to address as a matter of priority.
- (iii) Resources should be committed to continuing, proactive engagement with care homes.

7.4 Learning and Development

Appropriate training has been delivered to staff at Levels 1, 2 and 3, and Public Protection training has been successful in extending awareness across agencies. Attendance at training is an issue at times, with 'no shows' and low take up resulting in cancellation. There is a need for a Training Needs Analysis across agencies, particularly with the changes in Councils but this was not feasible in 2016 with the uncertainty of change. The relationship with Falkirk Council for the delivery of Council Officer/Level 3 training needs to be clarified. The arrangements for the delivery of all training across both areas need to be determined in the light of restructuring. The PPF has been made aware of issues in relation to the delivery of training (which apply to child protection, also).

Recommendations

- (i) The Committee should expect clarification of the delivery models for training under new Council structures and cross agency commitment, through the PPF, to provision of appropriate training at all levels.
- (ii) A Learning and Development Plan for 2017, based on a multi-agency Training Needs Analysis, is needed and the Committee will need to consider options for resourcing this across agencies.

7.5 Collaboration in Public Protection

The Committee is keen to extend its links with the Child Protection Committee, MAPPA, the ADP and other relevant bodies with a common interest in public protection, within Clackmannanshire and Stirling and across Forth Valley. Excellent working links among the Forth Valley public protection lead officers benefit service users and service delivery that cross over the public protection sectors and the agencies that cover the whole of Forth Valley. One result of this collaboration and resource sharing is the Public Protection Conference to be held in November 2016, with eminent contributors and free to participants. Lead officers are committed to working together and there is scope for ongoing cooperation in development of policy, training and public awareness.

Recommendations

- (i) The Committee should review its membership and links with other local bodies concerned with public protection, as part of itself-evaluation activity.
- (ii) The Committee should meet with the Child Protection Committee early in 2017, on matters of common interest such as SCRs and transitions.
- (iii) The Committee supports the collaborative work of Forth Valley lead officers and will encourage new managers to support this.
- (iv) The Committee should promote collaborative initiatives in public information and awareness and training across Forth Valley.

APPENDIX A

ADULT PROTECTION 6 MONTHLY RETURN - 1 April and 30 September 2016

Clackmannanshire Council

Section A: Data on Referrals

Question 1: How many ASP referrals were received between 1 April and 30 September 2016?

Total number of Referrals	95
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Question 2: Source of principal referral

Source of referrals	Number of referrals
NHS	1
GPs	3
Scottish Ambulance Service	0
Police	7
Scottish Fire & Rescue Service	2
Office of Public Guardian	0
Mental Welfare Commission	0
Healthcare Improvement Scotland	0
Care Inspectorate	1
Other organisation	6
Social Work	5
Council	2
Self (Adult at risk of harm)	0
Family	3
Friend/Neighbour	0
Unpaid carer	8
Other member of public	0
Anonymous	0
Others	57
Total	95

Section B: Data on Investigations

Total number of investigations	3
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Question 4a: How many investigations were commenced for people of the following age and gender?				
Age Group	Number of investigations by age and gender			
	Male	Female	Not known	All adults
16-24				0
25-39				0
40-64				0
65-69	1			1
70-74		1		1
75-79				0
80-84				0
85+	1			1
Not known				0
Total	2	1	0	3

Each investigation should only be counted once in this table

Question 4b: How many investigations were commenced for people of the following age and ethnic group?								
Age Group	Number of investigations by age and ethnic group							
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults
16-24								0
25-39								0
40-64								0
65-69	1							1
70-74	1							1
75-79								0
80-84								0
85+	1							1
Not known								0
Total	3	0	0	0	0	0	0	3

Each investigation should only be counted once in this table

Question 5: How many investigations were commenced for clients in the following primary main client group?

Client groups	Number of investigations by client groups
Dementia	1
Mental health problem	0
Learning disability	0
Physical disability	1
Infirmity due to age	0
Substance misuse	0
Other	1
Total	3

Each investigation should only be counted once in this table

Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April and 30 September 2016?

Type of principal harm which resulted in an investigation	Number of investigations
Financial Harm	2
Psychological harm	0
Physical harm	0
Sexual harm	0
Neglect	0
Self-harm	0
Other	1
Total	3

Question 7: Where did the principal harm take place which resulted in an investigation (as defined under the ASP Act) between 1 April and 30 September 2016?

Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act
Own home	2
Other private address	0
Care home	1
Sheltered housing or other supported accommodation	0

Independent Hospital	0
NHS	0
Day centre	0
Public place	0
Not known	0
Total	3

Section C: Data on ASP Case Conferences and Protection Orders

Question 8: How many cases were subject to an ASP Case Conference between 1 April and 30 September 2016?

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	1
Review ASP case conference	0
ASP case conference*	0
Total	1

* If your system/process does not differentiate between initial and review, enter the total number of ASP case conferences under "ASP Case Conference"

Question 9: How many Protection Orders were granted between 1 April and 30 September 2016?

Types of Protection Orders	Number of Protection Orders granted
Assessment Order	0
Removal Order	0
Temporary Banning Order	0
Banning Order	0
Temporary Banning Order with Power of Arrest	0
Banning Order with Power of Arrest	0
Total	0

Section D: Data on ASP Large Scale Investigations (LSI)

Question 10: Number of LSI commenced between 1 April and 30 September 2016?

Total number of LSI	0
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Section E: Data on Outcomes

Question 11: What happened to referrals received between 1 April and 30 September 2016?

Type of Outcome	Number of referrals
Further AP action	1
Further non-AP action	6
No further action	76
Not known	12
Total	95

Question 12: What happened to investigations carried out between 1 April and 30 September 2016?

Type of Outcome	Number of investigations
Further AP action	0
Further non-AP action	0
No further action	2
Not known	1
Total	3

**APPENDIX B
ADULT PROTECTION 6 MONTHLY RETURN - 1 April & 30 September 2016**

STIRLING COUNCIL

Question 1: How many ASP referrals were received between 1 April and 30 September 2016?

Total number of Referrals	205
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Question 2: Source of principal referral

Source of referrals	Number of referrals
NHS	4
GPs	1
Scottish Ambulance Service	0
Police	12
Scottish Fire & Rescue Service	3
Office of Public Guardian	0
Mental Welfare Commission	0
Healthcare Improvement Scotland	0
Care Inspectorate	0
Other organisation	0
Social Work	28
Council	6
Self (Adult at risk of harm)	0
Family	11
Friend/Neighbour	1
Unpaid carer	0
Other member of public	0
Anonymous	2
Others	137
Total	205

Question 3: Number of investigations commenced under the ASP Act between 1 April and 30 September 2016 ?

Total number of investigations	25
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Question 4a: How many investigations were commenced for people of the following age and gender?

Age Group	Number of investigations by age and gender			
	Male	Female	Not known	All adults
16-24	3	1		4
25-39				0
40-64	1	2		3
65-69	2	1		3
70-74	1	1		2
75-79	2	3		5
80-84	0	3		3
85+	2	3		5
Not known				0
Total	11	14	0	25

Each investigation should only be counted once in this table

Question 4b: How many investigations were commenced for people of the following age and ethnic group?

Age Group	Number of investigations by age and ethnic group							
	White	Mixed or multiple ethnic groups	Asian, Asian Scottish or Asian British	African	Caribbean or Black	Other ethnic group	Not known	All adults
16-24	1						3	4
25-39								0
40-64	2						1	3
65-69	2						1	3
70-74	1						1	2
75-79	4						1	5
80-84	2						1	3
85+	5							5
Not known								0
Total	17	0	0	0	0	0	8	25

Each investigation should only be counted once in this table

Question 5: How many investigations were commenced for clients in the following primary main client group?

Client groups	Number of investigations by client groups
Dementia	6
Mental health problem	2
Learning disability	6
Physical disability	0
Infirmity due to Age	8
Substance misuse	0
Other	2
Total	25

Each investigation should only be counted once in this table

Question 6: Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April and 30 September 2016?

Type of principal harm which resulted in an investigation	Number of investigations
Financial Harm	9
Psychological harm	0
Physical harm	6
Sexual harm	2
Neglect	6
Self-harm	0
Other	2
Total	25

Question 7: Where did the principal harm take place which resulted in an investigation (as defined under the ASP Act) between 1 April and 30 September 2016?

Location of principal harm which resulted in an investigation	Number of investigations under the ASP Act
Own home	11
Other private address	1
Care home	10
Sheltered housing or other supported accommodation	1
Independent Hospital	0
NHS	0
Day centre	0
Public place	1

Not known	1
Total	25

Question 8: How many cases were subject to an ASP Case Conference between 1 April and 30 September 2016?

Type of ASP Case Conferences	Number of ASP Case Conferences
Initial ASP case conference	4
Review ASP case conference	2
ASP case conference*	0
Total	6

Question 9: How many Protection Orders were granted between 1 April and 30 September 2016?

Types of Protection Orders	Number of Protection Orders granted
Assessment Order	0
Removal Order	0
Temporary Banning Order	0
Banning Order	0
Temporary Banning Order with Power of Arrest	0
Banning Order with Power of Arrest	0
Total	0

Section D: Data on ASP Large Scale Investigations (LSI)

Question 10: Number of LSI commenced between 1 April and 30 September 2016?

Total number of LSI	0
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Section E: Data on Outcomes

Question 11: What happened to referrals received between 1 April and 30 September 2016?

Type of Outcome	Number of referrals
Further AP action	38
Further non-AP action	54
No further action	113
Not known	0
Total	205

Question 12: What happened to investigations carried out between 1 April and 30 September 2016?

Type of Outcome	Number of investigations
Further AP action	6
Further non-AP action	11
No further action	8
Not known	0
Total	25

If you are worried that you, or someone you know is being harmed contact:

Stirling call 01786 471177

Clackmannanshire 01259 452498

Out of hours: 01786 470500



Minute of the Joint Staff Forum held on Friday 20 January 2017 in
Committee Room A, Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk

Present: Chris Alliston, HR Clackmannanshire Council (CA)
Patricia Cassidy, Chief Officer (PC)
Robert Clark, Unison, NHS Forth Valley (RC)
Tracey Gillespie, HR, Falkirk Council (TG) sub for Karen Algie
Tom Hart, Unison, NHS Forth Valley (TH)
Kristine Johnson, HR, Stirling Council (KJ)
Morag McLaren, OD, NHS Forth Valley (MMcL)
David O'Connor,
Kathy O'Neill, NHS Forth Valley (KON)
Alison Richmond-Fearns (ARF) sub for Helen Kelly
Jim Robb, Social Services, Clackmannanshire Council (JR)
Margaret Robbie, Minutes, C&SHSCP
Pam Robertson, Unison, (PR), (Chair)
Shiona Strachan, Chief Officer, (SS)
Lorraine Thomson, Unison, Stirling Council (LT)

1. Welcome and Introductions

PR welcomed all to the meeting

2. Apologies for absence

Apologies for absence were intimated from, Karen Algie, Abigail Robertson, Lindsay Orr, Helen Kelly, David Wilson

3. Note of previous meeting – 15 July 2016

The Joint Staff Forum approved the note of the meeting held on 15 July 2016 as a correct record. Due to circumstances there had not been a meeting since 15 July therefore all matters arising from the previous minutes were on the agenda.

The following additional point was raised

Models of Neighbourhood Care - RC raised concerns that a company called Cornerstone (3rd Sector Provider) has been contacting Local Authorities & Care Providers and have been advising that they have been endorsed by Unison. RC advised that Unison have not endorsed this Company. SS advised that as far as she was aware that Cornerstone were part of the Scottish Government Pilot arrangement. RC to send the email to SS, who on receipt of the email will consider next steps.

ACTION – RC/SS

4. Constitution of Joint Staff Forum

PR advised that the Constitution should have been reviewed in April 2016, but due to lack of meetings this had lapsed. CA advised that as it was only agreed last year there was no need to review it and this was agreed on the basis that it is a bi-annual review.

5. The Unison Ethical Charter

Clackmannanshire & Stirling - The Unison Ethical Charter had gone to the Integration Joint Board in September 2016. SS to circulate copy of this to the Forum.

Lorraine Thomson raised issue that a scoping exercise be undertaken across the Partnership.

It was confirmed by both Chief Officers that the Ethical Charter applied to employers and not the Integration Joint Board

ACTION - SS

6. Integration Joint Boards Update

Clackmannanshire & Stirling Partnership

SS advised that we were in the pre agenda phase for the next IJB of 01/02/17. There are distinct budget pressures across both areas. Monthly budget recovery meetings are being held with both authorities to bring back into line.

A Models of Care Workshop had been held in December 2016, for the senior management team. The SSSC & IHUB had participated in supporting discussions, and Highland Council gave a presentation. A wider session is being planned for March 2017. Strathendrick Ward (which will be the pilot area) are well engaged in the process.

GP work in Clackmannanshire – Two GPs are very engaged and working with Care@Home and other staff to further develop sharing information and Anticipatory Care Planning.

The Market Position Statement has gone to the Strategic Planning Group and will go to a future IJB.

A Housing Report had also been commissioned and the report of this had gone to the Strategic Planning Group and will go to the IJB on 01/02/17. The Housing Contribution Group which sits under the Strategic Planning Group are organising a Workshop in February to go through the report and formulate an Action Plan.

Delayed Discharges – both SS and PC had accompanied Jane Grant (Chief Executive NHS Forth Valley) to meet with the Health Secretary. Both have given a commitment that delayed discharges will be reduced by 50% (of Oct 16 figure) by March 2017.

There is a lot of work ongoing in both Stirling & Clackmannanshire to reduce delays to discharge..

Stirling Care Village – work will be commencing shortly on this project. SS will be chairing the Programme Board.

Falkirk Partnership

PC advised that the focus in Falkirk has been on budgets. £2.4m of savings had been proposed in November and decisions will be taken at the Council meeting on 22 February 2017. There was a £2m overspend in budget at start of year and this is now down to £700k, which is a testament to the work that is going on

Whole Service Approach - looking at how communities use services, improving pathways

Delayed Discharges – This has been challenging in Falkirk, now testing a frailty model, which is a pilot project for 12 weeks. At 18/01/17 – 64 people had been assessed and 25 discharged. The model is not complete but is having an impact.

Care@Home – Three people are actively reviewing cases. PC will provide a report to next meeting

7. Report on Joint Staff/Trade Union Meeting

PR advised that there have been member sessions and a roadshow for members. Facility time is proving difficult and this may need to be revisited with HR

8. Update on National Integration of Health & Social Care HR Short Life Working Group

ARF advised in HK absence that there has been a focus on future support and employment law. She will advise when more information is available.

9. Operational Services

Falkirk – PC advised that this will progress in March/April with a phased approach of services to the Chief Officer. First will be the Community Learning Disability Teams and Community Mental Health Teams. Sessions have been planned with staff and will be facilitated with Joe McElhone (Head of Adult Services) and HR. There will be no changes to terms & conditions.

Clackmannanshire & Stirling – SS advised that Learning Disability and Mental Health will be operationally managed by the Chief Officer from 1st February 2017. Mental Health Services for Clackmannanshire & Stirling have been integrated for a considerable time (hosted by Clacks). Shared Services will officially end on 31st March 2017. SS met with Team Leaders in December and further staff sessions are scheduled for 30 January and 2 February. There are also interim arrangements in place as the Service Manager (Phil Cummins) left his post on 12 January 2017. Jim Robb, Interim Assistant Head of Social Services (Adult Care) will be covering the Service Manager post. There are two vacancies being advertised at the moment for Service Manager MH and also a Team Leader. Closing date is 22 January 2017. The posts are permanent and the Service Manager post has been advertised externally. Lorraine Robertson, Head of Mental Health Nursing, NHS) has been providing interim support to Health Staff.

10. Staff Engagement

At the meeting in July, Divya Prakash OD had given a presentation. It has been proposed to set up a small area wide working group. OD/HR will lead this group. PR to email MMcL with reps. A request was made for Divya's presentation to be sent out to the group. Falkirk has a new OD Adviser called Rob Hadden.

ACTION - MMcL

11. Recruitment Protocol

KH advised that Agnes McQuade (HR Stirling) has been working on this. With four organisations involved it is proving difficult. A small working group has been set up comprising Agnes, Tracey Gillespie (Falkirk), Catherine Macauley (Clackmannanshire) & Julie Mitchell (NHS) and a staff side rep is required. PR to advise KJ who this will be.

ACTION - PR

12. Workforce Data Collection

CA advised that information has been gathered and collation and analysis is being carried out. This has been challenging and complex with all the different systems.

There is a further workgroup meeting next week. A update will be submitted to the respective IJB's.

13. JSF Development Session

A further development session to be organised for this year. MMcL to liaise with Chief Officers & Kathy O'Neil for an appropriate date.

ACTION - MMcL

14. Communications/Reflections

Falkirk are in the process of developing a staff engagement plan
LT – advised that Team Leaders/Managers are not giving out enough information which is leading to lack of confidence.

15. AOCB

To be noted that Kevin Robertson has resigned and thanks to go to Kevin for his contributions to the group.

16. Date of Next Meeting

Margaret to schedule meetings for the next year, she will issue dates for agreement to the group. Patricia Cassidy to chair the next meeting.

ACTION - MR