A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **Wednesday 28 March 2018** at **2pm - 4pm**, in **Kildean Suite, Forth Valley College, Stirling Campus**

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

LUNCH 12 noon – 12.30pm

IJB Development Session –12.30pm – 13.45pm
Primary Care, GMS and Prescribing
Lesley Middlemiss/Scott Williams/Scott Mitchell/Jillian Thomson

AGENDA

1.	**NOTIFICATION OF APOLOGIES**	For Noting
2.	**NOTIFICATION OF SUBSTITUTES**	For Noting
3.	**DECLARATION(S) OF INTEREST**	For Noting
4.	**URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON**	
5.	**MINUTE OF THE CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD MEETING HELD ON 13 DECEMBER 2017**	For Approval
6.	**MATTERS ARISING**	
7.	**TRANSFORMING CARE**	
	7.1 CHIEF OFFICER REPORT (Paper Presented by Shiona Strachan)	For Noting & Approval
	7.2 MENTAL HEALTH REDESIGN (Paper Presented by Jim Robb)	For Approval
	7.3 LEARNING DISABILITY REDESIGN (Paper Presented by Jim Robb)	For Approval
8.	**PERFORMANCE**	
	8.1 PERFORMANCE REPORT (Paper presented by Elaine Vanhegan)	For Noting & Approval
9.	**FINANCE**	
	9.1 FINANCIAL REPORT (Paper Presented by Ewan Murray)	For Approval

9.2 BUDGET FOR 2018/2019 — For Approval
(Paper Presented by Ewan Murray)

9.3 PARTNERSHIP FUNDING — For Approval
(Paper Presented by Alan Milliken)

10. PLANNING

10.1 PARTNERSHIP PLANNING APPROACH — For Approval
(Paper Presented by Lesley Fulford)

10.2 UPDATE REPORT: DEVELOPMENT OF AN INTEGRATED STRUCTURE (TO FOLLOW) — For Noting
(Presented by Cathie Cowan)

11. GOVERNANCE

11.1 CHANGE OF CHAIRPERSON AND VICECHAIRPERSON OF INTEGRATION JOINT BOARD, AUDIT COMMITTEE CHAIRPERSON AND PROPOSAL TO ESTABLISH A FINANCE COMMITTEE — For Approval & Noting
(Paper Presented by Ewan Murray & Elaine Vanhegan)

11.2 THE GENERAL DATA PROTECTION REGULATION (GDPR) — For Approval & Noting
(Paper presented by Fiona Wilbraham)

12. PAPERS FOR NOTING

12.1 REVISED INTEGRATION SCHEME — For Noting

12.2 LOIPS — For Noting

12.3 CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD AUDIT COMMITTEE MINUTES OF MEETING 140917 — For Noting

12.4 JOINT STAFF FORUM MINUTES OF MEETING OF 030817, 051017, 071217 — For Noting

12.5 STRATEGIC PLANNING GROUP MINUTE OF MEETING OF 071117 — For Noting

13. EXEMPT ITEMS

13.1 COMMISSIONED SOCIAL CARE SERVICES RATE INCREASES 2017/18 — For Approval
(Paper Presented by Jim Robb/Caroline Cherry)

13.2 CARE HOMES — For Noting
(Verbal Update by Caroline Cherry)

14. ANY OTHER COMPETENT BUSINESS

15. DATE OF NEXT MEETING

Wednesday 13 June 2018, 2.00pm – 4.00pm, Boardroom, Forth Valley College, Alloa Campus
Lunch 12noon - 12.30pm, Development Session – Self directed Support, 12.30pm - 1.45pm

Clackmannanshire Council | Comhairle Siorrachd Chlach Mhanann
www.clacks.gov.uk

Stirling Council

NHS Forth Valley

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 5 on the agenda

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board Meeting 13 December 2017

(Paper presented by Shiona Strachan)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	
Date:	28 March 2017
List of Background Papers / Appendices:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Draft Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 13 December 2017, at 2.00pm, in Boardroom, Forth Valley College, Alloa Campus.

Councillor Farmer welcomed all members to the meeting. He advised that there was one exempt item on the agenda and those members of the public would be asked to leave for this item.

The Chair noted that this is Tom Hart's last Integration Joint Board due to his imminent retiral. On behalf of the Board the Chair thanked Tom for his contribution to integration and the Integration Joint Board.

Present:

VOTING MEMBERS

Councillor Scott Farmer, (Chair), Stirling Council
John Ford, (Vice Chair), NHS Forth Valley
Joanne Chisholm, Non-Executive Board Member, NHS Forth Valley
Councillor Dave Clark, Clackmannanshire Council
Councillor Ellen Forson, Clackmannanshire Council
Dr Graham Foster, Executive Board Member, NHS Forth Valley
Fiona Gavine, Non Executive Board Member, NHS Forth Valley
Alex Linkston, Chairman, NHS Forth Valley
Councillor Bill Mason, Clackmannanshire Council
Councillor Susan McGill, Stirling Council
Fiona Ramsay, Interim Chief Executive, NHS Forth Valley

NON-VOTING MEMBERS

Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface
Celia Gray, Head of Social Services, Chief Social Work Officer, Clackmannanshire Council
Tom Hart, Employee Director, NHS Forth Valley
Teresa McNally, Service User Representative for Clackmannanshire
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Paul Mooney, Third Sector Representative Clackmannanshire
Andrew Murray, Medical Director, NHS Forth Valley
Elizabeth Ramsay, Unpaid Carers Representative for Clackmannanshire
Abigail Robertson, Joint Trade Union Committee Representative for Stirling
Pamela Robertson, Chair, Joint Staff Forum
Marie Valente, CSWO Advisor to the IJB (Chief Social Work Officer, Stirling Council)
Professor Angela Wallace, Director of Nursing, NHS Forth Valley

In Attendance:

Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP
Lesley Fulford, Programme Manager, Clackmannanshire & Stirling HSCP
Kathy O'Neill, General Manager, Community Services Directorate

Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Alan Milliken**,** Senior Manager, Communities & People**,** attended on behalf of Stewart Carruth, Chief Executive, Stirling Council
Margaret Robbie, PA to Chief Officer, (minute taker)

Presenting Papers

Caroline Cherry, Service Manager, Stirling Council
Janette Fraser, Head of Planning, NHS Forth Valley
Viv Meldrum, Performance Management, NHS Forth Valley
Jim Robb, Service Manager, Clackmannanshire & Stirling HSCP

Member of the Public

Phillip Gaskill, Member of Public

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:

Stewart Carruth, Chief Executive, Stirling Council
Councillor Graham Houston, Stirling Council
Shubhanna Hussain-Ahmed, Unpaid Carers Representative for Stirling
Elaine McPherson, Chief Executive, Clackmannanshire Council
Dr Scott Williams, NHS Forth Valley

2. NOTIFICATION OF SUBSTITUTES

None for Integration Joint Board members.

3. DECLARATION(S) OF INTEREST

Elizabeth Ramsay declared an interest in Item E12.1

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

There was no urgent business brought forward.

5. MINUTES OF MEETING HELD ON 30 AUGUST 2017

5.1 The minute of the meeting held on 18 October 2017 was approved as an accurate record.

6. MATTERS ARISING

There were none.

7. FINANCE

7.1(a) FINANCIAL REPORT

Ewan Murray, Chief Finance Officer gave a presentation on the current financial position within the Partnership. This was appreciated by the Board Members. The Chief Finance Officer also provided an up to date report which gives an overview of the financial position of the Health and Social Care Partnership. This report has been prepared based on information supplied by the finance teams from the constituent authorities including financial projections.

The Integration Joint Board:

- Noted that, based on financial performance to date and known issues, an overspend of £3.316m on the partnership budget is projected.
- Noted the changes to the Partnership Budget.
- Noted the significant variances and financial pressures within the Partnership Budget.
- Noted & approved the budget recovery management actions, additional non-recurrent opportunities to reduce costs and impact of review of Partnership Funding commitments and that these will reduce the projected overspend to £2.852m
- Noted the projected overspend after application of useable reserves and requirement to discuss further to reach and document agreement on the risk sharing implications with the constituent authorities.
- Approved utilising capacity from the IJBs 2017/18 Internal Audit Plan to conduct an urgent review of the relationship and processes between the Social Care Cline Information System and forecasting in Clackmannanshire.

7.1(b) FINANCIAL REPORT: Part B 2018/19 Budget Update and Service Delivery Options

Ewan Murray, Chief Finance Officer, presented this report. The purpose of this report is to set out the financial and economic outlook, and how this is likely to affect the resources available for the Integration Joint Board and outline the Options for Service Delivery going forward. This report should be read in conjunction with the Financial Report to the December 2017 meeting.

The Integration Joint Board:

- Noted the Financial and Economic Outlook for 2018/19 and beyond.
- Noted the assessment of the Financial Gap in 2018/19 including the key planning assumptions and the impact of the current 2017/18 projected

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overspend.

- Noted the Options for Service Delivery and
- Approved the further development of the Business Cases for these.
- Noted the key risks

.

- Approved a period of public consultation to run from 30 January to 27 February2018 as outlined in section 13 of this report and involving a combination of general information, questionnaire response and face to face engagement.

7.2 PARTNERSHIP FUNDING REPORT

Alan Milliken presented this report. This was a follow up paper to the paper that had been presented to the Integration Joint Board on 27 June 2017.

Partnership Funding Streams have been allocated to the Partnership to enable Transformational change. The Chief Officer and Chief Finance Officer have advised that they intend, as part of reporting the outcomes of the review, that recommendations on ongoing funding and disinvestment will be bought forward to the Integration Joint Board in March 2018, with a view to ensuring the most effective use of resources to meet the required outcomes. In addition, there is a need to shift towards a strategic commissioning approach from 2018/19 onwards, focusing the available resource in line with the Partnership's strategic vision and priorities.

The Partnership Funding Review Group undertook a review of funded projects, using an approach similar to Programme Budgeting & Marginal Analysis (PBMA) methodology. The review process is set out in this paper.

The Integration Joint Board:

- Noted work to date and progress in relation to ensuring robust project documentation including reporting framework is in place.

With regards ongoing review of Forth Valley wide projects, agreed to delegate authority to the Chief Officer, in conjunction with the Chair and Vice Chair, to approve recommendations based on the outcome of on-going discussion

8 PERFORMANCE

8.1 PERFORMANCE REPORT

Shiona Strachan, Chief Officer and Viv Meldrum, NHS Forth Valley presented this report. The report had been prepared in partnership, supported by the Performance Management Work stream. The report has been formatted around the National Outcomes of the Strategic Plan and focuses on the Partnership position against the National Health and Wellbeing Outcomes,

which are measured by the National Core Integration Indicators. The report also details local data on Delayed Discharges.

The Integration Joint Board:

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

9 GOVERNANCE

9.1 ANNUAL CHIEF SOCIAL WORK OFFICER REPORT - CLACKMANNANSHIRE

Celia Gray, Chief Social Work Officer, Clackmannanshire presented this report. The report provides an overview of the key priorities, challenges and achievements related to the delivery of the social work and social care services in Clackmannanshire in 2016-2017. This report also meets the statutory requirement to report annually on Social Services complaints.

The Integration Joint Board:

- Noted the Clackmannanshire Council CSWO report

9.2 ANNUAL CHIEF SOCIAL WORK OFFICER REPORT – STIRLING

Marie Valente, Chief Social Work Officer, Stirling presented this report. The Report provides an overview of the key priorities, challenges, improvements and achievements in the delivery of social services for Stirling Council in 2016/17. The report is completed in line with Scottish Government guidance and based on a standardised template that is produced by the Office of the Chief Social Work Adviser.

The Integration Joint Board:

- Noted the Stirling Council CSWO report.

9.3 CLINICAL GOVERNANCE ANNUAL REPORT

Andrew Murray, Medical Director presented this report. The purpose of the report was to assist the Integration Joint Board in reviewing the safety and effectiveness of clinical systems, the NHS Forth Valley Clinical Governance Committee annual report is submitted to provide assurance of those systems.

The Integration Joint Board:

- Noted the NHS Forth Valley Clinical Governance Annual Report.

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9.4 REGISTER OF INTEREST & CODE OF CONDUCT

Lindsay Thomson, Standards Officer for the IJB presented this report. The report provides an update on the progress of the Register of Interest process and highlights the provisions of the Code of Conduct as they relate to registration of interest.

The majority of members have now returned their registration of interest forms. The next stage in the process is that the Register of Interests is made publically available. Thereafter, there will be a regular cycle established to ensure the Register of Interests is kept up to date.

The Integration Joint Board:

- Noted the current position with the registration of interests
- Approved the proposed timescale of an annual review every September of the Register of Interest.

9.5 IJB STANDING ORDERS

Lindsay Thomson, Standards Officer for the IJB presented this report. The Clackmannanshire & Stirling Integration Joint Board (IJB) approved its current Standing Orders at the meeting of 1 April 2017. A review has been undertaken to update these Standing Orders and some changes to Standing Orders are now proposed.

The Integration Joint Board:

- Approved the revised Standing Orders

9.6 REGIONAL PLANNING

Janette Fraser, Head of Planning, NHS Forth Valley presented this report. The purpose of this paper is to update the Integration Joint Board on progress with regional planning for the West of Scotland region. This paper outlines the background and context to regional planning in the Forth Valley area, the Scottish Government's expectations as set out in the Health and Social Care Delivery Plan (December 2016) and progress made to date in the West of Scotland Region with developing a Regional Plan

The Integration Joint Board

- Noted the progress with regional planning for the West of Scotland (WoS) Region

9.7 DEVELOPMENT OF THE INTEGRATED STRUCTURE

Angela Wallace, Director of Nursing, NHS Forth Valley presented this report

The purpose of the report was to update the IJB on the progress of the development of a joint proposal for the transfer of the functions for all In Scope NHS Forth Valley Adult Services to the Health and Social Care Partnership. This work has been led by the Director of Nursing and has been undertaken using a collaborative approach with the Chief Officer of Clackmannanshire and Stirling Health and Social Care Partnership and the Chief Officer of Falkirk Health and Social Care Partnership (HSCP).

The Integration Joint Board:

- Noted the progress detailed in section 4

- Agreed the plan and outline timeline detailed in section 5 with further work required to confirm the transfer of operational management arrangements of 'in scope' NHS Adult Services to Chief Officer of the HSCP including those services agreed as best placed to be hosted with designated partners

10 TRANSFORMING CARE

10.1 CHIEF OFFICER REPORT

Shiona Strachan presented this report. The report provides a summary of the work being taken forward within the Health and Social Care Partnership (HSCP) and raises awareness of any national issues affecting the Partnership.

The Integration Joint Board:

- Approved the Development Session topics for 2018.(section3.20)

- In respect of the Carers Act delegated the Chief Officer to:

    - work with the governance leads of the constituent authorities to agree a revised draft Integration Scheme incorporating the required changes in respect of the Carers Act
    - submit the revised draft Integration Scheme to Scottish Ministers by no later than 2 March 2018 and,
    - to submit the revised draft of the Integration Scheme to the 28 March IJB

- Noted the Winter Plan for 2017/2018 (section 4.1).

- Noted the progress with the workforce plan (section 4.4)]

- Noted the progress with SOURCE (section 4.5)

- Understanding Progress under Integration: Remit to the Chief Officer, Medical Director and performance colleagues the preparation of the MSG Indicators for 31 January 2018 and receive a follow up report to the Board in March 2018.(section 4.6)

- Noted the update on the Alcohol and Drug Partnership and approve that officers from the Partnership carry out work to develop a proposal for consideration at the June 2018 meeting of the Integration Joint Board (section 4.7)

- Noted the proposal to bring forward an Equalities Mainstreaming Progress Report in March 2018 for publication by April 2018 (section 4.8)

- Noted the progress with Partnership identity work [section 4.9]

- Noted the current position in respect of the anticipated Strategic Inspection for the Partnership (Section4.10)

- Noted the review of the Clinical and Care Governance over sight Group (section4.11)

- Noted the progress of the delegation of services (section 4.12)

- Noted the work taking place under the Active and Independent Living Programme (AILP) (section 4.13)

- Noted the progress with Transforming Care (section 4.14)

- Noted the development of regional planning [section 5.1]

- Noted the progress of the General Medical Services Contract and the requirement, if the contract is agreed, to develop a Health and Social Care Partnership Primary Care Improvement Plan by the end of July 2018. (section 5.2)

- Noted the publication of the Audit Scotland NHS in Scotland 2017 and the Independent Sector Nursing Data 2017 Report [section 5.3 & 5.4]

- Noted the Digital Health and Care Strategy Development Update (section 5.5)

- Approved the Development Session topics for 2018

10.2 CARERS ACT

Caroline Cherry, Service Manager, Stirling Council presented this paper. The Carers Act 2016 is due to commence in April 2018 and discussions have been underway at a national level to address issues identified during the legislative program. The Carers Act National Steering Group has been established to oversee the process. They have produced an outline timeline, initiated a series of workstreams, including pilots, and identified key areas that will be taken forward during 2017. A letter was also circulated to Chief Officers which identified the legislative and regulatory program.

Health and Social Care Partnerships have been identified as having a major role in the effective implementation of the Act at a local level. A Carers Act Partnership Implementation Group was established to take forward preparations

for implementation of the Carers Act from April 2018 in the Clackmannanshire & Stirling Partnership Area.

The Integration Joint Board:

- Noted progress on the project plan summary in appendix 1

- Noted the Stakeholder Engagement workshops held from 10am -12 noon and 2pm to 4 pm on 8 December 2017 in the Municipal Buildings, Stirling

- Noted the requirement to amend the Integration Scheme to take account of the provisions of the Carers Act – that is, the duty placed on Integration Authorities to set local eligibility criteria for carer support in respect of adult services. This matter is covered within the Chief Officer report to the Integration Joint Board.

10.3 MENTAL HEALTH & LEARNING DISABILITY REVIEW

Jim Robb, Service Manager, Clackmannanshire & Stirling Health & Social Care Partnership presented this paper. The purpose of this paper is to inform the Integration Joint Board [IJB] on the progress of the redesign of Mental Health and Learning Disability Services across the Clackmannanshire and Stirling Partnership. The re design work is part of the Transforming Care programme for the Partnership, which is regularly reported to the Board through the Chief Officer report.

The Integration Joint Board:

- Delegated authority to the Service Manager Learning Disability/Mental Health to continue with the redesign of the Learning Disability and Mental Health services across the health and social care services and to engage in a period of consultation with the wider staff group, professionals, clinicians, service users and their unpaid carers to inform the re design options in respect of day support and high cost residential provision.

- Noted the progress and timescales for implementation of the different elements of the redesign. Specifically**:**
    - Redesign of the service, including the supporting management structure, to achieve a more streamlined single integrated service across health and social care services. Timescale for implementation being by the end of the first quarter of 2018/19
    - The commission and recommissioning of out of Partnership area, high cost residential and nursing home placements. Work is being carried out to develop a commissioning plan which will be finalised by April 2018.
    - Redesign of internal day services. Redesigned services to be in place for October 2018

- Approved the proposal, noted in section 5.9, to reduce expenditure on externally commissioned care at home and day services across Learning Disability and Mental Health services on the basis of the current eligibility criteria for services at priority levels 1 and 2 and on a needs led individual

review basis, subject to the principles of the Social Care (Self-directed Support) (Scotland) Act 2013, in order to reduce the current overspend and to move to a balanced budget during the financial year 2018/19

- Approved the proposal to present an updated report to the IJB at the next meeting in March 2018, following a period of consultation with service users, unpaid carers, staff, communities and providers on the outline proposals

11 PAPERS FOR NOTING

11.1 STIRLING VOLUNTARY ENTERPRISE STRATEGIC PLAN 2017/2020

The Integration Joint Board:

- Noted the Strategic Plan 2017/2020 for Stirling Voluntary Enterprise

12 EXEMPT ITEMS

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

12.1 CARE HOME (VERBAL REPORT)

A verbal report was given by the Chief Officer.

The Integration Joint Board

- Noted the verbal report given by the Chief Officer

14 ANY OTHER COMPETENT BUSINESS

There was none.

15 DATE OF NEXT MEETING

Wednesday 28 March 2018
12noon – 2pm, Training Session 12.30pm – 1.45pm, Lunch from 12noon – 12.30pm
2.00pm – 4.00pm, Integration Joint Board, Boardroom, Forth Valley College, Alloa Campus

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Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 7.1 on the agenda

Chief Officer Report

(Paper presented by Shiona Strachan)

For Noting & Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Shiona Strachan, Chief Officer
Date:	5 March 2018
List of Background Papers / Appendices:	
Background Papers; Integration Joint Board [December 2017] Update Report: Development of the Integrated Structure **Appendices:**	

Title/Subject: **Chief Officer Report**

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

Date: **5 March 2018**

Submitted By: **Shiona Strachan**

Action: **For Noting & Approval**

1. Introduction

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

2. Executive Summary

2.1. This paper provides the Board members with information on the following areas outlined within the recommendations.

3. Recommendations

The Integration Joint Board is asked to consider the recommendations under each heading:

- To note the work which has taken place to develop and deliver an initial development session for the Integration Joint Board, and
- Approve the second development session for the full Board [section 4]
- Approve the next steps in the development of a Partnership identity [section 5]
- To note that the MSG indicators now form part of the Performance Report [section 6]
- To note the progress of the strategic inspection. [section 7]
- To note the work taking place to review the Over Sight Group and establish full Partnership arrangements in respect of Clinical & Care Governance and that a full report will be will be brought forward to the June meeting of the Integration Joint Board for consideration of the outcome of the review. [section 8]
- To note the progress of work taking place in Stirling Council in respect of delegation of services [section 9]

- To note the work taking place in respect of delegation of services in respect of NHS Forth Valley, which are also subject of a separate report on this agenda. [section 9]

- To note that an update will be provided in June 2018 in relation to the funding and contract management arrangements for services in respect of adult support and protection, including domestic abuse and addictions services delivered by the third sector in the Clackmannanshire Council area.[section 9]

- To note the progress of the Transforming Care work streams and in particular the proposed establishment of a Partnership Joint Staff Forum and the review of the roll out of iMatter.[section 10]

- To note the progress of the General Medical Services [GMS] contract and the work taking place in respect of the development of the Primary Care Improvement Plan for the end of July 2018 and sustainability [section 11].

- To note the likely development of a national Power of Attorney campaign and approve the involvement of the Partnership in this work.[section 12]

- To note the delay to the completion of the Equalities Mainstreaming Progress Report and to approve the delegation of the completion and publication of the required Report [in draft form] by the end of April 2018 to the Chief Officer and the equalities leads within the constituent authorities, with a report and the final draft brought forward for approval by this Board in June 2018.[section 13]

- To note the ongoing work to support the Implementation of the Carers Act. [section 14]

4 Integration Joint Board Development

In line with the previous decision of the Board [30 August 2017] to work with iHUB and Eileen Moir, Turning Tides an initial development workshop was held on 11 December 2017 for Clackmannanshire and Stirling Integration Joint Board (IJB). Invitees included the 12 voting members and key others such as the council Chief Executives, IJB Chief Officer, Chief Finance Officer and Programme Manager.

The design of the workshop was informed by one-to-one conversations held with the invitees beforehand.[1] From these conversations it is apparent that voting members are grappling with an inherent systemic tension between loyalty to their constituent organisations on one hand and the objectives of the IJB on the other. The two sets of objectives were sometimes alluded to as being in contention.

[1] TurningTides (2017) Clackmannanshire and Stirling Integration Joint Board: 'Where are we now?' Themes from 'Diagnostic' Conversations

The other factor is the tension between the desire for organisational stability and the requirement to transform/redesign services at pace. Acknowledging these twin challenges in a group 'systemic exercise', it was evident that IJB members are committed to overcoming these tensions to fulfil the vision and objectives set out in the Strategic Plan. A number of actions to strengthen how the IJB functions were proposed.

Proposed Next Steps

To ensure non-voting members also have a voice in shaping how the IJB develops it is proposed to run three focus group sessions as follows:

1. Professional advisory members
2. Staff representatives
3. Service user, unpaid carer and service user representatives

A similar series of questions as those used in the 1-1 interviews with voting members will be explored in the focus groups. The output, along with the work with voting members, will inform the design for a development session which will bring all IJB members together. The aim being to support the Board to address the issues that have emerged and agree what actions need to be taken to ensure the IJB is fit for function in the longer term.

Working closely with the Chief Officer and her core team in the planning and delivery of these sessions, a final report and action plan will be developed for the IJB.

The Integration Joint Board is asked to approve the development of the second workshop.

5 Partnership Identity

The Integration Joint Board approved the approach to the development of a distinct Partnership identity. A draft design brief has been developed and it was planned to issue a short questionnaire to members of the Integration Joint Board during December 2017 to help refine and finalise the brief. The Chief Officer agreed to a delay in the issuing of the questionnaire on the basis of the number of pieces of survey and consultation work taking place over December, January and February and with the Board's agreement the questionnaire will now be released following this meeting.

The Integration Joint Board is asked to approve the next steps in the development of a Partnership identity.

6 Understanding Progress under Integration [MSG]

As previously noted to the Board the Scottish Government issued a letter on 22 November 2017 to provide a update on work to develop a plan for sharing

progress updates on integration with the Ministerial Group for Health and Community Care [MSG].

.

Integration Authorities were asked to provide an updated review of local objectives and ambitions by 31 January 2018, for consideration by the MSG meeting to be held on 21 March 2018. The draft submission for this Partnership is contained in the Performance Report for this cycle and it is proposed that future reporting for the indicators will form part of that report.

The Integration Joint Board is asked to note that the MSG indicators now form part of the Performance Report.

7 Strategic Inspection:

The strategic inspection, Joint Inspection [Adults] of the Effectiveness of Strategic Planning, is now underway and at the time of writing the first of the two weeks of fieldwork is taking place and will be followed by attendance at a range of meetings being held across the Partnership, including observing this meeting of the Integration Joint Board. The second fieldwork takes place week commencing 9 April 2018, with initial feedback to the Partnership in early June 2018, followed by a final report.

The areas of focus for the inspection are the following Quality Indicators –

What key outcomes have we achieved?	How good is our management of whole systems in the partnership?	How good is our leadership?
1. Key performance outcomes	6. Policy development and plans to support improvement in service.	9. Leadership and direction that promotes partnership.
1.1 Improvements in partnership performance in both healthcare and social care.	6.1 Operational and strategic planning arrangements. 6.5 Commissioning arrangements.	9.1 Vision, values and culture across the partnership. 9.2 Leadership of strategy and direction.

Quality Indicator 9 will not be fully evaluated – that is, this area will not be given a formal grading in the final inspection report but will be subject of some commentary.

As part of a suite of supporting information the Partnership participated in a staff survey and submitted a Position Statement with supporting evidence.

The Integration Joint Board is asked to note the progress of the strategic inspection.

8 Clinical and Care Governance

The Board is asked to note the ongoing work in relation to the review of the current integrated Clinical and Care Governance, led by Andrew Murray, Medical Director, and supported by the Chief Social Work Officers.

In line with discussions in December 2017 a Partnership Group has now been established and considered a terms of reference at a teleconference on 28 February 2018 [it did not meet due to weather conditions, chaired by Marie Valente CSWO. In addition information was brought forward in respect of the integrated mental health services drawing on the clinical and care governance arrangements already in place within each service area.

The Board is asked to note the work taking place to review the Over Sight Group and establish full Partnership arrangements. A report will be brought forward to the June meeting of the Integration Joint Board for consideration of the outcome of the review.

The Integration Joint Board is asked to note the work taking place to review the Over Sight Group and establish full Partnership arrangements in respect of Clinical & Care Governance and that a full report will be will be brought forward to the June meeting for consideration of the outcome of the review.

9 Delegation of Services

The Board were advised of the work taking place across both Stirling Council and NHS Forth Valley in respect of developing more integrated structures to support the delivery of services at the meeting in December 2017.

Stirling Council

As previously intimated to the Board work continues to progress to take forward the detailed scoping and proposals for delegation. A short life working group has been established, chaired by Alan Milliken, Head of Communities and People and attended by the Chief Officer to over see the planning work.

Work continues to take place to achieve the implementation date of the end of September 2018, with final review of arrangements in December 2018. It is proposed that a full report on progress is considered by the Board at the June meeting.

The Integration Joint Board is asked to note the progress of work taking place in Stirling Council in respect of delegation of services.

NHS Forth Valley

The high level time line noted within the report 'Update Report: Development of the Integrated Structure' is as follows –

December 2017 to March 2018:

- Continue to work collaboratively to complete scoping work to finalise proposals for hosting arrangements and to develop locality staffing structures
- Establish a project team including appropriate service managers, clinical and professional advisors along with planning , finance and HR colleagues to support key elements of the work
- Develop a support services agreement for the delivery of integrated services and the HSCP
- Review governance – both in the NHS and across Partners as part of the process including to streamline decision making processes
- Deliver a series of staff engagement events beginning in January to enable staff to cont5ribute to the development of locality structures
- Continue to develop locality structures

March to June 2018:

- Complete internal re design of the NHS management arrangements for in scope services and re align to the Health and Social Care Partnerships
- In June present the finalised structure for approval to the IJB, NHS Board, Clackmannanshire Council and Stirling Councils.

By Autumn 2018:

- Establish staff in locality structures

Since December work has been ongoing to deliver the key actions as outlined and the further progress report is presented to the Board under a separate paper to this meeting.

The Integration Joint Board is asked to note the work taking place in respect of delegation of services in respect of NHS Forth Valley, which are also subject of a separate report on this agenda and the timeline commitment to finalised structure in June 2018.

Clackmannanshire Council

The Board are aware that the adult social care services in Clackmannanshire were delegated in July 2017. Further work is now taking place to scope out the funding and contract management arrangements for services in respect of adult support and protection, including domestic abuse and addictions services delivered by the third sector.

In line with the above commitments to note that an update in respect of the funding and contract management arrangements for services will be provided in June 2018.

10 Transforming Care Work Stream Updates

This section provides the Integration Joint Board with an update of the activity taking place under the Transforming Care work streams. The work streams are now monitored and reviewed through the multi agency Transformational Change Group, with further exception reporting through the Joint Management Team.

Intermediate Care

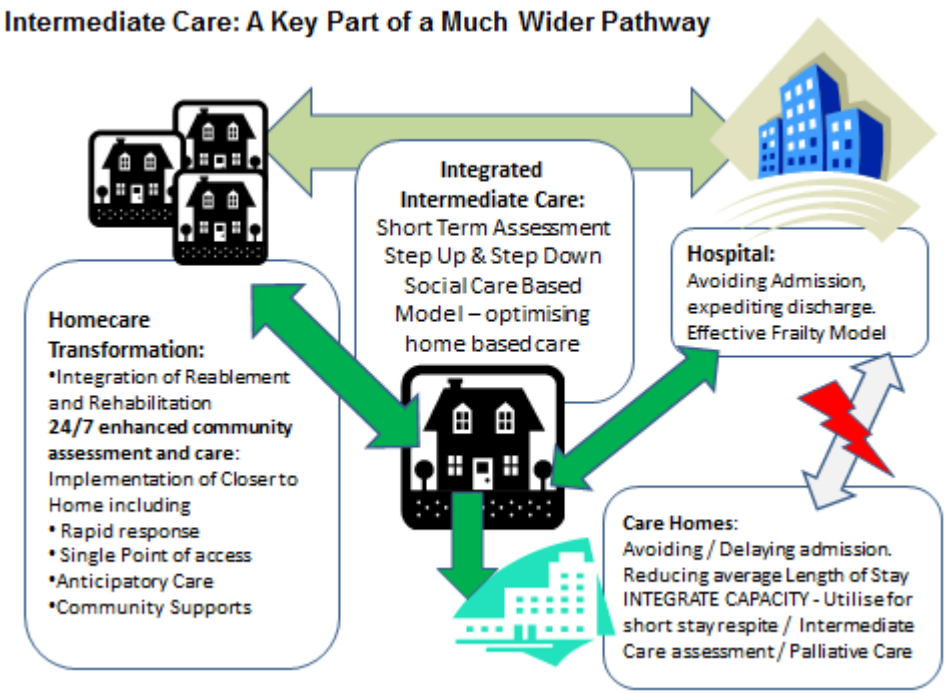
Following agreement with Healthcare Improvement Scotland's iHub, two key areas were identified to support the evaluation and review of intermediate care services:-

I. Review of bed based models of service in readiness to 'step into' Stirling Care Village.
II. Review of reablement services to ensure efficiency and flow of front door provision of appropriate care closer to home.

The work is underway, with the Strategic Commissioning Support Unit focusing on Stirling Care Village, supporting conversations on the service and staffing models required for this new provision, while providing 'critical friend' support on areas including, capacity modelling data collection and third sector involvement. Monthly conference calls have been established with a core team from the Partnership. In addition, iHub have supported conversations with the Care Inspectorate to identify the necessary requirements and methodology for registration of the social care services.

The Living Well in Communities intermediate care team [part of iHub] are providing support for a concentrated evaluation of care at home reablement services during March/April 2018, utilising an outcomes based logic model. This approach will ensure that service user and service aims are core to the evaluation process. Conversations have also been supported with other Health and Social Care Partnerships to provide opportunities to learn from one another and benchmark approaches to intermediate care.

Finally, Janice Young, Service Manager from the Partnership has been invited to participate in the Intermediate Care Reference Group, which held its first meeting in December 2017, and is part of the national Living Well in Communities work stream. It is expected that this opportunity will provide the Partnership with further opportunities to network with others across Scotland, ensuring that the framework for intermediate care in Clackmannanshire and Stirling continues to develop in line with national priorities.



Day Services [older people]

Workshops have taken place across service areas to support the development of models with an emphasis on self management and reablement.

A plan is being developed [in conjunction with learning disability services] to rationalise building with facilities management, including proposals for capital expenditure to modernise some facilities to maximise efficient use of any buildings which are retained.

Work has continued on the preferred models of service in respect of day support and as part of the budget proposals there is a clear move towards provision of day support through a person centred Self – directed support model and a 'doing things differently' model with the third sector focused on very local community based support, with an engagement programme commencing in May 2018 and work due to report in June 2018.

Primary Care Transformation Fund

This work stream is planned and monitored through the Primary Care Transformation Fund Group and has a number of core areas of activity – out of hours; primary care – high health gain and mental health; autistic spectrum disorders; and post diagnostic support. The Programme Manager, Lesley Middlemiss, will support the work to develop and deliver a Partnership Primary Care Improvement Plan by the end of July 2018.

In terms of the Primary Care out of hours services a new leadership team has been established with part time clinical leads and a Senior Advanced Nurse Practitioner supported by an Improvement Advisor. The Advanced Nurse

Practitioner Training Posts are in place and the training programme is now underway. The outcome of the evaluation of the Mental Health Nursing input into Out of Hours will be available in April 2018.

The work taking place has been submitted and accepted into the national NHS event in June as part of the good practice posters.

In terms of supporting General Practice Sustainability in Clackmannanshire has seen an additional 4 pharmacy sessions in place across two practices to focus on pain management and mental health. Work is ongoing to improve mental health practitioner and nursing capacity to work within primary care.

Further guidance is expected from the Scottish Government with regards to plans for funding and roll out of 200 primary care link workers across Scotland.

In terms of the other key activities –

- Improving Diagnostic Support for people with Autistic Spectrum Disorders - the project lead is in place and scoping the initial phase of work
- Facilitation of the development of a more integrated and sustainable model for Dementia post diagnostic support is progressing.
- Improving Support to Care Homes
    - The community nursing support to care homes for two practices has already demonstrated significant benefits to the two GP practices involved. As part of our response to further sustainability challenges in Clackmannanshire this model will be scaled up over this year to provide support over the full week for all of the Clackmannanshire care homes and practices
    - Slamannan and the Braes Cluster jointly with Clackmannanshire and North West Stirling are one of only 4 successful applications to the Practice Administrative Collaborative Programme supported by Health Improvement Scotland.
- Provide Quality Improvement Support within Primary Care at Cluster and Locality level.
    - Quality Improvement and Local Information Support Team (LIST) support is in place and working closely with clusters, Out of Hours and Mental Health services to develop Quality Improvement Support within Primary Care at cluster and locality level..
    - 5 practices in Clackmannanshire and Stirling have volunteered for the first phase of implementation of the Florence Home Monitoring for Blood Pressure

Stirling Care Village

Construction in terms of the Care Village remains ahead of programme

The Project Board who over see the work streams and overall delivery of the Care Village has been stepped up to monthly in acknowledgement of the intensive phase of planning and implementation. Some additional project support has been secured through Stirling Council to support the services 'step into' the care village.

Staff who currently provide services have been engaged by the have been engaged both by HR and by the service management teams. It is recognised that there needs to be ongoing engagement and communication with staff.

A work force group has been established to focus on the range of issues for the staff groups and to support the development and implementation of the model of care, including any required recruitment processes.

iHUB continue to work with the care team to review the model of care and to support the discussions with the Care Inspectorate in terms of registration of the intermediate care beds. Discussions are currently taking place within Primary Care in respect of the GP practices and their requirements.

A community engagement event was held on 8 February 2018, designed to bring together the views of the local community, third sector and staff across both NHS Forth Valley and the Health and Social Care Partnership on the ways in which the public spaces can be used, the activities they might like to see at the 'care hub' and the activities that local organisations might be able to offer.

145 people attended the event including local residents, demonstrating the level of interest and 'good will' towards this development. The key message from the event is that spaces should be inviting with points of interest that would encourage people to become involved. In terms of the external space engagement with for example local schools and use for some gardening projects and in terms of the internal space the emergent themes are for engaging activities, bookable meeting space for organisations and the possibility of some work or office type spaces. Further work is now required to build on this initial scoping to develop proposals for the internal and external spaces.

The Board is aware that the Scottish Health Council ran a questionnaire survey in relation to signage and naming – to ensure that names allocated were meaningful and had a local connection. The questionnaire received 820 responses. In addition staff surveys also took place in relation to the naming of the areas for service delivery. The Project Board agreed a short list which is now being considered and hopefully agreed by NHS Forth Valley and Stirling Council. The short list is as follows –

Working Title	**Recommendation**
Stirling Care Village	Stirling Health & Care Village
Primary & Urgent Care Centre	GP & Minor Injuries Centre
Care Hub	Bellfield Centre
Scottish Ambulance Service – Vehicle Workshop	Vehicle Workshop
Stirling Community Hospital Outpatient Department etc..	Outpatient Centre

Any other existing, separate building to remain as they are, i.e. Livilands Resource Centre; Estates Department.

In terms of the internal areas the proposed names are –

Health and Intermediate Care Suites	**Recommendation**
1st Floor – 16 intermediate care beds	Thistle Suite
1st Floor – 32 Health beds	Wallace Suite
Ground Floor – 48 intermediate care beds	Argyll Suite
Lower Ground Floor – 16 Intermediate Care Beds	Castle Suite

Model of Neighbourhood Care

The Model of Neighbourhood Care is in an intensive planning phase incorporating all of the back room functions to support the team and four staff engagement events bringing groups of the staff together for the first time to begin to shape the team together.

A graduate intern is recruited to support the project and a draft evaluation strategy is now in place. A stepped model of evolving the team functioning by starting with a focus on individual cases to build a baseline for the fully functioning team is proposed.

Work is ongoing to maintain effective relationships with the community reference group and there is also a focus on developing health and well being informal networks and to identify local gaps.

The work stream continues to be involved in national learning events with a focus on barriers to implementation such as registration issues.

Communication and branding of the project is planned.

There is slippage within this work stream and discussions are ongoing to secure some additional project support to deliver within the required timeframes.

Learning Disability and Mental Health

Learning Disability and Mental Health Services are the subject of a separate report to the Integration Joint Board.

Workforce Plan and the Joint Staff Forum

On 15 December 2017 the Scottish Government published part 2 of the National Health and Social Care Workforce Plan, focussing on the creation of a framework for improving workforce planning arrangements within social care in Scotland.

Since publication, colleagues from across partner organisations in the Clackmannanshire and Stirling Health and Social Care Partnership have been working to establish a framework which will allow us to develop a revised and up to date workforce plan; following on from, and building on the Integrated Workforce Plan originally published in 2016.

Despite the challenges inherent with this work, particularly with regards to resource, and harmonising data and language across three distinct organisations, the area wide HR group has committed to progressing with the workforce plan through the establishment of a short term working group. This group will be responsible for collating workforce issues from across the Partnership, with a view to providing the IJB with a picture of the current, and future workforce issues which the Partnership may be required to address within the coming years.

A staff survey within the social care services based on iMatter was completed in early 2018 and work is now taking place to complete the improvement plan arising from the feed back. This means that both NHS staff and social care staff have taken part in a form of iMatter during 2018. The initial planning had been to roll out the full iMatter across the Partnership area [all services] in April 2018. However staff have also now participated in the inspection related questionnaire, risking an element of questionnaire fatigue, and the recommendation from the work force group is that the Partnership services should postpone the roll out of iMatter to coincide with the April 2019 NHS cycles.

The Joint Staff Forum met on 26 February 2018. This Forum has been Forth Valley wide and has supported the engagement between services and the union and staff side representatives as we have developed our approach to integration. A consensus was reached at the February meeting that given the current stage of integration and in particular service developments it would be preferable to establish a Forum for each Partnership. Work is now required to re align the terms of reference and areas of focus for the Partnership Forum and further discussion is required in terms of the links to the existing bi partite arrangements for services within the Councils.

The Integration Joint Board is asked to note the progress of the Transforming Care work streams and in particular the proposed establishment of a Partnership Joint Staff Forum and the review of the roll out of iMatter.

11 General Medical Services [GMS]

The Board were provided with an updated on the proposed General Medical Services contract at their meeting in December 2017.

The Scottish Government and the Scottish General Practitioners Committee [SGPC] of the British Medical Association [BMA] have agreed the terms of the 2018 General Medical Services Contract offer. The contract was published on 13 November 2017 and the link to the related documents is at http://www.gov.scot/Topics/Health/Services/Primary-Care/GP-Contract

Work is currently under way, led by Cathie Cowan, Chief Executive, NHS Forth Valley to develop the Primary Care Improvement Plan for the end of July 2018.

The Integration Joint Board is asked to note the progress of the General Medical Services [GMS] contract and the work taking place in respect of the development of the Primary Care Improvement Plan for the end of July 2018.

Primary Care sustainability is a key part of the Improvement Plan and work is ongoing to support practices both through the Transformation work described above and targeted support to practices.

The Integration Joint Board are asked to note the progress of the General Medical Services contract and the work taking place in respect of the development of the Primary Care Improvement Plan by the end of July 2018 and the support in respect of sustainability.

12 Power of Attorney [POA]

Through the Chief Officers network the Partnership is involved in discussions on the development of a national Power of Attorney campaign.

In Scotland, legislation has existed since the year 2000 [Adults with Incapacity (Scotland) Act 2000] that safeguards an individual's preferences where the capacity to make decisions is lost. Whilst still with capacity, individuals can grant Power of Attorney (PoA) to someone of their own choosing; to give authority to act or make welfare decisions on their behalf should they lose capacity at a later date.

When an individual who lacks capacity and does not have a PoA is admitted to hospital, discharging the individual (when fit for discharge) to a care setting can only take place once a legal process to appoint a guardian has been completed.

This clearly has an impact on discharge from hospital and this Partnership continues to have a number of people who require Guardianship to support decisions in relation to care and welfare.

Previous campaigns have been run by Glasgow City and the west coast local authorities and Health Boards,often supported by the local Carer organisations. As a result of this work there are now a number of resources available in these areas - including a website; videos; leaflets; animated guide and videos featuring service users/patients and their unpaid carers, a Psychiatrist, a representative from the Scottish Legal Aid Board and the Director of Policy and Research for Alzheimer Scotland. In addition there is a social media presence via Twitter and Facebook. This is also supported by specific TV adverts.

It is proposed that the Partnership participates in the extension of the work to date to national level and which proposes the following co ordinated activities –

1. Full co-ordination of the campaign including liaison with key individual/s for each HSCP.
2. Delivery of campaign phases x 2 each year to include TV advertising across Scotland and social media advertising.
3. Provision of a regular social media presence to ensure that PoA has visibility in between campaign phases.
4. Provision of a central website with local information hub.
5. Provision of a ‘press pack’ of materials linked to each campaign phase for HSCPs to utilise locally (for example, stills from the ads that HSCPs can use on their own leaflets or use for public space advertising).
6. Media engagement to raise awareness of PoA including production of, or collaboration with, press releases on behalf of HSCPs as appropriate.
7. Awareness raising activities as appropriate, for example speaking at relevant meetings/conferences.
8. Provision of campaign metrics including numbers of viewers of ads; numbers of views/likes/shares on social media; numbers of people registering their PoA with the Office of the Public Guardian.

The promotion of PoA is also part of the work plan for the Adult Support and Protection Committee for the Partnership and we will have to carry out this work as one of the preventative measures to help us better manage delays in discharge. The discussions with other Health and Social Care Partnerships and the Scottish Government is at an early stage but is likely to develop over the coming months. The costs are currently estimated at circa £8000 and could be met from the Integration Funds .

The Integration Joint Board is asked to note the likely development of a national Power of Attorney campaign and approve the involvement of the Partnership in this work.

13 Equalities Mainstreaming and Outcomes

As noted in the Chief Officer report at the April 2017 Board meeting 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.

The Equality Act 2010 (Specifc Duties) (Scotland) Regulations 2012 placed specific duties on the Integration Joint Boards to agree and publish by 30 April 2016, equality outcomes and a report based on the mainstreaming of the Equality Act. The Board approved the Mainstreaming Report and this is published on our website.

In the December 2017 report to the Board the Chief Officer noted the reviews of the constituent parties Equalities Outcomes and mainstreaming reports and sought approval to bring forward an Equalities Mainstreaming Progress Report to this cycle. While work has commenced on this it is not yet complete and permission is sought from the Board to delegate the completion and publication of the required Report [in draft form] by the end of April 2018 to the Chief Officer and the equalities leads within the constituent authorities, with a report and the final draft brought forward for approval by this Board in June 2018.

The Integration Joint Board is asked to approve the delegation of the completion and publication of the required Equalities Mainstreaming Progress Report [in draft form] by the end of April 2018 to the Chief Officer and the equalities leads within the constituent authorities, with a report and the final draft brought forward for approval by this Board in June 2018.

14 Carers Act Implementation

The Board has been updated on a regular basis on the planning for the implementation of the Carers Act.

The Carers Assessment of Needs, draft eligibility criteria, the adult carer support plan and the supporting pathway have now been developed. At the time of writing further Guidance has just been received from the Scottish Government which will require to be taken account of. Further planning work around this is now required aligned to the provisions outlined within the Budget paper at 9.2 on this agenda

The Integration Joint Board is asked to note the ongoing work to support the implementation of the Carers Act

15 Resource Implications

This report provides an update on the progress of work in respect of delegation, with agreement to work towards a planned and safe joint September 2018 delegation. As noted in previous Chief Officer reports there is increasing risk in

terms of sustainability of the current interim arrangements – the Clackmannanshire services are being managed through an interim arrangement of service managers and 0.25FTE of the Chief Officer. In addition, the support service agreement is outstanding – and while it makes sense to include this within the delegation arrangements the growing levels of demand on the Integration Authority and services are leading to increased level of pressure on all areas and a struggle to maintain momentum.

The current issues include

- a time and resource intensive inspection process in early 2018
- Transformation programmes – Partnership; Stirling Council; Clackmannanshire Council and NHS Forth Valley
- Growing regional planning requirements
- GMS contract implementation requirements for the wider team
- Carers Act implementation
- Development and Publication of the second Annual Performance Report
- Proposed additional sub committee

There is a need to step up the pace of the joint areas for service re design such as those relating to the frailty pathway, the day support and reablement/intermediate care to help us address the growing budget pressures and to deliver sustainable services within the available resource envelope.

It is therefore important that the work on delegation is delivered within the time frames and with the appropriate and agreed levels of support services.

16 Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☒

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

17 Legal & Risk Implications

17.1 This report covers a range of topics and areas and specific legal and risk implications are noted throughout the paper where identified.

18 Equality and Human Rights Impact Assessment

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

19 Exempt reports

19.1 Not exempt.

20 Appendices

None

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 7.2 on the agenda

Mental Health Redesign – Progress Report

Paper presented by Jim Robb Service Manager Learning Disability/Mental Health

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Jim Robb, Service Manager Learning Disability/Mental Health
Date:	28 March 2018
List of Background Papers / Appendices: Background Paper: IJB Report: Redesign of Learning Disability & Mental Health Services December 2017. Appendix 1**:** Integrated operational structure Appendix 2: Joint Commissioning Plan for Mental Health Services Appendix 3: Equality Impact Assessment	

Title/Subject: **Mental Health Redesign**

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

Date: **28 March 2018**

Submitted By: **Jim Robb, Service Manager, Learning Disability/Mental Health**

Action: **For Approval**

1. Introduction

1.1 The purpose of this paper is to inform the Integration Joint Board [IJB] on the progress of the redesign of Mental Health services across the Clackmannanshire and Stirling Partnership. The re design work is part of the Transforming Care programme for the Partnership, which is regularly reported to the Board through the Chief Officer report.

2. Executive Summary

2.1 The Mental Health services across the Partnership are presently subject to review. The perceived benefits of the review are consistent with the national Mental Health Strategy, 2017-27 (Scottish Government 2017) which highlights 5 key themes:

- Prevention & Early Intervention
- Access to treatment and joined up accessible services
- The physical wellbeing of people with mental health problems
- Rights. Information use and planning
- Data Measurement

The outcome priorities of the Partnership's Strategic Plan 2016-19 are consistent with the themes noted. The focus of the review is as follows:

- Redesign of the management structure across health and social care services, including the community outreach service, and the development of operational delivery services consistent with a single integrated service. Timescale for implementation being July/August 2018.(see appendix 1 for new integrated structure)
- The development of a commissioning plan that focuses on the development of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities, care at home and day services/supports that are

outcomes focused and build on local assets (see Joint Commissioning Pan attached in appendix 2)

- In line with the national Self-directed Support Strategy [2010] and the recent report by Audit Scotland support the embedding of Self-directed support as a means of ensuring that services are being provided in a cost effective manner, with equitable access to the available resources.

2.2 Staffing and Resource Implications:

2.2.1 Staffing implications are as follows:

Stirling Locality:

- Local Area Coordinators (Mental Health): 2 posts. Gross savings: £102,990 per annum for the two posts.(Dependent upon VS or re deployment)

Clackmannanshire Locality:

- Integrated Mental Health Team:, Removal of Assistant Team Manager post but retaining 15.8% (£6,442) to be used as part of redesign that increases direct service delivery support provided by the Phoenix Centre team. (Gross savings: £34,973 per annum (dependent upon VS or deployment). Removal of a further Assistant Team Manager Mental Health post (presently vacant).Gross Savings: £52k per annum

- The deletion of the Assistant Team Manager grade is consistent with the approach across all service areas and links to the proposals within the budget papers being considered by the Board at this meeting

- Integrated Mental Health Team: Removal of Supported Employment Worker (0.6FTE). Work will be incorporated in the remit of Community Access Team. Gross saving: £20,257 per annum (dependent upon VS or deployment)

- Reduction in assessment capacity: Option is to accept a VS request and reduce the core team by one post from 4fte to 3fte. (25% reduction in staffing).Gross saving: £52k per annum (Dependent upon VS or deployment)

2.2.2 Projected full year gross financial efficiency of £262,130 identified via the development of an integrated team and management structures and with efficiencies generated from the redesign of the Community Outreach service in Clackmannanshire. Figure subject to some staff taking Voluntary Severance or being successfully redeployed to other posts.

2.3 A further report will be presented to the IJB in June 2018, with the full business case for agreement.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Delegate authority to the Service Manager Learning Disability/Mental Health to continue with the redesign of the Mental Health service across the Health and Social Care Partnership.

3.2. Note the progress and timescales for implementation of the different elements of the proposed redesign. Specifically:

- Redesign of the management structure across health and social care services and development of operational delivery services consistent with a single integrated service. Timescale for implementation being July/August 2018.

- The implementation of the joint commissioning plan across health and social care services

- Redesign of internal day services. Initial redesigned services to be in place for October 2018.

3.3 Approve the proposed reduction of budget allocation to care packages of an assumed minimum of 10% via the Self-directed Support Resource Allocation System [RAS] during the financial year 2018/19. All cases will be subject to professional overview in order to assess risk of implementation.

3.4 Approve the proposal to present the full business case to the IJB at the next meeting during June 2018.

4. Background

4.1. The redesign of Mental Health services are specifically identified as priorities for transformation within the Partnership's Strategic Plan for the period 2017-19.

4.2 The Mental Health Service is required to evidence how it implements local, operational priorities:

- Change from traditional single agency services to integrated services at operational level across the NHS and the 2 Local Authorities.

- The development of a commissioning plan that focuses on the development of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities, care at home and day services that are outcomes focussed and support people to live within their local communities as far as possible.

- Develop services consistent with the national strategy for Mental Health, *Mental Health Strategy*, 2017-27.

- Design and deliver services that operate within the available resources.

5. Main Body Of The Report

5.1 National Strategic Policy, Mental Health Strategy, 2017-27.hghlights 40 key priorities for health and social care services under 4 general headings:

- Prevention & Early Intervention. Emphasis on early intervention with young people, people living in isolated rural communities and people with mental health issues being presented via the criminal justice system.

- Access to treatment and joined up accessible services. Emphasis being given to increasing the mental health workforce, and evaluating the most effective and sustainable models of supporting mental health in primary care.

- The physical wellbeing of people with mental health problems: Emphasis on the link between alcohol misuse and mental illness, and promoting good health amongst those with mental health issues.

- Rights. Information use and planning Highlighting the review of present legislation, the present capacity of mental Health Officer s and developing strategies for employment/supported employment

- Data Measurement: Emphasis being given to the development of a quality indicator profile in mental health which will include measures across six quality dimensions - person-centred, safe, effective, efficient, equitable and timely.

5.1.1 Within the context of the national strategy the mental health redesign groups have focussed on four specific issues:

- Redesigned management structures across health and social care services and development of operational delivery services consistent with a single integrated service.

- The development of a commissioning plan that focuses on the development of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities , care and home and day services that are developed local where possible and are outcomes focussed

- Redesign of internal day services.

- Develop services consistent with the Social Care (Self-directed Support) (Scotland) Act 2013

5.2 Redesign of management structures and operational services:

5.2.1 It is evident that within both service groups that there is a clear commitment to developing, where practical, a service based on a single integrated management structure operating from a pooled budget and which is co-located. The benefits of an integrated team and management structure as follows:

- Cost effective single management system providing consistency of approach to service delivery
- Single door access to services across health & social care and reduction in duplication of task such as information giving and assessment
- Consistency of approach across health and social care professionals and the development of a consistent approach to service delivery.
- Consistent approach to service planning and workforce planning

5.2.2 While there is co location in the Stirling area at the Livilands Resource Centre there remains traditional single agency management structures across social work and community nursing while operating within an aligned budget framework.

5.2.3 In the Clackmannanshire locality there is no co location and there remains a traditional single agency management structure across social work and community nursing while operating within an aligned budget framework. It would be beneficial to explore the options for co location locally such as within the Clackmannanshire Community Health Care Centre.

5.2.4 At this time, the community outreach team, Integrated Mental Health Team, based at Marshill, Alloa will continue to be based there given its central location and early intervention/community focus.

5.2.5 The integrated team and management structure proposed by the Joint Management Team is referred to in appendix 1.

5.2.6 Potential financial efficiencies identified via the development of an integrated team and management structure total £206,990, subject to suitable re deployment and options such as Voluntary Severance.

5.2.7 There were a series of staff engagements sessions relating to this matter during February with meetings with the range of Social Services and NHS staff taking place in both Alloa and Stirling. Staff have indicated their support in moving to a model of integrated team and single integrated management. A programme of further engagement will take place once further engagement

has taken place with the Trade Unions/Staff Representatives and the three HR sections in relation to the proposed implementation of the proposals.

5.3 Commissioning Plan.

5.3.1 In addition to services directly provided by NHS and local authority staff a significant level of external services is commissioned from the independent and third sectors for nursing/residential care, day and care at home services. It is proposed that the existing services are reviewed and recommissioned as appropriate and new services commissioned during the financial years 2018/19 and 2019/20 that are consistent with the following service user outcomes:

- Development of flexible and innovative community based services consistent with the principles of client specific outcomes and Self - directed Support that empower existing and future service user to make choices about their care and accommodation requirements.

- Reduce the dependency on long terms NHS bed provision

- Provide an opportunity to re-commission residential./nursing bed provision within the localities and nearer to service users home area

5.3.2 The Joint Commissioning Plan (see appendix 2) provides the basis for the commissioning intentions for the next 3 years 2018-21 and will proceed on the following basis:

- Commission services within the Partnership's geographical area and / or the NHS Forth Valley area where possible.

- Commission services that promote health and social equality

- Commission services that promote choice and innovation and focus on personal outcomes.

- Commission independent living services as a direct alternative to low/medium dependency residential care (note it is accepted that alternative to high dependency, specialist residential nursing care will create a challenge in developing alternative local services).

- Develop partnerships with community organisations, employment agencies, leisure and recreation services, education services and social enterprise companies in order to provide alternative day opportunities for low dependency service users.

5.3.4 The focal point of developing this agenda with the independent and third sector providers is direct engagement via the Service Manager and Commissioning staff on a bi monthly basis. The aim is to develop a partnership approach in order to achieve greater capacity and choice for

service users while combining innovative and positive service outcomes that develop alternative services to building based services.

5.4 Redesign of In- House Community Outreach Services.

5.4.1 The redesign of the mental health day services are noted within the re-designed operational structure noted in appendix 1. This is specific to the Clackmannanshire as services are commissioned via the Third Sector in Stirling.

5.4.2 Projected financial efficiency identified is £55,230 dependent upon staff taking Voluntary Severance or being successfully redeployed to other posts.

5.4.3 Initial service user and carer engagement sessions began in February 2018 and it is planned that this will be an ongoing process every 6-8 weeks for the foreseeable future

5.4.4. Community Engagement: Engagement with the Public Partnership Forum proceeded during February as did a presentation to the Strategic Planning Group. All 3 aspects of the review were considered and feedback generally was positive and in line with progressing a partnership and innovative approach to service delivery that will have a positive impact on service delivery.

5.4.5 Engagement with Trade Union/ NHS Staff Representatives. There have been monthly meetings with a core group of senior Trade Union and NHS Staff Representatives following the initial meeting on 31st August. The meeting have involved a combination and discussion relating to the issues highlighted in the report. Staff representative have also participated in a number of the working groups in the development of the integrated team proposals and have also attended some of the staff development sessions within the day services. The focus will increasingly to negotiations around implementation.

5.5 Implementation of the Social Care (Self-directed Support) (Scotland) Act 2013

5.5.1 The Social Care (Self-directed Support) (Scotland) Act 2013 provides the statutory framework and service delivery principles and values which will form the basis practice and budget allocation to individual service users. The focus being the improvement of outcomes for citizens, by providing choice, control, empowerment, independence and innovation through safe, sustainable and economically viable responses to support planning and where risk is managed appropriately.

5.5.2 Within the Self-directed Support legislation there are 4 options available to people to manage their care and support:

- Option1. The service user can choose to receive a direct payment to purchase support yourself. Service User will have access to advice and support from their council and local support service.

- Option 2 The council may give the service user the option to choose their own support while it holds the money and arranges the chosen support on the service user's behalf.

- Option 3. The service user can choose to have the council select the appropriate support and arrange it for them.

- Option 4. A combination of options 1, 2 and 3.

5.5.3 The options noted are to be provided within the resources available and consequently the implementation of the Self -directed Support Resource Allocation System [RAS] assumes a minimum 10% efficiency on all existing commissioned care packages and future commissioned care packages .All care packages continue to be subject to professional overview before a final decision is made on individual cases.

6. Conclusions

6.1 The Mental Health services across the Partnership are presently subject to review. The perceived benefits of the review are consistent with the national Mental Health Strategy, 2017-27which focuses on improved outcomes for people across health and social care services and generally within the community. The specific elements of the review are as follows:

- redesign of the management structure across health and social care, including existing day services, and the development of operational delivery services consistent with a single integrated service. Timescale for implementation being by the end of the first quarter of 2018/19

- The implementation of the joint commissioning plan across health and social care services.(see Joint commissioning Plan attached in appendix 2)

- In line with the national Self-directed Support Strategy [2010] and the recent report by Audit Scotland support the embedding of Self-directed support as a means of ensuring that services are being provided in a cost effective manner, with equitable access to the available resources.

7. Resource Implications

7.1 Projected full year gross financial efficiency of £262,130 identified via the development of an integrated team and management structures and efficiencies generated from the redesign of the Community Outreach service in Clackmannanshire. Figure subject to some staff taking Voluntary Severance or being successfully redeployed to other posts.

7.2 10% projected efficiency via the commissioning/ recommissioning of services using Self Directed Support methodology during the financial year 2018/19.

8. Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☐

9. Legal & Risk Implications

9.1. Not applicable at this stage of the review.

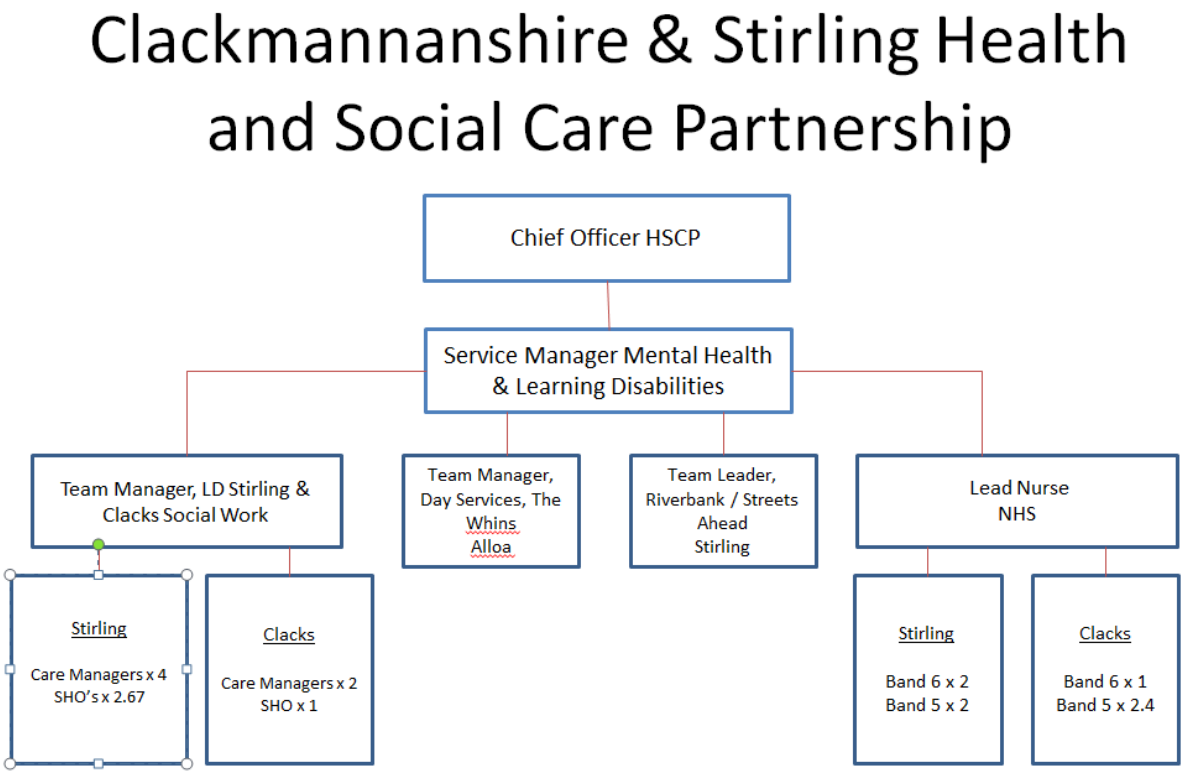
10. Consultation

10.1. As noted in the body of the report in relation to staff, service users and carers, Trade Unions and Staff Representatives and Community representatives

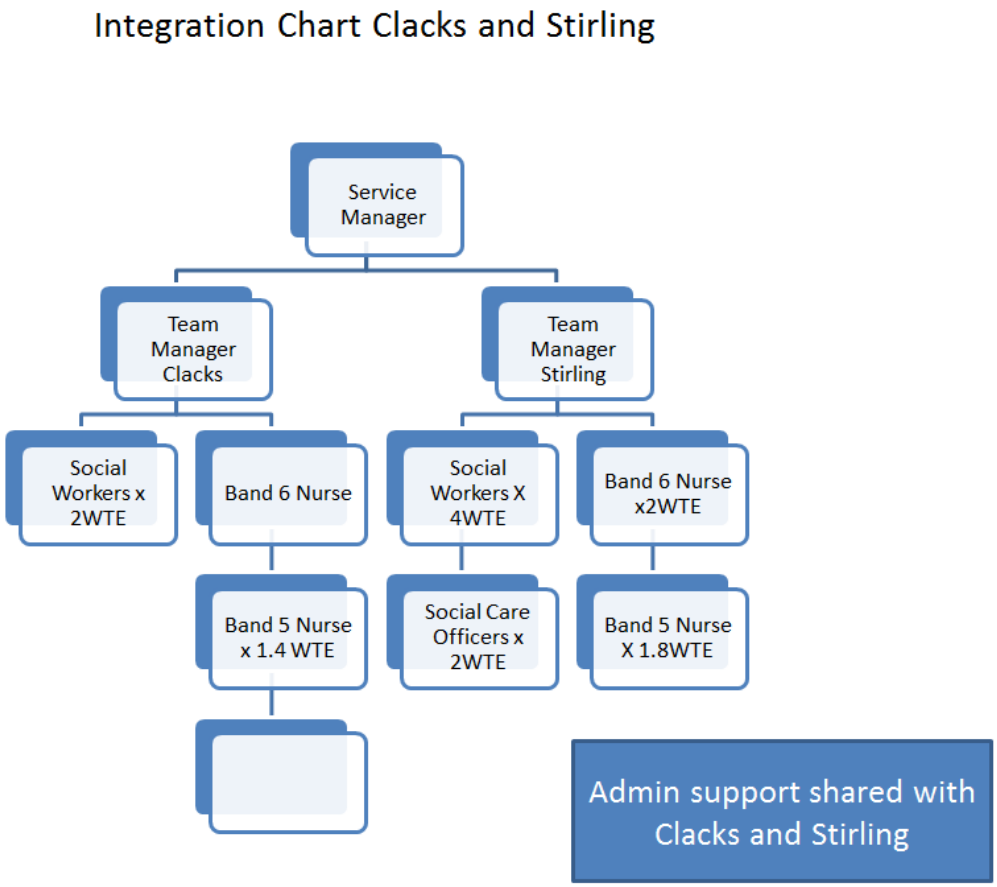
11. Equality and Human Rights Impact Assessment

11.1. Attached in appendix 3

Appendix 1 – Current Structure



Appendix 1 – Recommended Structure



Clackmannanshire & Stirling Health & Social Care Partnership

Integrated Mental Health Service

Joint Commissioning Strategy

2018-2021

Version	Date	Edited by	Edited area and reason
V0.1	26 February 2018	Ali Ryan	First Draft

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Appendices:

Appendix 1 Policy Context

Appendix 2: Implementation Plan 2018-2021

Our Shared Vision: All adults who have mental health problems will live longer, healthier lives; are supported to participate fully in society; prosper as individuals and are valued contributors to the life of our local communities.

1. Foreword

I am delighted to introduce the first Joint Mental Health Commissioning Strategy for people with mental health problems within Clackmannanshire and Stirling. We are using the building blocks of both the Scotland Mental Health Strategy (2017-2027) which aims to "achieve a Scotland in which people are given the right help at the right time, expect recovery and have their rights met" and the NHS Mental Health Services Clinical Review where we aim to deliver person centred, safe and effective Mental Health services aiming to improve mental wellbeing, quality of life outcomes, promoting rights and recovery and addressing stigma.

We also recognise that the way in which we have traditionally supported people needs to change. The principles and duties of the Social Care (Self-directed Support) (Scotland) Act 2013 will ensure that people have more choice and control in how the support is delivered and provided. We will work, alongside our Provider's whom we commission to deliver services, to provide more flexibility, innovation and choice in support, which meet people's individual outcomes. Our ambition for self-directed support goes beyond services being person-centred; it is about true choice and control to enable everyone to have more control over their lives, with greater choice and opportunity.

The co-located Mental Health Service has been working jointly for some time. This has supported partnership working between health and social work staff and helped develop clearer pathways from referral to the most appropriate service. The financial resources to support Mental Health services, is now shared and sits within the Partnership. Work is ongoing, within the Joint Mental Health Redesign Group, to identify the most effective management and staffing structure to support the models of support required for people with a mental health problem.

The next step is to actively work with people who use services, their unpaid carer's and all of our partner organisations in developing and implementing this Commissioning Strategy to ensure we have the right care at the right time and the right place. We are all aware that the funding required to support people is reducing while demand is increasing and, along with all Health and Social Care Partnership's in Scotland, the money available is decreasing. This means that there is an even greater need for transparency and collaboration, an open conversation on balancing care and support and risk, and more inclusive assets based community approach.

Jim Robb

Service Manager

2. Purpose of the Strategy

The Joint Commissioning Strategy is developed, alongside key stakeholders, to identify how the national and local outcomes, key policy drivers, local arrangements and local needs come together to set out arrangements for the provision of social care and support for people in Clackmannanshire and Stirling. This will then be set out in the Implementation Plan, which will include actions and timescales, and will inform the development of a Commissioning Plan for the procurement of social care and health services.

The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision. There is also a need to think of the risk and the protective factors. We can only deliver this vision if we have a sustainable and diverse health and social care market that is equipped to deliver personalised, flexible, innovative, high quality services and supports across our local communities. We want to work with providers to encourage a culture of continuous improvement where we identify and roll out best practice.

We also want to work with providers to clearly demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities.

3. BACKGROUND

3.1 Definition

Mental illness is considered to be one of the major public health challenges in Scotland as around one in three people are estimated to be affected by mental illness in any one year. While there is no official definition of mental health problems, there is wide recognition that it is:

Mental health problems: A term that refers to symptoms that meet the criteria for clinical diagnosis of mental illness, or symptoms at a sub-clinical threshold which interfere with emotional, cognitive or social function. Examples include common mental health problems such as depression and anxiety, and severe and enduring mental health problems such as schizophrenia.

Mental wellbeing: A term that includes:

- aspects of subjective wellbeing (affect and life satisfaction)
- psychological wellbeing (which covers a wider range of cognitive aspects of mental health such as mastery and a sense of control, having a purpose in life, a sense of belonging and positive relationships with others).

http://www.wellscotland.info/about

Both Clackmannanshire and Stirling Integrated Community Mental Health Services offer a multi-disciplinary approach to treatment, providing a wide range of interventions for adults with moderate and severe / enduring and complex mental health problems between the ages of 18-65.

The recent Clinical Services Review of Mental Health services (2015) by NHS Forth Valley stated that there is a significant 'hidden' cost of mental illnesses, with the cost of days of work lost due to depression estimated to be 23 times higher than the cost

to health services. Furthermore, it is anticipated that Scotland's ageing population (with the number of people living to 85 years predicted to double over the next 20 years) will put increasing strain on the mental health services. For example, the number of those suffering from dementia will increase, with 20% of those over the age of 80 currently suffering from the disorder.

3.2 National Mental Health Strategy (2017-2027)

The National Mental Health Strategy (2017-2027) has just been launched and is in the early stages of implementation. The 10 year strategy aims to create a Scotland which is as dedicated and committed to the treatment and prevention of mental illnesses as it is to physical health problems. It is also outlined that there is a need to address and challenge the stigma and discrimination that surrounds mental health problems. This principal vision is to achieve a Scotland in which people are given the right help at the right time, expect recovery and have their rights met.

The strategy outlines 40 initial actions which aim to improve the join up of services and refocus them in order to better deliver them in the correct areas.

The key areas of action are around the following themes:

- early intervention and planning
- access to treatment and joined-up accessible services
- the physical wellbeing of people with mental health problems
- rights information use, and planning
- data and measurement frameworks.

It is put forward that as mental health is central to individuals' health, welling and recovery from illness, it must therefore not be solely considered by specialist mental health services but by all service areas

The Commissioning Strategy for people with mental health problems will be fully informed by this key Strategy.

3.3 Health and Social Care Partnership

The Governance of this document, and the work within it, now lies with the Clackmannanshire and Stirling Health and Social Care Partnership (herein referred to as the 'Partnership'). The Partnership, and its governing Integration Joint Board, is a separate legal body which became responsible for the strategic planning and delivery of community based health and social care services to adults and older people from April 2016.

The development of the Commissioning Strategy, and the monitoring of the accompanying Implementation Plan, lies with the Mental Health Strategic Group (previously the Mental Health Redesign Group) which will report to the Strategic Planning Group which will report to the Joint Management Team and the Integrated Joint Board.

The Partnership Strategic Plan [2016-2019] established the vision and outlined the local and national outcomes, which will be used as the basis for the development of a performance framework, a high level approach to locality planning and the local priorities. The Strategic Plan describes how the Partnership will make changes and improvements to develop health and social care services for adults over the next three years. The plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided upon them and how we intend to make a difference by working closely with partners in the Clackmannanshire and Stirling area.

The national and local outcomes, which will be used to develop and monitor all of our interventions, whether from our services or commissioned services, are laid out below.

Vision	To Enable People in Clackmannanshire and Stirling Health & 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 *Note linkage to 'Experience'* **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)	• Emergency Department Attendance • Life expectancy age 65+ • Deaths from Cancer/CHD	• Hours of homecare for clients 65+ • Respite hours provided • Emergency /Admission 65+ and 75+ per 100,000	• Healthcare Associated Infection • Telecare data 75+ • Adult Protection	• *Dementia – post diagnostic support • Mental Health/Learning Disability data	• Local Client/patient data • Patient Experience survey • Staff Survey data • Financial and Budgetary information

The Partnership Strategic Plan (2016-2019) is informed by the Partnership Strategic Needs Assessment (2016-2019) which is an analysis of the health and social care needs of the population to inform and guide service planning. The main goal of the Strategic Needs Assessment is to accurately assess the health and care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.

The Market Position Statement aims to present information on the health and social care current market and how this needs to develop in order to meet the challenges of meeting the strategic aims, the local demographic changes, increases in complexities of needs and partnership funding and proportion of spend for each client group. It is intended to be of use to providers of health and social care to set out key pressures, summarises current supply and expected demand and provides key messages about future priorities. The Market Position Statement will inform all Commissioning Strategies and Commissioning Plans.

4. National Data Sets

There are no national data sets to record people with mental health problems in Scotland, however, there is wide reporting of the fact that one in four people will experience a mental health problem in any year and 10% of Scottish adults suffer from symptoms of depression. Suicide is still the foremost cause of death in those aged between 15 and 34, and those who suffer from long term mental health problems are likely to die 15-10 years prematurely. (Good Mental Health for All, NHS Scotland, 2016).

A recent survey of Young People by the Scottish Youth Parliament (July 2016)11 suggests that 25% of those aged between 12 & 26 years of age consider themselves to have had a mental health problem, 70% of whom did not know what help and support was available in their area with 1 in 5 not knowing where to go for advice and support.

5. Commissioning of Services

5.1 Self-directed Support

The implementation of the Social Care (Self-directed Support) (Scotland) Act 2013, has taken time, mainly due to the change in processes, systems and culture that the policy demands. The principle of Self-Directed Support is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where ‘what matters to them’ is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four options on how they want their care arranged.

With the introduction of Self Directed Support Local Authorities are required to actively promote a variety of support and choice for those eligible for care and support. This means the way care and support is offered to individuals is changing and consequently the way we contract with organisations who offer care and support needs to change.

Commissioning via Self-directed Support will still involve contracts, but instead of being top-down contracting with commissioners and providers in the driving seat, contracting should move towards a co-produced, assets based approach, where the relationship between all the contracting parties (including supported people) is more equal and reciprocal with the supported person becoming the micro-commissioner.

Central to this change is how supported people are empowered to work with all the assets and resources available to them. The development of any new approaches must ensure that control of these is increasingly taken by supported people, and where appropriate their families and carers.

5.2 How we Commission Services

All commissioning arrangements take into account key principles of best value, transparency, equal treatment, non-discrimination and proportionality as well as respecting, promoting and protecting human rights. However, there is some discretion in how care and support services are purchased in respect of national procurement legislation. This will be recognised within the wider Procurement Strategy and Contract Standing Orders of each Local Authority and Health Board.

Commissioning is a set of activities by which the Partnership ensures that services are planned and organised to best meet the needs and demands of local communities and citizens, in order to deliver appropriate and sustainable outcomes for now and for future generations.

Joint Commissioning Strategies should take account of the needs of people with mental health problems of all ages. Plans should have regard to relevant guidance, scope current and future demand, identify the total resources available to meet these needs, and set out how they will be invested to secure sustainable, high quality, innovative, flexible services that meets the outcomes of individuals that should maximise independence, choice and control.

The Commissioning Strategy shows how we:

- Make commissioning decisions within the changing national context
- Currently spend money within the allocated budget, using eligibility criteria, at a time of financial constraints and policy drivers like the Scottish Living wage
- Work with providers on creative, innovative ways of working and providing a platform for sharing good practice and networks

The commissioning, procurement and contract monitoring of Adult Health and Social Care services can act as drivers for transformational change, and can challenge existing models of service delivery to move to a more outcome focussed, innovate, flexible service. This is not done in isolation, but by sitting alongside the aims and principles of the wider Partnership strategy and plans, by taking into consideration the wider legislative and policy landscape and by the involvement of all of our stakeholders, including people who use services and their carers.

Effective commissioning forms a continuous cycle of challenge (see below IPC Commissioning Framework), understanding of what is currently in place, knowledge and development of what is available in the community, looking at alternative solutions, i.e. technology enabled care, stakeholder involvement, action and improvement, review of delivery and achievement of outcomes. Where Scotland Excel National Frameworks are available the Mental Health Service may utilise these.

Analyse
Commissioning
Plan
Purpose, Demand & Supply Analysis
Gap analysis, Design Commissioning Strategy
Purchasing/ Contracting
Review market performance. Feedback into Strategy
Devise a Purchase Plan from Commissioning Strategy
Contract Monitoring and Review
Implement the Purchasing Process, Contract Management
Strategy Monitoring and Review
Budget & Market Management
Review
Do

5.3 How we manage Contractual Arrangements

Where providers are appointed to deliver on behalf of the Partnership, effective and robust contract management and monitoring arrangements must be in place to help ensure that intended services and outcomes are being delivered.

Commissioning for outcomes will also give greater opportunity for providers to arrange their services in more flexible and innovative ways, instead of the traditional approach to specifying inputs and outputs. Agreed outcomes will be set out as early as possible in the commissioning cycle and considered at every stage, from service user involvement to the final review of the impact that the service has made, so that decisions can be made on more than price alone.

Monitoring and review of contracts is critical to maintaining and improving service quality. There is an established programme of reviews of current Adult Health and Social Care contracts. Care Home placements are commissioned under the National Care Home contract and are monitored annually; there is a rolling programme of monitoring meetings with Care at Home Framework Providers and third sector providers are annually reviewed using a contract monitoring tool, based on the Local Code of Practice: Following the Public Pound and Funding External Bodies.

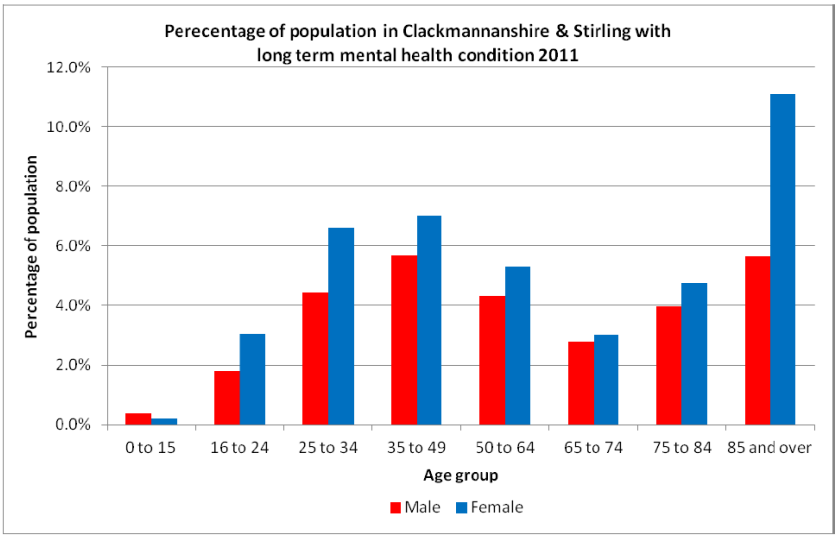
There is a draft risk assessment matrix being proposed and tested within Strategic Commissioning to move to proportionate contract monitoring which links more clearly to the national and local outcomes.

6. Local Context

6.1 What are the local demographics?

Key Facts about Mental Health in Stirling and Clackmannanshire

The 2011 census revealed that 4.6% of Clackmannanshire's population and 3.7% of the population suffered from a mental health condition.



Source: 2011 Census

The population of Stirling was estimated to be 93,750 in 2016. In 2015 the population of Clackmannanshire was stated to be 51,360. Figures show that one in four people will experience a mental health problem at some point in their life. With these figures in mind, it can be predicted that 36,278 individuals across Stirling and Clackmannanshire will encounter problems with their mental health.

In Rural Stirlingshire, 22.2% of the population are aged 65+; this is considerably higher than the Scottish National average of 10%. The aging population will put

increasing strain on mental health services as currently 20% of those aged 80+ suffer from dementia.

In Clackmannanshire, 15.5% are considered to be deprived based on income. This is higher than Scottish average of 13.1%. Deprivation is recognised as a risk factor for mental illness. In line with this, in Clackmannanshire 334 per 100,000 of the population were admitted to Psychiatric Hospitals in 2015 (the Scottish average 286 per

100, 000).

It was estimated by the NHS Forth Valley board that across a four year period, 134 people (12 per 100,000 population) in the Forth Valley area would commit suicide.

The Strategic Plan (2016-2019) states that there were 1,178 people with a severe mental health condition known to GP Practices, in 2014. (QOF Register, 2014)

6.2 What do we currently deliver?

Current Accommodation for People with a Mental Health Problem

There are a number of housing models available within both Clackmannanshire and Stirling. These are all forms of Supported Living. Supported Living differentiates from residential care and from ‘adult placements’ or ‘shared lives’ schemes. The purpose of the services is to enable people to establish or remain in their own homes, whenever possible. Support is individualised, some people may require only a few hours of support a week and others may require 24 hour support and complex care. People may live in single accommodation or shared accommodation with other people. There can be transitions into and out for the different types of accommodation.

Care and Support Services

In Stirling in 2016-2017, there was a total of 96 people who received care and support services at a total cost of £186,281.

In Clackmannanshire in 2016-17, there was a total of 40 people who received care and support services. This cost totalled at £146,550. There was also 9 people supported in the Falkirk area at a cost of £168,903. 4 people accessed day services at a cost of £16,443.

There were 4 out of area care and support services, accessed by Clackmannanshire, in 2016-17, for a total of 17 people at a cost of £191, 504.

Care Home Accommodation for People with a Mental Health Problem

In Stirling, in 2016-17, 9 people with a mental health problem were in Long Term Care, at a total cost of £111,677. In Clackmannanshire in 2016-2017 there were 19 people in Long Term Care, resulting in a total cost of £689,037.

Within the Partnership area there are 5 specific Mental Health Care homes. In 2016-17, within these care homes, 9 spaces were taken by Stirling and 10 by Clackmannanshire.

	MH Care Homes in Stirling	MH Care Homes in Clacks
Places taken by Stirling	5	4
Places taken by Clacks	5	5

There were 7 out of area care homes accessed by Stirling in 2016-17 for a total of 18 people at a cost of £546,018.

There were 2 out of area care homes accessed by Clackmannanshire in 2016-17 for a total of 2 people at a cost of £53,790

The contractual arrangements are through the Scotland Excel Residential Framework Agreement or through individual Placement Agreements.

Third Sector Services

In Stirling in 2016-17, externally commissioned services, which provide therapeutic support, outreach and counselling services, were commissioned at a total cost of £230,456.

In Clackmannanshire 2016-17, externally commissioned services, which provide therapeutic support, outreach and counselling services, were commissioned at a total cost of £122,732.

6.3 What is the Financial Spend?

The financial spend for Mental Health services in 2016/17, for Stirling, was:

- The financial spend for Mental Health services in 2016/17, for Stirling, was £1.2 million.

The financial spend for Mental Health services in 2016/17, for Clackmannanshire, was:

- The financial spend for Mental Health services in 2016/17, for Clackmannanshire, was also £1.2 million.

Appendix One

The key policy drivers are summarised below:

Shaping Services for the Future – Clinical Services Review: Mental Health and Learning Disability (NHS Forth Valley, 2015)

Figures show that one in four people will experience a mental health problem at some point in their life. It is stated that 1-2% of the population are currently living with psychotic disorders. It is highlighted that currently in Europe, 40% of all years lived with a disability are accounted for by mental health disorders, making them the most significant chronic conditions. There is a significant 'hidden' cost of mental illnesses, with the cost of days of work lost due to depression estimated to be 23 times higher than the cost to health services. Furthermore, it is anticipated that Scotland's ageing population (with the number of people living to 85 years predicted to double over the next 20 years) will put increasing strain on the mental health services. For example, the number of those suffering from dementia will increase, with 20% of those over the age of 80 currently suffering from the disorder.

Therefore, the purpose of the document is to provide a comprehensive strategic review of the current clinical services in order to maintain and improve the delivery of safe, effective, person-centred care; promote population health improvement and maintain financial balance consistent with the *Scottish Government's 2020 Vision*. It is put forward that as mental health is central to individuals' health, welling and recovery from illness, it must therefore not be solely considered by specialist mental health services but by all service areas. An agreed shared vision is introduced, which states that, "NHS Forth Valley will deliver person centred, safe and effective Mental Health and Learning Disability services aiming to improve mental wellbeing, quality of life outcomes, promoting rights and recovery and addressing stigma."

The clinical review identifies gaps in currents services and areas which are in need of improvement. For example, it is desired that various therapies should be delivered faster. There is also a need for NHS Boards to improve on partnerships to link up work in various areas, e.g. alcohol and depression.

Mental Health Strategy 2017 – 2027 (Scottish Government)

This 10 year strategy aims to create a Scotland which is as dedicated and committed to the treatment and prevention of mental illnesses as it is to physical health problems. It is also outlined that there is a need to address and challenge the stigma and discrimination that surrounds mental health problems. This principal vision is to achieve a Scotland in which people are given the right help at the right time, expect recovery and have their rights met.

There are many challenges which must be faced before this vision is reached. For example, currently only 1 in 3 of those who would benefit from treatment for a mental illness receive it. Individuals suffering from mental illnesses or problems are more likely to wait over 4 hours in the Emergency Department. Furthermore, it is estimate that those who experience life-long mental illnesses will die up to 20 years prematurely because of physical ill-health.

The strategy outlines 40 initial actions which aim to improve the join up of services and refocus them in order to better deliver them in the correct areas. Examples of these actions include:

- Increasing the mental health workforce by 800 additional mental health workers in hospitals, GP surgeries, prisons and police stations.
- Improving support for preventative and less intensive services (tiers 1 and 2 CAMHS) to tackle issues earlier.
- Reviewing the role of counselling services in schools.
- Testing and evaluating the most effective and sustainable models of supporting mental health in primary care
- Establishing a bi-annual forum of mental health stakeholders to help guide the implementation of actions in the coming years

The key areas of action include: early intervention and planning; access to treatment and joined-up accessible services; the physical wellbeing of people with mental health problems; rights information use, and planning; and the data and measurement frameworks.

Good Mental Health for All (NHS Scotland, 2016)

This paper outlines the importance of local strategic partnerships working together to improve mental health across Scotland. It addresses how the partnerships can reduce inequalities and tackle the key factors which influence mental health and wellbeing in Scotland.

Although there has not been a significant change to the mental health statistics over the last decade, it is unfortunately still the case that nearly 10% of Scottish adults suffer from symptoms of depression. Despite progress being made in suicide prevention, it was found that this is still the foremost cause of death in those aged between 15 and 34. The link between mental health and physical health problems is also highlighted, and it is noted that those suffering from depression are significantly more likely to develop cardiovascular disease and diabetes. Hence, it is not surprising that those who suffer from long term mental health problems are likely to die 15-20 years prematurely.

It is stated that in order to initiate change there is a need to promote mental wellbeing while preventing mental health problems at both national and local levels. It is put forward that the key roles of local strategic partnerships should be to:

• strengthen effective leadership and governance for mental health
• provide comprehensive, integrated and responsive mental health and social care services in community-based settings
• design and implement strategies for promotion and prevention in mental health
• strengthen information systems, evidence and research into mental health

Suicide Prevention Strategy (2013-2016)

This strategy laid out the steps the Scottish Government proposed to take to prevent and reduce suicide across Scotland while identifying further areas in need of change. The strategy aims to work towards the World Health Organisation's global goal of reducing suicide rated by 10% by 2020.

The strategy is formed around five key themes:

1. Responding to people in distress

2. Talking about suicide
3. Improving the NHS response to suicide
4. Developing the evidence base
5. Supporting change and improvement.

There are many commitments made within these themes including: producing a document for people in distress to reduce self-harm; working with NHS Scotland, the *see me* campaign and other agencies to develop strategies using social media to challenge the stigma surrounding suicide; improving the way individuals who present themselves at A&E are handled; working with statutory, voluntary and academic partners to develop the national evidence base and finally to monitor the progress of all the implemented commitments made within the strategy.

The Road to Recovery – (Scottish Government, 2008).

It was highlighted that the scale of Scotland's drug problem is significantly higher than similar European countries, with 1 person in 50 aged 15-54 suffering negative impacts due to drug use. Furthermore, it was estimated that 40-60000 children in Scotland were affected by parental drug use which is likely to result in the development of mental health problems in later life. The strategy therefore examines not only recovery from drug use but also prevention, treatment, rehabilitation and education. It is emphasised that it is essential to work alongside the Mental Health Strategy in order to improve the populations' overall wellbeing which would significantly reduce the risk factors of drug use. It is stated that there is a need for services which are delivered at a local level to be based on evidence which shows what strategies work best to reduce drug misuse, how they work and why.

Carer's (Scotland) Act 2016

The aim of this Act is to support carers', both adult and young carers', health and wellbeing and to help make caring more sustainable. Measures include:

- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- a specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

Social Care (Self Directed Support) (Scotland) Act 2013

The principle of Self-directed support is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four options on how they want their care arranged.

The Road to Recovery – (Scottish Government, 2008).

It was highlighted that the scale of Scotland's drug problem is significantly higher than similar European countries, with 1 person in 50 aged 15-54 suffering negative impacts due to drug use. Furthermore, it was estimated that 40-60000 children in Scotland were affected by parental drug use which is likely to result in the development of mental health problems in later life. The strategy therefore examines not only recovery from drug use but also prevention, treatment, rehabilitation and education. It is emphasised that it is essential to work alongside the Mental Health Strategy in order to improve the populations' overall wellbeing which would significantly reduce the risk factors of drug use. It is stated that there is a need for

services which are delivered at a local level to be based on evidence which shows what strategies work best to reduce drug misuse, how they work and why.

Appendix Two

Implementation Plan

Key Group	Key Outcomes to be Achieved	Timescales	Link to National/Local and KTL Indicator	Responsible Owner	Status Update
Transitions: Young people with a Mental Health Problems coming into adulthood	1. Development of an agreed Framework and Organisational Development Plan to ensure a consistent, joined up approach by all partners: adult care; children and families; education; health; AHPs; complex care and clear pathways for diagnosis 2. Supported routes to access employment, education and leisure including developments of social enterprises and implementation of volunteer policies	March 2019		Jim Robb	

Operational Management: People who have been getting the same service for a long time and people who want to come home to their local area	1. All clients to have outcome focussed reviews, 10% efficiency saving in individual budgets and promotion of innovative and personalised social care 2. Consideration of options for tendering to develop new models of care which encompass SDS principles, flexibility and link closer to national and local outcomes as well as the Strategic Outcomes 3. Out of Area Placements: Review of all out of area placements to assess if service user's outcomes can be met using a different model of care, closer to home. 4. Further development of Housing Options: requirement for treatment and assessment short stay; residential and nursing care; supported accommodation with preference for a core and cluster model, care at home and day support and flexible respite and short breaks	Actions 1, 2 & 3: March 2019 (with view on tender by October 2018) Tier 2: March 2020 Tier 3: March 2021		Jim Robb	

Complex Care: People who have a complex mental health care need or challenging behaviour or who are growing older with a Mental Health problem	1. Action Plan around meeting the recommendations of the Health Needs Assessment 2. Dementia Strategy	March 2019		Lorraine Robertson	
Day Services and Community Development	1. Action Plan on moving to a non-building based service, with a combination of community outreach and individualised and group opportunities via supported employment, education and leisure 2. Roll out of the Volunteer Policy 3. Contribution to the Social Enterprise Strategy to support inclusion and diversity	March 2019		tbc	

Participation Strategy	1. Development of a Participation Strategy to ensure that we work in collaboration with all stakeholders, in particular people who access services and their carers.	June 2018		Ali Ryan	

Standard Impact Assessment Document (SIA)
Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: **Name of EQIA being completed i.e. name of policy, function etc.**

Mental Health Review

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service X Other, please detail** ☐

Q2: What is the scope of this SIA

Service Specific **X** Discipline Specific ☐ Other (Please Detail) ☐

Q3: Is this a new development? (see Q1)

Yes ☒ No ☐

Q4: If no to Q3 what is it replacing?

Change to existing operational, single agency arrangements across health and social care services

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Strategic Review Group: Mental Health. Jim Robb, Lorriane Robertson, Justin McNichol, Isobel Reed, Sylvie McCleary

Q6: Main person completing EQIA's contact details

Name:	Jim Robb, Service Manager , Learning Disability/Mental Health	Telephone Number:	
Department:	HSCP	Email:	JRobb@Clacks.Gov.UK

Q7: Describe the main aims, objective and intended outcomes

Redesign of the management structure across health and social care services, including the community outreach service, and the development of operational delivery services consistent with a single integrated service.

High Level:
Efficient management structures & cost effective
Consistent approach to service planning and workforce planning
Consistent approach to service delivery and agreed priorities.

Operational:
Cost effective single management system providing consistency of approach to service delivery
Single door access to services across health & social care and reduction in duplication of task such as information giving
Consistency of approach across health and social care professionals and the development of an integrated

single care pathway

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff **X** Service Users **X** Other **X** Public Partnership Forum & Strategic Planning Group

(ii) Have they been involved in the development of the function/service development/other?

Yes X No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Staff:

Staff briefing across both Clackmannanshire & Stirling during the autumn of 2017 culminating in detailed staff briefings during February 2018.

Service Users/PPF & Strategic Planning Groups across Clackmannanshire & Stirling: Detailed presentation and engagement during February 2018.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc.)

:

- General Scottish Government Guidance relating to Integration of Health & Social Care Services
- Mental Health Strategy, 2017-27 (Scottish Government 2017)
- Communications Toolkit: A guide to support the local implementation of Health & Social Care Integration. Scottish Government March 2015

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age			x	
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			Integrated approach across health and social care in relation to service planning and service delivery that provides service users with • Cost effective single management system providing consistency of approach to service delivery • Single door access to services across health & social care. and reduction in duplication of task such as information giving • Consistency of approach across health and social care professionals and the development of an integrated single care pathway
Gender Reassignment			x	No specific impact
Marriage and Civil partnership			x	No specific impact
Pregnancy and Maternity			x	No specific impact
Race/Ethnicity			x	No specific impact
Religion/Faith			x	No specific impact
Sex/Gender (male/female)			x	No specific impact
Sexual orientation			x	No specific impact
Staff (This could include details of staff training completed or required in relation to service delivery)	x			Integrated approach across health and social care in relation to service planning and service delivery that provides service users with and improved service. Staff will require additional training in relation to team building and roles/responsibilities within an integrated team.

Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Unpaid Carers	x			Integrated approach across health and social care in relation to service planning and service delivery that

				provides unpaid carers with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that support unpaid carers.
Homeless	x			Integrated approach across health and social care in relation to service planning and service delivery that provides unpaid carers with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that support unpaid carers.
Language/ Social Origins			x	No specific impact
Literacy			x	No specific impact
Low income/poverty	x			Integrated approach across health and social care in relation to service planning and service delivery that provides • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services.
Mental Health Problems	x			Integrated approach across health and social care in relation to service planning and service delivery that provides unpaid carers with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that support unpaid carers.
Rural Areas	x			Integrated approach across health and social care in relation to service planning and service delivery that provides people living in rural areas with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in

				relation to the development and provision of services
Armed Services Veterans, Reservists and former Members of the Reserve Forces	x			Integrated approach across health and social care in relation to service planning and service delivery that provides Veterans with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that Veterans.
Third Sector	x			Integrated approach across health and social care in relation to service planning and service delivery that provides a consistency of approach across health and social care professionals in relation to the development and provision of services.
Independent Sector	x			Integrated approach across health and social care in relation to service planning and service delivery that provides a consistency of approach across health and social care professionals in relation to the development and provision of services

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes **X See report** No ☐

Q11: **Is a detailed EQIA required?**

Yes **X** No ☐

Please state your reason for choices made in Question 11. Significant change in how operational services are organised and how services will be delivered across health & social care services. .
N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	07/03/2018		
Date of next EQIA Review	DD / MM / YYYY		
Signature		Print Name	Jim Robb
Department or Service	HSCP		

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to CS.integration@nhs.net

B: **Standard/Detailed Impact Assessment Action Plan**

Name of document being EQIA's:	**Mental Health Review**

Date	**Issue**	**Action Required**	**Lead (Name, title, and contact details)**	**Timescale**	**Resource Implications**	**Comments**
7th March 2018	Review of Operational Arrangement for Mental Health Services across health and social care services	Implementation of new operational structure and Team Manager and below in order to develop integrated mental health teams across the partnership localities	Jim Robb, Service Manager, Learning Disability/Mental Health	July/August 2018	Within operational budget	

Further Notes:	

Signed:		Date:	7/3/2018

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 7.3 on the agenda

Learning Disability Redesign

Paper presented by Jim Robb Service Manager Learning Disability/Mental Health

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Jim Robb, Service Manager Learning Disability/Mental Health
Date:	28 March 2018
List of Background Papers / Appendices: Background Paper : IJB Report: Redesign of Learning Disability & Mental Health Services December 2017. Appendix 1**:** Integrated operational structure Appendix 2: Joint Commissioning Plan for Learning Disability Services Appendix 3: Equality Impact Assessment	

Title/Subject: **Learning Disability Redesign**

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

Date: **28 March 2018**

Submitted By: **Jim Robb, Service Manager, Learning Disability/Mental Health**

Action: **For Approval**

1. Introduction

1.1 The purpose of this paper is to inform the Integration Joint Board [IJB] on the progress of the redesign of Learning Disability Services across the Clackmannanshire and Stirling Partnership. The re design work is part of the Transforming Care programme for the Partnership, which is regularly reported to the Board through the Chief Officer report.

2. Executive Summary

2.1 The Learning Disability services across the Partnership are presently subject to review. The planned benefits of the review are consistent with the national "Keys to Life" strategy (Scottish Government 2013) which spans a variety of issues from general Human Rights to the development of services consistent with Self-directed Support, innovative commissioning of services and day supports for those with profound and multiple learning disabilities.

2.2 The outcome priorities of the Partnership's Strategic Plan 2016-19 are consistent with the themes noted. The focus of the review is as follows:

- Redesign of the management structure across health and social care services and development of operational delivery services consistent with a single integrated service. Timescale for implementation being July/August 2018.(see appendix 1 for new integrated structure)

- The development of a commissioning plan that focuses on the development of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities, care at home and day supports that are outcomes focused, delivered locally and use and build on community based assets.(see Joint Commissioning Plan attached in appendix 2)

- Redesign of day services and day support provided by the constituent services. Initial redesign of service to be in place for October 2018 with the understanding that redesign opportunities will continue thereafter in a manner consistent with service user outcomes. It is also recognised that further work is required during this period and beyond to strengthen and build community based approaches.

- In line with the national Self-directed Support Strategy [2010] and the recent report by Audit Scotland support the embedding of Self-directed support as a means of ensuring that services are being provided in an outcomes focused way, and are cost effective with equitable access to the available resources.

2.3 The following graphic highlights the different themes of change all of which directly link to the community support services provided at the centre.

2.4 As noted, the principles within the review are consistent with the Partnership's Strategic Plan and priorities for 2017-2019 and with the national strategy of *"The Keys to Life".*

2.5 Staffing and Resource Implications:

2.5.1 The implementation of the redesign of the operational Team Management will require further negotiations with the Trade Unions and Staff representatives. The redesign of the operational structure is cost neutral.

2.5.2 The redesign of the in house Day Services will produce 7.5% savings per annum within all three planning localities for the financial years 2017/18, 2018/19 and 2019/20.The saving has been achieved for 2017/18 and it is planned that the savings for 2018/19 and 2019/20 will be achieved by the combination of the reduction in staff posts that are presently vacant and authorising Voluntary Severance requests.

2.6 A further report incorporating a full business case will be presented to the IJB in June 2018 for consideration.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Delegate authority to the Service Manager Learning Disability/Mental Health to continue with the redesign of the Learning Disability service across the Health and Social Care Partnership.

3.2. Note the work to date and the progress and timescales for implementation of the different proposed elements of the redesign. Specifically:

- Redesign of the management structure across health and social care services and development of operational delivery services consistent with a single integrated service. Timescale for implementation being July/August 2018.

- The implementation of the joint commissioning plan across health and social care services

- Redesign of internal day services. Initial redesigned services to be in place for October 2018.

3.3 Approve the proposed reduction in spend for in-house day services of 7.5% per annum for the financial years 2018/19 and 2019/20

3.4 Approve the proposed reduction of budget allocation to care packages of an assumed minimum of 10% via the Self-directed Support Resource Allocation System [RAS] during the financial year 2018/19. All cases will be subject to professional overview in order to assess risk of implementation.

3.5 Approve the proposal to present an updated report including a full business case to the Board in June 2018.

4. Background

4.1. The redesign of Learning Disability services are specifically identified as priorities for transformation within the Partnership's Strategic Plan for the period 2017-19.

4.2 The Learning Disability Service is required to evidence how it implements local, operational priorities:

- Change from traditional single agency services to integrated services at operational level across both health and social care services.

- Redesign of traditional day services to support personal outcomes including more flexible staffing arrangements. Whether commissioned through NHS services or Local Authorities the service specification should be the same.

- The development of a Commissioning Plan that focuses on the development of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities , care at home and day supports that are outcomes focused, delivered locally, use and build on community based assets

- Develop services consistent with the national strategy for Learning Disability; "The Keys to Life".

- Services that operate in an outcomes framework and are delivered within the available resources.

5.0 **Main Body of the Report**

5.1 The national Strategic Policy: "The Keys to Life" (Scottish Government 2013) builds on the earlier "Same As You" (Scottish Government 200). The document highlights a number of key priorities for health and social care services.

- Promotion of Human Rights in relation to equality and respect

- Appropriate joint commissioning of health and social care Services in a manner consistent with Self Directed Support

- Good health services for people with a Learning Disability

- The promotion of Independent Living either in single tenancies or group tenancies

- Shifting the culture: Helping people with learning disabilities to make friends and have relationships and be safe.

- Access to employment, education .leisure and recreation

- People with profound and multiple learning disabilities need a lot of support every day and require support services to be available to meet their needs.

- Complex needs: NHS Boards and local authorities will work together to develop the right way for people to be discharged from hospital so they can live locally.

5.1.1 Within the context of the national strategy the Learning Disability Redesign groups have focussed on four specific issues:

- Redesigned management structures across health and social care services and development of operational delivery services consistent with a single integrated service.

- The development of a commissioning plan that focuses on the development of alternative services to long term hospital care, external high cost residential care and the development of supported living opportunities , care and home and day services that are developed local where possible and are outcomes focussed

- Redesign of internal day services.

- Develop outcomes focused services consistent with the Social Care (Self-directed Support) (Scotland) Act 2013

5.2 Redesign of management structures and operational services:

5.2.1 There is a clear commitment to developing, where practical, a service based on a single integrated management structure operating from a pooled budget and which is co-located. The benefits of an integrated team and management structure as follows:

- Cost effective single management system providing consistency of approach to service delivery

- Single door access to services across health & social care and reduction in duplication of task such as information giving and assessment

- Consistency of approach across health and social care professionals and the development of a consistent approach to service delivery.

- Consistent approach to service planning and workforce planning

5.2.2 While there is co location in the Stirling locality at the Community Hospital there remains traditional, single agency management structures across social

work and community nursing while operating within a an aligned budget framework

5.2.3 In the Clackmannanshire locality there is no co location and there remains a traditional single agency management structure across social work and community nursing while operating within an aligned budget framework. It would be beneficial to explore the options for co location locally such as within the Clackmannanshire Community Health Care Centre

5.2.4 The integrated team and management structure proposed by the Joint Management Team is referred to in appendix 1.

5.2.5 There were staff engagements sessions relating to this matter during February. Staff have indicated their support in moving to a model of integrated team and single integrated management. There will be further meetings with staff as we move to implementation.

5.3 Commissioning and recommissioning of services.

5.3.1 In addition to directly provided services both services commission a significant level of external services from the third and independent sectors for nursing/residential and day and home care services. It is proposed the existing services are reviewed and recommissioned as appropriate and new services commissioned during the financial years 2018/19 and 2019/20, in line with the Commissioning Plan and that are consistent with the following indicators: The benefits of this approach are as follows:

- Development of flexible and innovative community based services consistent with the principles of client specific outcomes and Self-directed Support that empower existing and future service user to make choices about their care and accommodation requirements.

- Reduce the dependency on long terms NHS bed provision

- Provide an opportunity to re-commission residential./nursing bed provision within the planning localities and nearer to service users home area, improving local connections and accessibility for unpaid carers and family members

5.3.2 The Joint Commissioning Plan (see appendix 2) provides the basis of a plan for the next 3 years 2018-21and will proceed on the following basis:

- Commission services within the Partnership's geographical area and / or the NHS Forth Valley area where possible.

- Commission services that promote health and social equality

- Commission services that promote choice and innovation and focus on personal outcomes.

- Commission independent living services as a direct alternative to low/medium dependency residential care (note it is accepted that alternative to high dependency, specialist residential nursing care will create a challenge in developing alternative local services).

- Develop partnerships with community organisations, employment agencies, leisure and recreation services, education services and social enterprise companies in order to provide alternative day opportunities for low dependency service users.

5.3.4 The focal point of developing this agenda with the independent and third sector providers is direct engagement via the Service Manager and Commissioning staff on a bi monthly basis. The aim is to develop a partnership approach in order to achieve greater capacity and choice for service users while combining innovative and positive service outcomes that develop alternative services to building based services.

5.3.5 Engagement with the third and independent sector requires further work over the next 6-12 months, to support the development of a range of supports that are consistent with the Commissioning Plan and support service user and unpaid care choice. It is proposed that a range of options for the delivery of community outreach and day support services are further explored as part of this work.

5.4 Redesign of in house Day Services

5.4.1 The projected benefits of the redesign of in-house day services are as follows:

- The development of flexible and innovative community based services consistent with the principles of client specific outcomes and Self Directed Support operating seven day per week including the option of providing opportunities during evenings and weekends.

- Building based services primarily being used for high dependency service users who require high levels of supervision and personal care as well as their social development including the option of providing opportunities during evenings and weekends.

5.4.2 In the Clackmannanshire planning locality the service is primarily a building based service across 4 sites for 57 service users with an average attendance of 35 service users per day over the period Monday to Friday and excludes evening work.

- An initial assessment developed by Day Services staff is that the redesign should conclude with a single building to serve

between 15-20 high dependency service users (present and future over the next 10 years))with a remaining 31 service users being supported in the community by the service. An additional 14 service users would be supported out of the service completely into a range of employment, education and leisure and recreation opportunities.

5.4.3 In the Stirling planning localities the service is a combination of a building based service at Riverbank and a non building based, community support service named “Streets Ahead”. Both operate over Monday to Friday and exclude evening work.

- Riverbank presently supports 24 service users with a maximum attendance of 16 per day. The initial assessment developed by Day Services staff is that the redesign should conclude with Riverbank providing services for 16 high dependency service users and provision for an additional 3 places for future growth making 19 places in total. It is proposed that 9 of the existing service users would be more appropriately supported via the Streets Ahead service.

- Streets Ahead presently supports 32 service users with a maximum of 20 per day. The initial assessment concluded that 29 existing service users would continue to use the service with an additional 9 transferring from the Riverbank service as noted. An additional 4 service users have been initially assessed as having the potential to be supported out of the service completely into a range of employment, education and leisure and recreation opportunities by October 2018.

5.4.4 The initial assessment of need is subject to further clarification on a case by case basis via detailed planned reviews with service users, their unpaid carers/family and appropriate professionals and support workers.

5.4.5 In all three planning localities there is a planning assumption of a 7.5% efficiency for the years 2017/18, 2018/19 and 2019/20. It is expected that the efficiencies will be achieved by the reorganisation of services that allow for a reduction in staffing via the combination of the deletion of staff vacancies and authorising Voluntary Severance requests. The efficiency has been achieved in the three Clackmannanshire and Stirling planning localities for the year 2017/18.

5.4.6. There has been a high level of staff engagement with the Learning Disability Day services staff in the development of the initial proposals noted. This has taken the form of between 2-4 workshops per service during which staff have presented the options noted including a high level of debate and discussion as to the potential employment implications for staff. To date there have been four workshops in Clackmannanshire and in Stirling and there will be ongoing engagement with staff on at least a bi monthly basis as part of the redesign process.

5.4.7 Initial service user and carer engagement sessions began in February 2018 and it is planned that this will be an ongoing process every 6-8 weeks for the foreseeable future. Initial response has combined concerns that the process is being financially driven, general concerns relating to change with recognition; particularly in the Clackmannanshire area moving to a service that combines a building based service with a community outreach service should be considered. As noted, general engagement on the redesign issues will be followed by service user specific care reviews at which the detail of individual care packages will be agreed.

5.4.8 The development of community alternatives to the traditional building based services is ongoing, particularly in the Clackmannanshire locality where the service has been building based only. Contact will be made with various community and Church organisations as well as established leisure and recreation, education resources in order to develop a range of opportunities for service users to consider in addition to supporting service users into voluntary and/or paid employment where appropriate.

5.4.9 The proposed timescale to implement the initial phase of the redesign of in-house services is 1st October 2018.The expectation is that the redesign would be accompanied by a culture of innovation and change that would see the service continue to evolve and innovate in order to meet the needs and ambitions of service users in the future.

5.4.10. Community Engagement**:** Engagement with the Public Partnership Forum proceeded during February as did a presentation to the Strategic Planning Group. All 3 aspects of the review were considered and feedback generally was positive and in line with progressing a partnership and innovative approach to service delivery that will have a positive impact on service delivery.

5.4.11 Engagement with Trade Union/ NHS Staff Representatives. There have been monthly meetings with a core group of senior Trade Union and NHS Staff Representatives following the initial meeting on 31st August. The meeting have involved a combination and discussion relating to the issues highlighted in the report. Trade Union / Staff representatives have also participated in a number of the working groups in the development of the integrated team proposals and have also attended some of the staff development sessions within the day services. The focus will increasingly focus on the steps required for implementation as we move forward.

5.5 Implementation of the Social Care (Self-directed Support) (Scotland) Act 2013

5.5.1 The Social Care (Self-directed Support) (Scotland) Act 2013 provides the statutory framework and service delivery principles and values which will form the basis practice and budget allocation to individual service users. The focus being the improvement of outcomes for citizens, by providing choice, control, empowerment, independence and innovation through safe, sustainable and

economically viable responses to support planning and where risk is managed appropriately.

5.5.2. Within the Self-directed Support legislation there are 4 options available to people to manage their care and support:

- Option1. The service user can choose to receive a direct payment to purchase support yourself. Service User will have access to advice and support from their council and local support service.

- Option 2 The council may give the service user the option to choose their own support while it holds the money and arranges the chosen support on the service user's behalf.

- Option 3. The service user can choose to have the council select the appropriate support and arrange it for them.

- Option 4. A combination of options 1, 2 and 3.

5.5.3. The options noted are to be provided within the resources available and consequently the implementation of the Self Directed Support Resource allocation system assumes a minimum 10% efficiency on all existing commissioned care packages and future commissioned care packages. All .All care packages continue to be subject to professional overview before a final decision is made.

6. Conclusions

6.1 The Learning Disability services across the Partnership are presently subject to review. The perceived benefits of the review are consistent with the national "Keys to Life" strategy (Scottish Government 2013) which focuses on improved outcomes for people across health and social care services and generally within the community. The specific elements of the review are as follows:

- redesign of the management structure across health and social care services and development of operational delivery services consistent with a single integrated service. Timescale for implementation being by the end of the first quarter of 2018/19.

- the implementation of the joint commissioning plan across health and social care services

- redesign of internal day services. Initial redesign of services to be in place for October 2018.

- In line with the national Self-directed Support Strategy [2010] and the recent report by Audit Scotland support the embedding of Self-directed support as a means of ensuring that services

are being provided in a cost effective manner, with equitable access to the available resources.

7. Resource Implications

7.1 10% projected efficiency via the commissioning/ recommissioning of services using Self Directed Support methodology during the financial year 2018/19.

7.2 7.5% reduction per annum in the in house day services within both localities for the financial years 2017/18, 2018/19 and 2019/20.

8. Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☐

9. Legal & Risk Implications

a. Not applicable at this stage of the review.

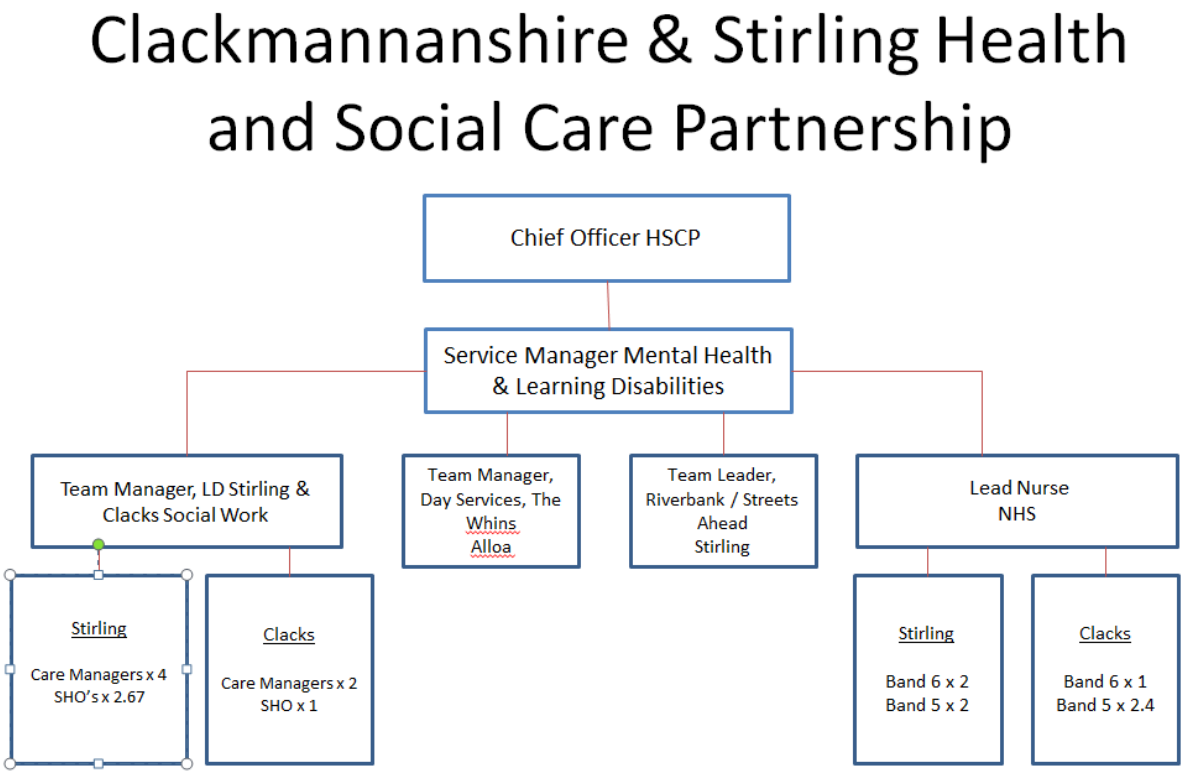
10. Consultation

a. As noted in the body of the report in relation to staff, service users and carers, Trade Unions and Staff Representatives and Community representatives

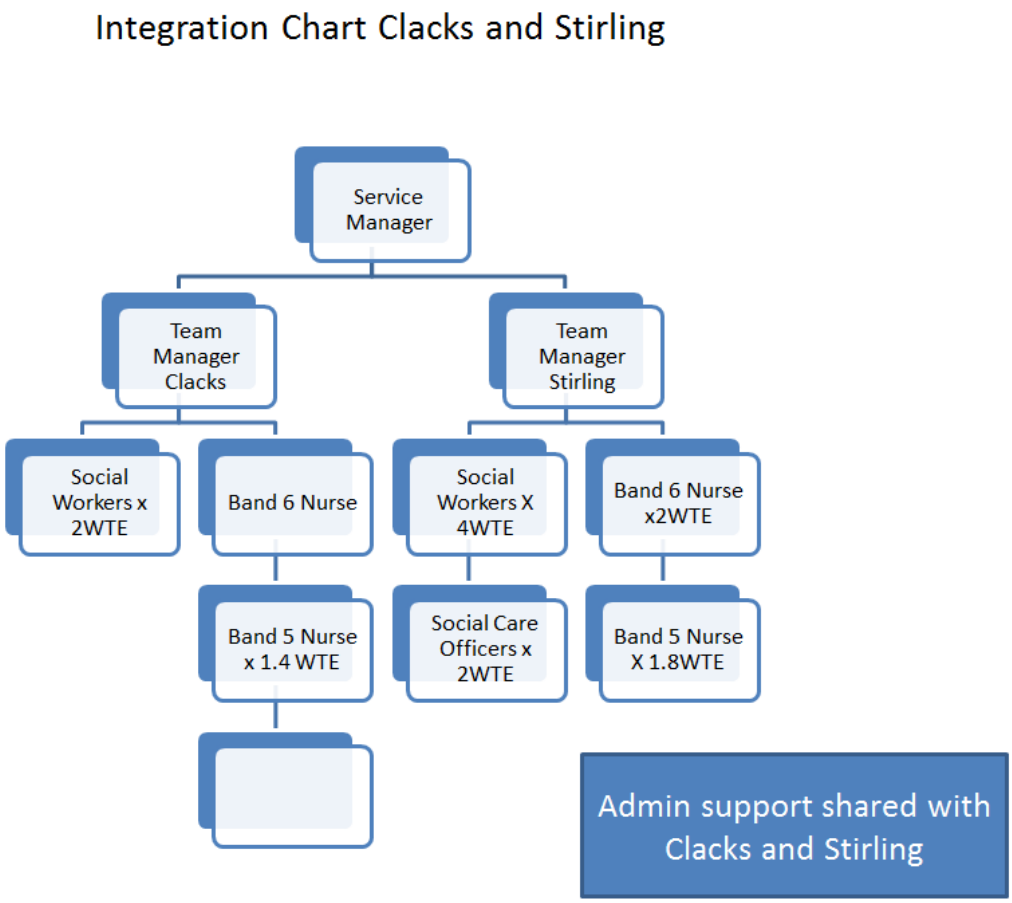
11. Equality and Human Rights Impact Assessment

a. Attached in appendix 3

Appendix 1 – Current Structure



Appendix 1 – Recommended Structure



Clackmannanshire & Stirling Health & Social Care Partnership

Integrated Learning Disability Service

Joint Commissioning Strategy

2018-2021

Living, Learning, Working

Version	Date	Edited by	Edited area and reason
V0.1	28th November 2017	Ali Ryan	First Draft
V0.2	10th January 2018	Ali Ryan	Second Draft following comments from Joint LD Redesign Commissioning Sub Group
V0.3	12th January 2018	Ali Ryan	Third Draft – following further comments from above
V0.4	15th January 2018	Ali Ryan	Fourth draft – operational team manager comments
V0.5	16th January 2018	Ali Ryan/Jennifer Baird	Fifth draft – Strategic Commissioning (Stirling) - Jennifer and Maureen comments
V0.6	25 January 2018	Ali Ryan	Update on the HSCP and Commissioning
V0.7	30 January 2018	Ali Ryan	Update following meeting with Strategic Commissioning (Clacks) Louise
V0.8	6 February 2018	Ali Ryan	Update from Angela C on RAS and Maureen M on TEC
V0.9	26 February 2018	Ali Ryan	Changes made from health comments (JC) and update on housing table
V0.10	5 March 2018	Ali Ryan	Changes made from the meeting of the Learning Disability Redesign Group
V0.11	6 March 2018	Ali Ryan	Input from Louise Johnston, Clackmannanshire data

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Appendix 1 Policy Context

Appendix 2: Implementation Plan 2018-2021

Our Shared Vision: All adults who have learning disabilities will live longer, healthier lives; are supported to participate fully in society; prosper as individuals and are valued contributors to the life of our local communities.

1. Foreword

I am delighted to introduce the first Joint Learning Disability Commissioning Strategy for supported people with Learning Disabilities within Clackmannanshire and Stirling. We are using the building blocks of both the 'Keys to Life' Strategy and the more recent, 'A Fairer Scotland for Disabled People' Action Plan (2016), and the 2017 Health Needs Assessment Report, published by Scottish Government to inform this Strategy. The Strategy, which covers 2018-2021, also reflects the wider Partnership vision of ensuring that people have healthier, fuller lives and live as independently and safely as possible, within their own communities.

We recognise that the way in which we have traditionally supported people needs to change. The principles and duties of the Social Care (Self-Directed Support) (Scotland) Act 2013 will ensure that people have more choice and control in how the support is delivered and provided. We will work, alongside our Provider's whom we commission to deliver services, to provide more flexibility, innovation and choice in support, which meet people's individual outcomes. Our ambition for self-directed support goes beyond services being person-centred; it is about true choice and control to enable everyone to have more control over their lives, with greater choice and opportunity.

The Learning Disability Service has been working jointly for some time. This has supported partnership working between health and social work staff and helped develop clearer pathways from referral to the most appropriate service. The financial resources to support Learning Disability services, is now shared and sits within the Partnership. Work is ongoing, within the Joint Learning Disability Health and Social Care Redesign Group, to identify the most effective management and staffing structure to support the models of support required for people with a learning disability.

The next step is to actively work with people who use services, their unpaid carer's and all of our partner organisations in developing and implementing this Commissioning Strategy to ensure we have the right care at the right time and the right place. We are all aware that the funding required to support people is reducing while demand is increasing and, along with all Health and Social Care Partnership's in Scotland, the money available is decreasing. This means that there is an even greater need for transparency and collaboration, an open conversation on balancing care and support and risk, and more inclusive assets based community approach.

Jim Robb
Service Manager Learning Disability/Mental Health

2. Purpose of the Strategy

The Joint Commissioning Strategy is developed, alongside key stakeholders, to identify how the identified national and local outcomes, key policy drivers, local arrangements and local needs come together to set out arrangements for the provision of social care and support for people in Clackmannanshire and Stirling. This will then be set out in the Implementation Plan, which will include actions and timescales, and will inform the development of a Commissioning Plan for the procurement of social care and health services.

The delivery of high quality, person-centred health and social care services is fundamental to achieving our vision. We can only deliver this vision if we have a sustainable and diverse health and social care market that is equipped to deliver personalised, flexible, innovative, high quality services and supports across our local communities. We want to work with providers to encourage a culture of continuous improvement where we identify and roll out best practice.

We also want to work with providers to clearly demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities.

3. BACKGROUND

3.1 Definition

The National Learning Disability Strategy, *"Keys to Life" (2013),* which is currently being updated, defines learning disability in terms of having a significant, lifelong, condition that commenced prior to adulthood which affects an individual's development resulting in assistance and support to:

- Understand information;
- Learn new skills;
- Cope independently.

This will be the definition used for the Commissioning Strategy; however it is of note that there are eligibility criteria for accessing both health and social care services.

The eligibility for the Community Learning Disability Team is that:

A Learning Disability is a significant life-long condition with the following facets:

- A significant impairment of intellectual functions (e.g. the ability to understand new or complex information or to learn new skills)
- A significant impairment of adaptive behaviour (i.e. the ability to cope independently - social, conceptual and practical skills)
- Onset of these issues before adulthood (age 18)

3.2 Forth Valley Joint Learning Disability Strategic Framework

The Commissioning Strategy for people with Learning Disabilities follows from work undertaken on the Forth Valley Joint Learning Disability Strategic Framework (FVJLDSF) (2015-16) which reflects the engagement and involvement of key partners to highlight the necessary joint local actions to ensure individuals with a learning disability have a fulfilled life. The FVJLDSF recognises the principles of *Keys to Life* which is about improving health and social care outcomes in order that the individual's human rights are respected and upheld and that living independently, within a community, and not a hospital, or residential bed, should always be the primary driver when discussing an individual's outcomes and assessing needs.

The following principles were identified:

- Maximising the health and wellbeing of the local Learning Disability population
- Recognising and provide appropriate support to individuals with a learning disability of all ages, their families and carers
- Reducing inequalities, stigma and discrimination experienced by people with a learning disability
- Ensuring that individuals have a positive experience of the support and treatment they receive and have an increased feeling of control over related decisions
- Improving access to and the quality of preventative measures, early intervention, treatment and support services is improved

A number of Commitments were agreed which have been incorporated into the Implementation Plan.

3.3 Health and Social Care Partnership

The Governance of this document, and the work within it, now lies with the Clackmannanshire and Stirling Health and Social Care Partnership (herein referred to as the 'Partnership'). The Partnership, and its governing Integration Joint Board, is a separate legal body which became responsible for the strategic planning and delivery of community based health and social care services to adults and older people from April 2016.

The development of the Commissioning Strategy, and the monitoring of the accompanying Implementation Plan, lies with the Learning Disability Strategic Group (previously the Learning Disability Redesign Group) which will report to the Strategic Planning Group which will report to the Joint Management Team and the Integrated Joint Board.

The Partnership Strategic Plan [2016-2019] established the vision and outlined the local and national outcomes, which will be used as the basis for the development of a performance framework, a high level approach to locality planning and the local priorities. The Strategic Plan describes how the Partnership will make changes and improvements to develop health and social care services for adults over the next three years. The plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided

upon them and how we intend to make a difference by working closely with partners in the Clackmannanshire and Stirling area.

The national and local outcomes, which will be used to develop and monitor all of our interventions, whether from our services or commissioned services, are laid out below.

Vision	**To Enable People in Clackmannanshire and Stirling Health & 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 *Note linkage to 'Experience'* **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)	• Emergency Department Attendance • Life expectancy age 65+ • Deaths from Cancer/CHD	• Hours of homecare for clients 65+ • Respite hours provided • Emergency /Admission 65+ and 75+ per 100,000	• Healthcare Associated Infection • Telecare data 75+ • Adult Protection	• *Dementia – post diagnostic support • Mental Health/Learning Disability data	• Local Client/patient data • Patient Experience survey • Staff Survey data • Financial and Budgetary information

The Partnership Strategic Plan (2016-2019) is informed by the Partnership Strategic Needs Assessment (2016-2019) which is an analysis of the health and social care needs of the population to inform and guide service planning. The main goal of the Strategic Needs Assessment is to accurately assess the health and care needs of a local population in order to improve the physical and mental health and wellbeing of individuals and communities.

The Market Position Statement aims to present information on the health and social care current market and how this needs to develop in order to meet the challenges of meeting the strategic aims, the local demographic changes, increases in complexities of needs and partnership funding and proportion of spend for each client group. It is intended to be of use to providers of health and social care to set out key pressures, summarises current supply and expected demand and provides key messages about future priorities. The Market Position Statement will inform all Commissioning Strategies and Commissioning Plans.

4. Policy Context and National Data Sets

There have been a number of significant changes in the way services are provided to people with a learning disability. This reflects the national drivers for change and has involved the move out of hospital or residential care to supported living; a review of day care provision; development of new technologies to support people to live more independently.

There has also been a shift in thinking where aspirations, particularly for young people, are to live independently where previously young people would often stay in the family home. While these aspirations are to be supported, they do bring challenges, and there is a need for an honest conversation about the role of support services, the community and family members.

The main policy driver is the Keys to Life Strategy, which followed on from the 'Same as You' strategy, both published by the Scottish Government. This 10 year strategy was published in 2013 and aims to improve the quality of life for people with learning disabilities. The implementation of the strategy sets out four strategic outcomes which are:

- A Healthy Life: people with learning disabilities enjoy the highest attainable standard of living, health and family life
- Choice and Control: People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse
- Independence: People with learning disabilities are able to live independently in the community with equal access to all aspects of society
- Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society

There will be a refresh to the Keys to Life Strategy in 2018, however the strategic outcomes remain the same, and there is further embedding of 'A Fairer Scotland' plan, and the strapline will be: **Living, Learning, Working.**

The four strategic outcomes, and the new strapline, linked to the Partnership Strategic Outcomes, will underpin every commissioning decision that we make.

The Scottish Commission for Learning Disability (SCLD) publishes statistics about adults with learning disabilities who are known to local authorities in Scotland and have a diagnosed disability. The key points from the 2017 report are detailed below; however it is not possible to identify trends due to changes in the methodology of the collection.

The headline figures are below:

- In 2017, there were 23,186 adults known to local authorities across Scotland with a learning disability and 4,755 adults were identified as being on the autism spectrum, 74.3% of whom also had a learning disability.

- Just under a third (31.4%) of adults with a learning disability live with a family carer
- Just over a fifth of adults with a learning disability live with at least one other person with a learning disability
- Nearly two thirds of adults with a learning disability live in mainstream accommodation
- There were 12,866 adults with learning disabilities who were not in employment, some of the other adults were in various forms of employment or further education or were not recorded
- Only 4,401 adults attended a day centre

5. Commissioning of Services

5.1 Self-directed Support

The implementation of the Social Care (Self-directed Support) (Scotland) Act 2013, has taken time, mainly due to the change in processes, systems and culture that the policy demands. The principle of Self-directed Support is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four options on how they want their care arranged.

With the introduction of Self-directed Support Local Authorities are required to actively promote a variety of support and choice for those eligible for care and support. This means the way care and support is offered to individuals is changing and consequently the way we contract with organisations who offer care and support needs to change.

Commissioning via Self-directed Support will still involve contracts, but instead of being top-down contracting with commissioners and providers in the driving seat, contracting should move towards a co-produced, assets based approach, where the relationship between all the contracting parties (including supported people) is more equal and reciprocal with the supported person becoming the micro-commissioner.

Central to this change is how supported people are empowered to work with all the assets and resources available to them. The development of any new approaches must ensure that control of these is increasingly taken by supported people, and where appropriate their families and carers.

5.2 How we Commission Services

All commissioning arrangements take into account key principles of best value, transparency, equal treatment, non-discrimination and proportionality as well as respecting, promoting and protecting human rights. However, there is some discretion in how care and support services are purchased in respect of national procurement legislation. This will be recognised within the wider Procurement Strategy and Contract Standing Orders of each Local Authority and Health Board.

Commissioning is a set of activities by which the Partnership ensures that services are planned and organised to best meet the needs and demands of local communities and citizens, in order to deliver appropriate and sustainable outcomes for now and for future generations.

Joint Commissioning Strategies should take account of the needs of people with Learning Disabilities of all ages. Plans should have regard to relevant guidance, scope current and future demand, identify the total resources available to meet these needs, and set out how they will be invested to secure sustainable, high quality, innovative, flexible services that meets the outcomes of individuals that should maximise independence, choice and control.

The Commissioning Strategy shows how we:

- Make commissioning decisions within the changing national context
- Currently spend money within the allocated budget, using eligibility criteria, at a time of financial constraints and policy drivers like the Scottish Living wage
- Work with providers on creative, innovative ways of working and providing a platform for sharing good practice and networks

The commissioning, procurement and contract monitoring of Adult Health and Social Care services can act as drivers for transformational change, and can challenge existing models of service delivery to move to a more outcome focussed, innovate, flexible service. This is not done in isolation, but by sitting alongside the aims and principles of the wider Partnership strategy and plans, by taking into consideration the wider legislative and policy landscape and by the involvement of all of our stakeholders, including people who use services and their carers.

Effective commissioning forms a continuous cycle of challenge (see below IPC Commissioning Framework), understanding of what is currently in place, knowledge and development of what is available in the community, looking at alternative solutions, i.e. technology enabled care, stakeholder involvement, action and improvement, review of delivery and achievement of outcomes. Where Scotland Excel National Frameworks are available the Learning Disability Service may utilise these.

Analyse
Commissioning
Plan
Purpose, Demand & Supply Analysis
Gap analysis, Design Commissioning Strategy
Purchasing/ Contracting
Review market performance. Feedback into Strategy
Devise a Purchase Plan from Commissioning Strategy
Contract Monitoring and Review
Implement the Purchasing Process, Contract Management
Strategy Monitoring and Review
Budget & Market Management
Review
Do

5.3 How we manage Contractual Arrangements

Where providers are appointed to deliver on behalf of the Partnership, effective and robust contract management and monitoring arrangements must be in place to help ensure that intended services and outcomes are being delivered.

Commissioning for outcomes will also give greater opportunity for providers to arrange their services in more flexible and innovative ways, instead of the traditional approach to specifying inputs and outputs. Agreed outcomes will be set out as early as possible in the commissioning cycle and considered at every stage, from service user involvement to the final review of the impact that the service has made, so that decisions can be made on more than price alone.

Monitoring and review of contracts is critical to maintaining and improving service quality. There is an established programme of reviews of current Adult Health and Social Care contracts. Care Home placements are commissioned under the National Care Home contract and are monitored annually; there is a rolling programme of monitoring meetings with Care at Home Framework Providers and third sector providers are annually reviewed using a contract monitoring tool, based on the Local Code of Practice: Following the Public Pound and Funding External Bodies.

There is a draft risk assessment matrix being proposed and tested within Strategic Commissioning to move to proportionate contract monitoring which links more clearly to the national and local outcomes.

6. Local Context

6.1 What are the local demographics?

A report about the number of people with learning disabilities and / or autism in Scotland is published every year by SCLD on behalf of the Scottish Government. A summary of this is presented below. **The changes in the rate cannot be used as an indicator due to changes in the methodology.**

Adults with Learning Disabilities known to Local Authorities, by Local Authority area in 2017:

Local Authority	Total	Adults known per 1000 pop	Change in rate from 2015
Clackmannanshire	321	7.6	0.7
Falkirk	607	4.6	-2.9
Stirling	318	4.1	-1.7
Scotland	23,177	5.2	-0.9

Source: SCLD LDSS 2017

Stirling:

LDSS 2013 = 432 in total pop,

LDSS 2014 = 500 in total, 6.6 adults per 1000 pop, 0.8 change in rate from 2013.

LDSS 2015 = 450 total, 5.8 adult per 1000 pop, -0.8 changes in rate from 2014.

LDSS 2017 = 318 total, 4.1 adults per pop, -1.7 change in rate from 2015.

Nb: **it is not possible to robustly identify trends due to changes in the methodology of the collection 2013 – 2015 was based on the previous three years data and 2017 is a point in time.**

It is of note that Clackmannanshire has the fourth highest number of adults per head of population, in Scotland, from the 2017 data. However the 2017 return from Clackmannanshire contains an error in that clients who had passed away the previous year were included. There are currently 264 adults and 232 were in Clacks area (March 2018).

The following table, from SCLD, gives an age and gender breakdown, namely adults with learning disabilities known to local authorities, by Local Authority area and age in 2017. The data within the 16-17 age group are classed as adults, and included, if young people who are not in education.

Local Authority	**AGE**							
	16 to 17	**18 to 20**	**21 to 34**	**35 to 44**	**45 to 54**	**55 to 64**	**65 and over**	**Total**
Clackmannanshire								
Males	6	18	81	35	35	19	10	**204**
Females	3	11	39	19	18	16	11	**117**
Total	**9**	**29**	**120**	**54**	**53**	**35**	**21**	**321**
Falkirk								
Males	0	36	121	59	53	56	50	**375**
Females	0	14	77	31	43	41	26	**232**
Total	**0**	**50**	**198**	**90**	**96**	**97**	**76**	**607**
Stirling								
Males	0	25	60	39	24	26	20	**194**
Females	0	10	40	18	19	23	14	**124**
Total	**0**	**35**	**100**	**57**	**43**	**49**	**34**	**318**

Source: SCLD LDSS 2017

The highest proportions of people with a learning disability for both genders are in the 21-34 age range. Whilst the number of working age adults with learning disabilities is likely to remain relatively static, as people with complex health and social care needs are supported and are continuing to live longer lives, we will see the number of older people with learning disabilities increase. It is estimated that approximately half of people with a learning disability now have a similar life expectancy to the general population.

In Clacks, currently 95 people are currently living with parents, however, of the older age group, there are only 7 people.

6.2 What do we currently deliver?

<u>Current Accommodation for People with a Learning Disability</u>

There are a number of housing models available within both Clackmannanshire and Stirling. These are all forms of Supported Living. Supported Living differentiates from residential care and from 'adult placements' or 'shared lives' schemes. The purpose of the services is to enable people to establish or remain in their own homes, living as independently as possible, to achieve and maintain, or increase, their potential in relation to physical, intellectual, emotional and social capacity. Support is

individualised, some people may require only a few hours of support a week and others may require 24 hour support and complex care. People may live in single accommodation or shared accommodation with other people. There can be transitions into and out for the different types of accommodation.

Care and Support Services

In Stirling, in 2016-17, there were 209 people who received care and support services, at a cost of £6.9 million.

In Clacks, in 2016-17, there were 108 people who received care and support services, at a cost of £1.25 million. There was also care and support services provided out of area, for 13 people, at a cost of £446k.

Care Home Accommodation for People with a Learning Disability

In Stirling, in 2016-17, there are 40 people with a Learning Disability who are currently in Long Term Care, in Stirling, at a cost of £3.1 million per annum. In Clackmannanshire, in 2016-17, there are 24 people with a Learning Disability in Long Term Care within Clackmannanshire at a cost of £893k.

One of the care homes in Clackmannanshire is currently redesigning to a Supported Living model for the 9 residents in the accommodation.

There are 7 specific Learning Disability Care Homes across the Partnership area. Within these care homes, in 2016-17, 13 places are taken by Stirling and 24 by Clackmannanshire.

There are 13 out of area care homes accessed by Stirling for 21 people at a cost of £3 million.

There are 13 out of area care homes accessed by Clacks for 18 people at a cost of £1.3 million per annum.

The contractual arrangements are through the Scotland Excel Residential Framework Agreement or through individual Placement Agreements.

Day Opportunities for people with a Learning Disability

There are 24 people, in 2016-17, in Stirling, attending externally commissioned day care, within the Stirling area, at a cost of £626k per annum.

There are 24 current people, in Stirling, attending Riverbank, a Stirling Council internal day care service, however a recent review of the service identified 8 of these people who may be able to use a non-building based service. The proposal is that Riverbank will continue to run with the capacity of 19 spaces.

There are 31 current people, in Stirling, accessing Streets Ahead service, a Stirling Council service which provides community based services. A current review of this service is being undertaken.

There are 6 people, in 2016-17, in Clackmannanshire, attending externally commissioned day care, at a cost of £45k per annum. There are 9 people, in 2016-17, attending external day care, at one facility, at a cost of £372k.

There are 55 people attending the Whins Day Care, an internal day care service in Clackmannanshire, however there are plans to encourage a move to non-building based services with a combination of community outreach and individualised and group opportunities for activities via supported employment, education and leisure.

There is a move towards people to making choices about their day care under Option 2.

Technology Enabled Care (TEC)

The Partnership secured grant funding of £162,000 from the Scottish Government's Technology Enabled Care programme. The Partnership has 27 overnight care services locally providing support to 35 people, across shared or individual tenancies, and the main aim of the project was to review each of these with a well communicated, standardised and co-ordinated approach, working in partnership with providers, families and Adult Assessment teams. These reviews are ongoing and have evaluated the potential options for an individual and the development of the best model of support for each individual.

The project objectives are:

-reduce the number the of overnight care services

-decrease the over dependency on staff and reduce 'over-care'

-build resilience and independence for individuals

-introduce technology enabled care (TEC) as a solution to potential risk

-develop and commission alternative models of support

-embed the use of TEC within the assessment process

-empower the workforce to make changes

-ensure families and carers are well informed and aware of the benefits of TEC

-greater shared responsibility of all partners

Two projects have developed to offer different models of support:

- Responder Service – this is a new service that will offer an overnight responder service to individuals who live dispersed locations. TEC solutions for this are required and in addition co-location of the provider's responders, alongside HSCP responder services has been negotiated. This project is currently being implemented

- New TEC Pilot - the HSCP have partnered with 'Just Checking' to test their new concept Roaming Night TEC . This is being tested in a Learning Disability supported living service- Craighall Court. This offers real time information on an individual overnight without the need for intrusive care within the individual's home but provides an immediate alert and response to any adverse risks. This project is underway in partnership with the individual's, their families/carers, the Provider, Adult Assessment and the TEC provider

6.3 What is the Financial Spend?

The financial spend for Learning Disability services in 2016/17, for Stirling, was:

- The financial spend for Learning Disability services in 2016/17, for Stirling, was £10.9 million.
- 209 people receive care at home, in various housing models, at a cost of £7 million.
- 40 people are in LTC at a cost of £3.1 million
- 24 people are attending day care at a cost of £626k

The financial spend for Learning Disability services in 2016/17, for Clackmannanshire, was:

- The financial spend for Learning Disability services in 2016/17, for Clackmannanshire, was £4.4 million.
- 121 people receive care at home, in various housing models, at a cost of £1.7 million.
- 42 people are in LTC at a cost of £2.2 million
- 24 people are attending day care at a cost of £417k

6.4 What is the current demand for housing and support?

The following young people will be moving from Children's services to Adult services within the next three years:

- 2018: 17 young people: 7 complex care needs; 7 ASD; 3 Learning and Physical Disability

- 2019: 14 young people: 4 complex care needs; 4 ASD; 1 Learning and Physical Disability; 5 not specified

- 2020: 4 young people with complex needs

At March 2018, there are 63 people on the housing list, in Stirling, awaiting accommodation.

Appendix One

The key policy drivers are summarised below:

People with Learning Disabilities in Scotland: 2017 Health Needs Assessment Update Report, July (2017)

The report provides a broad overview of the current research evidence on the health needs of adults with learning disabilities. In just about every health condition, there is a higher incidence for people with learning disabilities.

The life expectancy for a person with a learning disability is currently approximately 70 years, with a projected 164% increase in the number of people aged 80 and over using social care services by 2030.

The number of people with learning disabilities living into older age is increasing, with many presenting with a diverse range of complex and multiple interrelated health conditions. Life expectancy overall is increasing for people with a learning disability, however it remains shorter when compared to the general population. This is often due to avoidable, preventable and manageable conditions. Access to healthcare is the one of the main barriers contributing to the life expectancy.

Recommendations are for a Scotland national health check programme for people with learning disabilities, a review of the capacity and capability of specialist learning disability services and a review of all services, including commissioned services, to ensure that reasonable adjustments are made to provide quality person-centred assessment, treatment and care, and prevent avoidable harm.

A Fairer Scotland for Disabled People (2016), Scottish Government

The key actions from this policy document is that support services are designed and delivered to support all disable people to live the life they choose, to have control, to make informed choices and to have support to communicate this, when needed, at every stage of their lives. This should involve a multi-agency approach, alongside criminal justice, transport, further and higher education, social security and advocacy. The specific pledge is that:

- Disabled people can participate as active citizens in all aspects of daily and public life
- Support for independent living for disabled people of all ages, with increased say over how that support will be managed and provided
- Delivery of high quality health, social care and third sector services, with services working together to remove the barriers faced by disabled people of all ages
- Increased opportunities for disabled people to be fully involved in the design and delivery of services

Carer's (Scotland) Act 2016

The aim of this Act is to support carers', both adult and young carers', health and wellbeing and to help make caring more sustainable. Measures include:

- a duty for local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria.
- a specific adult carer support plan and young carer statement to identify carers' needs and personal outcomes.
- a requirement for local authorities to have an information and advice service for carers which provides information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

Mapping the Employability Landscape for People with Learning Disabilities in Scotland, SCLD (2016)

Given that the employment rate of people with a learning disability is estimated to be in the range of 7% to 25%, there is a need to improve real sustainable employment, rather than part time or sheltered employment, which can often be a substitute for day care or 'cycling' between college courses. While employment may not be possible for everyone, it should, however, be a very real aspiration for all. The recommendations, from the report are:

- Overcome the low expectations held by parents, schools, colleges and employers.
- Gather data more effectively (Skills Development Scotland and Scottish Funding Council do not record learning disability) and investing funding where people with a learning disability, in Scotland, secure both employment and support to develop in that job.
- Use this data to invest in post-school funding into services that can deliver employment outcomes of 50% as detailed in the report.
- Recruit and train Job Coaches that can support people with a learning disability into employment and throughout their careers. Recognising Job Coaching as a profession that has quality standards that are monitored nationally. Reference to a Supported Employment Service.

Keys to Life Strategy (2013), Scottish Government

This 10 year strategy was published in 2013 to improve the quality of life for people with learning disabilities. The implementation of the strategy sets out four strategic outcomes which are:

- A Healthy Life: people with learning disabilities enjoy the highest attainable standard of living, health and family life
- Choice and Control: People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse
- Independence: People with learning disabilities are able to live independently in the community with equal access to all aspects of society

- Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society

There will be a refresh to the Keys to Life Strategy in 2018, however the strategic outcomes remain the same, and there is further embedding of 'A Fairer Scotland' plan, and the strapline will be: **Living, Learning, Working**

Scottish Strategy for Autism (2011, revised 2015)

This strategy aims to improve access to integrated service provision, highlight good practice, and build capacity and awareness of autism in services to ensure that people with autism are understood. The strategy places autism as a national priority advocating a holistic, joined up approach. In 2015, the recommendations were reframed as four strategic outcomes:

- A Healthy Life: to enjoy the highest attainable standard of living, health and family life and have timely access to diagnostic assessment and integrated support services;
- Choice and Control: to be treated with dignity and respect, and services are able to identify their needs and are responsive to those needs;
- Independence: to be able to live independently in the community with equal access to all aspects of society;
- Active Citizenship: to be able to participate in all aspects of community and society.

Social Care (Self-directed Support) (Scotland) Act 2013

The principle of Self-directed Support is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four options on how they want their care arranged.

Appendix Two

Implementation Plan

Key Group	Key Outcomes to be Achieved	Timescales	Link to National/Local and KTL Indicator	Responsible Owner	Status Update
Transitions: Young people with a Learning Disability coming into adulthood	1. Development of an agreed Framework and Organisational Development Plan to ensure a consistent, joined up approach by all partners: adult care; children and families; education; health; AHPs; complex care and clear pathways for diagnosis 2. Setting up of a Resource Allocation Group 3. Development of initiatives to build resilience like the introduction of independent travel scheme from secondary school age and signposting to third sector organisations from earlier age 4. Supported routes to access employment, education and leisure including developments of social enterprises and implementation of volunteer policies	March 2019		Jim Robb	

Operational Management: People who have been getting the same service for a long time and people who want to come home to their local area	1. All clients to have outcome focussed reviews, 10% efficiency saving in individual budgets and promotion of innovative and personalised social care 2. Consideration of options for tendering to develop new models of care which encompass SDS principles, flexibility and link closer to national and local outcomes as well as the Strategic Outcomes of Keys to Life and use Positive Behaviour Models (PBM) of care. 3. Out of Area Placements: Review of all out of area placements to assess if service user's outcomes can be met using a different model of care, closer to home. 4. Further development of Housing Options: requirement for treatment and assessment short stay; residential and nursing care; supported accommodation with preference for a core and cluster model, care at home and day support and flexible respite and short breaks 5. Roll out of Technology Enabled Care project and options appraisal for Shared Lives scheme 6. Implementation of Autism Strategy	Actions 1, 2 & 3: March 2019 (with view on tender by October 2018) Tier 2: March 2020 Tier 3: March 2021		Jim Robb	

Complex Care: People who have a complex health care need or challenging behaviour or who are growing older with a Learning Disability	1. Lochview Case for Change Group currently reviewing model of care and commissioning alternatives for 5 residents who will be transitioning from hospital 2. Action Plan around meeting the recommendations of the Health Needs Assessment (LD specific epilepsy nurse; Virtual Forensic Post; Keeping Well project; Screening support) 3. Training plan with Complex Care team for Providers and Carers for both health needs and promoting PBM	March 2019		Carolyn Gill	
Day Services and Community Development	1. Action Plan on moving to a non-building based service, with a combination of community outreach and individualised and group opportunities via supported employment, education and leisure 2. Roll out of the Independent Travel Scheme 3. Roll out of the Volunteer Policy 4. Contribution to the Social Enterprise Strategy to support inclusion and diversity	March 2019		Heather Fleming	
Participation Strategy	1. Development of a Participation Strategy to ensure that we work in collaboration with all stakeholders, in particular people who access services and their carers.	June 2018		Ali Ryan	

Standard Impact Assessment Document (SIA)
Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: **Name of EQIA being completed i.e. name of policy, function etc.**

Learning Disability Review

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service X Other, please detail** ☐

Q2: What is the scope of this SIA

Service Specific **X** Discipline Specific ☐ Other (Please Detail) ☐

Q3: Is this a new development? (see Q1)

Yes ☒ No ☐

Q4: If no to Q3 what is it replacing?

Change to existing operational, single agency arrangements across health and social care services

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Strategic Review Group: Learning Disability: Jim Robb, Caroline, Joe Lally Jon Gray, Cath Knox, Heather Fleming, Alison Ramsay

Q6: Main person completing EQIA's contact details

Name:	Jim Robb, Service Manager , Learning Disability/Mental Health	Telephone Number:	01259-727009
Department:	HSCP	Email:	JRobb@Clacks.Gov.UK

Q7: Describe the main aims, objective and intended outcomes

Redesign of the management structure across health and social care services, including the community outreach service, and the development of operational delivery services consistent with a single integrated service.

High Level:
Efficient management structures & cost effective
Consistent approach to service planning and workforce planning
Consistent approach to service delivery and agreed priorities.

Operational:
Cost effective single management system providing consistency of approach to service delivery
Single door access to services across health & social care and reduction in duplication of task such as information giving
Consistency of approach across health and social care professionals and the development of an integrated

single care pathway

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff **X** Service Users **X** Other **X** Public Partnership Forum & Strategic Planning Group

(ii) Have they been involved in the development of the function/service development/other?

Yes X No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Staff:

Staff briefing across both Clackmannanshire & Stirling during the autumn of 2017 culminating in detailed staff briefings during February 2018.

Service Users/PPF & Strategic Planning Groups across Clackmannanshire & Stirling: Detailed presentation and engagement during February 2018.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc.)

:

- General Scottish Government Guidance relating to Integration of Health & Social Care Services
- Keys to Life, "Keys to Life" strategy (Scottish Government 2013
- Communications Toolkit: A guide to support the local implementation of Health & Social Care Integration. Scottish Government March 2015

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age			x	No specific impact
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			Integrated approach across health and social care in relation to service planning and service delivery that provides service users with • Cost effective single management system providing consistency of approach to service delivery • Single door access to services across health & social care. and reduction in duplication of task such as information giving • Consistency of approach across health and social care professionals and the development of an integrated single care pathway
Gender Reassignment			x	No specific impact
Marriage and Civil partnership			x	No specific impact
Pregnancy and Maternity			x	No specific impact
Race/Ethnicity			x	No specific impact
Religion/Faith			x	No specific impact
Sex/Gender (male/female)			x	No specific impact
Sexual orientation			x	No specific impact
Staff (This could include details of staff training completed or required in relation to service delivery)	x			Integrated approach across health and social care in relation to service planning and service delivery that provides service users with and improved service. Staff will require additional training in relation to team building and roles/responsibilities within an integrated team.

Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Unpaid Carers	x			Integrated approach across health and social care in relation to service planning and service delivery that

				provides unpaid carers with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that support unpaid carers.
Homeless	x			Integrated approach across health and social care in relation to service planning and service delivery that provides unpaid carers with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that support unpaid carers.
Language/ Social Origins			x	No specific impact
Literacy			x	No specific impact
Low income/poverty	x			Integrated approach across health and social care in relation to service planning and service delivery that provides • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services.
Mental Health Problems	x			Integrated approach across health and social care in relation to service planning and service delivery that provides unpaid carers with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that support unpaid carers.
Rural Areas	x			Integrated approach across health and social care in relation to service planning and service delivery that provides people living in rural areas with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in

				relation to the development and provision of services
Armed Services Veterans, Reservists and former Members of the Reserve Forces	x			Integrated approach across health and social care in relation to service planning and service delivery that provides Veterans with • Single door access to services across health & social care. • Consistency of approach across health and social care professionals in relation to the development and provision of services that Veterans.
Third Sector	x			Integrated approach across health and social care in relation to service planning and service delivery that provides a consistency of approach across health and social care professionals in relation to the development and provision of services.
Independent Sector	x			Integrated approach across health and social care in relation to service planning and service delivery that provides a consistency of approach across health and social care professionals in relation to the development and provision of services

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes **X See report** No ☐

Q11: **Is a detailed EQIA required?**

Yes **X** No ☐

Please state your reason for choices made in Question 11. Significant change in how operational services are organised and how services will be delivered across health & social care services. .
N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	07/03/2018		
Date of next EQIA Review	DD / MM / YYYY		
Signature		Print Name	Jim Robb
Department or Service	HSCP		

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to CS.integration@nhs.net

B: **Standard/Detailed Impact Assessment Action Plan**

Name of document being EQIA's:	**Learning Disability Review**

Date	**Issue**	**Action Required**	**Lead (Name, title, and contact details)**	**Timescale**	**Resource Implications**	**Comments**
7th March 2018	Review of Operational Arrangement for Learning Disability Health Services across health and social care services	Implementation of new operational structure and Team Manager and below in order to develop integrated mental health teams across the partnership localities	Jim Robb, Service Manager, Learning Disability/Mental Health	July/August 2018	Within operational budget	

Further Notes:	

Signed:		Date:	7/3/2018

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 8.1 on the agenda

Performance Report

(Paper presented by Shiona Strachan)

For Noting and Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Viv Meldrum, Carol Johnson, Lesley Fulford
Date:	19 March 2018
List of Background Papers / Appendices:	
Appendix 1 - Performance Report Appendix 2 - Strategic Risk Register – Exception Report Areas Appendix 3 - Strategy Map Appendix 4 - Glossary Appendix 5 - MSG submission	

Title/Subject:	**Performance Report**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**28 March 2018**
Submitted By:	**Head of Performance and Governance, NHS Forth Valley**
Action:	**For Noting and Approval**

1. Introduction

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

1.2. This report presents performance in relation to unscheduled care and delayed discharges, as part of a more targeted approach to performance and reporting upon thematic areas to support the Winter Plan and gauge performance against the indicators dictated by the Scottish Government, referred to the as the MSG Indicators on unscheduled care, as part of whole system working in partnership to realise gains against submitted trajectories.

2. Executive Summary

2.1. The report has been prepared in partnership, supported by the Performance Management Work stream. The reporting style continues to develop to support the Board to carry out its scrutiny functions and in line with previous Board decisions is in an exceptions reporting format.

2.2. The report has been formatted around some of the 6 themes required by the Scottish Government's MSG indicators which aim at promoting a whole system approach to the delivery of unscheduled care within the scope of and in partnership with the IJB.

2.3. Appendix 1 of this report provides an 'at a glance 'summary of performance [section 1], an outline of the key performance areas for consideration [section 2] and a summary of linked performance areas under the local outcomes.

2.4. The Strategic Risk Register was considered by the Audit Committee on 21 February 2018. There are 10 high level risks, 4 of which have been scored high. Appendix 2 highlights the exception report areas.

2.5. A recent Internal Audit Review of Performance Management and Reporting provided 'substantial assurance' that arrangements in respect of performance management and reporting are appropriate and are operating effectively.

2.6. In conjunction with the Unscheduled Care Programme Board, targets have been agreed for 11 key indicators across health and social care that are

associated with MSG unscheduled Care. This has enabled further development of operational target setting which is monitored at the Joint Management Team (JMT). Baselines have been set to allow comparison with performance before the Partnership was established.

2.7. Locality based performance reporting is now being developed and it is proposed that in line with the wider Partnership performance is monitored by both the Joint Management Team and the multi agency Strategic Planning Group.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note the content of the performance report (Appendix 1).

3.2. Note that appropriate management actions continue to be taken to address the issues identified through these performance reports.

3.3. Approve the submission to the Ministerial Strategic Group with agreed targets around unscheduled care (Appendix 5).

3.4. Note the recommendations arising from the recent Internal Audit Review of Performance Management and Reporting and the intention to develop an improvement plan to be monitored via the Audit Committee.

4. Background

4.1. The purpose of this report is to ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan.

4.2. Since the last paper was presented to the Board, the Performance Management Work stream has continued to oversee the progress across a variety of areas requiring consideration in terms of performance management and reporting.

4.3. The Joint Management Team for the Partnership is currently considering key operational performance measures and this will further inform development of future performance reports to IJB.

4.4. The content of the report is monitored on an ongoing basis and the information also supports wider planning and delivery in areas such as winter planning.

5. Approach

5.1. As described in previous Integration Joint Board Performance Reports, a Strategy Map has been created to ensure there is a direct link back from performance to the outcomes of the Strategic Plan [Appendix 3]. This Map details the Partnership's Vision, expected Local Outcomes and then maps these against the National Health & Wellbeing Outcomes and National Core Indicators and Local Partnership Indicators.

5.2. The content of this report focuses on some of the 6 themes of the MSG Indicators relating to unscheduled care, using local data items. The purpose of these indicators as stated by the Scottish Government is to provide a strategic framework for the planning and delivery of health and social care services allowing decisions to be made on the best use of resources.

5.3. The full MSG submission is contained in appendix 5 of this report and the Board's approval is being sought to finalise the submission. The Unscheduled Care Group has led the development of the submission and will have oversight of the delivery and performance monitoring for these cross cutting areas of service.

5.4. The Pentana performance reporting system has been used to prepare the majority of this report. Within Pentana a variance range is required to be set for indicators. This defines the acceptable or tolerable spread between the numbers in a data set and red and amber RAG statuses.

5.5. An Internal Audit Report was recently published and reported to the Partnership Audit Committee on 21 February 2018. The report looked at Performance Management and Reporting, and provided 'substantial assurance' that arrangements in respect of performance management and reporting are appropriate and are operating effectively. Recommendations and action plan are being considered across the Partnership and improvements will shape future performance reports to the IJB. The risk element of the review is discussed under the Strategic Risk Register in Section 8.

5.6. A glossary has also been provided to give explanation and context to abbreviations and areas contained within this report (appendix 5).

6. Report Structure

6.1. The content of the report mainly focuses on the Ministerial Strategic Group for the Health and Community Care (MSG) indicators around delivering unscheduled care inclusive of delayed discharges and social work areas of performance measurement.

6.2. Section 1 of the Performance provides an 'at glance performance summary'. Work is required in terms of developing a Balanced Scorecard to provide a broader range of measures and build upon qualitative improvement and

assurance. The IJB focus is across the five local outcomes with work to support a balanced approach to measurement and reporting.

6.3. Section 2 provides a summary of key performance areas for consideration by the Board. The areas highlighted include:

- Emergency Department Performance against the 4 hour Standard
- Rate of ED Attendance
- Delayed Discharges

6.4. The Strategy Map which shows the linkage between the local outcomes, national outcomes and the key performance indicators is contained at appendix 3.

7. Measuring Performance

7.1. As previously reported to the Integration Joint Board in February 2017, the Partnership submitted local improvement objectives, related to the six integration themes, to the Scottish Government. This was in response to the request made by the Ministerial Strategic Group for the Health and Community Care (MSG).

7.2. In November 2017, the MSG requested an update of local objectives and ambitions relating to the 11 indicators, along with the updated objectives for 2018/19. Trajectories have been provisionally approved at the most recent meeting of the Unscheduled Care Programme Board (USCBP) chaired by the Medical Director, and submitted to the MSG in draft. The six MSG themes are:

- Unplanned Admissions
- Occupied Bed Days for unscheduled care
- A&E Performance
- Delayed Discharges
- End of life care

7.3. As stated previously the above indicators are monitored all year round and also provide a key focus for the Winter Plan which was submitted to the Government in November 2017. The Plan represents a whole system approach, incorporating local contingency plans and ensuring links with key stakeholder including the Integration Joint Boards, NHS Local Authorities, Scottish Ambulance Service, NHS 24, and the Third and Independent sectors.

7.4. A copy of the full MSG submission is contained in appendix 5 of this report and Board approval of the submission is requested.

8. Strategic Risk Register

8.1. The Partnership holds and maintains a Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board's Strategic Plan,

and monitors processes in place to mitigate those risks. The Board approved the Risk Management Strategy in March 2016 and approved the first version of the Strategic Risk Register in June 2016. There have been subsequent updates and reviews of the register which is now monitored at the Audit Committee.

8.2. The strategic risk register was reviewed at the Audit Committee on 21 February 2018, and discussed the 10 rated risk areas, 4 of which are considered high (rated 15 or over out of a maximum of 25 on the scoring matrix). The four areas cover the following key strategic areas:

HSCP 001	Financial Resilience	This risk relates to the financial and operational stability of the Partnership and commissioning activity
HSCP 006	Experience of service users/patients/unpaid carers	This risk is about the failure to engage adequately and fully with stakeholders, in particular those harder to reach groups of service users, patients and their unpaid carers. It includes feedback and learning from complaints. Key challenges in this area are around measuring and evidencing change
HSCP 007	Information Management & Governance	This risk relates to information management and governance and the risk of increase 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
HSCP 008	Information Sharing Process & Practice	This risk relates to the risk of a lack of structured common information provision across council social care areas and NHS, which is monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership.

8.3. Risk reduction actions are in place for all 10 risk rated areas and progress monitored through the Audit Committee to ensure that the risk is managed to an acceptable level. Work is now taking place to align the service risk registers to the strategic risk register to ensure monitoring and management activity at all levels.

8.4. Appendix 2 provides some narrative around progress on some of the high rated risks.

8.5. The Internal Audit Review of Performance Management and Reporting was issued on19 February 2018 and considered by the Audit Committee meeting on 21 February 2018. The report provided an assurance opinion of substantial assurance. The assurance classification means that the systems for risk, control and governance are largely satisfactory but there is some scope for improvement as the present arrangements could undermine the achievement of business and/or control objectives and /or leave them vulnerable to some

risk of error/abuse. The four levels of grading for assurance are comprehensive; substantial; limited and no assurance.

8.6. The Internal Audit Review of Performance Management and Reporting identified 7 medium and 1 low risk, in relation to its findings. These covered the following areas and recommendations:

Annual Performance Report	Medium	The Annual Performance Report should include a description of the extent to which the arrangements in the Strategic Plan and the expenditure in the financial statements have been achieved, or contributed to the achieving the national health and wellbeing outcomes. The proportion of the total amount paid to, or set aside for use by, the Integration Authority spent during the reporting year in relation to each identified locality.
	Low	As a future development consideration should be given to how performance data can provide assurance against the IJB's strategic risks and ensure appropriate links are made between performance reports and the strategic risk register
Performance Report	Medium	The performance report should cover all local outcomes and national priority indicators. Where reporting is on an exceptions basis the report should also be transparent about any agreed outcomes or indicators where performance information is not available and why, in order that this is clear to those scrutinising the information**.**
Quality Assurance	Medium	The review of operational performance reporting arrangements should consider**:** • Development with the constituent authorities of a formal data quality assurance process to ensure the consistency and comparability of reported performance data. This process should apply a risk based approach, focusing on areas of data where there is greater risk; and, • The feasibility of making data and analysis more current in order to better inform scrutiny and decision making by the IJB. Where such information is of appropriate significance and has been identified after the finalisation of the Performance Report, it should of course continue to be brought to the attention of the IJB meeting verbally.
Operational Performance Data	Medium	The performance reporting review being led by the Joint Management Team should include consideration of the level and detail of information the IJB requires to receive on operational performance as well as the circumstances in which operational performance issues should be escalated to the IJB or partners.
Risk Reduction Actions	Medium	Consideration should be given to the inclusion of a standard suite of information within the regular performance report about areas of performance where

		action is required.
	Medium	Performance reporting should be enhanced to ensure that where indicators to not show satisfactory performance or are considered t be high risk, performance objectives and actions should be recorded in the Performance Report in order to facilitate informed scrutiny.

8.7 Work will now take place to develop an improvement plan to be prepared for consideration by the Audit committee and reformat of the performance reports to meet the recommendations from the Audit.

9. Conclusion

9.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. This report represents the process in terms of presenting a formal performance report to the Board.

9.2. In terms of delayed discharge this report sets out the performance of the Clackmannanshire and Stirling Partnership based on the census data of January 2018. The report advises the Integration Joint Board on the principal reasons for delay and the process by which actions are being taken forward by the services to mitigate the delays.

9.3. The recommendations arising from the recent Internal Audit Review of Performance Management and Reporting highlights a number of areas for improvement for the Partnership approach to reporting to the Board. Work is now taking place to develop the improvement plan which will be monitored via the Audit Committee.

10. Resource Implications

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

11. Impact on Strategic Plan Priorities and Outcomes

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

Fit with Local Outcomes	
Self Management	☒
Community Focussed Supports	☒

Safety	☐
Decision Making	☐
Experience	☐

Fit with Our Priorities 'we will...'	
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	☐

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

12. Legal & Risk Implications

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

13. Consultation

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

14. Equality and Human Rights Impact Assessment

14.1. Report not assessed. Content derived from national indicators.

15. Exempt reports

15.1. Not exempt.

16. Appendices

Appendix 1 - Performance Report
Appendix 2 - Strategic Risk Register
Appendix 3 - Strategy Map

Appendix 4 - Glossary
Appendix 5 - MSG submission

Appendix 1 – Performance Report

Clackmannanshire & Stirling Health and Social Care Partnership

Performance Report to the Integration Joint Board

Section 1: At a Glance Performance Summary

The Partnership focus is across the five Local Outcomes with work on-going to support a balanced approach to measurement and reporting. It should be noted that work is required in terms of developing a Balanced Scorecard to provide a broader range of measures and build upon qualitative and quantitative data which will enable and support quality improvement and assurance.

Key:

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

The table highlights local data for the year to date position; April to January 2018, compared with the previous full year with the Delayed Discharge position at the January 18 census is reported. The Partnership services in scope do not include those providing services to children and young people. Forth Valley data will include Partnership data.

Local Outcomes	**Partnership Indicator**	**Clackmannanshire & Stirling (C&S)**		
Self Management	Emergency department 4 hour wait Forth Valley – All ages	**2016/17**	**2017/18**	
		93.2%	**88.9%**	▼
	Emergency department 4 hour wait Clackmannanshire & Stirling – All ages	**2016/17**	**2017/18**	
		94.3%	**90.6%**	▼
	Emergency department attendances per 100,000 Forth Valley Population – All ages	**2016/17**	**2017/18**	
		1,747	**1,797**	▼
	Emergency department attendances per 100,000 Clackmannanshire & Stirling – All ages	**2016/17**	**2017/18**	
		1,166	**1,198**	▼

Local Outcomes	Partnership Indicator	Clackmannanshire & Stirling (C&S)		
Safety	Readmission rate within 28 days per 1000 FV population – All ages	**2016/17**	**2017/18**	
		1.24	**0.70**	▲
	Readmission rate within 28 days per 1000 C&S population – All ages	**2016/17**	**2017/18**	
		1.09	**0.57**	▲
	Readmission rate within 28 days per 1000 C&S +75 population	**2016/17**	**2017/18**	
		1.12	**1.16**	▼
	Emergency bed days rate per 1,000 Forth Valley population– All ages	**2016/17**	**2017/18**	
		637	**649**	▼
	Emergency bed days rate per 1,000 Forth Valley population– All ages	**2016/17**	**2017/18**	
		592	**582**	▲

Local Outcomes	Partnership Indicator	Clackmannanshire & Stirling (C&S)		
Decision Making	Emergency Admission Rate per 100,000 Forth Valley Population – All ages	**2016/17**	**2017/18**	
		938	**904**	▲
	Emergency Admission Rate per 100,000 C&S Population – All ages	**2016/17**	**2017/18**	
		802	**777**	▲

Local Outcomes	Partnership Indicator	Clackmannanshire & Stirling (C&S)		
Experience	Standard delayed discharges	**2016/17**	**2017/18**	
		93.2%	**88.9%**	▲
	Delayed discharges over 2 weeks	**2016/17**	**2017/18**	
		94.3%	**90.6%**	▲
	Number of code 9 delays	**2016/17**	**2017/18**	
		1747	**1797**	▼
	Bed days occupied by delayed discharges	**2016/17**	**2017/18**	
		1166	**1198**	▼

Local Outcomes	Partnership Indicator	Clackmannanshire & Stirling (C&S)		
Community Based Support	Number of patients with an Anticipatory Care Plan in Forth Valley	**2016/17**	**2017/18**	
		16,541	**15,513**	▼
	Number of patients with an Anticipatory Care Plan in C&S	**2016/17**	**2017/18**	
		n/a	**8,339**	—
	Key Information Summary as a percentage of the Board List size for Forth Valley	**2016/17**	**2017/18**	
		5.4%	**4.9%**	▼
	Key Information Summary as a percentage of the Board List size for C&S	**2016/17**	**2017/18**	
		n/a	**5.7%**	—

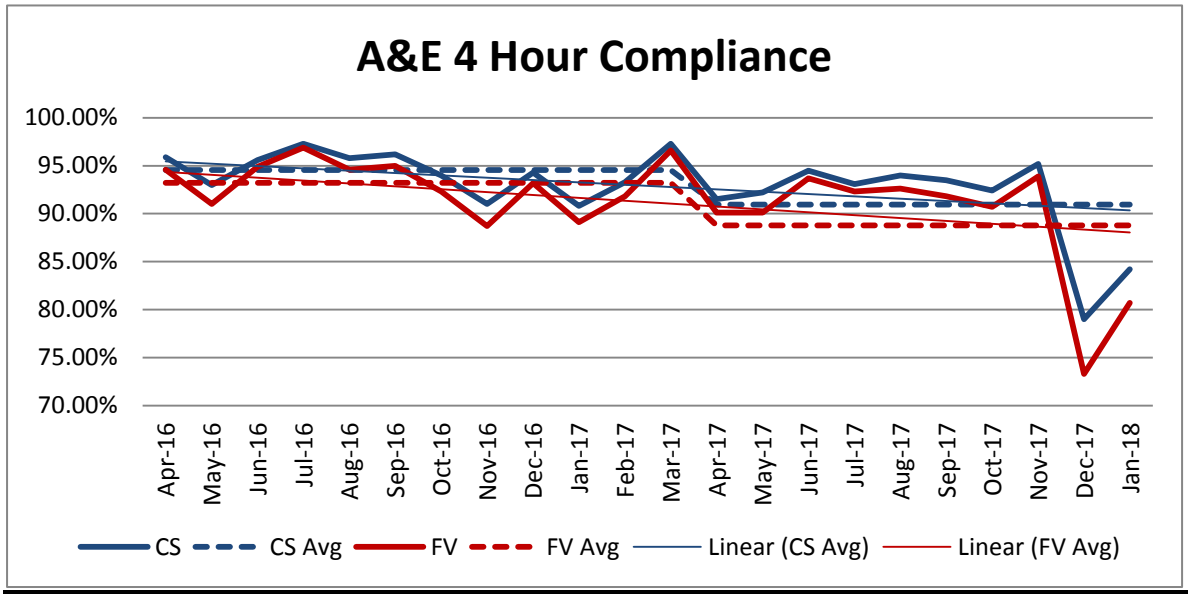
Section 2: Summary of Linked Performance Issues

Local Outcome – Self Management

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

Measure	C&S Unscheduled Care – Emergency Department Performance against the ED 4 Hour Target (includes Minor Injuries Unit). This is a 95% target.
C&S Partnership Performance	Average monthly performance in 2017/18 = 90.6%
Forth Valley Performance	Average monthly performance in the year to date , April to November 2017/18 = 88.9%

Chart 1: Emergency Department 4 Hour Compliance – All Ages



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

The average C&S monthly Emergency Department (ED) compliance from 2017/18 to the end of January 2018 is 90.9%, which reflects the average monthly Forth Valley compliance of 88.7%. In terms of attendance, throughout January 2018 there were a total of 4956 attendances at ED, a daily average of 157 attendances, with 3 occasions where attendance in the department was recorded between 180 and 194 patients.

The main reasons for waits beyond the 4 hour standard have remain unchanged since the summer of 2017 with, 'wait for first assessment' accounting for 42% of all breach reason. 35% of delays were attributed to a 'wait for a bed'.

Action:

In respect of supportive actions it should be noted that there has been a focus on patient safety with appropriate escalation processes in place, maximising capacity and contingency planning with an increased focus on decision making at the front door. Flu positive patients have been cared for appropriately with safe cohorting. Partnership working has been maximised utilising additional community capacity; Discharge to Assess, direct access to intermediate care bed provision in Clackmannanshire and the Enhanced Community Team.

A number of improvement processes/actions are in place with NHS Forth Valley working with the Scottish Government around the 6 Essential Action approach.

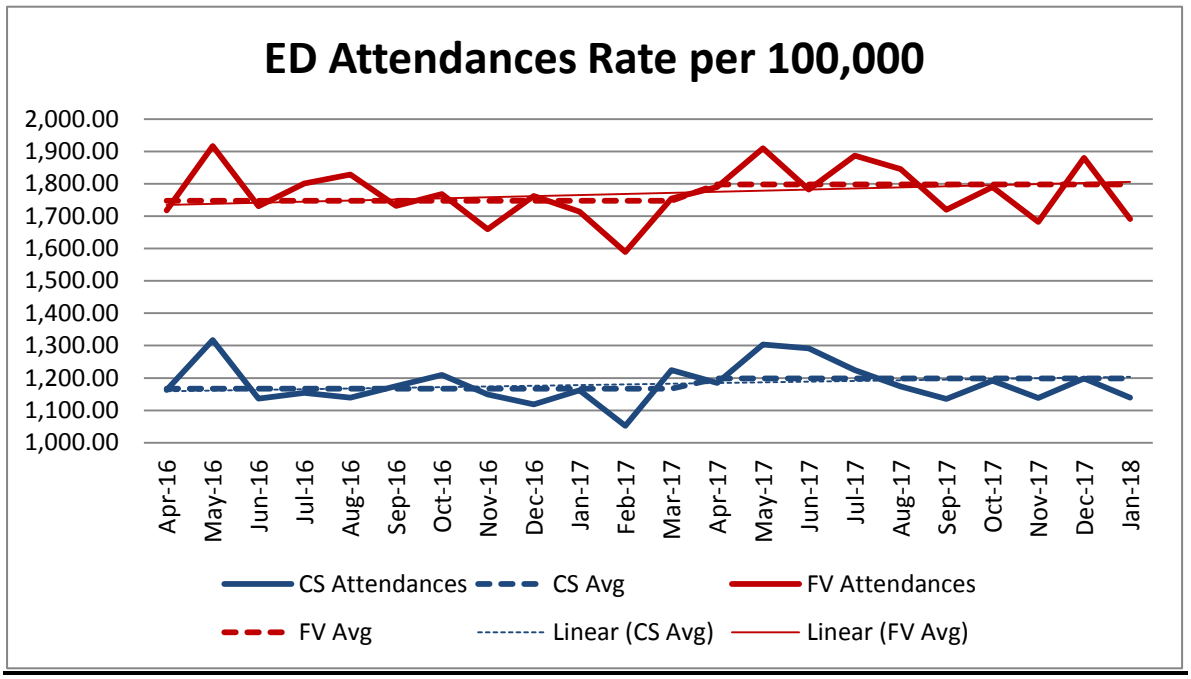
- Essential Actions 1-4 are about changes needed to the way hospital services are designed and provided. These includes strengthening clinical leadership and ownership of patient pathways, analysing and planning hour by hour to check that patients are on the right pathway and in the right place on their pathway, holding safety briefings and escalating and resolving issues quickly, providing assessment, diagnosis and treatments as soon as possible to support people to return home or to most suitable place of care earlier rather than later in the day..
- Essential Action 5 focuses on provision of services such as phlebotomy, diagnostics and medicines over seven days.
- Essential Action 6 *Ensuring Patients Are Cared For In Their Own Homes* is about avoiding attendance, avoiding admission, short and reduced length of stay. It is delivered through the initiatives and core provision mentioned elsewhere, rather than being a separate stream of work.

There has been recent recruitment to the post of Programme Manager for Unscheduled Care which will support work in respect of the priorities for improvement and will lead the work in terms of 6 essential actions. Additionally, the Unscheduled Care Programme Board headed by the Medical Director, is working with a view to maximising internal processes in terms of escalation and preventing breaches through focusing on the '6 Essential Actions', and working in partnership with the Partnerships in Forth Valley looking at the whole system in support of the sustainable improvement.

The Partnership and NHS Forth Valley services continue to work together to develop services and responses to ensure that residents receive appropriate support and treatment within the community in order to reduce the number of un necessary A&E attendances and subsequent admissions to hospital.

Measure	C&S Unscheduled Care – Emergency Department Attendance Rate per 100,000 population – All Ages
C&S Partnership Performance	Average monthly performance 2017/18 = 1,198 per 100,000 population
Forth Valley Performance	Average monthly performance 2017/18 = 1,797 per 100,000 population

Chart 2: Emergency Department Attendance Rate



Rate of Emergency Department Attendance

The average monthly Emergency Department attendance rate in Forth Valley has increased from 1747 per 100,000 population in 2016/17 to 1797 100,000 population in 2017/18 to date. This is highlighted as a 2.8% increase.

This Partnership has seen a rise of 2.7% in 2017/18 to 2035 per 100,000 population, from 1166 per 100,000 population in 2016/17. A breakdown by age group in the Partnership area shows a 2.8% rise in attendances in the 20-64 years age group, 16% in the 75-84 range and a 4% increase in the 85 years of age and over age group, whilst there is decrease of 4% in those aged 65-74 years.

Action:

- The number of referrals to Closer to Home (Enhanced Community Team) has steadily increased each month since June 2017.
- Since 15th Feb, phone referrals to the team have been picked up by ALFY. It is very early days but initial improvements are that a broader range of options are available to referrer; and that some clinical staff time is freed up.
- Work with night nursing is ongoing to ensure a more equitable response both in and out of hours

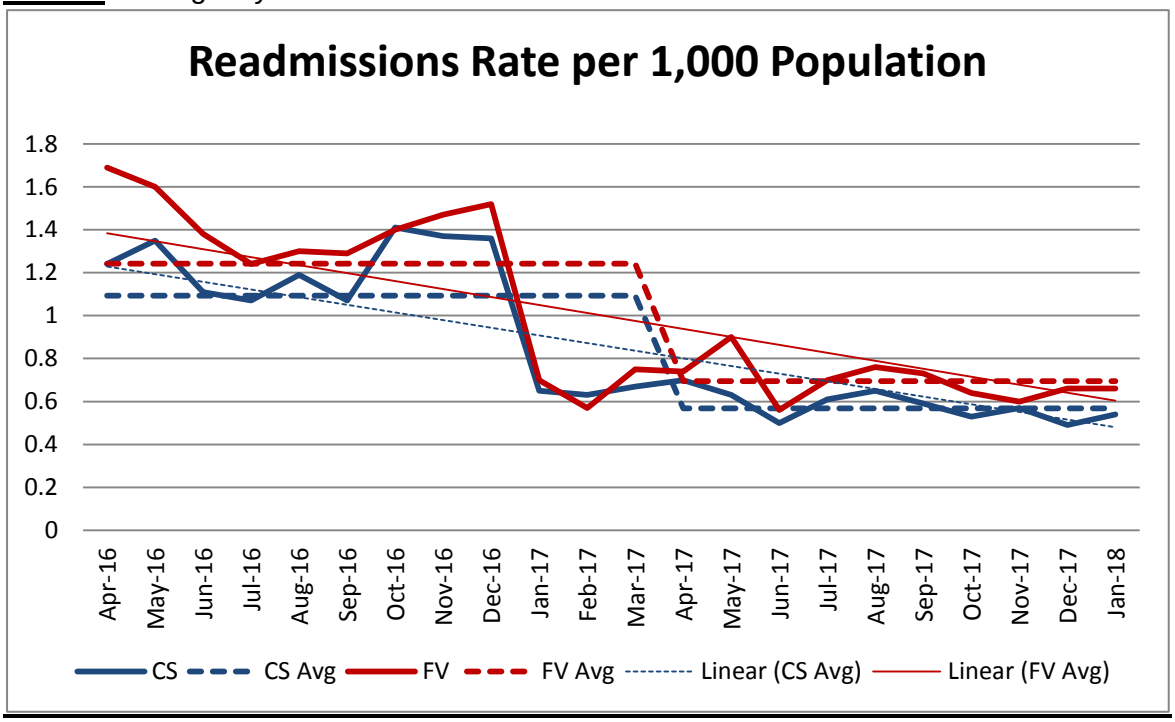
- Allan Lodge, Beech Gardens, Strathendrick and Ludgate House have all facilitated direct access to bed based intermediate care 24/7.
- SAS referrals – falls pathway : Closer to Home Team continue to take referrals from Scottish Ambulance Service for unwell, uninjured falls patients as part of a national initiative to reduce the number of falls patients being conveyed to hospital following a fall. This is being rolled out further as part of implementation plan.
- SAS referrals – COPD: the criteria for this is being revisited as there have been no referrals so far. GP Fellows to work with a small GP Practice to ID suitable parameters for COPD referrals to C2H
- The use of a RAG system as an outcome measure has been shown to be helpful in identifying positive outcomes from interventions.
- Work with FVRH pharmacy department to develop a domiciliary IV antibiotic pathway is ongoing.

Local Outcome - Safety

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

Measure	C&S Unscheduled Care - Rate of Readmissions per 1,000 population Aged 18+
C&S Partnership Performance	Average Monthly Rate 2017/18 = 0.57 per 1,000 population
Forth Valley Performance	Average Monthly Rate 2017/18 = 0.70 per 1,000 population

Chart 4: Emergency Readmissions Rate



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

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

Chart 4 highlights a decrease in the rate of readmissions across Forth Valley from 1.24 per 1000 population in 2016/17 to 0.70 per 1000 population in 2017/18 year to date. This decreasing trend is mirrored within the C&S Partnership with a decrease from 1.09 per 1000

population in 2016/17 to 0.57 per 1000 population in 2017/18 year to date.

Readmissions for those aged 75 and over have increased Forth Valley and Partnership wide. Forth Valley has increased to 1.23 rate per 1000 from 1.20 in 2016/17. C&S has seen a rise from 1.12 in 2016/17 to 1.16.

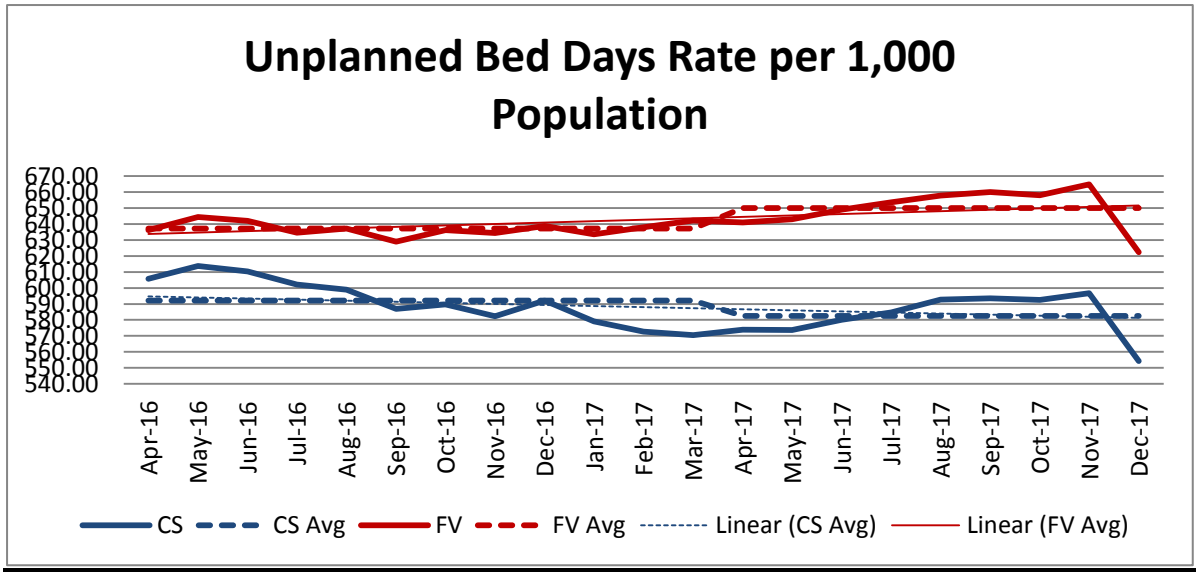
Pilot schemes across parts of the health board are assessing community focussed supports which may be able to help patients receive care at home where appropriate.

Work to assess the impact of the Anticipatory Care Planning (ACP) on emergency readmissions is ongoing. The ALFY Service is led by the Head of the Anticipatory Care Team in Clackmannanshire and Stirling. As of September 2017, the Service is now proactively calling patients who have been recently discharged from hospital, to assess how well patients are managing at home post discharge. A direct referral can now be made to the ACP Teams in CS and Falkirk to carry out an ACP assessment to identify what actions can be taken to help keep patients at home where it is appropriate.

As previous outcomes reported to the NHS Forth Valley Performance and Review Committee show small gains have been made in the C&S Partnership area for those patients with an ACP insitu a further impact of the new ALFY ACP provisions will take place on April 2018.

Unscheduled Care	C&S Unscheduled Care - Rate of Unplanned Bed Days Rate per 1000 All ages
C&S Partnership Performance	Average Monthly Rate 2017/18 = 582 per 1,000 pop
Forth Valley Performance	Average Monthly Rate 2017/18 = 649 per 1,000 pop

Chart 3: Unplanned Bed Days



Unplanned Bed Rate per 1,000 per population

Issue:

In 2016/17 the average monthly rate in terms of unplanned bed days for Forth Valley was 637 per 1000 population compared to 649 per 1000 population in 2017/18 to date. This highlights a 2% increase. The rate per 1,000 of patients pertaining to the Clackmannanshire and Stirling local authority areas has decreased by 1.6% from 592 per 1000 population in 2016/17 to 582 per 1000 population in 2017/18.

Further analysis shows a rise on all age groups in the C&S Local Authority area however A significant decrease of 9% in the 75-84 age group.

Day of Care Results

In September 2014 an initial Day of Care survey was carried out within NHS Forth Valley which indicated that 21% of inpatients did not require ongoing care within an acute setting. A follow up survey in December 2014 showed that had risen to 31%.

Initial testing on a reliable fortnightly Day of Care Survey started on 10 December 2015. The number of patients at that time who did not meet the criteria for an acute inpatient area was 26%. The latest survey (15.02.18) has demonstrated that FVRH is now at 13.2% (58 patients) not meeting acute in-patient criteria.

Within the Community hospital setting there have been seven surveys so far. The first

survey found that 52% of patients did not meet the inpatient criteria. The latest survey in February 2018 has demonstrated that this is now 37%.

This is not yet a sustained reduction and the current plan is to continue repeating the Community Hospital survey monthly in order to identify potential areas for improvement.

Next Steps

- Discharge planning education sessions will be arranged and will be part of a rolling education programme for staff;

- Continue with regular Community Hospital surveys;

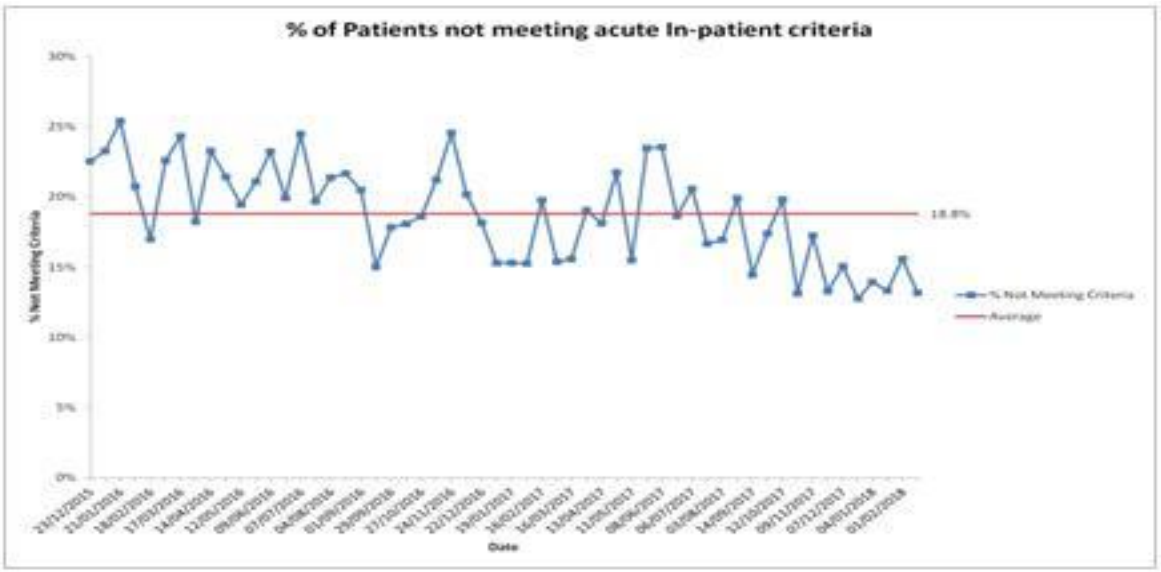
- Learning from the Acute Hospital Day of Care was that it took several months for the process to be become settled and embedded. Recommend that the process in the Community Hospital is reviewed to assess how the survey is being conducted and ensure a standardised approach. This will include action learning session with surveyors;

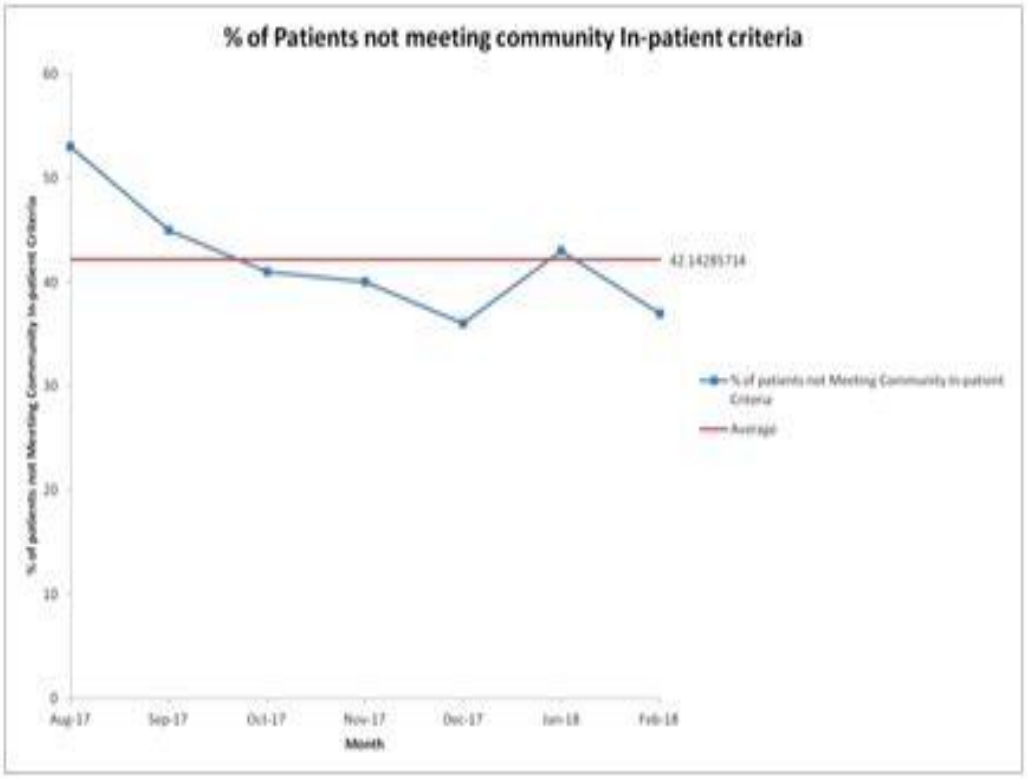
- Plan to review patients who have been identified as requiring a move to Community Hospital from Acute with a home first approach linking with Community Services and explore options for discharge if home not appropriate i.e. Short term assessment. This should allow the most appropriate patients to move to Community Hospital;

- Roll out of the Daily Dynamic Discharges in Community Hospital should influence discharge destinations at an earlier point. Testing in 2 wards supported by the Discharge Coordinators;

- Utilise data to improve service delivery. For example, closer analysis of data between sites and wards.

Day of Care Results



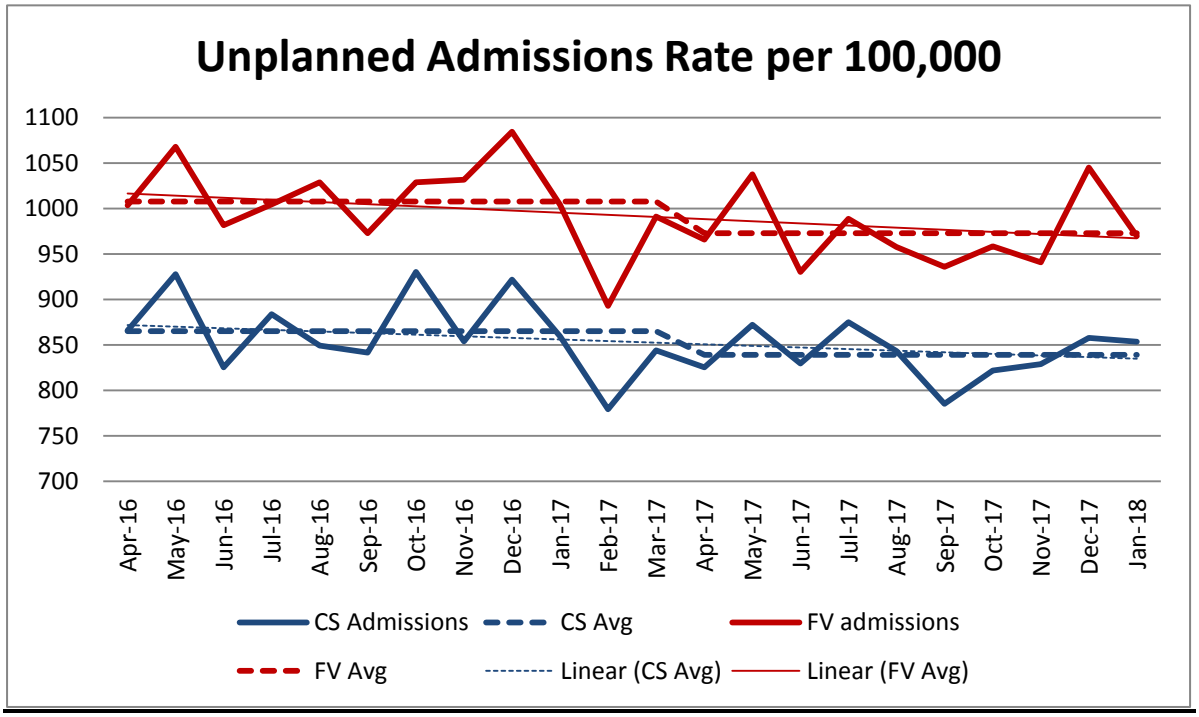

% of Patients not meeting community In-patient criteria
% of patients not Meeting Community In-patient Criteria
60
50
40
30
20
10
0
42.14285714
Aug-17
Sep-17
Oct-17
Nov-17
Dec-17
Jan-18
Feb-18
Month
% of patients not Meeting Community In-patient Criteria
Average

Local Outcome – Community Based Support

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

Unscheduled Care	C&S Unscheduled Care - Rate of Hospital Emergency Admissions per 100,000 population – All ages
C&S Partnership Performance	Average Monthly Rate 2017/18 = 777 per 100,000 pop
Forth Valley Performance	Average Monthly Rate 2017/18 = 904 per 100,000 pop

Chart 13: Unplanned Admissions



Commentary

Despite the rise in Emergency Department Attendance the average unplanned admission rate for both C&S and Forth Valley in 2017/18 has reduced. The admission rate for the financial year 2016/17 in Forth Valley is down by 3.5%, from 938 per 100,000 per population to 904 per 100,000 per population this year to date. C&S admissions remain below the Forth Valley average with a further decrease from 802 per 100,000 per population to 777 per 100,000 per population from 2016/17 to 2017/18 year to date.

A breakdown by age range for adults shows an increase in admissions of circa 3% in those aged 75-84 years an average 5% decrease in those aged 20-74 years throughout Clackmannanshire and Stirling.

Local Outcome –Experience

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

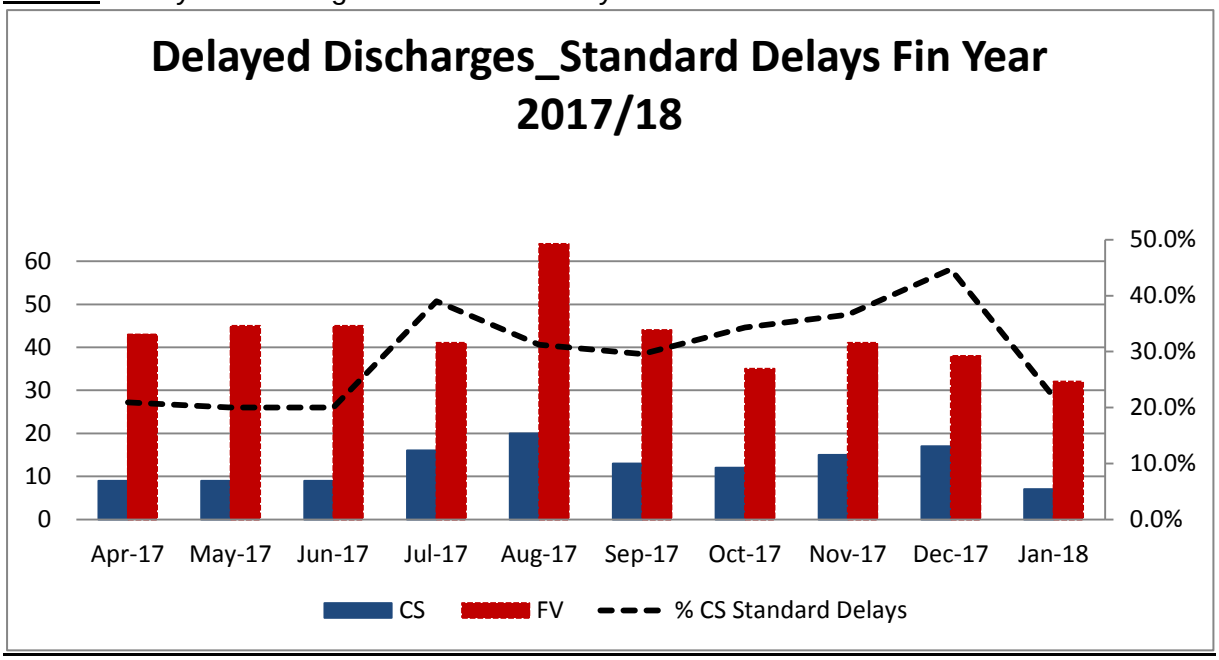
Measure	Unscheduled Care – Delayed Discharges • Standard Delayed Discharges • Bed days lost attributed to delayed discharge • Code 9 and Code 100 delays
C&S Partnership Performance	Monthly Number January 2018 = 7
Forth Valley Performance	Monthly Number January 2018 = 32

Commentary

As of the January 2018 census date, the following delays were recorded:

- 7 people delayed in their discharge (standard delays)
- 1 people who were delayed for more than 2 weeks (standard delays)
- 4 people identified as a complex discharge (code 9)
- 1 people proceeding through the guardianship process.
- 6 people identified as a Code 100 delay.

Chart 5: Delayed Discharges – Standard Delays

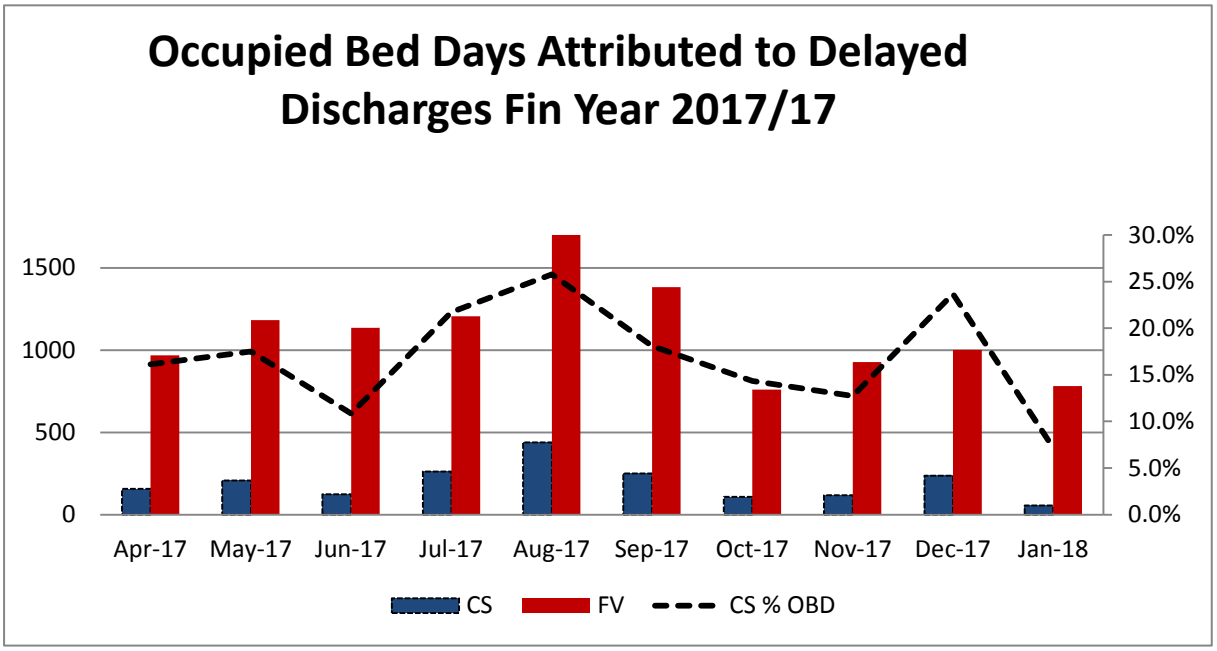


In January 2018 the number of standard delays for Forth Valley is 32. Clackmannanshire and Stirling accounts for 7 or 21.8% of all standard delays. The January 18 position for C&S Partnership figure is a 58% decrease from December 2017. 14% (1/7) C&S delays are waiting to over 2 weeks at the January census point. These C&S patients account for 9% (9/11) of Forth Valley waits over 2 weeks.

Table 1 shows the total number of standard delays April 2017 to January 2018.
Table 1

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18
Total delays at census point	9	9	9	16	20	13	12	15	17	7
Total number of delays over 2 weeks	2	3	2	8	8	5	2	2	9	1

Chart 6: Occupied Bed Days Attributed to Delayed Discharges



Across Forth Valley there has been a decrease in the number of occupied bed days attributed to delayed discharges with the number at the January 18 census 782 compared with 1,001 in December 2017.

The C&S Partnership position at the January census was 56 occupied bed days attributed to delayed discharges. This is 7% (56/782) of the occupied bed days within Forth Valley attributed to delayed discharges.

The graph below shows total activity over the month and not just at the census snapshot. It shows the relationship between those entering hospital (new delays) and those leaving (discharges). Although the overall numbers (total delays) are reducing, the number of new admissions continue to out strip the number of people being discharged. Work being done through the Discharge Improvement Plan and the Delayed Discharge Steering Group aims to reduce the number entering and speed up the number leaving hospital through a range of interventions and tests of change.

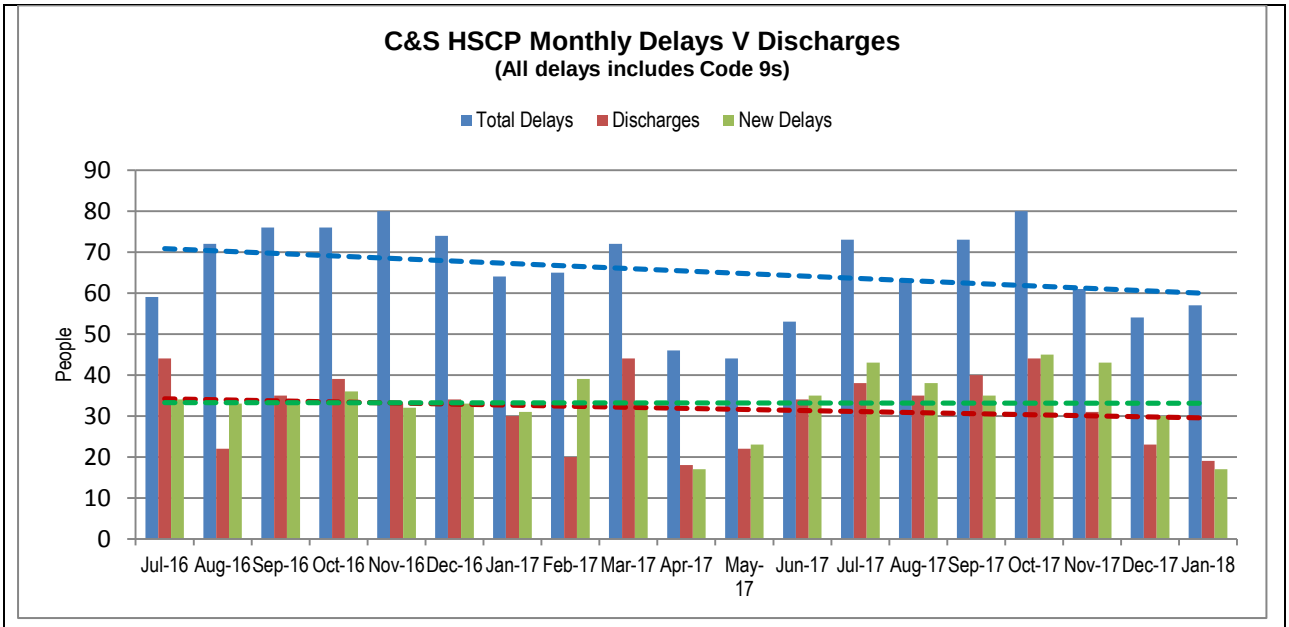
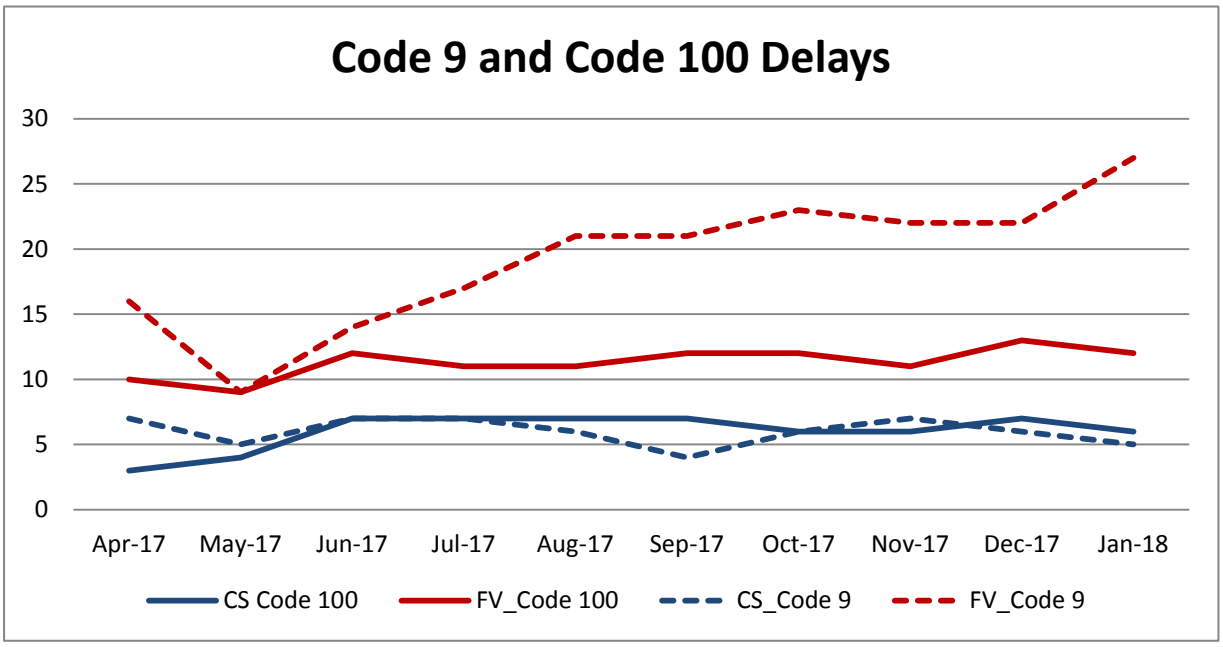
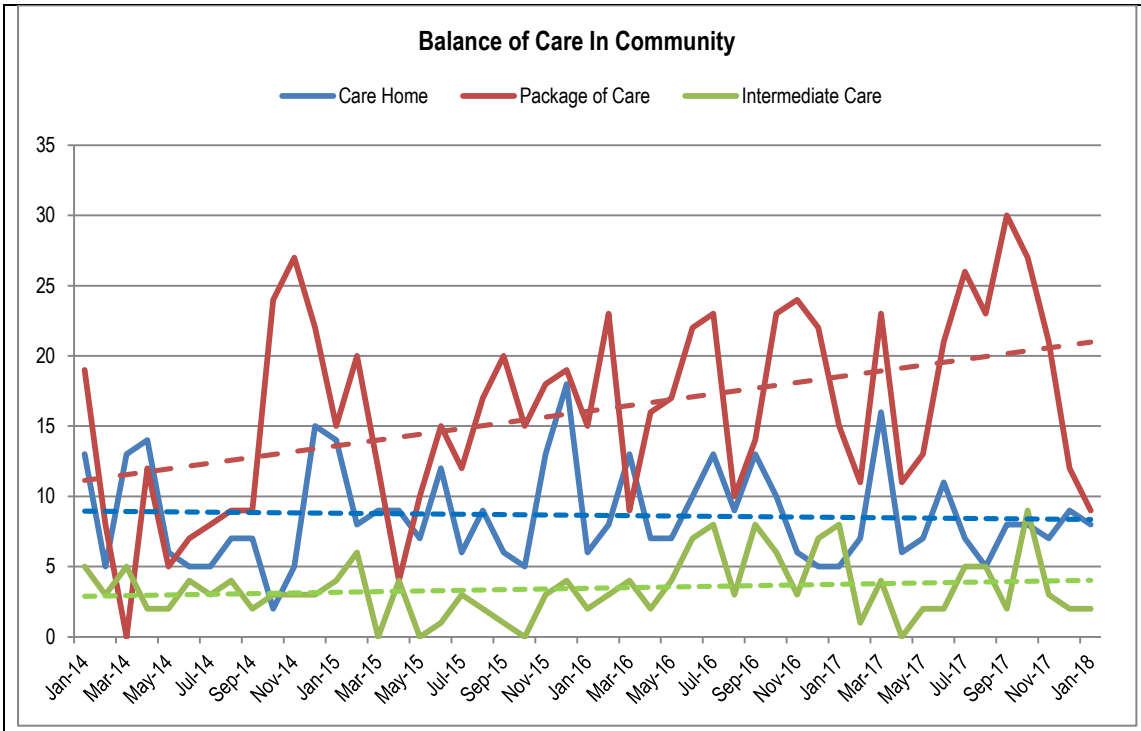


Chart 7: Code 9 and Code 100 Delays



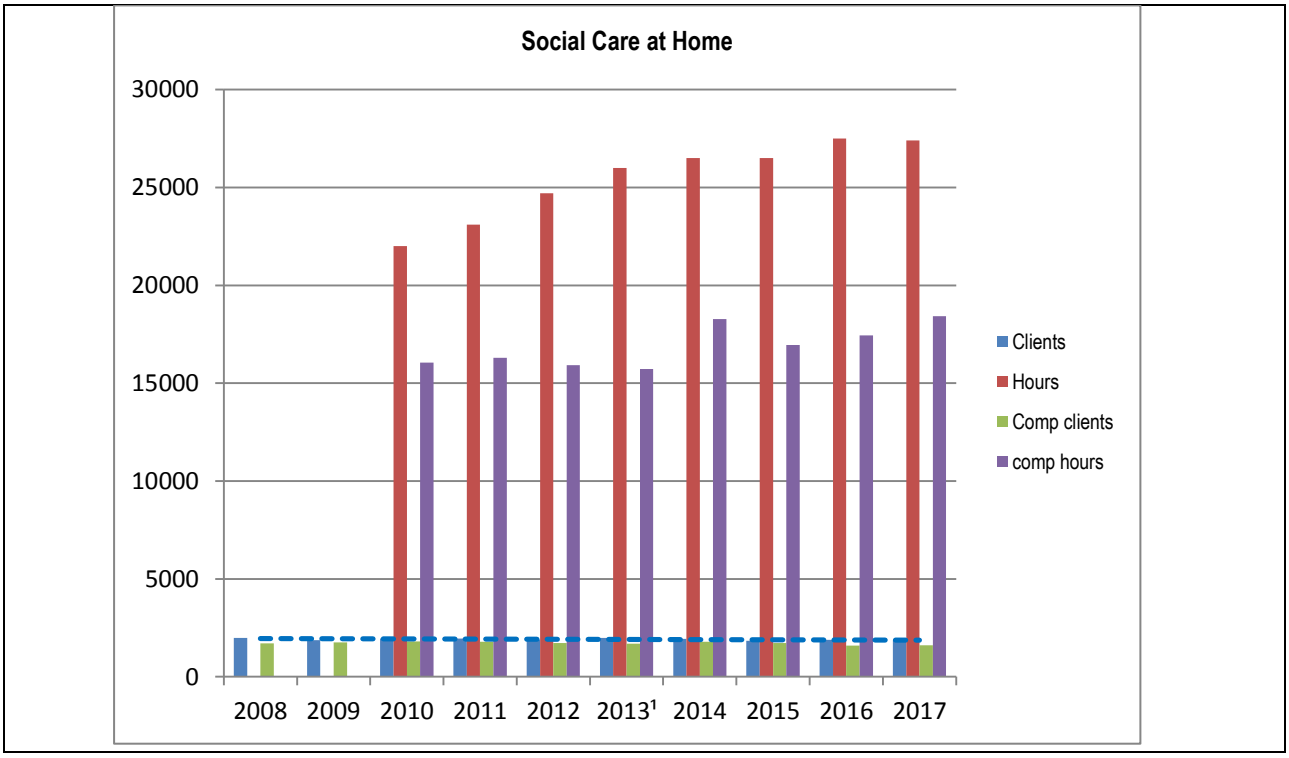
There has been slight increase in the number of Code 9 and Code 100 delays across Forth Valley. Across the C&S Partnership the position at the January census is 5, Code 9 delays, in keeping with the average to date and 6 Code 100 delays which is in keeping with the average since June17.



The graph above shows long term trends around Delayed Discharges and the increasing use of Patients returning home with packages of care.

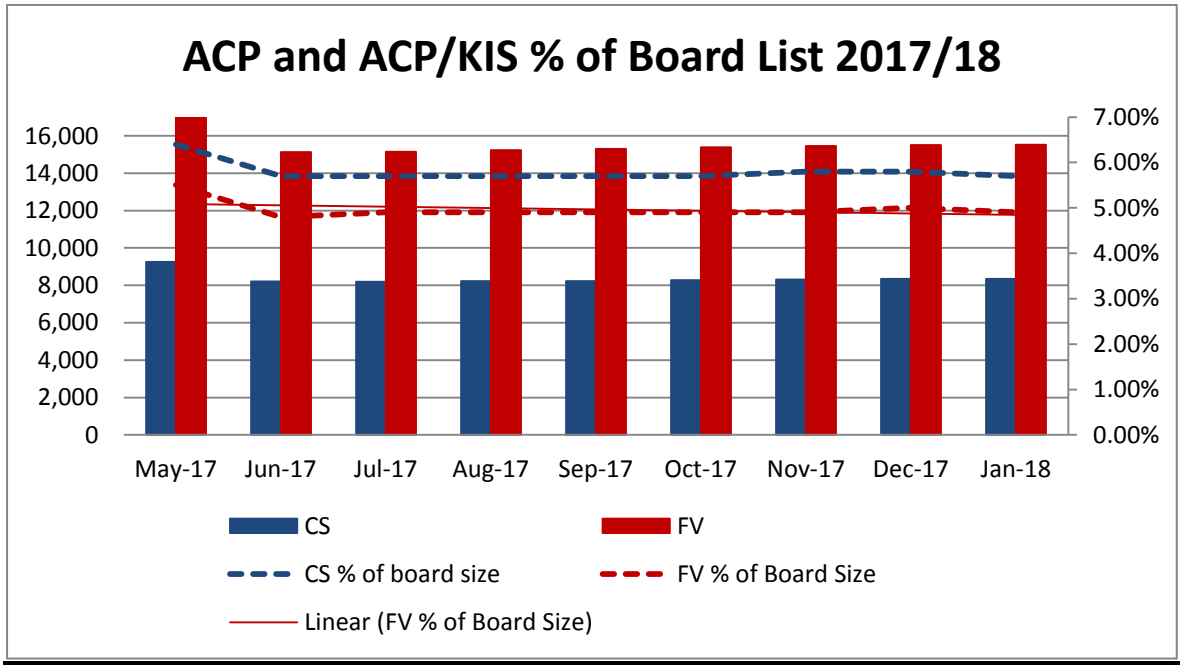
Community Hospitals, Intermediate Care Capacity and Care at Home

- An NHS led review of community hospital pathways began in June 2017
- The Partnership has a total of 41 Intermediate Care beds located within the community, 4 beds within the Clackmannanshire locality, 7 beds within the Stirling Rural locality and 30 beds within the Stirling City locality.
- The development of the Stirling Care Village will change the way existing community hospital and intermediate care services are delivered within Health and Social Care. This will hopefully have an impact on performance around Delayed Discharges and occupied bed days.
- Care at home data from the recently published Social Care survey show that the rising trend of number of hours is similar to national trends, and that the number of clients is similar to our peers. However the number of actual hours is much higher than other similar partnerships. This may be reflected in some part to the 'balance of care' within the Partnership which is above average for the % of the population living in the community with support. The more recent reablement approach adopted within Social Care which aims to provide time limited person centred support to ensure long term independence may reflect the slight drop in hours in 2017 and going forward.


Social Care at Home
30000
25000
20000
15000
10000
5000
0
2008
2009
2010
2011
2012
2013¹
2014
2015
2016
2017
Clients
Hours
Comp clients
comp hours

Unscheduled Care	C&S Unscheduled Care - Anticipatory Care Plans as percentage of Board List All ages
C&S Partnership Performance	Number 2017/18 = 8,339 (5.7%)
Forth Valley Performance	Number 2017/18 = 15,513 (4.9%)

Chart 14: Anticipatory Care Plans



Commentary

Anticipatory Care Planning (ACP) has been identified nationally as a priority to support the delivery of the 2020 vision and the Health and Wellbeing Outcomes linked with the Health & Social Care Integration agenda as highlighted in the recent Audit Scotland Report on Integration.

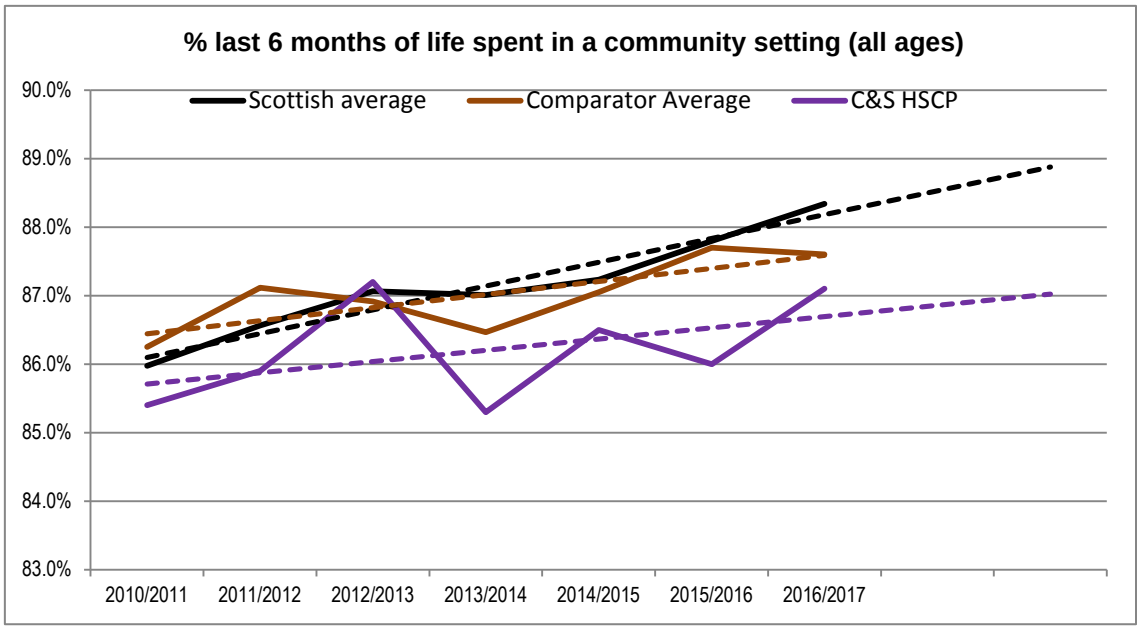
Figures above are supplied by ISD. The drop in number from circa 17,000 plans produced in 2017 is a result of ISD culling records for those patients who have since died or moved out with the area. The position of 15,513 accounts for 4.9% of Forth Valley residents and exceeds the target of 4,500 or 1.5%. 8,339 (5.7%) of the C&S population are in receipt of an ACP or Key Information Summary (KIS).

The impact of the Anticipatory Care Plans on patient care is ongoing. Deliberations need to be made via robust studies to assess at which stage in the patient journey referral for an ACP should be made determining the best use of current resource and identify areas for development.

End of Life and Palliative Care

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

A proxy measure for looking at 'end of life' is the % of the last six months of life spent in a community setting. The graph below shows a rising trend for the Partnership but still less than national average or similar sized partnerships. The Partnership is aiming to achieve 90% by the end of 2019.



Day services reviews
In both H&SC Partnerships, these reviews will contribute to better use of resources and support whole system capacity.

Appendix 2 – Strategic Risk Register - Exception Report AT 19 February 2018

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
HSCP 001	**Financial Resilience** (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).	**1.** National Core Outcome 'Resources are Used Effectively & Efficiently' **2.** Local Outcome 'Decision Making'	Current (4) Target (3)	Current (5) Target (5)	Current (20) High Target (15) Medium	**1.** Establish efficiency and redesign monitoring arrangements including establishment of and terms of reference for Transformational Change Group **2.** Review and assess deliverability of efficiency and redesign programmes and alignment to Strategic Plan. **3.** Develop financial strategy to complement and support delivery planning to implement Strategic Plan. **4.** Ensure all providers sign up to the 17/18 National Care Home Contract Settlement. **5.** Identify and mitigate as far a possible the financial risk associated with Carers Act implementation through effective planning arrangements. **6.** Develop planning arrangements for Unscheduled Care and the 'set aside' budget for large hospital services linked to Ministerial Steering Group indicators. **7.** Establish and review reserves policy and strategy as part of prudent financial planning and management arrangements. **8.** Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes.	Chief Finance Officer	There is a need to further at the implications of the stepped delegation of operational responsibilities to Chief Officer in 17/18 and onwards further to report to Stirling Council Social Care and Health Committee in October 2017 and NHS Forth Valley paper on Integrated Structures to Integration Joint Board in December 2017. Key financial risks updated annually as part of budget setting cycle.

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
						9. Produce and agree evaluation of impact and outcomes from investment of Partnership Funding Streams **10**. Horizon Scanning arrangements across the Partnerships e.g. through monthly finance officers meetings to highlight potential emerging risks and/or changes in policy or legislation with financial implications e.g. Free Personal Care for < 65's **11**. Financial Reporting to Integration Joint Board, Strategic Planning Group and Joint Management Team **12**. Ongoing monitoring of demand trends and relationship between investment and key performance indicators.		
HSC 006	**Experience of service users/patients/unpaid carers** (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).	**1.** National Core Outcome 'Carers are supported', and 'Positive Experiences' and Local Outcome 'Experience'' **2.** Local Outcome 'Community Focused Supports' **3.** HSCP priority ' Further develop anticipatory and planned care services', 'Develop 7 day access to appropriate services',	Current (4) Target (3)	Current (4) Target (3)	Current (16) High Target (9) Low	**1.** Implement Participation and Engagement Strategy. **2.** Planning for implementation of Carers Act. **3.** Collegiate working across Forth Valley in relation to Ministerial Steering Group (MSG) indicators. **4**. 2018/19 Budget Consultation process	Chief Officer	An Equality Outcomes and Mainstreaming Report has been considered by the Integration Joint Board in April 2016 and published. Equality and Human Rights Impact Assessment will be completed where required. The IJB report template includes sections on

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Reduction Action	Risk Owner(s)	Notes
		and 'Take further steps to reduce the number of unplanned admissions to hospital and acute services'						Consultation and Equalities Assessment, which ensures that the Board are aware of the extent of consultation undertaken when decisions are being taken.

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

Appendix 4 – Glossary

- **Accident & Emergency (A&E) Services** - Collectively the term Accident and Emergency (A&E) Services includes the following site types: Emergency Departments; Minor Injury Units, community A&Es or community casualty departments that are GP or nurse led.
- **Admission** - Admission to a hospital bed in the same NHS hospital following an attendance at an ED service.
- **Admission rate** - the number of admissions attributed to a group or region divided by the number of people in that group (the population).
- **ALFY** - Advice Line for You
- **Anticipatory Care Plan (ACP)** - The measure is the number of patients who have a Key Information Summary or Electronic Palliative Care Summary uploaded to the Emergency Care Summary. The Emergency Care Summary 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.
- **Attendance** - The presence of a patient in an A&E service seeking medical attention.
- **Attendance rate** - The number of attendances attributed to a group or region divided by the number of residents in that group (the population).
- **COPD** – Chronic Obstructive Pulmonary Disorder
- **Delayed Discharge**
    - Standard delayed discharges **Code 9** - Code 9 and its various secondary codes, are used by partnerships that are unable, for reasons beyond their control, to secure a patient's safe, timely and appropriate discharge from hospital:
        - The patient is delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate i.e. no other suitable facility available
        - Patients for whom an interim move is not possible or reasonable
        - The patient lacks capacity, is going through a Guardianship process
    - **Code 100** - Some patients destined to undergo a change in care setting should not be classified as delayed discharges and can be categorised as:
        - Long-term hospital in-patients whose medical status has changed over a prolonged period of treatment and discharge planning such that their care needs can now be properly met in non-hospital settings. These might be Mental Health patients or Hospital Based Complex Clinical Care patients who have been reassessed as no longer requiring such care.

  - Patients awaiting a 'reprovisioning' programme where there is a formal (funded) agreement between the relevant health and/or social work agencies
  - Information on patients recorded as code 100 is not published but details are made available to the Scottish Government.
- **Emergency Department (ED)** – The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care
- **4 hour wait standard** - since 2007 the national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place.
- **Frequent attenders** - Have been defined as patients who attend a health care facility repeatedly. The frequency of attendance has been variously defined between 3 and 12 attendances per annum.
- **MSG – Ministerial Steering Group**
- **Pentana** – Performance Monitoring System
- **RAG** – Red, Amber, Green
- **SAS** – Scottish Ambulance Service
- **Scottish Index of Multiple Deprivation** - The area based measurement of multiple deprivation ranking areas based on 38 indicators spanning 7 dimensions of deprivation; employment, income, health, education, housing, geographic access to services and crime**.**
- **Unscheduled Care -** is "NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It relates to aim of reducing the number of patients and the amount of time they spend in hospital where it is not planned e.g. operation. Shorter lengths of stay results in better outcomes for patients, reduced risk of healthcare acquired infections, and improved patient flow through hospital systems.

MSG Improvement Objectives – summary of objectives for Adults

Based on financial year April to March. Age related data is specified where available. This Partnership does not include children. Crude rate per 1,000 population. Forecasts based on previous 3 years data where available

Clackmannanshire & Stirling	Unplanned admissions (18+)	Unplanned bed days (18+)	A&E attendances (18+)	Delayed discharge bed days (18+)	Last 6 months of life (all ages)	Balance of Care (75+)
Baseline 2015/2016	**2015-2016** Total 11,134 **2014-2017** Rising trend but continues to be well below the rising national average. Data similar to other comparator authorities. **2016-2017** Total 11,064 0.6% reduction on baseline. **2017-2018** Apr-Nov 17 Total 7,972 Current rate ranked 23/31. Second lowest quartile 3/4. **2018-2019** Forecast - rise for Partnership, and national average.	Acute specialities **2015-2016** Total 94,450 **2014-2017** Reducing trend in line with comparators and well below national average. **2016-2017** Total 88,929 6% reduction on baseline. **2017-2018** Apr-Nov 17 total 56,858 Current rate ranked 15/31. Second lowest quartile 3/4. **2018-2019** Forecast to fall for Partnership, and national average.	A&E attendances **2015-2016** Total 26,585 **2014-2017** Rising trend in line with comparators and well below rising national average. **2016-2017** Total 26,472 0.4% reduction on baseline. **2017-2018** Apr-Nov 17 total 19,190 Current rate ranked 22/31. Second lowest quartile 3/4. **2018-2019** Forecast to rise for Partnership, and national average.	All reasons **2015-2016** Total 10,069 **2014-2017** Reducing trend well below national average. Comparator trend is rising. **2016-2017** Total 11,851 15% increase on baseline. **2017-2018** Apr-Nov 17 total 5,555 Current rate ranked 22/31. Second lowest quartile 3/4. **2018-2019** Forecast to fall for Partnership, and national average.	Community setting **2015-2016** Average 86.0% **2014-2017** Rising trend but below comparator and national average. **2016-2017** Average 87.1% 1.1% increase on baseline. Ranked 20/31. Second lowest quartile 3/4. **2017-2018** No data **2018-2019** Forecast to rise for Partnership, and national average.	Living at home unsupported aged 75 **2015-2016** Average 84.1% ranked 17/31. Second lowest quartile 3/4. **2014-2017** Rising and well above national and comparator average. **2016-2017** Average 84.6% **2017-2018** No data **2018-2019** Forecast to rise for Partnership, and national average.

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Clackmannanshire & Stirling	Unplanned admissions (18+)	Unplanned bed days (18+)	A&E attendances (18+)	Delayed discharge bed days (18+)	Last 6 months of life (all ages)	Balance of Care (75+)
Baseline 2015/2016		Geriatric long stay **2015-2016** Total 18,109 **2014-2017** Reducing trend but above national average **2016-2017** Total 14,884 18% reduction on baseline. **2017-2018** Apr-Sept 17 total 6,307. Current rate ranked 3/31. Highest quartile 1/4. **2018-2019** Forecast - fall for Partnership, and national average. Long term mental health patients **2015-2016** Total 24,754 **2014-2017** Reducing trend in line with comparators and well below national average. **2016-2017** Total 24,348 1.7% reduction on baseline. **2017-2018** Apr-Sept 17 total 12,837. Current rate ranked 18/31. Second lowest quartile 3/4. **2018-2019** Forecast - stable for Partnership, and	A&E % seen within 4 hours **2015-2016** Average 94% **2014-2017** Stable trend in line with comparators and national average. **2016-2017** average 94% No increase on baseline. **2017-2018** Apr-Nov 17 average 92%. Ranked 22/31. Second lowest quartile 3/4. **2018-2019** Forecast to remain stable.		*nationally 74% of people say they would prefer to die at home if possible. *2014-2016 3 year rolling average of deaths by location for Partnership: FVRH 37%, own home 28%, care home 18%, community hospital 8%, hospice 6%, other Acute 3%. **Rising trend within the Partnership of those dying in own home**. Increased from 21.6% in 2010 to 27.6% in 2016. (Source – GRO deaths file).	Living at home with support age 75+ **2015-2016** Average 9.5%. Ranked 21/31. Second lowest quartile 3/4. **2014-2017** Reducing slightly below national average. **2016-2017** Average 9.3% **2018-2019** Forecast to fall in line with national average. Living in care home aged 75+ **2015-2016** Ave rage 4.4% 15/16 % ranked 29/31. Lowest quartile 4/4 **2014-2017** Reducing trend well below national average and comparator averages. **2016-2017** Average 4.3%.ranked 31/31 **2018-2019** Forecast to remain stable whilst national average falls.

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		fall for national average.				

Clackmannanshire & Stirling	Unplanned admissions (18+)	Unplanned bed days (18+)	A&E attendances (18+)	Delayed discharge bed days (18+)	Last 6 months of life (all ages)	Balance of Care (75+)
Objective	**5% reduction on baseline by Mar 2019.** **17/18** reduce 1.4% target total 10,978. **18/19** reduce 3% target total 10,577.	Acute specialities **6% reduction on baseline by Mar 2019.** **17/18** reduce by 0.1% Target total 88, 783 **18/19** maintain Target total 88,783 Geriatric long stay **18% reduction on baseline by Mar 2019** **17/18** maintain 16/17 total 14,884 18/19 maintain target total 14,884 Long term mental health patients **Maintain baseline to Mar 2019.** **17/18** maintain baseline target total 24,754 **18/19** maintain baseline target total 24,754	A&E attendances **Maintain baseline to Mar 2019.** **17/18** maintain target total 26,585. **18/19** maintain target total 26,585 A&E % seen within 4 hours **Increase to 95% and maintain to Mar 2019.** **17/18** increase 1% target total 95% **18/19** maintain baseline 95%.	All reasons **Maintain baseline to Mar 2019.** **17/18** maintain target total 10,069 **18/19** maintain target total 10,069	Community setting **Increase to 90% and maintain to Mar 2019.** **17/18** increase by 2.9%. Expected annual average 90%. **18/19** maintain 90%	Living at home unsupported aged 75 **Increase to 85% and maintain to Mar 2019.** **17/18** increase by 0.4%. Expected total 85%. **18/19** maintain 85% Living at home with support age 75+ **Reduce to 9% and maintain to Mar 2019.** **17/18** reduce by 0.3%. Expected total 9%. **18/19** maintain 9% Living in care home aged 75+ **Reduce to 4% and maintain to Mar 2019.** **17/18** reduce by 0.3%. Expected total 4.0% **18/19** maintain 4.0%

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Clackmannanshire & Stirling	Unplanned admissions (18+)	Unplanned bed days (18+)	A&E attendances (18+)	Delayed discharge bed days (18+)	Last 6 months of life (all ages)	Balance of Care (75+)
How will it be achieved	Develop/review care pathways with acute Ambulatory Emergency Care outpatients pathways Frailty pathway Uninjured Faller Pathway [i] Closer To Home Advice Line For You Post diagnostic support services for people with dementia. New model of Palliative Care and improved access. Huddles.[ii] Anticipatory Care Planning Standard Operating Procedures[iii] Review and redesign FV GP Out of Hours Service Model of Neighbourhood care Active and Independent Living Programme [ALIP]	Forth Valley 6 essential actions Action Plan Day of Care Audit[iv] Huddle;[v] Transforming Care Programme Intermediate care & review of model Review mental health community services Old Age Psychiatry short stay beds in Allan Lodge Community Mental Health Team for Older Adults Mental Health AHP Mental Health Out Of Hours pilot Pharmacy First	Forth Valley 6 essential actions Action Plan & Programme Manager Primary Care Transformation Programme Closer to Home - Enhanced Community Team including GP Fellows and ALFY Falls Prevention Model of Neighbourhood Care Pharmacy First Provide more single points of entry to services Single Point of Contact – District Nursing. Keep-well MECS	Discharge Hub Discharge Tactical/Micromanagement Groups Discharge Improvement Plan Enhanced Discharge AHPs New Care Village and model of care Quick Step Clackmannanshire Night nursing/Closer to Home Huddles Conference calls with Hub[vi] Falls Prevention Power of Attorney and Guardianship[vii] Support unpaid carers Evaluation and review of the Reablement Project REACH Enhanced Community	End of Life and Palliative Care Transformation Group.[x] FV Palliative and End of Life Care Transformation Programme Review end of life pathway New model of Palliative Care and improved access. OOH Palliative Care and Cancer Helplines, initiatives Hospice at Home/ District Nursing / Marie Curie EOL Healthcare Support Worker Project ACP Nursing Team Anticipatory Care Planning Support unpaid carers Single Shared Assessments Key Information Summary Review of equipment service Technology Enabled Care	Reablement Single Shared Assessments Expand access to Technology Enabled Care.[xi] Pharmacy First Medication Management Model of neighbourhood care District Nursing REACH Support unpaid carers Review/ modernise the day care, day support and respite services Care Home Psychiatric Liaison Alzheimer Scotland Post Diagnostic Link Worker & Community Connections Programme Falls Management Pathway.[xii] Primary Care Transformation Programme MECS

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	Support unpaid carers			Team Frailty pathway - HIS[viii] Dedicated business support in Social Care Choice Policy Audits[ix]	Primary Care Transformation Programme Podiatry Service Redesign MECS and nurse support.	
Progress (updated by ISD)						
Notes	Does this include GP emergency admissions which are not included in ED admissions?	Potential coding issues regarding community hospitals and if the stay is included.	.		. Includes those living at home as well as living in Care Homes within a homely setting. . An estimated 20% increase in the number of deaths across the Partnership by 2039.	
Impact on all areas.	. Concern around the impact of demographic rises on figures. The number, and proportion, of older adults across Partnership is projected to double by 2039, and will have growing numbers of individuals living with long term conditions, multiple conditions and complex needs. People are likely to die at an older age and with a higher number of long-term conditions and co-morbidities than they do now.					

[i] Uninjured Faller Pathway with Scottish Ambulance Service

[ii] Multi-agency huddles are in place to consider the impact of patients needs, staffing, bed capacity and safety issues.

[iii] Standard Operating Procedures were devised for community, packages of care, social and AHP services to provide clearer pathways for identifying patients ready for discharge/transfer

[iv] Fortnightly analysis to assess how appropriately acute beds are being utilised in Forth Valley Royal Hospital. Also Day of Care Audit in Community Hospital..

[v] Daily site safety huddle in place 7 days a week to identify suitable patients for discharge. Daily discharge MDT huddle is in place allowing a forum for discussion by knowledgeable and expert team members to identify alternative or more appropriate pathways for patients who have complicated needs, listed for either community hospital or short term assessment bed;

[vi] Initially every day for fortnight then reduced to 3 times per week. Conference call with FV Hub includes the Quick Step contractor. Reduced community hospital list.

[vii] Prompt/flow chart, /procedure for hospital care plan, and awareness raising with Public

[viii] Health Improvement Scotland facilitated a blockage identification exercise to improve pathway and will include the provision of a Frailty nurse by the end of Feb 18

[ix] Second audit completed Jan18 for 2017. Improvement plan has helped reduce barriers.

[x] The End of Life (EoL) and Palliative Care Transformation Group is exploring the need for redesign of EoL patient pathways, workforce and communication.

[xi] Further expansion of access to Technology Enabled Care through streamlined and direct referral pathways.

[xii] Forth Valley 'Up & About' Falls Management Pathway. The first part of the pathway looks a self management in a bid to prevent a first fall and bone health to reduce the risk of recurrent falls and fractures; identifying people at risk, response to a fall; alongside a multidisciplinary approach to coordinated management.

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Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 9.1 on the agenda

Financial Report

(Paper presented by Ewan Murray, Chief Finance Officer)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ewan Murray, Chief Finance Officer
Date:	23 March 2018
List of Background Papers / Appendices:	
Previous Finance Reports and Integration Joint Board Budget 29 March 2017 Appendices I, II and III – Budgets delegated to Clackmannanshire Council, Stirling Council and NHS Forth Valley.	

Title/Subject:	**Financial Report**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**28 March 2018**
Submitted By:	**Ewan Murray, Chief Finance Officer**
Action:	**For Noting and Approval**

1. Introduction

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

2. Executive Summary

2.1. As detailed in the financial report to the December 2017 meeting the style and format of the financial reporting is evolving as we move away from viewing budgets and resources within traditional organisation boundaries to how we make best use of scarce resources in pursuance of our priorities.

This fits with overall policy intention of Health and Social Care Integration where the budgets should lose their identity over time to drive performance against key priorities and best value in delivery of public services.

The 2018/19 has been presented in a manner which examines the fairness and proportionality of the payments from constituent authorities but looks at expenditure and management of financial risk across the partnership in support of local outcomes, strategic plan priorities and development of locality arrangements.

2.2. Moving forward the style of financial reporting will require to:

- Further develop more reporting at care group level whilst reflecting the balance of care between community and residential settings
- Highlight key areas of financial pressure and demand growth across the partnership and the risks the pose to financial sustainability.
- Demonstrate changes in key service areas including re-design. For example implementation of Self-directed Support, Models of Neighbourhood Care and Primary Care Transformation.
- More clearly demonstrate the relationship between deployment of the available resources with Activity Levels and Trends, the Partnership Vision, Priorities, Outcomes and Performance.
- Align with the development of Locality planning.
- Improve the governance and reporting of efficiency and savings programmes.

2.3. The report continues to detail a concerning financial position across the Partnership illustrating the significant challenges in delivering savings and efficiency programmes in the face of increasing demand and complexity whilst delivering the changes detailed within the delivery plan and sustaining key areas of Partnership performance.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note that, based on financial performance 31 January 2018 and known issues, an overspend of £2.721m on the partnership budget is projected.

3.2. Note the changes to the Partnership Budget.

3.3. Note the significant variances and financial pressures within the Partnership Budget.

3.4. Note the projected residual overspend after application of useable reserves of the Integration Joint Board and approve the utilisation of these reserves to partially meet the projected overspend.

3.5. Note the agreement in principle in how the residual 2017/18 financial risk will be managed, subject to any further governance agreement required by the constituent authorities.

4. 2017/18 Projected Outturn

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

4.2. Based on information on year to date financial performance at Period 10 (to 31 January 2018), and projections provided by the finance teams within the constituent authorities, the current projected outturn is an overspend of £2.721m for the financial year.

Table 1:

Budget Category	Current Projection	Previous Projection	Movement
	£m	£m	£m
Adult Social Care	(2.076)	(2.640)	0.564
Operational And Universal Health Services	(0.645)	(0.676)	0.031
	(2.721)	(3.316)	0.595

4.3 As can be observed from table 1, whilst the overall position is showing improvement across the partnership budget into the later part of the financial year.

4.4 The projection for Operational and Universal includes the impact of non-recurrent budget recovery measures previously reported separately.

4.5 Narrative on the key cost and service pressures across the Partnership budget are detailed in Section 6 of this report.

5. Changes to Partnership Budget

5.1. There were no changes to the payment from Clackmannanshire Council.

5.2. The payment from Stirling Council decreased by £0.072m from the previous report. The relates to budget, and associated expenditure, identified as relating to a Children's service and therefore re-aligned as out of scope.

5.3. The table below details the change in payment and set-aside budget from NHS Forth Valley

Table 2:

Changes in Set-Aside Budget and Payment from NHS Forth Valley	Set-Aside £m	Operational And Universal Services £m	Total £m
As as 30 September 2017	19.864	110.465	130.329
Winter Plan Funding including FVRH Base 3	0.096	0.093	0.189
Primary Care Transformation: Mental Health Out of Hours	0.017		0.017
Other Adjustments	-0.022	0.286	0.264
Waiting Times: Psychological Therapies		0.022	0.022
Primary Care Contracts Uplifts and Adjustments		0.315	0.315
Scottish Dental Access Initiative		0.06	0.06
Max in the Middle		0.041	0.041
Partnership Funding Drawdown		0.641	0.641
Totals At 31 January 2018	**19.955**	**111.923**	**131.878**

6. Significant Financial Pressures and Variances Within the Partnership Budget

6.1 This section details the significant financial issues affecting the various parts of the Partnership budget. As detailed within the executive summary the presentation of the information is now evolving to reflect key service areas and financial pressures across the Partnership budget on a more thematic basis, rather than the previous presentation around the structures of the constituent authorities. As detailed in the executive summary this approach will develop further over time as the Partnership evolves. The appendices to the report show the information from the individual constituent authorities for reference.

Budgets Under the Scope of the Integration Joint Board for Strategic Planning Purposes

6.2 Set Aside Budget for Large Hospital Services

The current reporting protocol has been that financial performance against the set aside budget is not reported in-year but significant financial issues will be highlighted to the Board via the narrative within financial reports where required. However, the need to develop reporting arrangements around the set aside is acknowledged and under review. To enhance transparency the relevant detail of the set aside budget has now been included within Appendix III.

Financial performance against the set aside budget using the extant budget model would indicate an overspend for the first 10 months of the financial year of £0.682m mainly driven by financial pressures in Accident and Emergency, Geriatric Medicine and Mental Health Inpatient Services.

Budgets Delegated to the Constituent Authorities for Delivery of In-Scope Services

6.3 Care at Home

As previously reported growth in demand and cost of Care at Home Services across all care groups. The overall cost pressure is projected to total £0.788m in the current financial year.

6.4 Residential Care / Long Term Care (Nursing Homes and Residential Homes)

Previous reports have also highlighted demand and cost pressures in relation to care provided in nursing and residential homes. The earlier part of the financial year saw a notable increase in admissions to Nursing Homes in the Clackmannanshire Locality predominantly relating to older people and the support for discharges from hospital. Whilst the level of demand increase has levelled out in recent months the net financial pressure in this area is projected at £1.302m across the Partnership.

There have been reductions in numbers of people in Long Term Care over the recent months which is thought to be predominantly as a result of a long and fairly harsh winter coupled with influenza.

6.5 Transitions from Children's' Services

The cost of care in transition from Children's' Services is contained within the growth in Care at Home and Residential/ Long Term Care rather than being additional. The issue is worthy of note in its own right though, given the impact it has on the overall financial position of the Partnership.

In the current financial year the financial pressure associated with transitions from Children's Services is in excess of £1.1m. This is effectively a year on

year unfunded demand in Adult Services as no resource follows the care packages under current arrangements and people live longer lives often with high levels of need. This is because, generally, there is no net decrease in provision of Children's Social Care as new demand consumes the available resource.- Work is taking place with Children's Services to better understand and manage young people who will require longer term [whole life] support from adult services.

6.6 Respite Care

The financial pressure associated with provision of respite care is projected to total £0.592m in the current financial year. Pressures in this area are likely to continue to be an area of financial pressure with regard to the implementation of the Carers Act from 1 April 2018.

6.7 Complex Care Packages

Costs associated with an increasing demand for high intensity care packages are significant. An overspend of c£1m is currently anticipated across the Forth Valley area which at this point has been allocated to the Partnerships based per the extant budget model. The current split between the two Partnerships is 53% Falkirk and 47% Clackmannanshire and Stirling, resulting in a projected overspend of £0.470m for the Clackmannanshire and Stirling Health and Social Care Partnership.

This area of service is demand led. To bring this area into balance may require difficult decisions to be taken in relation to criteria for and allocation of new packages of care. It is also critical that regular reviews of care packages are undertaken across health and social care as part of normal business. It is proposed that a complex care group should be established to jointly review on a regular basis all current services and new requests for funding.

The Complex Care service also provides care packages to children meaning the transitions issue detailed in Section 6.5 also affects this service area.

6.8 Primary Care Prescribing

Prescribing is causing financial pressures on a national basis due to short supply issues and increasing uptake of new medicines. The position is being monitored nationally and initial analysis suggests that the financial risk associated with short supply items may be in the region of £33m to £44m during 2017-18 (Figures are for Scotland as a whole).

This translates to a potential worst case scenario of £1.7m to £2.2m across Forth Valley. The issue is compounded by the fact that short supply drugs are often the first choice of drug for a patient and in many cases there are no alternative medicines to switch to during the short supply period. It is hoped that there will be some easing of prices if market conditions improve, however this is difficult to predict and prices rarely go back to where they were before the short supply period.

This latter issue is being reviewed by the national Short Life Working Group on short supply. The nature of a number of the issues in prescribing means that action will be required on a national, rather than local basis.

Based on actual prescribing information received up until November 2017 an overspend in the region of £1.1m is projected in relation to the Clackmannanshire and Stirling Partnership.

6.9 Community Hospitals

There is a cost pressure in relation to Community Hospitals which amounts to £0.153m for the year to date. This relates to the cost of 16/17 Winter Contingency capacity being open till mid April and ongoing challenges around sickness absence levels and maintaining safe nurse staffing levels.

7. Integration Scheme and Net Position After Application of Useable Reserves

Table 4

	Projected (Over)/Underspend £m
Current Projection Per Table 1	(2.721)
Review of Partnership Funding Commitments	0.315
Projection After Additional Non-Recurrent Measures	**(2.406)**

Integration Scheme

7.1 The Clackmannanshire and Stirling Integration Joint Board's Integration Scheme outlines the steps to be taken in the event of an in-year overspend. The full extract from the Integration Scheme is included as Appendix 4 and the provisions have been summarised below:

7.1.1 The Chief Officer, the Chief Finance Officer and the relevant finance officer and operational manager of the constituent party must agree a recovery plan to balance the overspending budget.

7.1.2 If unsuccessful, the IJB may increase the payment to the party by utilising an underspend on another arm of the budget or utilising the balance of the general fund.

7.1.3 If there are insufficient general fund balances, the parties have the option to make an additional one-off payment to the IJB, based on a cost sharing model or provide additional resources to the IJB which are recovered in future years.

7.1.4 The final option for the Integration Joint Board is to access its earmarked reserves to meet the overspend. This option does,

however, require to be considered with considerable caution as the majority of these reserves relate to Scottish Government allocations for specific purposes such as Primary Care Transformation.

7.2 Considering the position reported in this report, and the current point in the financial year it is clear, whilst the focus on budget recovery must continue, that the position will not be fully recovered in year.

7.3 Whilst the focus on budget recovery and further reducing the net overspend continues the management of the net overspend after useable reserves has required discussion and agreement between the constituent authorities.

Reserves

7.4 The Integration Joint Board's reserves position at 1 April 2017 was as detailed in the table below.

Table 5

RESERVE	£m
Earmarked Reserves	
• Integration Fund (Social Care)	0.457
• Partnership Funding	0.863
• Drug and Alcohol	0.803
• Transformation Funds from Scottish Government	0.475
• Other Earmarked Reserves	0.126
TOTAL EARMARKED RESERVES	2.724
General Reserve	0.688
TOTAL RESERVES	**3.412**

7.5 With the exception of the Integration Fund (Social Care), all earmarked reserves are fully committed to programmes and utilised to manage differences in timing of allocations from Scottish Government to expenditure profiles on the basis of ensuring best use of available resources. Given the projected Partnership overspend is predominantly in relation to Social Care it would be appropriate to apply this earmarked reserve against Social Care elements of projected overspend.

7.6 If the general reserve were also applied the net effect on the overspend would be as illustrated in the Table below.

Table 6

	£m
Projected Overspend After Additional Non Recurrent Measures	(2.406)
Useable Reserves	1.145
Residual Financial Risk After Application of Useable Reserves	**(1.261)**

7.7 The Board should note that should the reserves detailed above be applied to partially offset the projected overspend there would be no financial cushion available for unforeseen circumstances in future years.

2017/2018 Residual Financial Risk

7.8. Whilst downward pressure across all areas of the partnership budget is evident as we move into the later part of the financial year it is clear, as previously forecast, that this will not fully recover the financial position in 2017/18.

7.9 Extensive discussions on how this will be dealt with, taking due cognisance of the terms of the Integration Scheme, have been held with the voting membership of the Board and the constituent authorities. The outcome of these discussions is that the residual 2017/18 overspend after utilisation of useable reserves of the Integration Joint Board will be met on the basis of voting shares between the constituent authorities on a non repayable basis. This agreement is for financial year 2017/18 only. For clarity this means Clackmannanshire and Stirling Councils will each meet 25% of the costs and NHS Forth Valley will meet 50% of the costs.

7.10 Where further governance agreement is required the constituent authorities will ensure this is in place as soon as possible to allow agreement and assurance of year end balances as part of agreement of year end accounting processes and timetables.

8 Conclusions

8.1. This report sets out the overall financial position of the Partnership best information available at time of writing.

8.2. Moving into the later part of the financial year there continues to be downward pressure across the partnership budget which may further improve the position but will not fully address the projected overspend in the current financial year.

8.3. The useable reserves of the IJB, as illustrated in Section 7.9 of this report, are insufficient to meet the projected overspend and therefore the management of the 2017/18 residual financial risk required agreement with the constituent authorities as set out in sections 7.11 to 7.13 of this report.

8.4. Implementation of the measures to bring the partnership budget into financial balance in 2018/19 including delivery of savings and efficiency programmes, are of paramount importance for the financial sustainability of both the partnership and the constituent authorities.

9. Resource Implications

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

10. Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☒

10.2. The finance report relates to the resources available to the partnership to deploy in furtherance of local outcomes and priorities.

11. Legal & Risk Implications

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

12. Consultation

12.1. The Depute Chief Executive of Clackmannanshire Council, Chief Finance Officer of Stirling Council and Assistant Director of Finance of NHS Forth Valley have been consulted on the content of this report and specifically the approach to manage residual financial risk in 2017/18.

13. Equality and Human Rights Impact Assessment

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

14. Exempt reports

14.1. Not exempt

15. Appendices

Appendix 1 – Budgets Delegated to Clackmannanshire Council
Appendix 2 – Budgets Delegated to Stirling Council
Appendix 3 – Set Aside and Budgets Delegated to NHS Forth Valley

Appendix I
Budgets Delegated to Clackmannanshire Council

	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Employees Expenditure	7.683	7.598	0.086
Premises Expenditure	0.011	0.019	(0.008)
Transport Expenditure	0.048	0.045	0.003
Supplies and Services	0.535	0.658	(0.123)
Misc Third Party Payments	0.516	0.314	0.201
Transfer Payments	0.442	0.569	(0.127)
Nursing Homes	7.049	7.718	(0.669)
Residential Homes	2.903	3.214	(0.311)
Housing with Care	0.257	0.204	0.053
Respite	0.000	0.197	(0.197)
Care at Home	6.824	7.308	(0.484)
Day Care	0.327	0.366	(0.039)
Garden Aid	0.123	0.123	0.000
Resource Transfer (Health)	(6.893)	(6.893)	(0.000)
Income	(4.484)	(4.726)	0.242
Total	**15.341**	**16.714**	**(1.373)**

Appendix II
Budgets Delegated to Stirling Council

	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Long Term Care	15.518	15.730	(0.212)
Housing Aids and Adaptions	0.784	0.784	0.000
Voluntary Organisations / 3rd sector payments	0.625	0.652	(0.027)
Sensory services	0.205	0.245	(0.041)
Daycare	1.741	1.743	(0.002)
JLES	0.215	0.204	0.011
Equipment	0.163	0.149	0.014
Mecs/Telecare/Telehealth	0.592	0.613	(0.021)
Respite	0.300	0.695	(0.395)
Carers	0.000	0.000	0.000
Adult Support and Protection	0.000	0.000	0.000
Care and support at home	18.410	18.421	(0.010)
Transport	0.178	0.148	0.030
Drug and Alcohol services	0.104	0.104	0.000
Resource Transfer	(5.121)	(5.121)	0.000
Integration fund	(5.442)	(5.442)	0.000
Staffing	3.097	3.146	(0.049)
Total	**31.369**	**32.071**	**(0.703)**

APPENDIX III - Set-Aside and Budgets Delegated to NHS Forth Valley

Clacks & Stirling IJB £

Scope	Category Reference & Name	Annual Budget C/S IJB	YTD Budget C/S IJB	YTD Actuals C/S IJB	YTD Variance C/S IJB
Set Aside	.2 Accident and Emergency Services	5,044,848	4,221,467	4,372,545	(151,079)
	.3a Inpatient Hospital Services General Medicine	2,609,434	2,176,592	2,152,400	24,192
	.3b Inpatient Hospital Services Geriatric Medicine	3,604,193	2,997,848	3,184,846	(186,998)
	.3c Inpatient Hospital Services Rehabiltation Medicine	1,192,834	994,432	1,030,876	(36,444)
	.3d Inpatient Hospital Services Respiratory Medicine	982,749	819,648	827,317	(7,670)
	.3e Inpatient Hospital Services Psychiatry of Learning Disability	979,983	816,653	835,819	(19,166)
	.4 Palliative Care (Hospital Based)	893,646	744,705	739,069	5,636
	.7 Mental Health Inpatient Services	4,647,419	3,865,851	4,176,632	(310,781)
Set Aside	**Sub Total**	**19,955,106**	**16,637,195**	**17,319,505**	**(682,310)**
Operational	.8 District Nursing Services	3,532,822	2,920,113	2,792,076	128,036
	.9 Community Addiction Services	2,635,982	2,274,267	2,206,462	67,805
	.10 Community Based AHP Services	5,601,638	4,626,700	4,553,238	73,462
	.11 Public Dental Service	989,340	834,450	841,839	(7,389)
	.17 Services provided outwith a hospital in relation to geriatric medicine	1,004,295	836,913	745,923	90,989
	.18 Palliative Care (delivered in Community)	71,359	59,466	64,644	(5,178)
	.19 Community Learning Disability Services	798,363	660,919	484,810	176,109
	.20 Community Mental Health Services	3,113,405	2,582,830	2,531,948	50,882
	.21 Continence Services	170,259	141,882	120,740	21,142
	.23 Services Provided by health professionals to promote public health	1,360,764	1,114,390	1,027,523	86,867
	.24 Community Hospitals (recurrent budget)	5,548,443	4,625,534	4,778,328	(152,794)
	.RTrs Resource Transfer	8,179,092	6,815,910	6,815,912	(1)
	.JPA Joint Partnership Agreements	1,616,576	1,356,735	1,602,682	(245,947)
	.PF Partnership Funds (ICF/ Delayed Discharge / Bridging)	2,578,191	2,578,191	2,583,749	(5,557)
	.Pass Integration Fund Pass Through Funding	8,860,000	7,383,333	7,383,333	0
	.ResCF IJB Reserves Cfwd	(36,551)	(36,551)	(36,551)	0
Operational	**Sub Total**	**46,023,978**	**38,775,082**	**38,496,656**	**278,426**
Universal	.12 Primary Medical Services (GMS Contract)	22,252,705	18,132,301	18,110,152	22,149
	.13 Primary Dental Services (GDS Contract)	7,734,179	6,365,910	6,345,251	20,658
	.14 Community Ophthalmic Services	2,689,903	2,218,839	2,218,839	0
	.15 Community Pharmaceutical Services	32,006,189	27,003,596	27,945,802	(942,207)
	.16 GP Out of Hours Services	1,215,955	987,416	1,009,405	(21,989)
Universal	**Sub Total**	**65,898,930**	**54,708,062**	**55,629,449**	**(921,388)**
Total		**131,878,015**	**110,120,338**	**111,445,610**	**(1,325,272)**

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 9.2 on the agenda

Integration Joint Board Budget 2018/19

(Paper presented by Ewan Murray, Chief Finance Officer)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ewan Murray, Chief Finance Officer
Date:	21 March 2018
List of Background Papers / Appendices:	
Appendix I: Extract from Clackmannanshire Council Budget Appendix II: Extract from Stirling Council Budget Appendix III: Reserves Policy and Strategy Appendix IV: Standard Impact Assessment and Summary of Consultation Responses Appendix V: Further Detail of Savings Plans Appendix VI: Draft Directions to Clackmannanshire Council, Stirling Council And NHS Forth Valley	

Title/Subject: **Integration Joint Board Budget 2018/19**

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

Date: **28 March 2018**

Submitted By: **Ewan C. Murray, Chief Finance Officer**

Action: **For Approval**

1. Introduction

1.1. The purpose of this report is to present the Integration Joint Board budget for 2018/19, along with related issues and risks, for approval.

1.2. This report should be read alongside the papers on Partnership Planning Approach, Partnership Funding and Governance including the proposal to establish a Finance Committee.

2. Executive Summary

2.1. The Integration Joint Board Budget represents the total resource envelope available to be deployed in pursuance of the Integration Joint Boards priorities, as agreed within the Strategic Plan.

2.2. This paper follows the presentation of Options for Service Delivery to the Integration Joint Board in December 2017 and public consultation on those options which ran from 28 January to 27 February.

2.3. There was a high level of engagement to the public consultation and general support for the options. The critical issue now is progressing delivery of the options within both the current financial year and next in a way which delivers significant cash releasing savings and supports service delivery within resources available.

2.4. The options for service delivery covered more than can feasibly be delivered within a single financial year in terms of both complexity, lead-in times and capacity to deliver. They should therefore be viewed as a ‘bridge’ between the 2016-2019 and 2019-2022 Strategic Plans.

2.5. There were 10 cross-cutting themes within the Options for Service Delivery

- Maximising Our Joint Assets
- Service Modernisation and Digitalisation
- Rapid Acceleration of Implementation of Self Directed Support
- Implementation of New Models of Care
- Market Testing

- Establishing a Single Partnership Management Structure
- Prescribing and Primary Care
- Unscheduled Care
- Service Prioritisation and Disinvestment
- Income Maximisation

2.6. This report details the proposed payments by the constituent authorities and the set-aside budget for large hospital services and concludes that they are fair and reasonable taking into account the overall settlements.

2.7. Given the level of financial risk detailed within this report close monitoring of expenditure and savings and efficiency programmes is required ensuring options for corrective action are identified and implemented . Subject to approval, the Finance Committee will play a key role in monitoring the delivery of savings and efficiency programmes across the partnership and strengthen understanding of the relationship between activity, resource utilisation and performance.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note the General Economic Update (Section 5)

3.2. Note the budget considerations, proposed payments from Clackmannanshire and Stirling Councils and NHS Forth Valley and proposed Set-Aside budget for Large Hospital Services subject to approval of NHS Forth Valley's financial plan.

3.3. Note that the proposed payments and Set-Aside budget for Large Hospital Services are fair and proportionate given the overall settlements to the constituent authorities.

3.4. Approve the Partnership Budget for 2018/19 and the measures detailed in summarised within Table 4 to achieve financial balance in 2018/19.

3.5. Delegate to the Chief Officer and Chief Finance Officer, in consultation with the Deputy Chief Executive of Clackmannanshire Council and Chief Finance Officer of Stirling Council, and within the resources set out in this report the authority to set agree contract rates for 2018/19.

3.6. Approve the completion of a Post Due Diligence review. (Section 8)

3.7. Note the progress on developing medium term financial planning and strategy including linkage to the Partnership Planning Approach. (Section 9)

3.8. Note the approach to directions including national work to establish best practice and approve the issuing of initial directions for 2018/19. (Section 10)

3.9. Approve the Audit Committees recommendation that the reserves policy and strategy remains unchanged for 2018/19.(Section 11)

3.10. Note that the partnership remains at high risk of overspending in 2018/19 taking account of the issues set out in this report.

3.11. Note the significant risks set out in Section 15.4 of this report and approve the updating of the Strategic Risk Register to reflect these.

4. Background

4.1. The Integration Scheme sets out how Clackmannanshire Council, Stirling Council and NHS Forth Valley should work together to integrate service delivery in pursuance of the approved Strategic Plan.

4.2. Section 8 of the Integration Scheme sets out the mechanism for agreeing payments and set-aside budget in relation to the services under the scope of the Integration Joint Board.

4.3. The payments from the constituent authorities along with the set-aside budget for large hospital services and partnership funding allocated via Scottish Government make up the total partnership budget.

5. General Economic Update

5.1. The reports to the December meeting of the Integration Joint Board contained content on the general economic climate in which public services will be delivered within going forward.

5.2. As well as the continued economic uncertainty in relation to Brexit the most recent updates were contained within the Office for Budget Responsibility's Economic and Fiscal Outlook – March 2018 and the UK Chancellors Spring Statement. The key points from these are as follows:

- Economic Growth Forecast to be between 1.3% to 1.5% between 2018 and 2022
- Inflation expected to fall over next 12 months and wages expected to rise faster than prices over the next 5 years
- UK debt still high but expected to fall gradually over next five years

5.3. As previously highlighted to the Board the growth of the Scottish economy relative to the UK a whole will have an increased effect on the outlook for public expenditure in Scotland.

6. Budget Considerations

Scottish Government Budget

6.1. The Scottish Government set out their draft 2018/19 budget in December 2017. These proposals have been subject to debate with final budget approval taking place on 21 February 2018. The Scottish Government have approved a one year budget for 2018/19.

6.2. Scottish Government has not placed restrictions on either the NHS or Local Authorities in terms of the minimum payments they can make to the Integration Joint Board for financial year 2018/19.

6.3. Therefore the considerations of the Integration Joint Board with regard to the payments proposed by constituent authorities require to be on the basis of whether these are **'fair and proportionate'** with regard to the overall settlements to Local Authorities and NHS Boards for 2018/19. Due regard requires to be given to the overall financial position of the constituent authorities.

6.4. Clackmannanshire Council set their 2018/19 budget on 8 March 2018 and Stirling Council on 23 February 2018. NHS Forth Valley will set their 2018/19 budget on 27 March 2018. The proposed payment from NHS Forth Valley is therefore contingent on the approval of the 2018/19 budget.

6.5. The key elements of the Scottish Government Budget with regard to Local Authorities was:

- The impact, whilst not binding on local government, of the Scottish Government's pay policy announcement, committing to 3% up to £36,500, 2% up to £80,000 and a flat rate increase of £1,600 above £80,000,.

- Allocation of £66m of funding to support additional investment in social care in recognition of a range of pressures, including support for implementation of the Carers (Scotland) Act 2016, the commitment to the living wage and an increase in free personal and nursing care payments. There are considerations within this for Local Authorities who do have not delegated children's services to Integration Authorities.

- Clackmannanshire and Stirling Councils share of the £66m £0.604m and £1.058m respectively. Clackmannanshire Council have retained £0.092m of this funding separately whilst Stirling Council have passed this through in full. This is, however, within the context of the overall proposed payments as detailed within this paper.

- The continued ability to raise council tax by up to 3%.

6.6. The key elements of the Scottish Government Budget with regard to NHS Boards, and specifically to NHS Forth Valley was:

- NHS Forth Valley has received a cash term uplift of 1.5% on the 2017/18 baseline and a share of NRAC (NHSScotland Resource Allocation Committee) funding to take the Board position to 0.8% below NRAC parity.

- Funding will also be made available for Investment in Reform, totalling £303m nationally in 2018/19. This funding includes a Transformational Change Fund to support regional delivery plans (£126m), increasing the workforce support mental health services (£47m) and investment in Primary Care (£110m).

- The funding for mental health services is provided on the basis that it is in addition to a real terms increase in existing 2017/18 spending levels by NHS Boards and Integration Authorities. Scotland wide this would be a minimum of £17m above inflation and would include mental health and CAMHS services.

- As in 2017/18, NHS Boards will transfer £350m from baseline budgets to Integration Authorities to support social care. A further £5m will be allocated in 2018/19 on a recurring basis in relation to war pensions and guaranteed income payments.

- There will be an additional investment of £20m in treatment and support services for Alcohol and Drug Partnerships. This is in addition to the £53.8m allocated to NHS Board baselines in 2017/18.

- NHS Boards should ensure that the 2018/19 budget settlement for Integration Authorities is in place in advance of the new financial year.

- Furthermore, it is expected that there will be 'Barnett Consequentials' flowing from the Westminster Government decision to offer a pay award of 2.6% to NHS staff (previous assumption was 1%). This is anticipated to cover the difference between the 1% and 2.6% and applies only to Agenda for Change staff.

Proposed Payments and Set-Aside Budget for Large Hospital Services

6.7. In order to consider the proposed payments it is helpful to examine Local Authorities and NHS Board elements separately and compare the proposed payments from the Local Authorities alongside each other.

Proposed Payments from Clackmannanshire and Stirling Councils

6.8. The proposed payments from Clackmannanshire and Stirling Councils are detailed in the Table below.

TABLE 1		
	Clackmannanshire £m	Stirling £m
2017/18 Base Payment	15.341	31.369
Reduction / Savings Applied	(0.138)	(0.717)
Pressures	0.000	0.150
Inflation	0.326	0.790
Investment in Reform : Share of £66m	0.512	1.058
2018/19 Proposed Payment	**16.041**	**32.650**
% Change from 17/18 Base Payment	**4.56%**	**4.08%**
Increase Excluding New Investment	**1.23%**	**0.71%**

6.9. It can be observed from table 1 that the proposed payment from Clackmannanshire Council is relatively more generous overall than from Stirling Council. This is largely as a result of the effect of pre-existing savings plans for Stirling already being programmed for financial year 2018/19 through the Priority Based Budgeting programme.

6.10. It should be noted that the Inflation figures included in table 1 for Clackmannanshire Council are for pay only whereas the inflation figure for Stirling Council includes non-pay including contract inflation. The effect of this is further explored elsewhere within this paper.

6.11. Overall the proposed payments are considered fair and proportionate taking into account the overall settlements and financial positions of Clackmannanshire and Stirling Councils.

6.12. Clackmannanshire Councils budget paper also identified a number of budgets requiring to be 'Transitioned to the IJB'. For the avoidance of doubt these budget are not included in the proposed payment. Due diligence in regard to these budgets will be conducted before transfer into the Partnership Budget linked to the post due diligence exercise detailed in this report. The proposed Finance Committee would be an appropriate route for scrutiny of these issues.

Proposed Payment and Set-Aside Budget for Large Hospital Services from NHS Forth Valley

6.13. Taking into account the key elements of the Scottish Budget in relation to NHS Boards as detailed in Section 6.6 of this report the proposed payment and Set-Aside budget for Large Hospital Services from NHS Forth Valley is per the Table below.

TABLE 2		Operational and Universal Services £m	Set-Aside £m
Baseline		106.785	19.581
1.5% Baseline Uplift		1.461	0.294
Social Care War Pensions etc		0.128	
Anticipated Barnett Consequentials for Pay		0.354	0.287
Total Resources		**108.728**	**20.162**
Of Which Additional		**1.943**	**0.581**
Additional Expenditure including Inflation	Assumption		
Social Care War Pensions etc		0.128	
Pay Inflation		0.579	0.474
Non Pay Inflation			
General Price Inflation	0.03	0.046	0.034
Voluntary Bodies / other providers	0.02	0.045	
External cbf outflow	0.02	(0.008)	
Prescribing - Community	0.05	1.449	
Hospital Drugs	0.10	0.069	0.116
Additional Expenditure		**2.308**	**0.624**
Estimated Additional Savings Requirement		**0.365**	**0.043**

6.14. The figures above are reconciled to the NHS Forth Valley 2018/19 Draft Financial Plan.

6.15. The approach summarised within Table 2 is a fair and proportionate basis for setting the payment and set-aside budget from NHS Forth Valley.

6.16. The payments from NHS Forth Valley will require further agreement and adjustment for relevant elements of Investment in Reform resources for Mental Health and Primary Care to be passed through to the Integration Authorities. The Chief Finance Officer will further progress discussions with regard to this and provide further updates in due course.

6.17. It is acknowledged that further work is required to develop out arrangements in relation to the set-aside budget for large hospital services. This will be progressed in year taking account of national work being taken forward by the Finance Development Group and local work around Unscheduled Care.

Total Initial Partnership Budget 2018/19

6.18. The total initial partnership budget for 2018/19 is illustrated in the table below. This includes indicative non-recurrent budget from NHS Forth Valley assumed at same level as 2017/18. This will be subject to reconciliation and adjustment to match the NHS Forth Valley Financial Plan.

Table 3	
Total Initial Partnership Budget 2018/19	
Payments from	£m
Clackmannanshire Council	16.041
Stirling Council	32.650
NHS Forth Valley	108.728
Set Aside Budget for Large Hospital Services	20.162
Partnership Funding	
Integrated Care Fund	2.480
Delayed Discharge Funding	0.744
Total Initial Partnership Budget 2018/19	**180.805**

Options for Service Delivery 2018/19 to 2019/20 and Strategy for Delivering Financial Balance in 2018/19

6.19. A comprehensive report on options for service delivery was presented to the Board in December 2017 where the Board approved a public consultation on the options.

6.20. Public response to the options presented was generally positive.

6.21. The options were a combination of both short and medium term options and serve as a bridge between the initial and second Strategic Plans for the partnership.

6.22. The risks associated with the options in terms of timing and delivery of sufficient cash releasing savings for enable sustainable service delivery were articulated and pursuance of the options alone will not deliver financial balance in 2018/19.

6.23. The financial performance of the partnership to date taken alongside consideration of trends in demands and costs of service delivery and additional spending commitments linked to items such as implementation of the Carers Act and requirements to invest in Mental Health and Primary Care require additional measures to be taken in 2018/19 to ensure service levels are within resources available.

6.24. There is however a need to pursue and further development business cases for the Options for Service Delivery which require significant further work to open up opportunities for delivery in future years. E.g. exploration of models of housing with care in the Clackmannanshire Locality linked to review of requirements for and use of bed based services.

6.25. This requires to be the focus of the Transforming Care Programme across the Partnership going forward. The proposed Finance Committee will provide a locus for scrutiny and review of business cases as they are developed in line with the Partnership Planning Approach.

6.26. It is therefore suggested that the proposed Finance Committee, if approved, should meet as soon as practicable in the new finance year to set out of programme of work and provide further review and scrutiny of the measures to achieve financial balance in 2018/19.

6.27. This approach requires further development of working arrangements across the Partnership including the need to ensure appropriate support and corporate services are in place and working effectively and efficiently and support delivery of the local outcomes and strategic plan priorities within resources available.

6.28. Whilst much of the work in developing the financial plan takes place within the constituent authorities it is key the Board takes a Partnership wide view of the cost and service pressures, resources available and measures required to achieve financial balance and best value from available public expenditure.

6.29. The table below summarises the financial plan across the Partnership. This sets out a transparent assessment of cost and services pressures using best information currently available. The Board should specifically note:

- Cost and pressures information is based on best information currently available and prepared with Finance Officers from the constituent authorities.
- At the time of writing full detail of the savings plans for Operational and Universal NHS Services was not available. The Chief Finance Officer continues to work closely with the Assistant Directors of Finance from NHS Forth Valley and the assumption including in the summary is based on these discussions. These plans will include a significant focus on reducing cost effective and rational prescribing including a significant focus on reducing over-ordering and waste.
- There will be a need to further risk assess savings plans and estimated savings from taking forward the options for service delivery. Where options do not generate the levels of savings anticipated additional options and measures to mitigate the financial risk will require to be implemented.
- It is assumed that investment in reform in relation to Mental Health and Primary Care will match spend. There will be specific monitoring put in place for this for both NHS Boards and Integration Authorities.
- Subject to approval of the budget, the Chief Officer and Chief Finance Officer will work with the Section 95 officers of Clackmannanshire and Stirling Councils to implement the restriction in capacity measures utilising financial and other systems to implement control measures required and assist in monitoring any effects and risks on whole system performance including Delayed Discharge performance.
- The costs of the Learning Disability Discharge programme assume a phased approach over the financial year to balance affordability and a person centred approach to care.
- The estimate set against the commissioning and market testing option is a target taking account of the scale of the budgets. The other estimates

for options are broadly per the December paper updated for more up to date information where available.

TABLE 4: Summary of 2018/19 Partnership Financial Plan	
COST AND SERVICE PRESSURES	
Recurrent Overspend from 2017/18	2.937
Pay Inflation	1.287
Non-Pay and Contract Inflation	1.093
Unachieved Savings and Additional Savings Targets	0.899
Material Service Pressures	
Learning Disability Discharge Programme	0.426
Demand Growth - Community Including Care At Home	0.396
Demand Growth - Accommodation Based Care	0.227
Demand Growth - Transitions from Children's Services	0.688
Demand Growth - Prescribing	1.518
Additional Spending Commitments / Investment in Reform	
Carers Act	0.421
War Pensions and Guaranteed Income	0.128
TOTAL COST AND SERVICE PRESSURES	**10.020**
ADDITIONAL RESOURCES AND EXISTING SAVINGS PLANS	
Allowances for Pay, Non-Pay and Contract Inflation in Proposed Payments	1.620
War Pensions and Guaranteed Income	0.128
Existing 2018/19 Savings Plans (Social Care)	1.342
Pressures Funding in Proposed Payments	0.150
Share of 1.5% NHS Baseline Uplifts	1.461
Shares of £66m Social Care Pressures Funding Within Proposed Payments	1.570
TOTAL ADDITIONAL RESOURCES AND EXISTING SAVINGS PLANS	**6.271**
GAP BEFORE OPTIONS FOR SERVICE DELIVERY AND ADDITIONAL MEASURES	**3.749**
PROPOSED TO BE ADDRESSED BY:	
Anticipated Quantum of Savings Plans for Operational and Universal NHS Services	1.205
Accelerated Implementation of Self Directed Support Using a RAS	0.650
Service Modernisation and Digitalisation	0.150
Commisioning and Market Testing	0.250
Non-Recurrent Support from Disinvestment in Partnership Funding Commitments	
Per Partnership Funding Report	0.430
Reduce Flexible Resource by 50%	0.075
Clackmannanshire Hospital Day Care Redesign	0.041
Total Before Additional Measures to Restrict Capacity in Care At Home and Accommodation Based Social Care to Affordable Levels	**2.801**
Restriction of Capacity in Care at Home and Accommodation Based Social Care	0.948
TOTAL MEASURES TO ACHIEVE FINANCIAL BALANCE	**3.749**

6.30. Further detail on the savings and options for service delivery are included at Appendix V.

7. Setting of 2018/19 Contract Rates

7.1. The National Care Home Contract has been agreed for 2018/19 including an uplift to rates of 3.39%. This is based on extensive work between Scottish Government, COSLA, Scotland Excel and Providers on agreeing a cost of care calculator and focuses on quality and sustainability for the future. The costs associated with this are included within the budget calculations used in compiling this paper.

7.2. For other local provider contract it is good practice to set rates before the beginning of the financial year or as soon as possible in the financial year and this would reflect good working relationships with providers.

7.3. It has not been possible to set rates prior to the beginning of financial year for 2018/19 however provision for uplifts has been incorporated within budget planning.

7.4. To allow early agreement of rates if possible delegated authority is requested to the Chief Officer and Chief Finance Officer to agree rates subject to uplifts being within the resources set out in this report. The Chief Officer and Chief Finance Officer will consult the Deputy Chief Executive and Chief Finance Officer of Clackmannanshire and Stirling Councils on this and ensure compliance with both Councils and the Integration Joint Boards Schemes of Delegation.

7.5. Should it not be possible to reach agreement on contract rates for 2018/19 a further report will be brought to the June meeting.

8. Post Due Diligence Review

8.1. Given the financial challenges that have faced the partnership since establishment of the Integration Joint Board and the differing levels of financial pressures experienced across the localities the need to take forward a post due diligence review was a focus of discussions with the voting members of the Integration Joint Board and Senior Officers from the constituent authorities.

8.2. The approach to the post due diligence review will be based on extant national Finance Guidance on Health and Social Care Integration and examine:

- Outstanding issues from the initial due diligence process to support establishment of the Integration Joint Boards
- Whether financial risks that have emerged to date were apparent within the initial due diligence process
- Any compliance issues in relation to budgets for delegated services

- Adequacy of resources/payments from the constituent authorities to support the delivery of agree local outcomes and Strategic Plan priorities

8.3. The post due diligence will be led by the Chief Finance Officer and will require the support of Finance Officers and others, including LIST analysts, across the partnership including the corporate departments of the constituent authorities.

8.4. Subject to the approval of establishment of a Finance Committee the Finance Committee will provide oversight and scrutiny of the Post Due Diligence Review prior to reporting back to the Integration Joint Board.

9. Further Development of Medium Term Financial Planning and Strategy

9.1. Whilst the challenges of developing medium term financial planning and strategy within the context of single year budget cycles of UK and Scottish Governments is acknowledged, there is an agreed need to develop our approach within the partnership underpinned by improving integrated planning as we begin to develop the Strategic Plan for 2019-2022.

9.2. The proposal for establishment of a Finance Committee and draft terms of reference will require to be supported by a workplan incorporating how the medium term financial plan and strategy will be developed linked to the development of the Strategic Plan for 2019-2022. The proposed partnership planning approach details how the approach to service and financial planning within the partnership will be developed in a more integrated way through the development of the Strategic Plan for 2019-22.

9.3. Taking the recurrent overspend 2017/18 and savings requirements for 2018/19 as a basis for assuming savings requirements across financial years 2019/20 to 2021/22 would indicate a total requirement across the remaining timeframe of current Strategic Plan and the Strategic Plan for 2019-2022 in the region of £20m.

9.4. As part of developing the Partnership Planning Approach we also need to develop mechanisms to allocate and monitor use of resources at locality level where appropriate. We will therefore take forward work during 2018/19 on a locality resource allocation formula taking account of both local (e.g. locality profiles and strategic needs analysis) and national information (e.g. via SOURCE system). This approach should further facilitate the development of the partnership including how we begin to fulfil the policy intent of the public resources losing their identity over time to support best value. It is envisaged the Finance Committee will provide oversight and scrutiny of this process.

10. Approach to Directions

10.1. Directions are the legally binding instrument through which the IJB commissions the constituent authorities to carry out the statutory functions and implement the Strategic Plan. Directions are issued by the IJB under Section 26 of the Public Bodies (Joint Working) Scotland Act 2014.

10.2. To date the Partnerships approach to Directions have been high level and initial directions for 2018/19 have been complied on the same basis.

10.3. Work at a national level in relation to directions has been established involving the Chief Officer and Chief Finance Officer Networks, SOLAR Scotland (Society of Local Authority Lawyers and Administrators') and Scottish Government. This will examine consistency and quality and aims to establish best practice in relation to directions and their relationships with Strategic Plans and relevant legislation. It is therefore planned to review our approach to Directions in light of this work rather than at the current point in time. Further updates on the subject will be reported to future meetings.

10.4. There may therefore be a need to review initial directions for 2018/19 during the year.

11. Reserves Policy and Strategy

11.1. The Integration Joint Board Audit Committee considered the Reserves Policy and Strategy at its meeting on 21 February 2018.

11.2. The Chief Finance Officer recommended the Reserves Policy and Strategy remains appropriate and fit for purpose to the Audit Committee and the Audit Committee considered this and agreed to support this proposal to the Integration Joint Board.

11.3. Whilst it is unlikely the Integration Joint Board will be in position to generate significant general reserves in the short to medium term the concept of a reserves policy someway between the position of NHS Boards who cannot hold reserves and Local Authorities who hold reserves as part of prudent financial management is still viewed as being appropriate.

11.4. The reserves strategy and policy is attached to this report at Appendix III.

12. Conclusions

12.1. The financial environment in which public services operate remains very challenging with a combination of resource constraints, inflationary pressures including public pay policy, increasing demand and complexity, public expectations and new legislative requirements such as the Carers Act continuing to make it challenging to safely deliver in-scope services and the strategic plan within resources available.

12.2. There are insufficient resources to continue to deliver services in their current configuration going forward. In the short to medium term a combination of restricting service capacity to affordable levels, further exploring the options for service delivery and prioritisation will be required going forward to provide sustainable services.

12.3. It is paramount that the option for service delivery are pursued at pace to bring the costs of service delivery in line with budget.

12.4. The partnership remains at high risk of overspend in financial year 2018/19 and a combination of the measures detailed within this paper along with collaborative working across the partnership and close monitoring of service activity and expenditure will be required to manage the position. There may be a requirement for the Board to consider further measures during the year to manage the financial position should some of the risks detailed within this paper come to fruition.

13. Resource Implications

13.1. The resource implications are detailed within the body of the report.

14. Impact on Strategic Plan Priorities and Outcomes

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

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

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

14.2. This report sets out the resources available to be deployed to deliver in-scope services in pursuance of agreed local outcomes and the priorities of the approved Strategic Plan.

15. Legal & Risk Implications

15.1. Effective planning and financial management arrangements form part of the Integration Joint Board governance and risk management arrangements.

15.2. This report sets out an increasingly challenging position for the Partnership in delivering safe and effective services taking account of resource constraints and increasing demand and complexity.

15.3. Taking the recurrent overspend from 2017/18 and level of savings required in 2018/19 and beyond the Partnership remains at high risk of continuing to overspend.

15.4. The significant risks in terms of delivery of local outcomes and Strategic Plan priorities within resources available are:

- Limited capacity to manage the transforming care programme including delivery of required savings and efficiency programmes which may be mitigating by agreement of support services arrangements
- Unforeseen or unplanned financial pressures emerging in year e.g. an unforeseen surge in demand and cost for certain services
- Lack of general reserves to assist in managing unforeseen financial pressures
- Lack of effective partnership working across the partnership
- Market forces impacting on the supply and demand and/or costs of service delivery e.g. in the Prescribing or Care Homes markets.
- Failure to identify or agree sufficient measures to deliver services within resources available
- Savings and efficiency programmes do not deliver planned levels of savings or that savings take longer to generate than planned
- Planning assumptions turn out to be materially wrong
- Workforce risks including recruitment and retention of key elements of the workforce
- Detrimental impact on performance as a result of actions to deliver required levels of savings e.g. delayed discharge performance

15.5. The strategic risk register will be updated to take account of these risks where required.

16. Consultation

16.1. As approved by the Integration Joint Board at its meeting in December 2017 a public consultation was undertaken on the Options for Service Delivery.

16.2. A summary of the responses to the budget consultation is attached at Appendix IV. This illustrates general support for the options for service delivery presented to the Integration Joint Board in December 2017.

16.3. The level of engagement in the public consultation was positive. There were 456 responses in total with 238 of these fully completing the survey.

16.4. The free text elements of the consultation also gave responder's an opportunity to provide further views or information. There were several comments about lack, or perceived lack of clarity about some of the service options. The number of partially completed responses also suggests the length of the survey may be an issue. We will require to consider these issues in improving the approach to future public consultations.

16.5. Some responses to the public consultation also highlighted views in relation to matters outwith the Integration Joint Boards direct control. These were predominantly in relation to Prescribing including issues such as Prescribing Charges and Prescribing Policy in relation to medicines available to purchase 'Over the Counter' from Community Pharmacies and other retailers. We will consider how to communicate the themes of these responses to Scottish Government

17. Equality and Human Rights Impact Assessment

17.1. The contents of this report were considered and the Equality Impact Assessment is included in Appendix 5 of this report.

18. Exempt reports

18.1. Not exempt.

Health & Social Care Integration

3.73 From 1 April 2016, Stirling Council, Clackmannanshire Council and NHS Forth Valley entered into a formal partnership agreement to deliver integrated health and adult social care services across the Stirling and Clackmannanshire areas. The formal vehicle for delivering these services is the Clackmannanshire and Stirling Integration Joint Board (IJB).

3.74 The IJB has developed a Strategic Plan, which sets out how the Board will plan to develop health and social services in the Stirling and Clackmannanshire areas in the coming years. Crucial to that Strategic Plan will be the resources available to the IJB which will be transferred from the two councils and NHS Forth Valley, and much of the due diligence has focused on the examination of those resources. The basis for the resource transfer will be the 2017/18 budget for in-scope services, as adjusted for any growth or PBB savings.

3.75 As part of the 2016/17 Finance Settlement, the Scottish Government provided a sum of £3.8M, being Stirling's share of the national £250M Integration Fund, to fund pressures in Health and Social Care services, introduce the living wage for independent and third sector care providers and improve outcomes for older people in the area who may access health and social care services. These resources have helped to enhance delivery of the IJB strategic plan, fund the roll out of the living wage to external care providers and address existing cost pressures within Adult Services. The Finance Settlement for 2017/18 allocated further money into the Integration Funds to meet the full year effect of the living wage, sustainability in the social care sector, disregard of war pensions for financial assessments and the implementation of carers legislation. The sum allocated nationally for these pressures was £107M, and Stirling's share of that was £1.642M. As part of the 2018/19 Finance Settlement, the Scottish Government provided an additional sum of £66M for Investment in Social Care, Stirling's share of this being £1.058M. The purpose of this being to fund pressures in Health

and Social Care services, including support for implementation of the Carers Act (Scotland) Act 2016, maintaining our joint commitment to the Living Wage (including agreement now to cover sleepovers) and an increase in the Free Personal Care and Nursing Care payments. The proposed budget assumes that Stirling Council's share of the national £66M, an allocation of £1.058M, is applied in full to fund services within the scope of the IJB.

3.76 It is proposed that the following budget be passed to the IJB for 2018/19:

	General Fund Revenue 2018/19 £M	**General Fund Capital 2018/19 £M**	**HRA Revenue & Capital 2018/19 £M**	**Total 2018/19 £M**
Budget Transferred to IJB for 2017/18	30.585	0.474	0.310	**31.369**
Add: Investment in Social Care monies	1.058	0	0	**1.058**
Less: PBB 1-4 Savings Approved for 2018/19	(717)	0	0	**(717)**
Add: Inflation 2018/19	0.640	0	0	**0.640**
Add: Payroll adjustments 2017/18	0.150	0	0	**0.150**
Add: Transition/Demographic pressures	0.150	0	0	**0.150**
Proposed Budget Transfer 2018/19	**31.866**	**0.474**	**0.310**	**32.650**

3.77 As well as the above budget transfer from Stirling Council, the IJB will also have strategic control of Stirling's share of funding from the Integration Fund, as detailed in 3.75 above, in relation to the allocation made in 2016/17 and the further allocation made in 2017/18. This funding technically sits outwith the Local Government Finance Settlement, and instead sits within the Health portfolio, but to the extent to which this funding meets in-scope social care activities, the funding is ultimately used to underpin local government expenditure.

3.78 The decision required to be made at this meeting of Stirling Council, will affect only one part of the overall budget delegated to the Integration Joint Board. The delegations of the other partners will be decided at their respective governance meetings, so the overall funding position of the Integration Joint Board cannot be stated with certainty at this stage. The Board will receive a budget report at its meeting of 28 March 2018 and that

will include narrative and recommendations about the sufficiency of the delegations by all partners. Stirling Council officers will work with IJB partners to closely monitor the overall position of the IJB through 2018/19, and will highlight any issues about financial and budgetary resilience within the Board.

Health and Social Care Integration

6.17 Strategic finance meetings have continued to be held with the Chief Officer, Chief Finance Officer of the Integrated Joint Board (IJB), the Chief Finance Officer of NHS Forth Valley and the two Section 95 Officers from Stirling and Clackmannanshire Councils during 2017/18. These meetings have provided the basis for an open and productive dialogue throughout the year.

6.18 The Council's Basic General Revenue Grant has reduced by 0.9% compared with 2017/18 excluding the additional new monies identified for social care (see paragraph 6. 19), teachers' pay and early years' commitments. It is intended that

a similar reduction be applied to the level of funding allocated to the Health and Social Care Partnership. This equates to a reduction of £138k, bringing the Resource Transfer baseline to £15.203m.

6.19 Additionally, the Scottish Government has nationally provided new funding of £66m for social care as part of the local government grant settlement. This additional funding is to fund additional cost pressures, specifically around implementation of the Carers' Act, the Living Wage and Sleepover Allowances. The Council's share of this sum is £0.604m and it is proposed to pass on £512k of this sum to the HSCP, with the balance being utilised to fund pressures in respect of Children's Services implementation of the Carers' Act from 1 April 2018.

6.20 The Council also proposes to fund pay inflation pressures to the HSCP. This provides a further £0.326m, resulting in a proposed Resource Transfer of £16.041m. This position represents 4.6% growth over the 2017/18 resource Transfer.

6.21 In considering this, however, the Council is asked to note that a cash uplift of this level will not be sufficient to meet significant cost and demand led pressures that the Partnership is facing in respect of the Adult Social Care budget. These arise from a number of different service areas, but principally reflect an increasing number and complexity of care demands, as well as demographic trends and the full year cost of current year activity.

6.22 Appendix K summarises the demand pressure bids prepared by the Chief Officer and Chief Finance Officer of the HSCP, and indicates that additional funding of £3.902m is required to avoid making significant service reductions. This level of pressures equates to 25% growth over the 2017/18 budget. Savings totalling £625k have been identified which it is intended to pass on to the Partnership in full, however, clearly these savings do not mitigate the full impact of the pressures identified. It is proposed that the HSCP considers prioritisation of the following areas of pressure identified in Appendix K:

- care provider inflationary uplifts, including the National Care Home Contract
- Living Wage costs
- Unachieved TVR saving.

The £625k of savings identified cover these pressures and leave a balance of £139k available to mitigate additional pressures from within those identified at Appendix K.

6.23 A key issue during 2017/18 has been the level of overspend on adult social care. Whilst all partners have been experiencing pressure on budgets, a significant proportion of the increased level of demand for services has been in the Clackmannanshire locality. Options, in line with the Integration Scheme, are being explored for how the Board's resultant in-year deficit will be managed. These options were discussed at a Board Development Session on the 14 February 2018 where it was indicated that in the absence of any other agreement, the default approach to resolving such an issue would be for the

Board to request a voting share contribution from each of the partners.

6.24 It is proposed that the Council seeks to continue to support the Partnership to the best of its ability whilst being mindful of affordability in the wider context of the Council's financial challenges. On this basis it is proposed that the Council agrees to fund a voting share of the net deficit in respect of the 2017/18 financial year on the basis that this strikes a balance between scale, level of demand and affordability. If the Partnership adopts the voting shares apportionment of the net deficit for 2017/18, on the basis of the most recent financial information from the Partnership, the Council's share would equate to approximately £400k with other options discussed ranging between £150k and almost £700k in respect of the Council's potential contribution. On this basis, it is proposed to earmark £0.500m from uncommitted reserves (see para 6.6).

6.25 It is clear that urgent action is necessary to ensure that service delivery is sustainable. Whilst some of the funding shortfall could potentially be met from efficiency savings across the Partnership area, Partnership efficiencies of scale have, to date, been limited given that Clackmannanshire Council is the only partner to have transferred operational responsibility to the Chief Officer. As a consequence, this suggests that significant changes in models of care will be required. These changes are likely to cause challenges with local communities and will have to be delivered at pace to meet the financial constraints outlined.

6.26 Should members wish to provide additional funding to the Health and Social Care Partnership in respect of Adult Social Care then the value of such additional funding will have to be found from savings in other Council services that currently do not form part of these budget proposals.

6.27 In setting the IJB Budget in March 2018, it is anticipated that the Chief Officer for HSCP and Chief Finance Officer will set out their proposed approach for managing service delivery within the IJB's available financial resource envelope.

APPENDIX III

Clackmannanshire and Stirling Integration Joint Board Reserves Policy and Strategy

1 Introduction

1.1 This document outlines the Clackmannanshire & Stirling Integrated Joint Board's (IJB) strategy for developing and holding financial reserves.

1.2 The strategy is linked to the IJB's Strategic Plan objectives and the developing medium term financial strategy highlighting the financial risks and challenges facing the IJB and its constituent partners beyond the current financial year.

1.3 The strategy will be reviewed annually to ensure all financial changes and challenges facing the IJB and its constituent partners are taken into account in determining the appropriate level of reserves to hold for the future.

2 Legislative/Regulatory Framework

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the framework for the integration of health and social care in Scotland. The Act empowers an IJB to hold reserves subject to an agreed reserves strategy.

2.2 As the IJB is considered a Local Authority body under section 106 of the Local Government (Scotland) Act 1973, all relevant legislative and regulatory principles as applied to local authorities have been deemed equally applicable to the IJB.

2.3 In Scotland, explicit statutory powers under Schedule 3 of the Local Government (Scotland) Act 1975 permit local authorities to establish a Capital Fund, alongside a requirement to maintain a General Fund Reserve. Within the General Fund Reserve, local authorities are allowed to earmark elements for specific intended purposes.

2.4 Local Authority Accounting Practice (LAAP) Bulletin 99 published in July 2014 provides advice from the Chartered Institute of Public Finance and Accountancy (CIPFA) in respect of local authority reserves and balances. The principles and good practice examples contained within the LAAP bulletin have been applied in developing the proposed reserves strategy for the IJB.

2.5 Legislation also places a range of safeguards that help to prevent local authorities over-committing themselves financially as follows:

- The balanced budget requirement, for Scotland this is derived from Section 93 of the Local Government Finance Act 1992;
- The Chief Finance Officer's duty to report on robustness of estimates and adequacy of reserves when considering the annual budget requirement;
- The Chief Finance Officer's duty to make arrangements for, in addition to having responsibility for, the proper administration of the IJB's financial affairs; and
- In line with the Prudential Code, the Chief Finance Officer's duty to have full regard to affordability when making recommendations about future capital programs, including giving due consideration to the level of long term revenue commitments.

3 Reserve Policies

3.1 Pressures on public finances now and over the medium term are intense with the result that the constituent partners do not currently have the capacity to provide extra resources to provide reserves. Therefore, the ability to build up and retain reserves for unforeseen events and circumstances becomes not only difficult, but something that requires careful consideration.

3.2 Having the right level of reserves is important. If reserves are very low, there may be little resilience to financial shocks and sustained financial challenges.

3.3 Reserves should not be used to fund material levels of ongoing operational costs as they are not a permanent funding solution for this type of expenditure. They may, however, be used for small-scale initiatives which do not impact on the overall reserves strategy.

3.4 Reserves should act as a "buffer" to absorb one-off pressures or to enable a short-term bridge to fill a gap until a sustainable funding solution is identified.

3.5 Contributions from reserves should only be used to set a balanced budget where reserves have been specifically earmarked for future projects as agreed by the IJB.

3.6 The level of reserves to be held should be based on an assessment of the likelihood and impact of financial and operational risks.

3.7 In addition to maintaining an adequate reserves balance to protect against risks, it may also be necessary to plan for an increase in reserves as a means of meeting Strategic Plan objectives.

3.8 Reserves in excess of prudent estimated levels should not be held. This will ensure unnecessary cash balances do not build up which may impact on resources available for operational activities.

4 Types of Reserve

Earmarked Reserves

4.1 Earmarked Reserves provide a means of accumulating funds for use in a later financial year to meet known or planned initiatives. Earmarked Reserves will increase through decisions of the IJB and will decrease as they are spent on their specific intended purposes.

4.2 The purpose of an Earmarked Reserve is to set aside amounts for initiatives that extend beyond one year or as a contingency against a specific situation occurring. Once an Earmarked Reserve has been established by the IJB it is the responsibility of the Chief Finance Officer of the IJB to ensure funds are spent in line with their purpose. The purpose of each Earmarked Reserve should be reviewed annually to ensure that it is still relevant.

General Reserves

4.3 General Reserves represent non-earmarked elements of IJB funds. The main purposes of General Reserves are firstly to operate as a working balance to help manage the impact of uneven cash flows, and secondly to provide a contingency to cushion the impact of emerging or unforeseen events or genuine emergencies.

4.4 Ideally, the build-up of a robust level of General Reserves should be established as a target within the IJB's medium term financial strategy. This will of course be dependent on the ability of the constituent partners to provide extra resources to help achieve this aim.

Capital Reserves

4.5 Capital reserves represent monies set aside to meet expenditure of a capital nature, as opposed to day to day expenditure on operational activities.

5 Principles of a Risk Based Approach to Reserves

5.1 The level of reserves required and their purpose will be agreed as part of the annual budget setting process and reflected in the Strategic Plan agreed by the IJB. Each of the constituent partners will be able to review the levels of reserves held by the IJB as part of the annual budget setting process, and in the context of both the Strategic Plan and the IJB's reserve policy.

5.2 In order to assess the level of reserves, the Chief Finance Officer of the IJB should take account of the financial and operational risks facing the IJB over the life of the medium term financial strategy. The estimate of these risks should include (but are not limited to):

- The reasonableness of underlying budget assumptions.
- Inflationary pressures.
- Realisation of income targets.

- Trends and current spending patterns.
- Known future legislative or other regulatory changes.
- Ability to achieve Strategic Plan objectives.
- Estimates of likely demand for demand-led budgets.
- A review of any major risks associated with future years' budgets.
- The availability of any revenue contingency budget.
- Discussions and contributions from constituent partners.

5.3 The Chief Finance Officer should develop and implement proper arrangements to manage these risks, including adequate and effective systems of internal control.

5.4 The Chief Finance Officer's advice on the level of reserves should be set in the context of the IJB's risk register and medium term plans, and should not focus exclusively on short-term considerations. Advice should be given on the level of reserves over the lifetime of the medium term financial plan, and should also take account of the expected need for reserves in the longer term.

5.5 Risk management should be embedded within the IJB, with the IJB risk register being regularly updated and reviewed.

5.6 Part of the risk management process involves taking appropriate action to mitigate or remove risks where this is possible, which in turn may lead to a lower level of reserves being required. A balance will need to be found between maintaining adequate levels of reserves and investing in risk reduction measures.

5.7 Whilst it will primarily be the responsibility of the IJB and its Chief Finance Officer to maintain a sound financial position, external auditors will regularly express their views on the adequacy of the reserves of the IJB for which they carry out the audit function. However, it will not be the responsibility of external auditors to prescribe the optimum or minimum level of reserves for an individual IJB.

6 Management of Reserves

Overview

6.1 The required levels of Earmarked and General Reserves and their purpose will be agreed as part of the annual budget setting process and reflected in the Strategic Plan agreed by the IJB. The constituent partners will be able to review the levels of reserves held by the IJB as part of this process.

6.2 The level of Earmarked and General Reserves to be maintained may change from year to year depending on any changes to the financial risks facing the IJB, and/or resources needed for investment to meet Strategic Plan objectives and budgetary control.

6.3 Any in-year call on General Reserves will generally only be approved to meet the cost of unexpected and unforeseen expenditure, or where an opportunity has arisen which is time limited and/or meets an objective within the Strategic Plan.

6.4 The IJB will allocate resources it receives from the constituent partners in line with the Strategic Plan. In doing this it will be able to use its power to hold Earmarked and General Reserves, so that in some years it may plan for an underspend to build up reserves, and in others to breakeven, or to use a contribution from reserves in line with the Reserve Policy and Strategy.

Use of Reserves

6.5 Decisions on the use of General Reserves should take account of the financial and operational risks that could impact on the IJB's position, and should be made in a coordinated and planned way to ensure that best use is made of these resources.

6.6 For this reason it is important that any approval to use General Reserves complies with the IJB's Reserves Policy and Strategy and a formal procedure facilitates this process.

6.7 The application to use General Reserves should be submitted to the IJB for approval and should include as a minimum:

- How the application meets the requirements of the Reserves Policy and Strategy.
- Why the use of reserves is considered to be the most appropriate form of funding.
- Whether the use of reserves is required to meet an objective of the Strategic Plan, or is outside of this.
- Whether the constituent partners been consulted on the proposal to use reserves.
- A statement from the IJB's Chief Finance Officer detailing the current level of reserves and projected year end position.

6.8 With reference to section 8 of the Clackmannanshire and Stirling Integration Scheme, the following in-year scenarios could impact on any General Reserves held by the IJB:

- **In-Year Overspend on the Operational Integrated Budget** - Where there is a projected overspend against an element of the operational budget, the IJB may decide to increase the payment to the affected body by utilising the balance of the General Reserve of the IJB (if available) in line with the Reserve Policy and Strategy.
- **In-Year Underspend on the Operational Integrated Budget** - Underspends on either arm of the operational integrated budget should be returned from the relevant constituent partner to the IJB and carried forward through General Reserves (with the exception

of underspends that arise due to material differences between assumptions used in setting the payments to the Integration Joint Board and actual events).

Reporting Arrangements for Reserves

6.9 In terms of reporting on Earmarked and General Reserves, all budget reports to the IJB should include from the Chief Finance Officer of the IJB (where applicable):

- A statement reporting on the annual review of Earmarked Reserves. The statement should list the various Earmarked Reserves, the purposes for which they are held and provide advice on the appropriate levels. It should also show the estimated opening balances for the year, planned additions/withdrawals and the estimated closing balances.
- A statement showing the estimated opening General Reserve balance for the year ahead, the addition to/withdrawal from the reserve, and the estimated end of year balance.
- A statement on the adequacy of Earmarked and General Reserves in respect of the forthcoming financial year and the IJB's medium term financial strategy.

7 Level of Reserves

Earmarked Reserves

7.1 As mentioned previously, Earmarked reserves provide a means of accumulating funds for use in a later financial year to meet known or planned initiatives. As such, the level of any required Earmarked Reserve is likely to be known with reasonable certainty. The purpose of each Earmarked Reserve should be reviewed annually to ensure that it is still relevant.

General Reserves

7.2 There is generally no prescriptive basis for the level of General Reserves that should be held. The level of General Reserves will depend on the financial risks and challenges facing the IJB and its constituent partners, but ideally as a minimum, should be capable of covering all estimated financial risks including contingent liabilities.

7.3 However, as mentioned previously, the pressures on public finances now and over the medium term are intense with the result that the constituent partners do not currently have the capacity to provide extra resources to provide for General Reserves. Therefore, the ability to build up and retain General Reserves for unforeseen events and circumstances becomes not only difficult, but something that requires careful consideration.

7.4 Given the current pressures and financial constraints on public sector finances, it is recommended that the medium term financial strategy for the IJB includes as a target, the building up of a General Reserve balance when financial capacity of the constituent partners allows.

7.5 Setting a suitable target level of General Reserves provides its own difficulties. Many of the financial risks impacting on the IJB will be difficult to estimate, and the ability to benchmark other IJB reserve policies and strategies is currently not yet available.

7.6 Most Scottish local authorities have a policy to maintain General Reserves at around 2% to 4% of their net spending on services. For example, Stirling Council maintains a target level of reserves between 2% - 2.5%, and Clackmannanshire Council at a minimum of 3%.

7.7 If applying a similar approach to both the Clackmannanshire& Stirling Integration Joint Board based on their total available budgeted resources (£172.456), a maximum target level of General Reserves of say 0.75% would equate to £1.293m.

7.8 Alternatively, a maximum level of General Reserves could simply be established on the basis of a cash value, e.g. £1m.

Capital Reserves

7.9 It is currently not anticipated that the IJB will require to hold a Capital Reserve.

7.10 The IJB will identify the specific asset requirements to support the Strategic Plan. Where the Chief Officer of the IJB identifies as part of the Strategic Plan new capital investment requirements, a business case should be developed and submitted to all constituent partners to consider.

7.11 Options may include one or more of the constituent partners approving the project from its own capital budget or where appropriate, using the hub initiative. The existing procedures in the constituent partners should be used to consider capital bids and business cases.

8 **Conclusion**

8.1 Robust financial management and control requires the Integration Joint Board to give consideration to the holding of General Reserves to provide protection against unforeseen and/or unavoidable costs arising.

8.2 Given the pressures however on the finances of the constituent partners currently and over the medium term, the expectation is that General Reserves will not be available to the Integration Joint Board.

8.3 Although there is no requirement or expectation placed on the Integration Joint Board to build up General Reserves, it is still

appropriate to at least consider a prudent “target” level of reserves that may be achievable in the future when financial capacity allows.

8.4 It is recommended that a maximum target level of General Reserves for the Integration Joint Board be set at a cash value of £1.25 million which is approximately 0.75% of the total partnership budget. This target will be subject to review as part of future annual budget setting processes.

8.5 Where appropriate, Earmarked Reserves should also be considered to plan for major expenditure or one-off significant payments.

Appendix IV

Standard Impact Assessment Document (SIA)
Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: **Name of EQIA being completed i.e. name of policy, function etc.**

Clackmannanshire and Stirling Health and Social Care Partnership Budget

Q1 a; Function ☐ **Guidance** ☐ **Policy** ☐ **Project** ☐ **Protocol** ☐ **Service** ☐ **Other, please detail** ☐

Q2: What is the scope of this SIA

Service Specific ☐ Discipline Specific ☒ Other (Please Detail) ☐

Q3: Is this a new development? (see Q1)

Yes ☐ No ☒

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Integration Team

Q6: Main person completing EQIA's contact details

Name:	Ewan Murray	Telephone Number:	01786 434406
Department:	Integration Team	Email:	Ewan.murray@nhs.net

Q7: Describe the main aims, objective and intended outcomes

To involve the public in decision making on the Partnership budget by consulting on options for service delivery presented to the Integration Joint Board in December 2017.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff ☐	**Service Users** ☒	**Unpaid Carers** ☒	**Other** ☐	**Please state:**

(ii) Have they been involved in the development of the function/service development/other?

Yes ☒ No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Public Consultation

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments: Summary of Responses Presented as Appendix to Budget Report. Generally Strong Support Show for Options. Commitment to Review Structure and Clarity for Future Consultations

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	**Positive**	**Adverse/ Negative**	**Neutral**	**Comments** **Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)**
Age			X	Wide participation across all ages.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)			X	66% of Respondees did not have issues which limit day to day activities.
Gender Reassignment			X	Assumed Neutral
Marriage and Civil partnership			X	Assumed Neutral
Pregnancy and Maternity			X	Assumed Neutral
Race/Ethnicity			X	Assumed Neutral
Religion/Faith			X	Assumed Neutral
Sex/Gender (male/female)			X	Over 75% of Individuals Respondees were Female
Sexual orientation			X	Assumed Neutral
Staff (This could include details of staff training completed or required in			X	Assumed Neutral

relation to service delivery)				
Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Unpaid Carers			X	
Homeless			X	
Language/ Social Origins			X	
Literacy			X	
Low income/poverty			X	
Mental Health Problems			X	
Rural Areas	X			Positive Support for Models of Neighbourhood Care in G63 Postcode
Armed Services Veterans, Reservists and former Members of the Reserve Forces			X	
Third Sector			X	
Independent Sector			X	

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐ No ☒

Q11: **Is a detailed EQIA required?**

Yes ☐ No ☒

Please state your reason for choices made in Question 11.
N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment.

Date EQIA Completed	21 / 03 / 2018		
Date of next EQIA Review	31 / 03 / 2019		
Signature		Print Name	Ewan Murray
Department or Service	Clackmannanshire and Stirling Integration Joint Board		

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to CS.integration@nhs.net

Clackmannanshire and Stirling Health and Social Care Partnership
Analysis of Budget Consultation Responses

Question		% Agree or Strongly Agreeing with Option	Notes
8	Continue to Review Use of Residential Care Homes	72.39%	
9	Ludgate House: Review Needs and Work with 3rd Sector on Alternative Supports	77.73%	
10	Develop services for Older People with more Complex Needs from Clackmannanshire Community Healthcare Centre	70.59%	
12	Digitalisation: Review Pilot and Roll Out Electronic Care Monitoring System	73.11%	
14	Rapid Improvement Approach to Implementing Self Directed Support Using a Resource Allocation System	60.34%	
16	G63 Postcode - Implement Models of Neighbourhood Care	72.80%	
17	Implement Stirling Care Village based on Full Business Case	82.43%	
19	Commisioning and Market Testing	68.22%	
21	Establish Single Partnership Management Structure	61.54%	
22	Mental Health Service Review	43.77%	27% Neither agreed or disagreed.
23	Learning Disability Services Review	58.05%	27% Neither agreed or disagreed.
25	Prescribing: Develop Initiatives to Reduce Waste, Consider Incentive Scheme, Technical Switches	80.67%	Comments demonstrated reservations regarding incentive scheme.
27	Income Maximisation: Consider Raising of Charges for Social Care Services	47.48%	Comments reflect some concerns regarding some current charging levels.

Note: Question numbers were used for free text comments in consultation questionnaire.

Clackmannanshire Health And Social Care Partnership **Appendix V**
Further Detail and Draft Risk Analysis on Savings Plan

	£m	Draft Risk Rating (RAG)
Social Care: Clackmannanshire Locality		
Integrated Mental Health Team Management Efficiency and Redesign	0.055	
Mental Health Care @ Home - Reviews and Eligibility Criteria Using SDS Framework	0.038	
Mental Health Officers Staffing Restructure	0.104	
Learning Disability Care @ Home - Reviews and Eligibility Criteria Using SDS Framework	0.119	
Learning Disability - Day Service (Centrespace)	0.040	
Mental Health Residential - Restrict Levels of Placements to Funded Levels	0.049	
Assessment and Care Management Restructure	0.080	
Procurement and Other Measures	0.049	
Menstrie House - Review of Rotas, Absence Management and Reducing Agency Use	0.048	
Reablement - Review of Staffing Structure	0.023	
Meals on Wheels - Exploring Alternative Models	0.020	
Social Care: Urban and Rural Stirling Localities		
Roll out of Reablement for Under 65s	0.150	
Redesign of Learning Disability Services	0.350	
Reducing Demand for Long Term Care	0.117	
Remodelling of Physical Disability Services	0.100	
Options for Service Delivery and Further Measures to Achieve Financial Balance		
Anticipated Quantum of Savings Plans for Operational and Universal NHS Services	1.205	To be Assessed Linked to NHS FV Financial Plan Risk Assessment
Accelerated Implementation of Self Directed Support Using a RAS	0.650	
Service Modernisation and Digitalisation	0.150	
Commisioning and Market Testing	0.250	
Non-Recurrent Support from Disinvestment in Partnership Funding Commitments	0.546	
Restriction in Capacity in Social Care to Affordable Levels	0.948	

Appendix VI

Draft Direction

Clackmannanshire Council

28 March 2018

Dear Mrs Elaine McPherson, Chief Executive

Direction from the Clackmannanshire & Stirling Integration Joint Board
Service Delivery and Discharge of Statutory Functions from 1 April 2018

This letter hereby constitutes a Direction under Section 26(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 from the Integration Joint Board to your authority, Clackmannanshire Council.

Clackmannanshire Council is hereby directed by the Clackmannanshire & Stirling Integration Joint Board (**IJB**) from 1 April 2018, to continue to deliver the integrated services and to discharge the statutory functions delegated to the IJB under the Integration Scheme (between Clackmannanshire Council, NHS Forth Valley and Stirling Council approved by Scottish Ministers on or around 17 September 2015) in line with operational practice immediately prior to 1 April 2017. Namely, those functions provided for at Annex 2 Part 1 and those services detailed at Annex 2 Part 2.

Such continuation of delivery of in-scope services and discharge of in-scope statutory functions by your authority, Clackmannanshire Council, is hereby deemed to be subject to the following:

1. In-scope statutory functions are to be delivered within the relevant budget of £16.041m prescribed by the Integration Joint Board within the IJB Budget [as approved by the IJB on 28 March 2018]; and in a manner consistent with the IJB's Strategic Plan approved on 22 March 2016 and the Options for Service Delivery considered by the IJB on 13 December 2017.
2. The prescribed budget(s) at 1 above shall be used by Clackmannanshire Council to enable it to continue to deliver in-scope services and discharge in-scope statutory functions in accordance with this Direction;
3. Any significant decisions as to in-scope service delivery or discharge of any in-scope statutory function after 1 April 2018 being referred back to the IJB for its consideration prior to implementation; and
4. Any future Direction by the IJB as to the in-scope service to be delivered or the in-scope statutory function to be discharged by Clackmannanshire Council.

Yours sincerely
Shiona Strachan
Chief Officer, Clackmannanshire & Stirling Integration Joint Board

Draft Direction

Forth Valley Health Board

28 March 2018
Dear Mrs Cathy Cowan, Chief Executive,

Direction from the Clackmannanshire & Stirling Integration Joint Board
Service Delivery and Discharge of Statutory Functions from 1 April 2018

This letter hereby constitutes a Direction under Section 26(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 from the Integration Joint Board to your authority, Forth Valley Health Board.

Forth Valley Health Board is hereby directed by the Clackmannanshire & Stirling Integration Joint Board (**IJB**) from 1 April 2018, to continue to deliver the integrated services and to discharge the statutory functions delegated to the IJB under the Integration Scheme (between Clackmannanshire Council, NHS Forth Valley and Stirling Council approved by Scottish Ministers on or around 17 September 2015) in line with operational practice immediately prior to 1 April 2018. Namely, those functions provided for at Annex 1 Part 1 and those services detailed at Annex 1 Part 2.

Such continuation of delivery of in-scope services and discharge of in-scope statutory functions by your authority, Forth Valley Health Board is hereby deemed to be subject to the following:

1. In-scope statutory functions are to be delivered within the relevant budget of £108.728m prescribed by the Integration Joint Board within the IJB Budget [as approved by the IJB on 28 March 2018]; and in a manner consistent with the IJB's Strategic Plan approved on 22 March 2016 and the Options for Service Delivery considered by the IJB on 13 December 2017.
2. The prescribed budget(s) at 1 above shall be used by Forth Valley Health Board to enable it to continue to deliver in-scope services and discharge in-scope statutory functions in accordance with this Direction;
3. Forth Valley Health Board will make use of £20.162m set aside in relation to Large Hospital Services.
4. Any significant decisions as to in-scope service delivery or discharge of any in-scope statutory function after 1 April 2018 being referred back to the IJB for its consideration prior to implementation; and
5. Any future Direction by the IJB as to the in-scope service to be delivered or the in-scope statutory function to be discharged by Forth Valley Health Board.

Yours sincerely
Shiona Strachan
Chief Officer, Clackmannanshire & Stirling Integration Joint Board

Draft Direction

Stirling Council

28 March 2018

Dear Mr Stewart Carruth, Chief Executive, Stirling Council

Direction from the Clackmannanshire & Stirling Integration Joint Board
Service Delivery and Discharge of Statutory Functions from 1 April 2018

This letter hereby constitutes a Direction under Section 26(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 from the Integration Joint Board to your authority, Stirling Council.

Stirling Council is hereby directed by the Clackmannanshire & Stirling Integration Joint Board (**IJB**) from 1 April 2018, to continue to deliver the integrated services and to discharge the statutory functions delegated to the IJB under the Integration Scheme (between Clackmannanshire Council, NHS Forth Valley and Stirling Council approved by Scottish Ministers on or around 17 September 2015) in line with operational practice immediately prior to 1 April 2018. Namely, those functions provided for at Annex 2 Part 1 and those services detailed at Annex 2 Part 2.

Such continuation of delivery of in-scope services and discharge of in-scope statutory functions by your authority, Stirling Council, is hereby deemed to be subject to the following:

1. In-scope statutory functions are to be delivered within the relevant budget of £32.650m prescribed by the Integration Joint Board within the IJB Budget[as approved by the IJB on 28 March 2018]; and in a manner consistent with the IJB's Strategic Plan approved on 22 March 2016 and the Options for Service Delivery considered by the IJB on 13 December 2017.
2. The prescribed budget(s) at 1 above shall be used by Stirling Council to enable it to continue to deliver in-scope services and discharge in-scope statutory functions in accordance with this Direction;
3. Any significant decisions as to in-scope service delivery or discharge of any in-scope statutory function after 1 April 2018 being referred back to the IJB for its consideration prior to implementation; and
4. Any future Direction by the IJB as to the in-scope service to be delivered or the in-scope statutory function to be discharged by Stirling Council.

Yours sincerely
Shiona Strachan
Chief Officer, Clackmannanshire & Stirling Integration Joint Board

Clackmannanshire & Stirling
Health & Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 9.3 on the agenda

Partnership Funding

(Paper presented by Alan Milliken)

For Noting and Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Stephanie McNairney, ICF Manager Alan Milliken, Head of Communities and People
Date:	28 March 2018
List of Background Papers:	

Title/Subject: **Partnership Funding**

Meeting: **Integration Joint Board**

Date: **28 March 2018**

Submitted By: **Alan Milliken and Stephanie McNairney**

Action: **For Noting**

1. Introduction

1.1. This paper provides the Integration Joint Board with an update to the paper brought to the December meeting, with regards the review of funded projects.

2. Executive Summary

2.1. Partnership Funding Streams have been allocated to the Partnership to enable transformational change.

2.2. The Chief Officer and Chief Finance Officer have advised that they intend, as part of reporting the outcomes of the review, that recommendations on ongoing funding and disinvestment will be bought forward to Integration Joint Board, with a view to ensuring the most effective use of resources to meet the required outcomes and taking cognisance of affordability given the overall financial challenges faced by the partnership. In addition, there is a need to shift towards a strategic commissioning approach from 2018/19 onwards, focusing the available resource in line with the Partnership's strategic vision and priorities.

2.3. Projects have been supported to develop refocused project documentation, including service specification and performance monitoring, and have submitted Quarter 2 and Quarter 3 reports using that new framework.

2.4. The Partnership Funding Review Group undertook a review of funded projects, using an approach similar to Programme Budgeting & Marginal Analysis (PBMA) methodology over two sessions in late 2017 and early 2018. The review process is set out in this paper.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note the work to date in relation to ensuring robust project documentation including reporting framework is in place, although some challenges remain.

3.2. Note the areas earmarked for service redesign or realignment in sections 6.6 to 6.8.

3.3. Approve the funding recommendations for 2018/19 as set out in Appendix 1.

4. Background

4.1. The Scottish Government has made available to the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) £2.48m of Integrated Care Funds, and £0.744m of Delayed Discharge Funds, each year 2015-2018.

4.2. To ensure investments drawing on Partnership funding are sustainable, provide good value, and sit with the Strategic Plan priorities, a review of funded projects was required.

5. Funding Review

5.1. As agreed at the June meeting of the Integration Joint Board, an updated project document template has been developed. After trialling with a small number of projects, the framework was rolled out for use across all 28 currently funded projects.

5.2. Projects received extensive training and support in the development of their service specification and reporting documents.

5.3. This new format is now embedded, with projects submitting Quarter 2 and Quarter 3 reports in this way.

5.4. Some challenges continue in terms of compliance with reporting requirements. For Quarter 3 reports, of the 28 funded projects, 9 submitted complete reports by the submission deadline, with a further 5 submitting incomplete reports by the deadline. 12 projects submitted Q3 reports after the deadline.

5.5. Performance data is now gathered and reviewed via a single process for pan Forth Valley projects. It is however acknowledged that the Partnership areas currently have different levels of financial pressures and varying local need.

5.6. As advised to the Integration Joint Board at the December meeting, a project evaluation session was held on 16 November, at which time approximately half of the funded projects were considered, with a follow up session held in late January to consider the remainder of projects.

5.7. Quarter 2 project reports were issued to the Partnership Funding Review Group ahead of the review session on 16 November, and Quarter 3 reports were issued to the Partnership Funding Review Group ahead of the review session on 29 January, with approximately half of the total projects being reviewed at each session.

5.8. The Partnership Funding Review Group (as described in the June IJB paper) were asked to evaluate and score each project consistently against a set of indicators in line with Local and National Priorities during the two review sessions.

5.9. As agreed by the Integration Joint Board at the June 2017 meeting, projects which operate Care Village models will be bridged through earmarked

reserves until operational commencement in Autumn 2018. These projects will therefore be reviewed separately through the Care Group.

5.10. The Partnership Funding Review Group identified areas for service review which may result in more effective and efficient service. These were:

- Overnight Care Clacks, Overnight Care Stirling, and Night Nursing
- Align all AHP resource, including that which is currently a component of another service, into a single entity. This would enable more effective reporting, and illustration of true impact.

5.11. The Partnership Funding Review Group identified potential underspend in Q4 of 2017/18 for the following projects:

- Discharge Hub circa £6k
- Keep Well circa £6k
- Alcohol Related Brain Injury (ARBI) circa £13,000

5.12. Having reviewed and scored all projects, the Partnership Funding Review Group noted a number of complexities and interdependencies, and that any recommendations formed would be based on assumptions, and therefore did not feel able to make recommendations on 2018/19 funding.

5.13. Both the Transformational Change Group and Strategic Planning group supported the use of the outputs from the evaluation and scoring exercise to inform funding decisions for 2018/19.

6. Partnership Funding Recommendations

6.1. Funding recommendations for 2018/19 are set out in Appendix 1.

6.2. The total recommended funding commitment for 2018/19 is £2.79m.

6.3. A reduction in funding commitment of approximately £0.302m was achieved in late 2016. A further £0.044m of savings has been identified during 2017/18 through the review process previously outlined. This is a total reduction in funding commitment of approximately £0.346m since late 2016.

6.4. A summary of the financial position as at year end is provided in Table 1.

Table 1

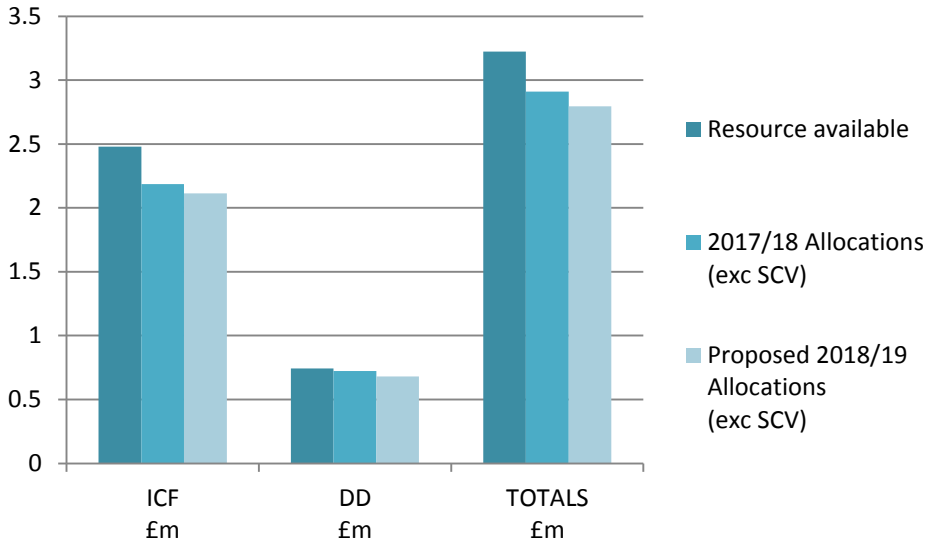
	ICF	**DD**	**TOTALS**
	£m	**£m**	**£m**
Resource available	2.480	0.744	3.224
2017/18 Allocations (exc SCV)	2.187	0.722	2.909
Variance [Surplus/(Deficit)]	0.293	0.022	0.315

6.5. Taking into account the recommended funding of project as set out in Appendix 1, the position in relation to partnership funding is summarised in Table 1 below.

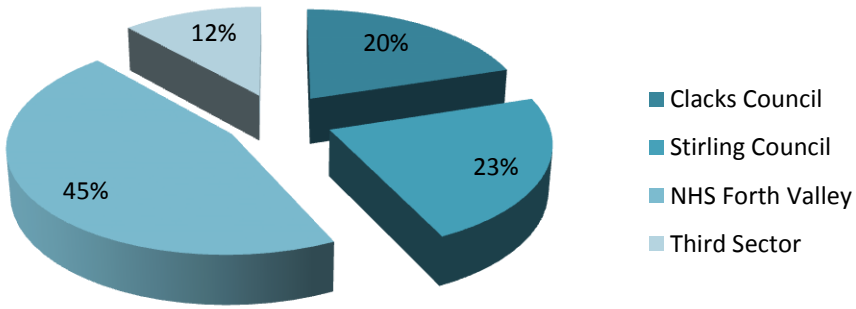
Table 2

	ICF	DD	TOTALS
	£m	£m	£m
Resource available	2.480	0.744	3.224
Proposed 2018/19 Allocations (exc SCV)	2.114	0.680	2.794
Variance [Surplus/(Deficit)]	0.366	0.064	0.430

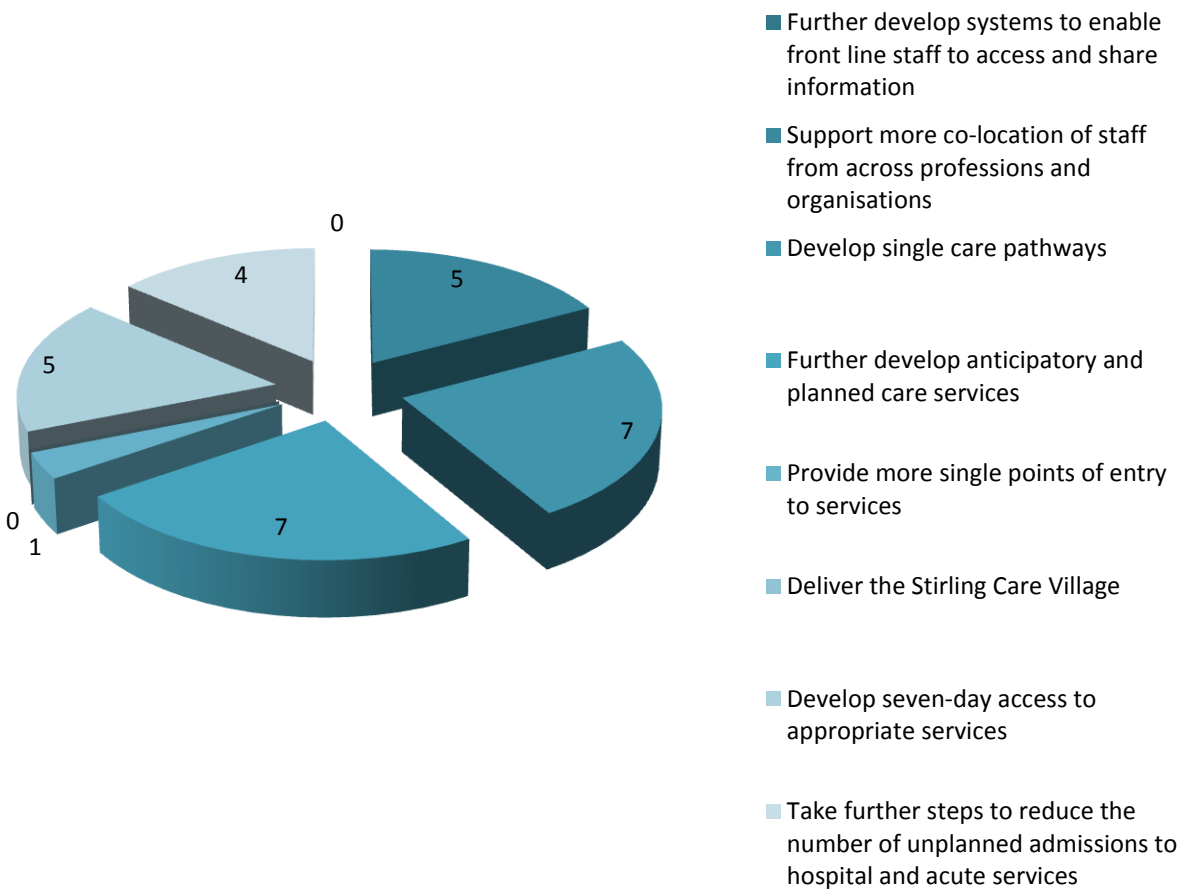
6.6. The graph below shows a reduction in funding commitment.



6.7. The breakdown of proposed investment by lead agency or sector is shown below



6.8. A breakdown of proposed investment by Strategic Plan priority is shown below.



6.9. A number of projects, including some Forth Valley wide projects, are earmarked for review. These include Closer to Home (including Enhanced Community Team and ALFY), Alcohol Related Brain Injury (ARBI), Overnight Care, and Hospital Discharge Teams. It is anticipated that redesign or realignment of these project could allow them to deliver greater impact within existing or possibly lower levels of funding.

6.10. An update on these project reviews will be brought to the Integration Joint Board in September 2018.

6.11. There are various Allied Health Professional components within Partnership Funded projects, both as projects in their own right, and as staff resource embedded within larger projects. It is recommended that all AHP resource is brought together into a single AHP entity.

6.12. As is standard practice, any change to the model of service delivery or costings during the course of a funding period, updates will be brought to the Integration Joint Board.

6.13. Future reporting of Partnership Funded projects will be as a section within the Chief Financial Officer's Finance report.

7. Conclusions

7.1. A robust performance management framework has been implemented, including a substantial period of training and support to project leads. A quarterly reporting and monitoring framework is in place to review outcomes against desired outcomes.

7.2. Significant challenges remain around compliance with the process in terms of timescales, submission of and quality of reporting; as well as some reluctance to engage in a robust evaluation process in order to achieve recommendations based on sound rationale.

7.3. Both the Transformational Change Group and Strategic Planning group supported the use of the outputs from the evaluation and scoring exercise to inform funding decisions for 2018/19.

7.4. Funding recommendations for 2018/19 are set out in Appendix 1, which are based on performance of existing projects in terms of achieving outcomes in line with the Strategic Plan and Partnership priorities.

8. Resource Implications

8.1. Any recommendations and subsequent decisions taken around Partnership Funding Streams will have an impact on the financial position of the Health and Social Care Partnership.

9. Impact on Strategic Plan Priorities and Outcomes

9.1. All funded services are required to operate in line with Strategic Plan Priorities, National Priorities, and Local Objectives, and are regularly and robustly evaluated against these outcomes.

10. Equalities

10.1. An Equalities Impact Assessment will be undertaken on the programme to ensure any funding decisions taken do not disproportionately affect any group.

Proposed 2018/19 Funding Allocations

Funding Source	Project Name	17/18 Allocation	Proposed 18/19 Allocation	Project Summary	Justification and /or Conditions
ICF	Overnight Care - Clacks - Attached to MECS and available to Night Nurses	£81,938	£81,938	Part of Closer to Home. The service was established to support 24/7 provision for primarily for older people who have been clinically assessed as requiring a short period of care in their own home, rather than requiring an acute hospital admission.	Review of Overnight services across the Partnership ongoing. Anticipate a revised model could deliver better impact. Funding is given on this basis.
ICF	Overnight Care - Stirling - Attached to MECS and available to Night Nurses	£78,000	£78,000	Part of Closer to Home. The service was established to support 24/7 provision for primarily for older people who have been clinically assessed as requiring a short period of care in their own home, rather than requiring an acute hospital admission.	Review of Overnight services across the Partnership ongoing. Anticipate a revised model could deliver better impact Funding is given on this basis.
ICF	Enhanced Community Team (formerly 24/7 Rapid Response)	£268,901	£361,826	Part of Closer to Home. This model aims to support individuals to remain more resilient at home by, identifying and addressing gaps and utilising the assets they have and their care circle/community have available. At a time of escalating need or 'crisis' the model supports them to access care or support at the lowest level of intervention appropriate to address their needs.	FV wide. Proposed 18/19 allocation includes HCA posts in lieu of Rapid Response Social Care project at £92, 925. This represents a net reduction in total allocation of £33,520. Review of Closer to Home services ongoing. Funding is given on this basis.
ICF	ALFY	£98,498	£98,498	Part of Closer to Home. ALFY offers a 24 hour telephone access information and advice service across Forth Valley. ALFY can provide additional services , equipment and support to keep people safe and in their own home. ALFY also hosts the single point of access for the District Nursing Service in Forth Valley which is being implemented incrementally.	FV wide, review ongoing.
ICF	Night Nursing	£74,909	£74,909	Part of Closer to Home. The night nursing service is a community nursing service covering NHS FV from the hours of 16.30-08.00. host the ALFY line from the hours of 16.30-08.00 and to support Enhanced Care Team patients, including health care assistant's working in the evening for ECT.	FV wide. Review of Overnight services across the Partnership ongoing. Anticipate a revised model could deliver better impact Funding is given on this basis.

ICF	Rapid Response Social Care Capacity	£130,520	£0	Part of Closer to Home. Designed to offer quick access to short term social care support at time of crisis.	Service not operational. Funding being diverted to ECT for additional HCAs as above
Delayed Discharge	Rapid Response Frailty Clinic	£150,184	£150,184	The Rapid Access Frailty Clinic provides specialist review to over 75's (over 65's in a care home setting) by a Consultant Geriatrician delivered in an Ambulatory setting within Forth Valley Royal Hospital. This service particularly focuses on prevention of hospital admission with the aim to keep patients in their own home. Patients are normally seen within 48-72 hrs when referred by primary care.	FV wide. Suggest that in light of variable delivery of the service in the past future support should be on basis of the cost of the service actually delivered. The future approach also requires to be informed by the external review support and clear and effective links with ECT. Funding is given on this basis.
Delayed Discharge	Discharge Hub	£88,880	£88,880	The Discharge Hub is the main contact for all agencies relating to discharge of patients from hospital. Funding has allowed additional Discharge Coordinators who expedite safe discharge from hospital, avoiding readmission and minimising blockages in the system. They operate 7 days and cover all hospitals across Forth Valley.	FV wide. 17/18 underspend
Delayed Discharge	Rehab Support Workers at Stirling Community Hospital	£54,018	£54,018	7 day rehab support within Stirling Community Hospital Wards, promoting rehab ethos, aiming to improve patient independence through evidence based rehabilitation to facilitate a forward move to a more homely environment in a timely manner.	Recommend bringing together all AHP resource into a single funding stream. Funding is given on this basis.
Delayed Discharge	Hospital Discharge Team - Stirling	£123,073	£123,073	Established to effectively support the flow from hospital, while avoiding unnecessary hospital admission for people who are being supported in the community with health and social care needs.	Given, transition away from the original model in Clacks, a review of Hospital Discharge Teams is ongoing. Anticipate a revised model could deliver better impact. Funding is given on this basis.
Delayed Discharge	Hospital Discharge Team - Clackmannanshire	£92,456	£92,456	Established to effectively support the flow from hospital, while avoiding unnecessary hospital admission for people who are being supported in the community with health and social care needs.	Given, transition away from the original model in Clacks, a review of Hospital Discharge Teams is ongoing. Anticipate a revised model could deliver better impact. Funding is given on this basis.

ICF	Consolidation/ Development of Reablement in Clacks	£290,074	£290,074	A combined model of assessment and Reabilitiation with support from both Care Management from social care and Community Rehabilitation(ReACH) teams The service is provided primarily to people over 65 who have been discharged from hospital or are at home and have experienced a change in their condition.	
Delayed Discharge	5 Long Term Care beds	£41,250	£0	Support for 5 additional long term care beds via Stirling Council Assessment and Care Management services.	Funding no longer required by project from Oct 17
Delayed Discharge	Strathendrick	£171,646	£171,646	Short term assessment intermediate care to support timely discharge from hospital/prevent admission in rural area.	Options appraisal ongoing. Funding is given on this basis.
ICF	Care Home Psychiatric Liaison	£41,230	£41,230	Working with General Practitioners, care home staff and local authority staff to support and care for people with dementia and other mental health needs in a community setting. Shifting the balance of care from hospital focussed services to community focussed services.	
ICF	Southwest Rural Stirling Intermediate Care	£153,350	£153,350	Development of an integrated pathway of intermediate care for the West Rural area of Stirling. This model integrates with the established Reablement service of Stirling Council, providing responsive rehabilitation and reablement approaches along with augmented basic level nursing tasks to facilitate a timely discharge of older people from hospital and prevent unnecessary admission.	
ICF	Keepwell Nurse Assessor	£32,167	£0	NHS Forth Valley (NHSFV) led primary prevention programme targeting health inequalities. Raising awareness & understanding within GP and Third Sector for making early interventional referrals for mental health, employability support and clients at risk of Type 2 diabetes.	17/18 underspend. Will become core from 18/19
ICF	Anticipatory Care Planning	£123,196	£123,196	Research, training and development of a person centred outcomes focused anticipatory care planning model. This model enables a new approach to delivering patients outcomes in turn enabling patients to recognise and utilise their own resilience to live at well home or in a homely setting	

ICF	Alcohol Related Brain Injury (ARBI) Case Management Model	£56,250	£56,250	Aim is to address the gap in service by providing a holistic assessment that supports all components of the individual's physical and mental wellbeing, provide education to reduce alcohol intake with the aim of improving quality of life.	FV wide. 17/18 underspend. The project currently being supported was on the basis of long standing service need and a comprehensive needs assessment. There is a need to further examine options and models. Funding is given on this basis.
ICF	Alzheimer Scotland Post Diagnostic Link Worker & Community Connections Programme	£55,206	£55,206	Based around Alzheimer Scotland's 5 Pillars model of care, programme of 1 to 1 post-diagnostic support and interest based activity groups adopts a co-production/asset based approach to supporting people with dementia, their carers and families from the point of diagnosis.	
ICF	Town Break Stirling - CST and self-management development programme	£16,000	£16,000	Providing a programme of cognitive stimulation therapy (CST) for service users with Dementia as an early intervention initiative with the aim of anticipating and preventing unnecessary hospital admission.	
ICF	HSCI Community Grant Fund	£24,041	£24,041	A small grants fund open to small third sector and community groups across Clackmannanshire and Stirling. The fund seeks to build and develop the capacity of third sector and community organisations within supportive communities.	
ICF	PRT Carers Clackmannanshire	£71,894	£71,894	Ensure that carers are identified early and supported to achieve personal outcomes, care with confidence, without financial hardship, and in good health, whilst also maintaining a life outside caring.	
ICF	Stirling Carers Centre	£101,850	£101,850	Ensure that carers are identified early and supported to achieve personal outcomes, care with confidence, without financial hardship, and in good health, whilst also maintaining a life outside caring.	
ICF	Dallas / Living it Up	£3,000	£0	National Project to deliver assisted living lifestyles at scale in the form of a one-stop web-based portal giving access to a range of information which is local and personal to the individual.	Project moved to alternative funding June 17
ICF	Enablers	£485,887	£485,887	Posts which support the progression of agreed priorities	

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 10.1on the agenda

Partnership Planning Approach

(Paper presented by Lesley Fulford)

For Discussion & Agreement

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lesley Fulford, Programme Manager
Date:	6 March 2018
List of Background Papers / Appendices:	
Strategic Needs Assessment Strategic Plan 2016 - 2019 Institute of Public Care's publication on Joint Strategic Commissioning (2012) Localities Guidance	

Title/Subject: **Partnership Planning Approach**

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

Date: **28 March 2018**

Submitted By: **Lesley Fulford**

Action: **For Discussion and Agreement**

1. Introduction

1.1. The purpose of this paper is to provide the Integration Joint Board with an overview of the activities required to deliver a Strategic Commissioning Plan for 2019 – 2022 and how we will achieve this.

2. Executive Summary

2.1. The paper sets out:

- a plan to review the progress against the Strategic Plan 2016 – 2019
- areas to be considered in drafting a new plan
- work required to refresh the Strategic Needs Assessment and replace the Strategic Commissioning Plan and the associated timescales
- proposes care groups
- Proposed Locality based discussions in the SPG in lieu of Locality Planning Groups
- Proposed new approach to strategic and financial alignment.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Approve the recommendation that a replacement Strategic Commissioning Plan is required for 2019 - 2022.

3.2. Approve the Strategic Plan Working Group review the Partnership progress against its Delivery Plan at its meeting in March 2018 and formally report this to the Strategic Planning Group meeting in April 2018 and the Integration Joint Board in June 2018 for their scrutiny and challenge.

3.3. Note the areas to be considered for the Strategic Commissioning Plan for 2019 – 2022.

3.4. Note the work required to refresh the Strategic Needs Assessment and replace the Strategic Commissioning Plan and the associated timescales.

3.5. Consider and challenge the care groupings proposed.

3.6. Approve Locality based discussions at the Strategic Planning Group.

3.7. Approve the new planning approach and to approve they receive regular updates on progress.

4. Background

4.1. The Public Bodies (Joint Working) Scotland Act 2014 section 29 (1) requires Integration Joint Boards to produce a Strategic Commissioning Plan.

4.2. Section 37 of the Public Bodies (Joint Working) Scotland Act 2014 requires the Strategic Planning Group to review progress and propose whether to keep the current Plan or replace.

5. A Good Commissioning Plan

5.1. The Institute of Public Care's publication on Joint Strategic Commissioning (2012) sets out what a good commissioning plan should look like and includes:

- Identify the resources and relate to the Strategic Needs Assessment
- Agree the desired outcomes and link investment to them
- Provide assurance around clinical and care governance
- Use a coherent approach to selecting and prioritising investment and disinvestment

6. Strategic Plan Working Group

6.1. The Strategic Plan Working Group is the group which reports to the Strategic Planning Group and produces work at their direction and for their discussion and recommendation to the Integration Joint Board.

6.2. The Strategic Plan Working Group met in late November 2017 to discuss an approach to refreshing the Partnership Strategic Needs Assessment and whether to keep or replace the current Strategic Plan.

6.3. The group agreed that given the current financial position of the Partnership (see budget update paper) there was a need to consider replacing the current Strategic Plan with a more refined approach around how we commission our services in line with our Strategic Vision, priorities and resources.

6.4. As part of this the SPWG are proposing to formalise the approach to strategic and financial alignment and will outline this in this paper.

6.5. The SPWG propose a replacement Strategic Commissioning Plan is required for 2019 - 2022.

7. Strategic Plan 2016 – 2019 Review

7.1. As set out in section 4.2 of this paper the Strategic Plan for 2016 – 2019 requires to be reviewed.

7.2. The review must take into account:

- The integration delivery principles
- National health and wellbeing outcomes

7.3. Whilst not a requirement it is proposed that such a review includes consideration of the Ministerial Steering Group indicators.

7.4. The Strategic Plan Working Group will review the Partnership Delivery Plan at its meeting in March 2018 and formally report this to the Strategic Planning Group meeting in April 2018 for their scrutiny and challenge.

7.5. In agreement with the Strategic Planning Group this review would then be presented to the Integration Joint Board in June 2018.

8. Strategic Commissioning Plan Considerations

8.1. Considerations for the Strategic Commissioning Plan

There are a number of considerations (including need, demand and finance) to be made in preparing a Strategic Commissioning Plan, these are:

- Organisational and system behaviours (e.g. in response to targets etc)
- Prisons (e.g. transitions from prison healthcare to Partnership)
- Complex care
- Transitions from children's services
- Lochview Discharge programme
- Demand growth
- GMS Contract:
    - Advanced nurse practitioner posts
    - Vaccination clinics
    - Primary Care Improvement Plan
- Assessing the Impact of:
    - Dementia Strategy
    - Carers Act
    - Free personal care commitment for under 65's
    - Community alarms moving from analogue to digital
- Financial
    - Removal of the pay cap
    - One year budget settlements

- Repatriation of care packages
- Scottish Living Wage
- National Care Home Contract Sustainability & Rates
- UK & Scottish Budget Settlement
- Inflation

8.2. These aspects are being considered by the SPWG who are working in partnership with key leads to define what work is required to understand the impact of these areas.

8.3. The Strategic Planning Group are asked to note the areas to be considered for the Strategic Commissioning Plan for 2019 – 2022.

9. Strategic Commissioning Plan Development

9.1. This section sets out the work required to refresh the Strategic Needs Assessment and replace the Strategic Commissioning Plan and the associated timescales.

9.2. December 2017 – March 2018:

Strategic Needs Assessment

- Draft a proposal on how we refresh the Strategic Needs Assessment based on care groups, projected demand and need. Whilst incorporating links to other needs assessments, such as:
  - Alcohol and Drugs Partnership needs assessment
  - Unpaid Carers needs assessment
  - Housing Demand and Needs Assessments
  - People and Communities Needs Assessments
- Assess the Impact of:
  - Dementia Strategy
  - Carers Act
  - Free personal care commitment for under 65's
  - Community alarms moving from analogue to digital
- Prepare a refreshed draft Strategic Needs Assessment

Strategic Plan

- Engage with key stakeholder groups to discuss what they will look for in the next plan.
- As a result of the engagement, draft Strategic Commissioning Plan ideas for 2019 – 2022 based on care groups, for example:
  - Older adults
  - Mental health
  - Learning Disabilities
  - Unpaid Carers
  - Physical Disabilities
  - Alcohol and Drugs

9.3. April 2018 – June 2018

Strategic Needs Assessment

- Prepare a slide presentation highlighting the key messages from the refreshed Strategic Needs Assessment for presentation to SPG and IJB

Strategic Plan

- Engage with the public and key stakeholders on draft Strategic Commissioning Plan ideas for 2019 – 2022 based on care groups

9.4. July 2018 – November 2018

Strategic Needs Assessment

- *Present draft Strategic Needs Assessment to SPG in August 2018 and IJB in September 2018 for comment*
- *Present final Strategic Needs Assessment to SPG and IJB in November 2018 for approval*

Strategic Plan

- *Draft Strategic Commissioning Plan for 2019 – 2022*
- *Present draft Strategic Commissioning Plan for 2019 – 2022 to SPG and IJB in November 2018 for comment*
- *Make the Strategic Needs Assessment available on the Partnership web page*

9.5. December 2018 – March 2019

Strategic Plan

- Present final draft Strategic Plan 2019 – 2022 to SPG for approval to proceed to IJB in February 2018
- Present final draft Strategic Commissioning Plan 2019 – 2012 to IJB for approval in March 2018 along with financial plan 2019 / 2020 with an outline plan for 2020 - 2022.

9.6. The Strategic Planning Group are asked to note the work required to refresh the Strategic Needs Assessment and replace the Strategic Commissioning Plan and the associated timescales.

10. Strategic Commissioning Plan 2019 – 2022 Care Groups

10.1. The Strategic Plan Working Group propose the following care groupings:

- Older adults
- Mental health
- Learning Disabilities
- Unpaid Carers
- Physical Disabilities
- Alcohol and Drugs

10.2. The Partnership will then set out what services they will commission for each care group and the resources available to do so within the financial plan.

10.3. This will enable the Integration Joint Board to issue directions to each of the constituent authorities to commission services in line with the priorities and within the financial envelope.

10.4. The Integration Joint Board are asked to consider and challenge the care groupings proposed.

11. Localities

11.1. The Public Bodies (Joint Working) Scotland Act 2014 requires Integration Authorities to be split into Localities and our Partnership has three: Clackmannanshire, Rural Stirling and City of Stirling.

11.2. Localities should be used for reporting both financial spend and performance in the Partnership. There are real challenges with the practicalities of being able to report in this way and key leads in the constituent authorities are considering how we might progress this in 2018/2019.

12. Locality Planning

12.1. A workshop was held in collaboration with primary care clinical leads in November 2016 to consider priorities for the three Localities.

12.2. City of Stirling identified:

- Review day care and respite services which will help ensure we make the best use of the resources we have.
- Review care home provision which will help ensure we make the best use of the resources we have.

12.3. Clackmanannshire identified:

- Review equipment services to help ensure more effective use of equipment services.
  - Closer working and clear expectations agreed with Housing regarding access and adaptations

- Review day care and respite services which will help ensure we make the best use of the resources we have.
- Review care home provision which will help ensure we make the best use of the resources we have.
- Review intermediate care provision

12.4. Rural Stirling identified:

- Models of Neighbourhood Care
    - With the Balfron area of the Rural Stirling Locality we will test an approach to neighbourhood models of care. This will support:
        - working more closely with the community and building on existing work and opportunities for support, care and social interaction (e.g. expansion of existing 'meal services' provided by local hotels etc.)
        - Community involvement, consultation and engagement using local newspapers, resources etc.
        - Promoting volunteering in rural communities and using it in new ways
- Review the perceived inequality in service provision
- Continuity of Care
    - We will review the continuity of care within Rural Stirling Locality to help ensure we make best use of the resources we have:
        - Keeping service users and professionals together as long as possible, e.g. allocated workers and visits.
        - This includes Care at home, Ethical Care charter, Contract Reviews and the Living Wage.
- Review day care and respite services which will help ensure we make the best use of the resources we have.
- Review care home provision which will help ensure we make the best use of the resources we have.

12.5. These priorities need to be revisited to ensure alignment with the Strategic Plan.

12.6. The first stage in taking this forward will be to have Locality based conversations at the SPG. Key to this discussion will be how we want Localities to work in Clackmannanshire & Stirling.

12.7. The Integration Joint Board is asked to approve undertaking Locality planning within the Strategic Planning Group in lieu of setting up three Locality Planning Groups.

12.8. Over recent months some additional deliverables have been added to these priorities, namely the work within the primary care transformation fund focussed on Clackmannanshire. Using learning both nationally and from the 2C multidisciplinary practice models to innovatively develop the principles of Multidisciplinary Team (MDT) access within the Clackmannanshire Locality. This will focus particularly on supporting alternative and innovative primary care supports which ultimately will enable GPs to develop a focus on

undifferentiated care and high health gain / high resource use individuals in their role as expert generalist.

13. Proposed New Approach to Strategic & Financial Alignment

13.1. The current approach to strategic and financial alignment has been a staged approach with most proposals being considered in the reshaping care strategy group (now known as the Transforming Care Group) or the Strategic Planning Group. With decisions being taken by the Integration Joint Board.

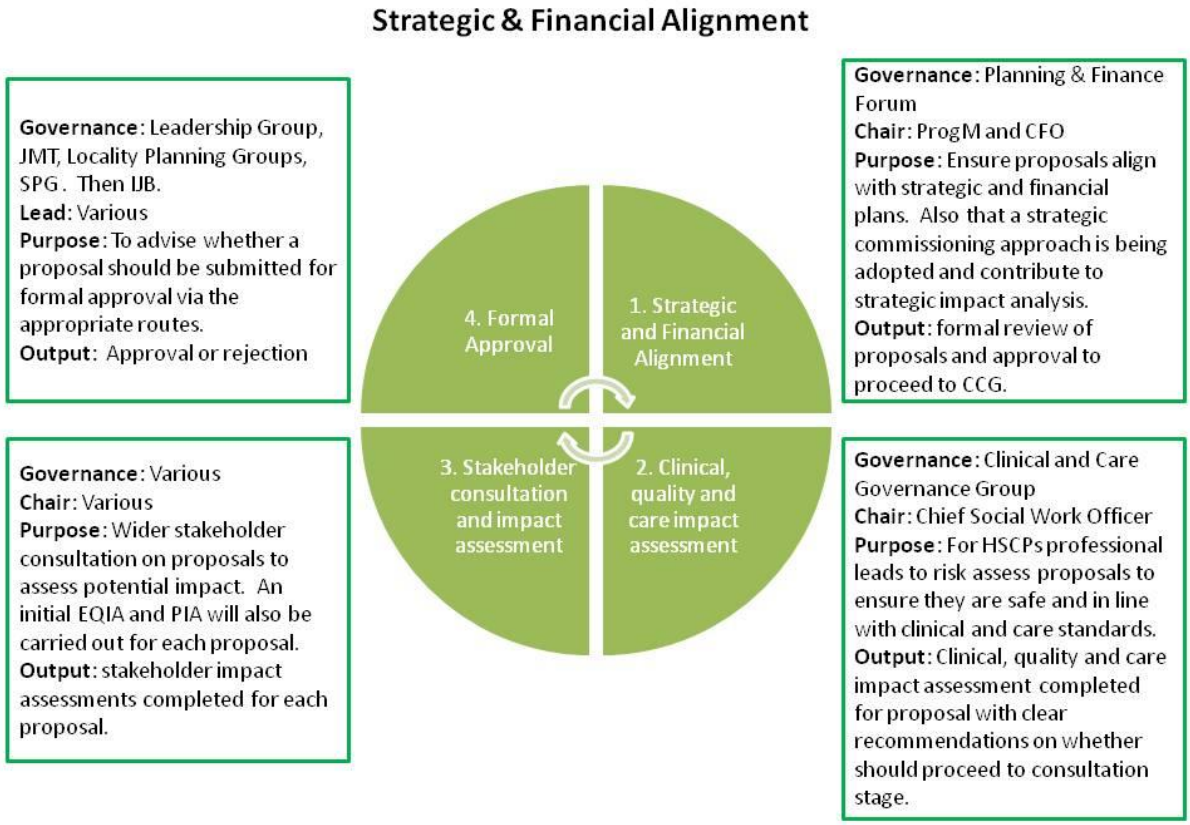
13.2. The Programme Manager and Chief Financial Officer are proposing a more formal approach to strategic and financial alignment be adopted by the Partnership.

13.3. This approach would enable the HSCP to fully assess all proposals to ensure they can be safely implemented and identifying any potential impact in relation to:

- Delivering the vision and priorities set out in the IJB's Strategic Plan and the nine health and wellbeing outcomes;
- Provision of accessible, high quality and safe services;
- The welfare of our workforce;
- Our wider stakeholders including service users, unpaid carers, our parent organisations, providers and the third sector;
- Legislation and national policy including equalities; and
- Established governance arrangements.

13.4. This approach would include four stages:

- Stage 1: Identifying proposal / savings opportunity
- Stage 2: Undertake a clinical, quality and care impact assessment
- Stage 3: Undertake stakeholder consultation
- Stage 4: Formal approval process



13.5. Stage 2 and 3 will have three steps:

Step	Area	Impact Assessment Mechanism	
1	Strategic and Financial Alignment	**Planning & Finance Forum**	
		Chair:	Jointly by the Programme Manager & Chief Finance Officer
		Frequency	TBC
		Remit:	Ensure draft proposals / savings opportunities align with the IJBs Financial and Strategic Plans - that a strategic commissioning approach is being adopted and consider the collective impact and unintended consequences of change activity across the Partnership.
		Output:	• financial and strategic section of proposal template completed • savings trackers
2	Clinical,	**Clinical & Care Governance Group**	

	Quality and Care Impact Assessment	Chair:	Chief Social Work Officer
		Frequency	TBC
		Remit:	Responsible for risk assessing saving proposals to ensure they are safe and in line with clinical, quality and care standards.
		Output:	Clinical, Quality and Care section of proposal template completed
3	Stakeholder consultation and equality impact screening		
		Lead:	Will be determined on a proposal by proposal basis
		Frequency	Ad-hoc, on a proposal by proposal basis
		Remit	Each proposal will be subject to relevant stakeholder consultation and equality impact screening to ensure there is full appreciation of the potential impact a proposed change could have on our staff and other stakeholders. This process will be managed through a wide range of internal and external established groups, forums and networks.
		Output:	Stakeholder consultation and equality impact section of proposal template completed

13.6. This approach will also standardise the approach taken with all development proposal / savings opportunity for the HSCP, ensuring clearer governance and simpler decision making.

13.7. The proposed draft template associated with this work is set out in appendix 1 and is the same as the template utilised for the integrated care fund projects which will also ensure consistency of reporting.

13.8. The Integration Joint Board are asked to approve this new planning approach and to approve they receive regular updates on progress.

14. Resource Implications

14.1. The Partnership financial plan will set out the available Partnership resources and how they have been allocated across the proposed care groups in the Strategic Commissioning Plan.

14.2. This will then be used to inform directions to be issues by the IJB.

15. Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☒

16. Legal & Risk Implications

16.1. The approaches set out in this paper are dependent on support services and resources being available from all three constituent authorities. Without these resources there is a risk to completing the required work.

17. Consultation

17.1. The Strategic Plan Working Group have been consulted in the drafting of this paper and the associated work.

17.2. The Chief Finance Officer has been consulted in the drafting of this paper.

17.3. The membership of the Strategic Plan Working Group is set out in appendix 2.

17.4. The Strategic Planning Group approved all recommendations in this paper at their meeting in February 2018.

18. Equality and Human Rights Impact Assessment

18.1. The contents of this report do not require an EQIA a full EQIA will be undertaken for the Strategic Commissioning Plan which will be informed by the Strategic Needs Assessment.

19. Exempt reports

19.1. Not Exempt.

20. Appendices

Appendix 1 - Proposal / savings opportunity Form

Partnership Proposal / Savings Form

Service Title			
Name of Project Lead			
Funding allocated			
Start date		**End date**	

PART 1
SECTION 1 **SCOPE OF THE SERVICE**
Analysis of current situation / Local or National context [max 200 words]
Briefly outline the problems which the service is aiming to address [Including fit with Strategic Plan priorities. Refer to '*We will...* statements] [5 – 8 bullet points]
Service Aim / Improvement Aim [Clearly describe objectively, in two or three sentences only, what you are seeking to achieve. What is the outcome? For Whom? (target demographic and reach) By When? This should be SMART - Specific, Measurable, Achievable, Relevant, Timebound] [Max 3 sentences]
Summary of what you intend to do: [Briefly describe the core service improvement activities (the 'what?') and the anticipated outcomes they will bring] [max 300 words]
Briefly describe the service model [Please describe the service pathway including access routes, physical location, days / hours of

service operation] [max 250 words]
Capacity of the service [Please provide an overview how the Partnership Funding enables delivery of intended outcomes in terms of the services ability to meet need, enhance capacity (time, appointments, care supports etc), and minimise waits or delays to provision] [max 250 words]

SECTION 2 **WIDER CONTEXT**
Linkages with wider system [Please describe any linkages with other departments or organisations, and any impact your service has on them] [max 150 words]
Equalities Impact [Please describe what action you have taken to assess equalities impact, and any actions taken, you may attach your completed EQIA assessment] The Equality Act 2010 explains that having due regard to advancing equality involves: • Removing or minimising disadvantage experienced by people due to their protected characteristics • Taking steps to meet the needs of people from protected groups where there are different needs of other people • Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

SECTION 3 **BUDGET AND RESOURCES**	
Proposed Start Date: [Please state the date that you think you will be able to start service delivery i.e. when will staff be in place and/or expenditure will begin. For most projects this will be 1 April 2017]	
Proposed End Date: [The proposed end date cannot be later than 31 March 2018]	

How much will it cost to deliver this initiative? Please provide a breakdown of the total expected costs from the proposed start date to the proposed end date of the initiative.

Costs should be detailed for the financial year 2017/2018. If the start date is later than 1 April 2017, please provide costs from the start date and not for the full financial year.

Please note any costs that you will contribute to the delivery of the initiative e.g. staff time, facilities, equipment.

Detailed costings	**2017/18** **£**
Items of expenditure (non staff costs)	
Staff costs	
Total Expenditure:	
Any financial contributions you are able to commit to the project from other sources: **(Please provide details)**	
Partnership resource sought:	£

SECTION 4 **SUSTAINABILITY**	
Is this intended to be a short term initiative only, or is there an intention that the service will run beyond the funding period	
1. Short term initiative only. No ongoing funding required.	☐
2. Intention that the service will run beyond the funding period, and ongoing funding source has been identified	☐
If you selected option 2 above, please state how the initiative will be funded beyond 31 March 2018	
3. Intention that the service will run beyond the funding period, but no ongoing funding source identified at this stage	☐
If you selected option 3 above, please state the reason(s), and what action is being taken to identify an ongoing funding source	
4. Future of the initiative yet to be determined / dependent upon evidence of impact	☒
If you selected option 4 above, please state the reason(s), and what action is being taken to reach a clearer position	
Continued data collection to evidence effectiveness of service Patient Satisfaction Questionnaire feedback when results are available will provide a user perspective. This is a comparatively small service which has provided , at a minimum advice and re-assurance, to over 1,000 of the most vulnerable people living within Forth Valley.	

PART 2											
REPORTING - HOW DO WE KNOW THE CHANGE IS MAKING A DIFFERENCE?											
Outcomes status (Please state)						**Financial Status (Please state)**					
Red ☐	**Amber** ☐	**Green** ☐	**Confirmed by Officers**		☐	**Red** ☐	**Amber** ☐	**Green** ☐	**Confirmed by Officers**		☐
2017/18 Q1 Spend:		**2017/18 Q2 Spend:**		**2017/18 Q3 Spend:**	**£**	**2017/18 Q4 Spend:**	**£**	**2017/18 Total Spend**	**£**	**End of year Overspend/ Underspend:**	**£**
Financial Outcomes (variance) [Please state any variance (+/-) against target spend at this point in the year, and provide a brief narrative of the reasons]											
Service Aim **[this should be SMART – Specific, Measurable, Achievable, Relevant, Timebound]**											
[Re-state aim from Part 1, Section 1]											
What is the main Strategic Plan priority that this objective supports? 'We will... '											
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											☐

Measures / indicators to attain the objective:	**Who benefits from this?**	**How will you measure performance?**	**Baseline data**	**Q1 data**	**Q2 data**	**Q3 data**	**Q4 data**
				Please consider providing a graph to show weekly/monthly data to show trends over time			

Challenges and Changes [Tell us of any problems you encountered during this quarter, that meant you had to adapt what you were doing or affected your ability to achieve your outcomes (i.e. things that were changed, unexpected problems) and what you did to address these]
What improvement activities have been achieved in the last period?
What learning has been captured?
What improvement activities are planned for the next period? [Think 30 days, 60 days, 90 days]

Appendix 2 – Strategic Plan Working Group Membership

- Lesley Fulford, Programme Manager
- Robert Stevenson, Senior Planning Manager / Janette Fraser
- Oliver Harding, Public Health
- Polly Roger, Third Sector Engagement Officer
- Liz Rowlett, Third Sector Engagement Officer
- Louise Johnston, Planning & Commissioning Manager
- Jennifer Baird, Category Manager – Services for People
- Ali Ryan
- Calum McDonald, LIST Analyst / Lynne Hunter
- Carol Johnson, Partnership Analyst
- Ewan Murray, CFO
- Stephanie McNairney, Project Manager
- Housing and Care Group Representative - TBC
- OD Advisor - TBC

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 11.1 on the agenda

Change of Chairperson and Vice Chairperson of Integration Joint Board, Audit Committee Chairperson and Proposal to Establish a Finance Committee

(Paper presented by Ewan Murray & Elaine Vanhegan)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author(s)	Ewan C. Murray, Chief Finance Officer
Date:	28 February 2018
List of Background Papers / Appendices:	
Clackmannanshire and Stirling Integration Joint Board, Standing Orders & Integration Scheme Appendix I: Finance Committee: Draft Terms of Reference	

Title/Subject: **Change of Chair and Vice Chair of Integration Joint Board, Audit Committee Membership and Proposal for Establishment of Finance Committee**

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

Date: **28 March 2018**

Submitted By: **Ewan C. Murray, Chief Finance Officer**

Action: **For Approval**

1. Introduction

1.1. The Integration Joint Boards Standing Orders set out the arrangements for Chairperson and Vice Chairperson of the Integration Joint Board.

1.2. From 1st April 2018 the Chairperson of the Integration Joint Board shall be nominated by NHS Forth Valley for a period of two years.

1.3. Given the terms of reference of the Audit Committee states that the Chairperson of the Integration Joint Board should not normally be a member of the Audit Committee there is also a requirement to consider the appointment of Chairperson of the Audit Committee at the same time.

1.4. Discussions with voting members in November 2017 and February 2018 in relation to the Integration Joint Board budget have highlighted the merits of formally establishing a Finance Committee of the Integration Joint Board.

2. Recommendations

The Integration Joint Board is asked to:

2.1. Approve the nomination from NHS Forth Valley for Chairperson of the Integration Joint Board for the period 1 April 2018 to 31 March 2020.

2.2. Approve the nomination from Clackmannanshire Council for Vice Chairperson of the Integration Joint Board for the period of 1 April 2018 to 31 March 2019.

2.3. Appoint a Chairperson and Vice Chairperson of the Integration Joint Board Audit Committee.

2.4. Approve the establishment of a Finance Committee, appoint a Chairperson and Vice Chairperson of the Finance Committee, and approve the draft terms of reference.

3. Considerations

Chairperson and Vice Chairperson of Integration Joint Board

3.1. Section 6 of the Integration Joint Boards standing orders sets out the arrangements for appointment and period of officer of the Chairperson and Vice-Chairperson of the Integration Joint Board.

3.2. NHS Forth Valley will nominate the Chairperson of the Integration Joint Board from 1 April 2018 to 31 March 2020.

3.3. Clackmannanshire Council will nominate the Vice Chairperson of the Integration Joint Board from 1 April 2018 to 31 March 2019. The Vice Chairperson will be appointed from the voting membership from Stirling Council from 1 April 2019 to 31 March 2020.

Chairperson of Integration Joint Board Audit Committee

3.4. The Audit Committees approved term of reference states that the Chair of the Integration Joint Board should not be a member of the Audit Committee. Subject to the appointment of the Chairperson of the Integration Joint Board there may be a need to consider the Chairperson of the Integration Joint Board Audit Committee.

3.5. In line with the terms of reference, the chairperson of the Audit Committee requires to be a voting member of the Integration Joint Board.

3.6. To support continuity it is proposed that the Chair of the Audit Committee be appointed for a two year period from 1 April 2018 to 31 March 2020.

3.7. The Integration Joint Board are also asked to appoint a Vice Chairperson of the Audit Committee for the period from 1 April 2018 to 31 March 2020.

Proposal to Establish a Finance Committee

3.8. Integration Joint Board voting members met with the Chief Officer and Chief Finance Officer and Senior Officers and Advisors from the constituent authorities in November 2017 and February 2018 to consider issues in relation to the Integration Joint Board budget. The Chief Finance Officer will agree a schedule of meeting with the Chairperson and report these to the June meeting.

3.9 As part of these discussions the merits of establishing a Finance Committee of the Integration Joint Board was discussed. A draft terms of reference has been developed taking account of these discussions and similar arrangements for other Integration Joint Boards.

3.10 The Finance Committee will not be a decision making committee. Its purpose is to enhance the scrutiny, monitoring and financial planning arrangements

within the partnership. The Finance Committee will therefore make recommendations to the Integration Joint Board.

3.11 The Integration Joint Board also requires to appoint a Chairperson and Vice Chairperson of the Finance Committee. To support continuity it is proposed that the Chairperson and Vice Chairperson are appointed for a two year period from 1 April 2018 to 31 March 2020.

4 Resource Implications

4.1 No specific resource implication identified.

5 Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☐

6 Legal & Risk Implications

6.1 Effective decision making and scrutiny arrangement assist the Integration Joint Board to function effectively and efficiently thus supporting the Board to discharge its statutory obligations and manage risk.

7 Consultation

7.1 Governance leads within the constituent authorities have been consulted on the content of this report.

7.2 The voting members of the Integration Joint Board and Chief Executives and Finance Leads of the constituent authorities have been consulted on the proposal to establish a Finance Committee.

8 Exempt reports

8.1 Not exempt.

9 Appendices

9.1 Appendix 1 – Finance Committee – Draft Terms of Reference

APPENDIX I

CLACKMANNANSHIRE AND STIRLING HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD (IJB)
FINANCE COMMITTEE DRAFT TERMS OF REFERENCE

Constitution
The IJB shall appoint the Committee. The Committee should agree the professional advisors it requires on a regular and ad-hoc basis. The Committee is required to review its terms of reference on an annual basis.

The Committee will normally meet 4 times per annum. The Committee will be supported and serviced by the Chief Finance Officer. The Finance Committee will report to the Integration Joint Board.

The committee will be held in private. Its considerations will be reported to the Integration Joint Board thus becoming public in due course.

Chairperson
The Integration Joint Board shall appoint the Chair and Vice Chair of the Committee who will be voting members of the Integration Joint Board.

Membership
The Integration Joint Board shall appoint the membership of the Committee. It is proposed the membership consists of eight voting members with two being from each of Clackmannanshire Council and Stirling Councils and four being from NHS Forth Valley.

Substitutions for voting members will be permitted however substitutes will also require to be members of the Integration Joint Board e.g. Executive Directors from NHS Forth Valley.

The Chief Officer and Programme Manager will normally attend the committee thus providing an explicit link to the Strategic Planning Group and strengthening the link between strategic and financial planning.

Quorum
50% of the voting members being present will constitute a quorum.

Functions Referred
The following functions of the Integration Joint Board shall stand referred to the Finance Committee –

1. Provide financial governance and scrutiny of the in scope budget for the Integration Joint Board / Health and Social Care Partnership.

2. Review the annual budgets proposals including options for service delivery and efficiency and savings proposals with recommendations to the Integration Joint Board.

3. Ensure that the senior management team maintain effective controls within their services which comply with financial procedures and regulations.

4. Provide oversight and scrutiny of efficiency and savings programmes and, where required, budget recovery plans including relationship with activity and performance and alignment with the Strategic Plan priorities.

5. Consider and review the Integration Joint Board's financial strategy in support of the strategic commissioning plan and recommend approval to the Integration Joint Board.

6. Receive reports in new and emerging national policy developments related to health and social care and consider any impact on the financial position.

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 11.2 on the agenda

The General Data Protection Regulation (GDPR)

(Paper presented by Fiona Wilbraham)

For Noting & Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Fiona Wilbraham – Team Leader – Records & Information Compliance, Stirling Council
Date:	060318
List of Background Papers / Appendices:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject:	**The General Data Protection Regulation (GDPR)**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**28 March 2018**
Submitted By:	**Fiona Wilbraham, Team Leader, Records & Information Compliance, Stirling Council**
Action:	**For Noting**

1. Introduction

1.1 From 25 May 2018, the existing Data Protection Act 1998 will be replaced by the General Data Protection Regulation (GDPR). There will also be a new Data Protection Act in the UK.

2. Executive Summary

2.1. New Data Protection legislation imposes new responsibilities on all organisations that process (or control the processing of) personal data, and introduces significantly higher monetary penalties for non-compliance.

2.2. This report highlights the key features of the new legislation and sets out considerations for Clackmannanshire & Stirling Integration Joint Board (the IJB) in relation to its responsibilities under the new legislation.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note the requirements of new data protection legislation, and its significance for the work of the IJB.

3.2. Approve Deirdre Coyle, Head of Information Governance, NHS Forth Valley as the DPO for the Clackmannanshire & Stirling IJB.

3.3. Note that further work will be required by the IJB to review arrangements for processing of personal data by the IJB, to check that processes are compliant with GDPR.

3.4. Note that the IJB must document its arrangements for processing personal data, and make the documentation available publicly, in line with the requirements of GDPR in relation to transparency and accountability.

4. Background

4.1. The GDPR is a new regulation which will replace existing data protection legislation across the European Union from 25 May 2018. Certain aspects of the regulation need to be put into effect or clarified by domestic legislation in each member state, and a new Data Protection Act is currently being considered by the UK Parliament.

4.2 Together, the GDPR and new Data Protection Act will modernise the approach to processing of personal data in the digital age. The legislation imposes new obligations on organisations and expands and strengthen the rights of individuals in relation to personal data.

4.3 The Information Commissioner's Office (ICO) will remain as the supervisory authority for data protection legislation within the UK. Under existing legislation, the Information Commissioner can issue Monetary Penalty Notices for breaches of data protection legislation of up to £0.5m. GDPR will allow significantly higher fines of up to 20m Euros (currently around £17.6m) depending on the nature of the breach.

5. Main Body Of The Report

5.1. This part of the report sets out the main features of the GDPR.

5.2. **Data Protection Officer (DPO) -** Clackmannanshire & Stirling Integration Joint Board is a **"**Data Controller" in terms of GDPR as it determines the purposes and means of processing personal data. Clackmannanshire Council, Stirling Council, and NHS Forth Valley are also all Data Controllers. Articles 37-39 of GDPR introduce a statutory role of Data Protection Officer which must be appointed by each Data Controller, and set out both the position and tasks of this role. The DPO is responsible for ensuring compliance with GDPR, and must have a direct reporting route to senior management. The DPO will be expected to have sufficient professional knowledge to inform and advise the organisation on data protection matters, and to act independently with sufficient authority to identify, report and rectify risks around the processing of personal data. The legislation allows for one person to act as DPO for more than one organisation.

5.3. The IJB are asked to approve Deirdre Coyle, Head of Information Governance, NHS Forth Valley as the DPO for the Clackmannanshire & Stirling IJB.

5.4. **Data Protection Principles -** GDPR is based on 6 Data Protection

Principles. Article 5 of the GDPR states that personal data shall be:

- processed lawfully, fairly and in a transparent manner in relation to the data subject ('**lawfulness, fairness and transparency'**);

- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes (‘**purpose limitation’**);
- adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed **(‘data minimisation’**);
- accurate and, where necessary, kept up to date; (‘**accuracy’**);
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; (‘**storage limitation’**);
- processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures (‘**integrity and confidentiality’**).

5.5. **Transparency and Accountability** – GDPR requires greater transparency about how Data Controllers comply with each of the Data Protection principles. It requires details to be provided to people in the form of a **privacy notice** at the point at which their personal data is collected. Privacy notices will need to ensure people are told about processing in sufficient detail, and include several mandatory elements, including the purpose of the processing, the lawful basis for processing, how long the data is kept, and who it is shared with.

5.6. In addition, GDPR requires data controllers to maintain documentation relating to processing activities, which could be made available to the Information Commissioner or members of the public. Organisations need to compile a **register of data processing** which documents in detail each process involving personal data.

5.7. The register of processing is an effective way of assessing compliance of each process against the requirements of data protection legislation. Typical actions arising might involve: revising privacy notices to ensure detailed information is given to people at the point at which their data is collected; making sure the lawful condition for processing has been identified and documented; ensuring there are agreements in place with other people and organisations to share personal data; and ensuring that there are retention rules in place for all personal data held, and that these rules are routinely implemented.

5.8. **Rights of Individuals -** GDPR creates some new rights for individuals as well as strengthening some of the rights that exist under current legislation. Changes to existing rights include a revised timescale for Subject Access Requests (where an individual request access to the personal data held about them) which have to be answered within 30 calendar days (but with the possibility of extending the deadline by a further 2 months) rather than 40 days under existing legislation.

5.9. **Impact Assessments** - GDPR will require organisations to implement “Privacy by Design” to consider privacy and data protection implications from

the start of any initiatives, projects or new technology which use personal data. It will become mandatory to complete a Data Protection Impact Assessment (DPIA) for such projects, to ensure that privacy issues are considered and documented. Under present legislation, such assessments are considered good practice, but are not mandatory.

5.10. **Breach management -** GDPR introduces a legal duty for organisations to report certain types of data breaches to the ICO, within 72 hours of them occurring. Failure to do so could result in a financial penalty. Under present legislation, the ICO expects that "serious" breaches would be reported to the Commissioner, but there is currently no requirement to do so.

6. Conclusions

6.1. The IJB is a "Data Controller" in terms of data protection legislation, and will have responsibilities under the new GDPR. In particular, it will need to nominate a Data Protection Officer, document its arrangements for processing personal data (relating to any personal data about both service users and employees of the Partner organisations) and ensure that its processes comply with the requirements of the new legislation.

7. Resource Implications

7.1. Should there be any significant change to the responsibility of the IJB in the future, this role and its associated responsibilities would need to be reviewed.

8. Impact on Strategic Plan Priorities and Outcomes

8.1. This report and associated recommendations do not relate to the Clackmannanshire & Stirling Health and Social Care Partnership local outcomes and Strategic Plan priorities; however it supports the Board and Partnership to exercise their statutory duties.

9. Legal & Risk Implications

9.1 Failure to comply with new data protection legislation risks enforcement action by the Information Commissioner, and possible monetary penalties.

10. Consultation

10.1. Heads of governance across the three constitute authorities have been consulted in this proposal and the drafting of this paper.

11. Equality and Human Rights Impact Assessment

11.1. The contents of this report do not require an EQIA because it relates to compliance with legislation.

12. Exempt reports

12.1. Not exempt.

13. Appendices

13.1. None

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 12.1 on the agenda

Revised Integration Scheme

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lindsay Thomson, Senior Manager Legal & Democracy, Clackmannanshire Council
Date:	7 March 2018
List of Background Papers / Appendices:	
Revised Integration Scheme from Annex 1	

Title/Subject:	**Revised Integration Scheme**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**28 March 2018**
Submitted By:	**Lindsay Thomson, Senior Manager, Legal & Democracy, Clackmannanshire Council**
Action:	**For noting**

1. Introduction

1.1. This paper updates members of the Board on the recent revisals to the Integration Scheme. The revisals have been made to allow for the implementation of the Carers (Scotland) Act 2016 (the Act).

2. Executive Summary

2.1. The Integration Scheme has been revised to formally delegate functions conferred on Stirling and Clackmannanshire Councils and on Forth Valley Health Board (the Health Board) by the Act to the Integration Joint Board (IJB). This paper summarises the functions delegated, the consultation process which was undertaken, the approval of the revised Scheme by the constituent authorities and the next steps.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note the contents of this report and particularly the functions which have now been delegated by Stirling and Clackmannanshire Councils and the Health Board to the IJB.

4. Background

4.1. The Board has had a number of updates on the implementation of the Act and this paper relates to a further piece of work which was required as part of the implementation process in preparation for the Act coming into force in April 2018. This paper relates to the governance arrangements rather than the operational reporting.

4.2. In order to implement the Act there have been changes made to the regulations which set out the IJB delegated functions. The new version of the regulations came into force on 18 December 2017.

4.3. The regulations set out a list of functions which local authorities were required to delegate and a number of function which Health Boards had discretion to delegate. Forth Valley Health Board met on 30 January 2018 and determined which functions it would delegate.

5. Integration Scheme

Delegated Functions

The functions which have been delegated to the IJB by the local authorities are as follows:-

- Section 6 duty to prepare adult carer support plan
- Section 21 the duty to set local eligibility criteria
- Section 24 duty to provide support
- Section 25 provision of support to carers ; breaks from caring
- Section 31 Duty to prepare local carer strategy
- Section 34 information and advice service for carers
- Section 35 short breaks service statement

The Health Board was in a slightly different position in that the regulations provided discretion on which functions the Health Board wished to delegate. The following approach was adopted:

- Section 12 – the Health Board retained responsibility for the preparation of a young carers statement for each identified young carer.

- Section 31 - the Health Board followed a similar line to the local authorities, although not mandatorily required to do so, and delegated to the IJB responsibility for preparation of a Local Carers Strategy, in so far as it relates to adults over 18.

Consultation

There is a statutory requirement to consult on any proposed changes to the Integration Scheme. A short online consultation was carried out and the statutory consultees were notified. The communications teams in each constituent authority were invited to raise the profile of the consultation. There were no responses received to the consultation. Given the nature of the consultation in terms of its focus on statutory delegation of functions it was anticipated that there would be a very limited response.

Approval of Integration Scheme

The revisals to the Integration Scheme were approved by Clackmannanshire Council on 8 March and by Stirling Council on 15 March.

The Health Board had delegated authority to its Performance and Resources Committee to approve the changes the Integration Scheme. The Committee met on 27 February and approved the changes.

Next Steps

As the Integration Scheme has been approved by the constituent authorities it will be submitted to the Scottish Government for consideration.

6. Conclusions

6.1. The Board is invited to note the content of this report.

7. Resource Implications

7.1. There have been no direct resource implications in the revisal of the Integration Scheme. The process was carried out within the existing resource of the local authorities and health board.

8. Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'	
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	☐

8.2. This report is focused on the governance required in order to deliver local outcomes and strategic priorities.

9. Legal & Risk Implications

9.1. The revisals to the Integration Scheme have been carried out in accordance with the Scottish Statutory Instrument 2017/381

9.2. No additional risk has been identified.

10. Consultation

10.1. The revisals to the Integration Scheme required a consultation exercise and this is covered in the main body of the report.

11. Equality and Human Rights Impact Assessment

11.1. The contents of this report do not require an EQIA because they do not have any direct impact on groups with protected characteristics. An EQIA may be required for the policies which will underpin the functions which have been delegated.

12. Exempt reports

12.1. None

13. Appendices

13.1. Appendix 1 – Revised Integration Scheme from Annex 1 (full scheme is not provided as the revisals are only to the Annex)

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

Note

In accordance with paragraphs 3.1 and 3.2 of the Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that:

(i) it is exercisable in relation to persons of at least 18 years of age (other than functions exercisable in relation to the health care services set out in paragraph 11,12,13 &14 of Section B of Part 2 of Annex 1 which are delegated in relation to persons of any age); and

(ii) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed in Section A of Part 2 of Annex 1; or

(iii) *the function is exercisable in relation to the health care services listed in Section B of Part 2 of Annex 1.*

SCHEDULE 1 Regulation 3

Functions prescribed for the purposes of section 1(8) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CA() (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);

section 17A (NHS Contracts);

section 17C (personal medical or dental services);

section 17I() (use of accommodation);

section 17J (Health Boards' power to enter into general medical services contracts);

section 28A (remuneration for Part II services);

section 38() (care of mothers and young children);

section 38A() (breastfeeding);

section 39() (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55() (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);
section 64 (permission for use of facilities in private practice);

section 75A() (remission and repayment of charges and payment of travelling expenses);

section 75B()(reimbursement of the cost of services provided in another EEA state);

section 75BA ()(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82() use and administration of certain endowments and other property held by Health Boards);

section 83() (power of Health Boards and local health councils to hold property on trust);

section 84A() (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 () (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ();

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55().

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)(); section 38 (Duties on hospital managers: examination notification etc.)(); section 46 (Hospital managers' duties: notification)(); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals); section 267 (Orders under sections 264 to 266: recall); section 281() (Correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005(); The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(); The Mental Health (Use of Telephones) (Scotland) Regulations 2005(); and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008().

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36().

Carers (Scotland) Act 2016

Section 31 (Duty to prepare local carers strategy)	Only insofar as it relates to adults.

Part 2

Services currently provided by the Health Board which are to be integrated

Set out below is the list of services that the minimum list of delegable functions is exercisable in relation to. Further services can be added as they relate to the functions delegated.

SECTION A

Interpretation of Schedule 3

1. In this schedule—

"Allied Health Professional" means a person registered as an allied health professional with the Health Professions Council;

"general medical practitioner" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

"general medical services contract" means a contract under section 17J of the National Health Service (Scotland) Act 1978;

"hospital" has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

"inpatient hospital services" means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

"out of hours period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(); and

"the public dental service" means services provided by dentists and dental staff employed by a health Board under the public dental service contract.

SECTION B

2. Accident and Emergency services provided in a hospital.

3. Inpatient hospital services relating to the following branches of medicine—

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

6. Services provided in a hospital in relation to an addiction or dependence on any substance.

7. Mental health services provided in a hospital, except secure forensic mental health services.

SECTION C

8. District nursing services.

9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

11. The public dental service.

12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.

13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.

14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.

15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.

16. Services providing primary medical services to patients during the out-of-hours period.

17. Services provided outwith a hospital in relation to geriatric medicine.

18. Palliative care services provided outwith a hospital.

19. Community learning disability services.

20. Mental health services provided outwith a hospital.

21. Continence services provided outwith a hospital.

22. Kidney dialysis services provided outwith a hospital.

23. Services provided by health professionals that aim to promote public health.

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board as set out in the Public Bodes (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

Note

In accordance with paragraphs 3.3 and 3.4 of the Scheme, each function listed in column A is delegated subject to the exceptions in column B and only to the extent that it is exercisable in relation to persons of at least 18 years of age.

SCHEDULE Regulation 2

PART 1

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948()	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958()	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968()	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
~~Section 12AA~~ ~~(Assessment of ability to provide care.)~~	
~~Section 12AB~~ ~~(Duty of local authority to provide information to carer.)~~	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982()	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986()	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are Integration Functions.
The Adults with Incapacity (Scotland) Act 2000()	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under Integration Functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under Integration Functions.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under Integration Functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under Integration Functions
The Housing (Scotland) Act 2001()	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002()	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.) Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003()	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006()	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007()	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013()	
~~Section 3~~ ~~(Support for adult carers.)~~	~~Only in relation to assessments carried out under Integration Functions.~~
Section 5 (Choice of options: adults.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Carers (Scotland) Act 2016	All only insofar as they relate to adults.
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (Duty to provide support)	
Section 25 (Provision of support to carers: breaks from caring)	
Section 31 (Duty to prepare local carer strategy)	
Section 34 (Information and advice services for carers)	
Section 35 (Short break services statements)	

PART 2

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002	
Section 4() The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002()	

Part 2

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

Annex 3

Hosted Services

Where a Health Board spans more than one Integration Joint Board, one of them might manage a service on behalf of the other(s). This Annex sets out those arrangements which the Parties wish to put in place. Such arrangements are subject to the approval of the Integration Joint Board but will not be subject to Ministerial approval.

This would include –

The hosting of services by one integration authority on behalf of others within the same Health Board areas.

The hosting of services by on Health Board on behalf of one or more integration authority.

Additional duties or responsibilities of the Chief Officer.

Annex 4 – Consultation Details for the Development of the Integration Scheme

Type of Consultee	Name of Group / Individual	Means of Consultation
Health professionals	• Joint Management Team • Clackmannanshire CHP Sub Committee • Reshaping Care Strategy Group • Stirling CHP Sub Committee • Area Clinical Forum • Area Medical Committee • Learning Disabilities AHP Team Leads • Charge Nurse / CPN Forum • Staff Session x 3	Meeting Employee Newsletter Email via distribution lists Parties website
Users of health care	• Clackmannanshire CHP Sub Committee • Stirling CHP Sub Committee • Mental Health Services Users & Carers • Public Partnership Forum	Meeting Email via distribution lists Parties website
Carers of users of health care	• Clackmannanshire CHP Sub Committee • Reshaping Care Strategy Group • Stirling CHP Sub Committee • Mental Health Services Users & Carers • Carers Community House Coffee morning • Stirling Carers Centre • Carers Voice Meeting • Older Peoples Reference Group • Public Partnership Forum	Meeting Email via distribution lists Parties website
Commercial providers of health care		Meeting Email via distribution lists Parties website
Non-commercial providers of health care		Meeting Email via distribution lists Parties website
Social care professionals	• Joint Management Team • Clackmannanshire CHP Sub Committee • Reshaping Care Strategy Group • Stirling CHP Sub Committee • Area Clinical Forum • Staff Session x 3	Meeting Employee Newsletter Email via distribution lists Parties website
Users of social care	• Clackmannanshire CHP Sub Committee • Stirling CHP Sub Committee • Mental Health Services Users & Carers • Public Partnership Forum	Meeting Email via distribution lists Parties website
Carers of users of social care	• Clackmannanshire CHP Sub Committee • Reshaping Care Strategy Group • Stirling CHP Sub Committee • Mental Health Services Users &	Meeting Email via distribution lists Parties website

	Carers • Carers Community House Coffee morning • Stirling Carers Centre • Carers Voice Meeting • Older Peoples Reference Group • Public Partnership Forum	
Commercial providers of social care		Meeting Email via distribution lists Parties website
Non-commercial providers of social care		Meeting Email via distribution lists Parties website
Staff of the Health Board and local authority who are not health professionals or social care professionals	• Staff Session x 3	Meeting Employee Newsletter Email via distribution lists Parties website
Non-commercial providers of social housing		Meeting Email via distribution lists Parties website
Third sector bodies carrying out activities related to health or social care	• Joint Management Team • Clackmannanshire CHP Sub Committee • Reshaping Care Strategy Group • Stirling CHP Sub Committee • Third sector session	Meeting Email via distribution lists Parties website

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 12.2 on the agenda

Clackmannanshire Local Outcome Improvement Plan 2017/2027

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Cherie Jarvie, Strategy and Performance Manager
Date:	12/03/2018
List of Background Papers / Appendices:	
Clackmannanshire Local Outcome Improvement Plan 2017/2027	

Title/Subject: **Clackmannanshire Local Outcome Improvement Plan 2017/2027**

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

Date: **28 March 2018**

Submitted By: **Stuart Crickmar, Head of Strategy and Customer Services**

Action: **For Noting**

1. Introduction

1.1 This report presents the Board with the Local Outcome Improvement Plan for Clackmannanshire for 2017/2027. This plan, known as the LOIP, set partners collective vision for improving outcomes for Clackmannanshire over the next 10 years. The plan was prepared in line with the statutory guidance and through comprehensive work with our community planning partners. The Clackmannanshire Alliance endorsed the plan in September 2017, and Clackmannanshire Council approved the plan in September 2017 ahead of the statutory date for publication of 1st October 2017.

2. Recommendations

The Integration Joint Board is asked to:

2.1. Note Clackmannanshire's Local Outcome Improvement Plan for 2017/2027.

3. Background

3.1 The Clackmannanshire Alliance was required under the Community Empowerment (Scotland) Act 2015 to produce a Local Outcome Improvement Plan for 2017/27 to replace the Single Outcome Agreement for Clackmannanshire. The LOIP was required to be agreed by 1st October 2017.

3.2 In line with the statutory guidance, the LOIP was based on an evidence based and robust understanding of the local needs, circumstances and aspirations of local communities. The LOIP sets out clear and agreed priorities for improving local outcomes and on tackling the inequalities in Clackmannanshire. The LOIP also sets out clearly which communities in Clackmannanshire experience significantly poorer outcomes relative to other areas.

3.3 In addition to the LOIP, Clackmannanshire was required under the legislation to identify localities for the purposes of locality planning. A locality plan is a plan to improve outcomes in a particular locality as a result of the experience of significant inequality of outcome. Locality plans should set out clear

priorities for improving local outcomes and tackling inequalities. Locality plans can be developed for geographic communities but also for communities of interest. Each locality plan must identify localities with population of no more than 30000 residents.

3.4 Partners have chosen to present three priority locality plans for Clackmannanshire. One of these is geography or place based and the other two are thematic priorities. These plans are contained in the body of the Local Outcome Improvement Plan 2017/27.

4. Main Body Of The Report

4.1 This development of Clackmannanshire's Local Outcome Improvement Plan 2017/27 was co-ordinated through a short life working group comprising statutory community planning partners and built on the evidence gathered and presented through the Poverty Assessment and Economic Baseline completed in Easter 2017. A stakeholder engagement exercise was held in May 2017 and a comprehensive period of consultation focussed on engagement with communities and groups identified through an equalities impact assessment.

4.2 The LOIP includes four new strategic long term outcomes and three locality priorities. A number of principles and key action areas are also included in the plan. A central theme throughout the plan is tackling, reducing and preventing inequality, poverty and disadvantage throughout Clackmannanshire.

4.3 Clackmannanshire's Local Outcome Improvement Plan sets out its vision for Clackmannanshire:

Vision

'Working together for a better quality of life and equal opportunity for all'

4.4 The LOIP also includes four long term strategic outcomes:

Strategic Outcomes

- Clackmannanshire will be attractive to businesses and people; will create sustainable jobs, raise attainment and improve life skills to ensure fair opportunities for all.
- Our families; children and young people will have the best possible start in life.
- Women and girls will be confident and aspirational, and achieve their full potential.
- Our communities will be resilient and empowered so that they can thrive and flourish.

4.5 The LOIP sets out three Locality Priorities for Clackmannanshire over the next 10 years. These are:

Locality Priorities

- Outcomes for looked after children.
- Outcomes for women experiencing inequality.
- Outcomes for people living in Alloa South and East communities experiencing disproportionately poorer outcomes compared with the remainder of Clackmannanshire.

Link with Health and Social Care Strategic Priorities

4.6 The links between the LOIP and Health and Social Care are set out in the plan, and Health and Social Care is a standing agenda item at the Community Planning Partnership Board. Whilst we have not identified older people as being in particular risk from income poverty, the partnership has agreed to keep a watching brief on inequality and our older people in Clackmannanshire in light of our long term demographic projections.

5. Conclusions

5.1. Partners in Clackmannanshire have developed Clackmannanshire's Local Outcome Improvement Plan 2017/2027 and have commenced work on partnership action plans and to ensure a community planning partnership structure that will support the delivery of the plan. Partners in Clackmannanshire will prepare and publish an annual report in early 2019 in line with the statutory requirements and guidance.

6. Resource Implications

6.1. Delivery of the Local Outcome Improvement Plan will be shared by the core community planning partners as set out under the legislation. This will be achieved within partners existing budget processes.

7. Impact on Strategic Plan Priorities and Outcomes

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

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

Fit with Our Priorities 'we will...'

Further develop systems to enable front line staff to access and share information	X
Support more co-location of staff from across professions and organisations	X
Develop single care pathways	☐
Further develop anticipatory and planned care services	X
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	☐

8. Legal & Risk Implications

8.1. There are no legal or risk implications arising from this report.

9. Consultation

9.1. The LOIP was subject to a full period of consultation informed by an equalities impact assessment.

10. Equality and Human Rights Impact Assessment

10.1 The equality impact assessment was considered by Clackmannanshire Alliance and Clackmannanshire Council and is published alongside the Local Outcome Improvement Plan on Council website. The EQIA was made available during the period of consultation.

11. Exempt reports

12. Appendices

Appendix 1 – Clackmannanshire Local Outcome Improvement Plan 2017/2027

Appendix 1

Standard Impact Assessment Document (SIA)
Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: **Name of EQIA being completed i.e. name of policy, function etc.**

Clackmannanshire Local Outcome Improvement Plan 2017/2027

Q1 a; Function ☐ Guidance ☐ Policy X Project ☐ Protocol ☐ Service ☐ Other, please detail ☐

Q2: What is the scope of this SIA

Service Specific ☐ Discipline Specific ☐ Other (Please Detail) X

All Community Planning Partners

Q3: Is this a new development? (see Q1)

Yes X No ☐

Q4: If no to Q3 what is it replacing?

In line with new legislation, however replaces the Single Outcome Agreement for Clackmannanshire 2013/2023.

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Strategy and Customer Services

Q6: Main person completing EQIA's contact details

Name:	Cherie Jarvie	Telephone Number:	01259 45 2365
Department:	Strategy and Performance	Email:	cjarvie@clacks.gov.uk

Q7: Describe the main aims, objective and intended outcomes

To set the vision for Clackmannanshire for the next 10 years and what community planning partners will do to achieve that vision.
To improve outcomes for those facing significant inequalities.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff ☐	**Service Users** X	**Unpaid Carers** ☐	**Other** X	**Please state:**

Communities; vulnerable people.

(ii) Have they been involved in the development of the function/service development/other?

Yes X No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Various groups – outlined in the LOIP and EQIA.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Detailed EQIA prepared, consulted on and published as part of approval process.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	**Positive**	**Adverse/ Negative**	**Neutral**	**Comments** **Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)**
Age	X			
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	X			
Gender Reassignment				
Marriage and Civil partnership				
Pregnancy and Maternity	X			
Race/Ethnicity				
Religion/Faith				
Sex/Gender (male/female)	X			
Sexual orientation				
Staff (This could include details of staff training				

completed or required in relation to service delivery)				
Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Unpaid Carers				
Homeless				
Language/ Social Origins				
Literacy	X			
Low income/poverty	X			
Mental Health Problems	X			
Rural Areas				
Armed Services Veterans, Reservists and former Members of the Reserve Forces				
Third Sector	X			
Independent Sector				

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐ No ☐

Q11: **Is a detailed EQIA required?**

Yes ☐ No ☐

Please state your reason for choices made in Question 11.
Full EQIA completed and consulted on in Summer 2017. This was made available to Clackmannanshire Alliance and Clackmannanshire Council.

Date EQIA Completed	DD / MM / YYYY		
Date of next EQIA Review	DD / MM / YYYY		
Signature		Print Name	
Department or Service			

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to CS.integration@nhs.net

Name of document being EQIA'd:	

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:	

Signed:		Date:	

Clackmannanshire Alliance

Local Outcomes Improvement Plan 2017-2027

This plan has been produced with the assistance of all our partners.

POLICE SCOTLAND
Keeping people safe

NHS Forth Valley

Forth Valley College

CTSi
Clackmannanshire Third Sector Interface

In partnership with
Scottish Enterprise
FORTH VALLEY

SCOTTISH FIRE AND RESCUE SERVICE
Working together for a safer Scotland

Clackmannanshire Council

Clackmannanshire & Stirling Health & Social Care Partnership

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Foreword

Welcome to our Local Outcomes Improvement Plan (LOIP) 2017/2027 for Clackmannanshire.

This plans sets out the vision of the Clackmannanshire Alliance for the next 10 years and builds upon the successes of our previous plan the Single Outcome Agreement for Clackmannanshire 2013/23. A central theme of this Plan is a joint commitment to tackling the inequalities that exists in Clackmannanshire as a result of poverty and socio-economic disadvantage.

We have listened to partners and our communities and have intentionally focussed on a few key matters that we can make the greatest impact to our communities in Clackmannanshire. We recognise the importance of aligning partner's resources on key priorities that will drive long term sustainable improvement over the next decade for the benefit of all our communities. Through this plan we will create a legacy for future generations in Clackmannanshire; a society which more equal and which provides a better quality of life for all.

Prevention and early intervention is a strong theme set throughout this plan. While this plan seeks to improve outcomes that will benefit everyone in Clackmannanshire partners recognise the importance of getting it right for our children and young people – our adults and our working age population in years to come. Securing better outcomes for our children and young people will secure better futures for all ages and all communities in Clackmannanshire by 2027.

This plan is focussed on improving outcomes, but we want also to recognise the positives that Clackmannanshire has to offer and to build on, with our communities, these positives and opportunities. We also want to build on our culture of continuous improvement as a partnership and ensure that we are working together in the best way that we can, making the best use of our resources with and for the benefit of communities in Clackmannanshire.

Introduction

This Local Outcome Improvement Plan for 2017-2020 replaces the Clackmannanshire Single Outcome Agreement for 2013-2023. This plan has been developed in partnership and in response to our statutory obligations set out under the Community Empowerment (Scotland) Act 2015.

Community Planning is about how public services work together with the community to deliver better services which improve long term outcomes for local communities. In 2015 community planning became a statutory requirement with the introduction of the Community Empowerment (Scotland) Act 2015 and a legal duty on core community planning partners to demonstrate that they are bringing about significant impact on improving outcomes and reducing inequality and disadvantage.

Our communities lie at the heart of this plan and our vision for Clackmannanshire. We recognise that the best solutions and the best ideas come from local communities, local businesses and the third sector and we are committed to working alongside our communities to secure improved outcomes for Clackmannanshire over the next 10 years.

Our Local Outcome Improvement Plan has been developed by the Clackmannanshire Alliance and sets out our ambitions for change for Clackmannanshire over the next decade. This plan sets out our commitment to reducing inequality and our renewed focus to work together to secure better outcomes for Clackmannanshire. We have chosen to focus our collective efforts on a core set of priorities based on our discussions with partners and communities over the past 12 months and based on a sound understanding of local need and circumstances.

Our Local Outcome Improvement Plan is supported by three Locality Priority Plans for Clackmannanshire. For clarity and consistency we have selected to develop locality plans based on the priorities that we have identified for Clackmannanshire. We believe that investing our collective resources and efforts on these three areas will enable our partnership to secure the best outcomes for Clackmannanshire over the next 10 years.

Each community planning partner in Clackmannanshire is committed to these priorities and will reflect these in their own strategic plans to ensure all efforts drive improved outcomes for Clackmannanshire, particularly in light of the challenges that partners face over the next decade.

Clackmannanshire

Our Community Planning Framework

Community Planning Partnerships have a responsibility to work with communities to plan, resource and deliver integrated public services, reduce inequalities and significant disadvantage and bring about sustainable improvements to local outcomes. The Clackmannanshire Alliance, our Community Planning Partnership, brings together the key organisations that can make a difference to people's lives in Clackmannanshire.

We understand that, due to the size and nature of our place, we have opportunities unique to Clackmannanshire. With that said however, community planning is complex, with a number of existing and new duties and responsibilities which are no different to the largest community planning partnerships and authority areas in Scotland.

Understanding the breadth of responsibility on the partnership and responding to the significant areas of inequality that we have identified, through this plan, in Clackmannanshire is a challenge for partners in Clackmannanshire. We will ensure that our partnership has the resources and capacity to deliver the pace of change and decisiveness in impact and that we apply strong governance, accountability and collaboration in all that we do for Clackmannanshire.

Our partnership arrangements need to reflect our new Local Outcome Improvement Plan and our Locality Priorities. It is crucial that our partnerships planning, performance and delivery framework is simple, clear and aligned. An early priority for the partnership will be to review our partnership operating arrangements to ensure they reflect the priorities that we have identified through this Local Outcome Improvement Plan. Our mechanisms for engaging with communities, local businesses and the third sector will be a key part of that review. Our current partnership structure includes both regional and local partnerships which broadly reflect our main areas of responsibility.

Developing our Local Outcome Improvement Plan 2017/2027

Our LOIP sets out our strategy and vision for Clackmannanshire. It has been developed using a robust evidence base through extensive research and analysis through our Poverty Assessment for Clackmannanshire 2017 and our Economic Baseline for Clackmannanshire 2017. In May 2017 we held a stakeholders workshop to identify our priorities and to agree where we would focus our efforts and resources. We carried out an Equality Impact Assessment on our priorities and then consulted widely with a range of partners, key stakeholder and equality groups over June and July 2017.

Our Place

The Clackmannanshire Context

Clackmannanshire is unique in its relatively small geographic size yet abundance of historical importance and exceptional places to visit. Clackmannanshire is centrally located yet boasts stunning scenery and feels rural. Clackmannanshire benefits from good transport and digital infrastructure and opportunities yet has small villages and communities perfect for raising families and feeling part of the community.

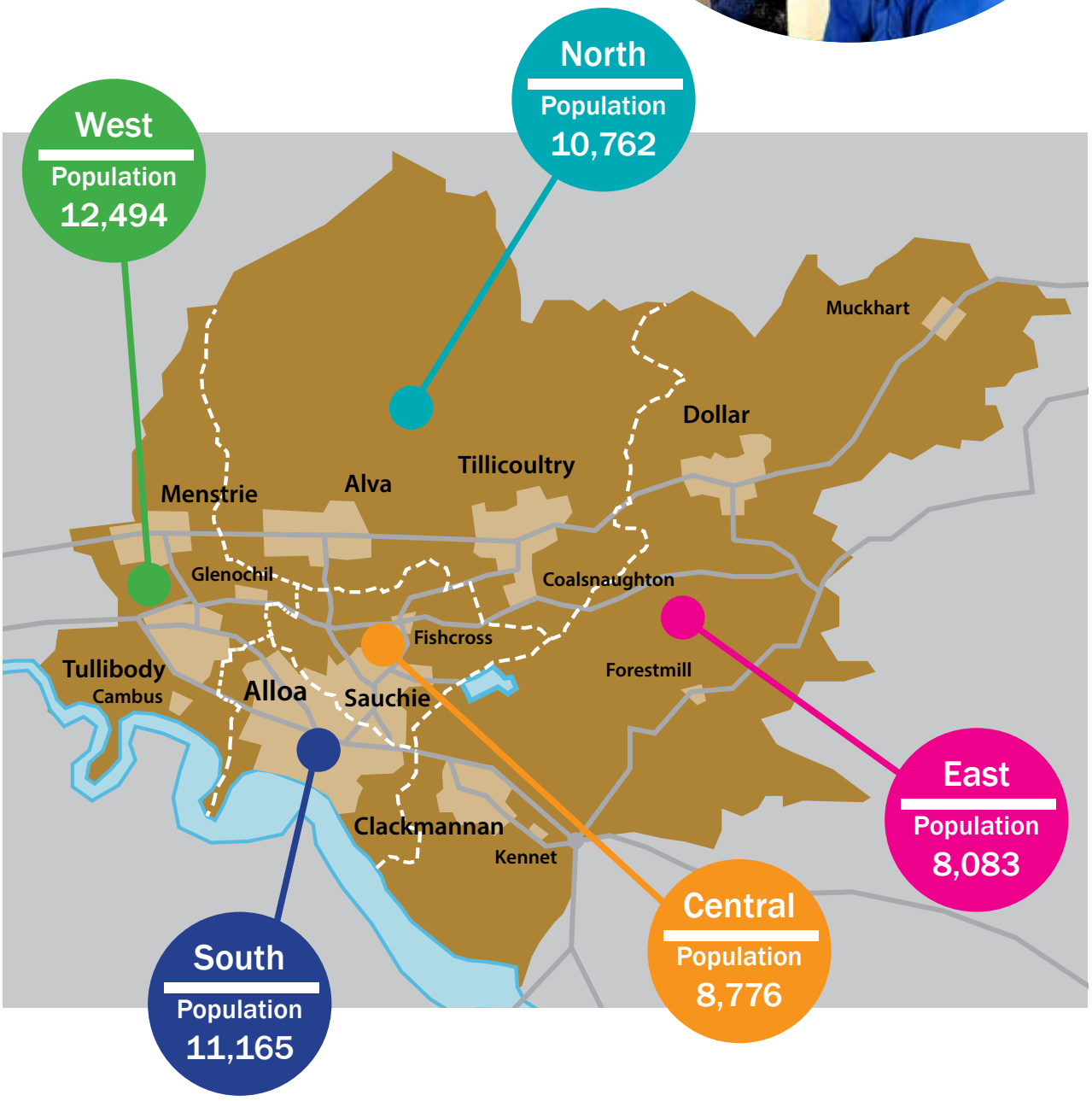
Clackmannanshire is also part of some major changes and opportunities. It has benefited from investment through the Scottish Attainment Fund and stands to benefit from investment through a joint City Deal with Stirling Council over the next few years. Clackmannanshire has some big plans and has some big ambitions for its communities and this plan seeks to ensure that we achieve long-term sustainable improved outcomes for the people and future generations of Clackmannanshire.

With that said, Clackmannanshire also has some catching up to do with the rest of Scotland. The post-industrial impacts have been deep and widespread in Clackmannanshire and our communities still bear many of the scars and symptoms associated with intergenerational and deep-rooted poverty. New industry and transport links have created opportunities for some of our communities, however, have also polarised the divide between our most and least disadvantaged communities. That, along with anticipated population and demographic changes which buck national trends, creates a uniquely different set of challenges for partners in Clackmannanshire, but at the same time a uniquely different set of opportunities for change.

Our Place and our People

Clackmannanshire has 9 main localities or neighbourhood settlements. The largest of these areas is Alloa with a population of 13,000 followed by Tullibody with a population of around 9,500.

These are split into 5 administrative wards – North, South, East, West and Central.



The Scottish Governments Index of Multiple Deprivation (SIMD) splits Clackmannanshire into 71 small areas known as 'data zones'. These data zones are used to identify places with concentrations of deprivation across Scotland. Clackmannanshire has proportionately more data zones than the Scottish average and its share of deprived data zones is the 8th highest of the 32 local authorities in Scotland. The places with the most significant areas of concentrations of deprivation in Clackmannanshire are:

- Alloa South and East
- Tullibody North and Glenochil
- Tullibody South
- Fishcross, Devon Village and Coalsnaughton

The population of Clackmannanshire has grown fairly steadily over the past decade and in 2015 was estimated at around 51, 000 people. Our population projections however buck national trends. Whilst the population of Scotland is set to increase by almost 6.5% by 2039 from 2014 levels, the population in Clackmannanshire is projected to fall by around 3% over the same period to around 49, 6433. The population of all age groups except those aged 65+ is set to fall between now and 2037 which will create particular challenges for Clackmannanshire. The number of people of pensionable age is expected to rise by 32% by 2039 from 2014 levels. The comparable rise for Scotland is 28.3%. The number of people of working age in Clackmannanshire is set to drop by 12.5% from 2014 to 2039, compared to a 1.2% rise for Scotland as a whole.

Figure 1.1e* Scotland age profiles

Scotland 2014 (solid) and 2039 (line)

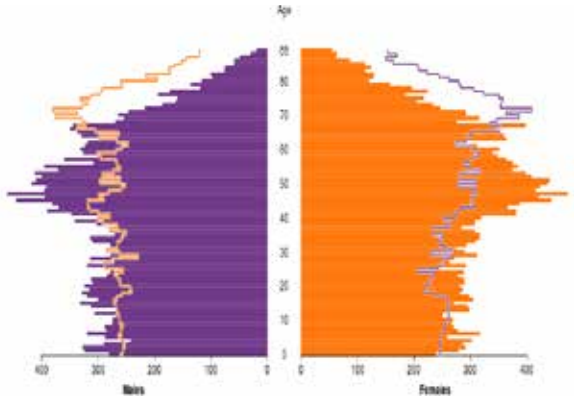
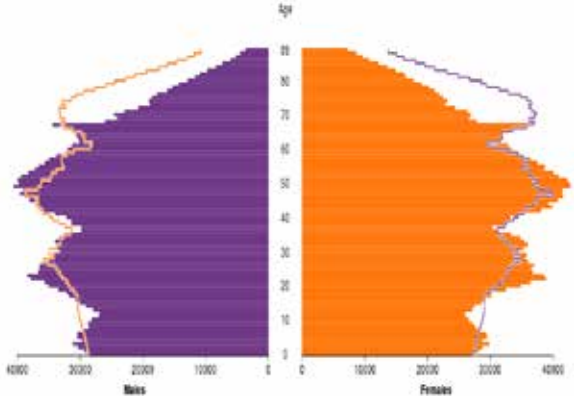


Figure 1.1f Clackmannanshire age profiles

Scotland 2014 (solid) and 2039 (line)



* https://scotland.shinyapps.io/population-projection-pyramids/

The impact of Poverty and Inequality

Clackmannanshire currently has a working age population of around 33,000. Children make up around 9,000 of the current population of Clackmannanshire with around 3,900 on the primary school roll and 2,800 on the secondary school roll in 2016/17. In 2017 there were 220 looked after children in Clackmannanshire, higher than the national rate per head of population. In 2015 there were around 2,700 workless households in Clackmannanshire with approximately 2,000 children were living in these households. In Clackmannanshire around 27% of all children are living in poverty which is around 2,400 of our children – a figure well in excess of the national rate in Scotland.

We know that inequality and the impact of poverty and disadvantage in our communities is widespread. We know that poverty and inequality limits choices, quality of life and life long opportunities for some families and some communities in Clackmannanshire. We know that poverty blights childhoods and that growing up in poverty can mean being cold, going hungry and not being able to do activities that families should be able to do. We know that poverty has long lasting effects on attainment, aspirations, learning and employment. We also know that poverty and inequality impacts on health, wellbeing and ultimately quality of life and life expectancy. Tackling health inequalities lies at the heart of this plan.

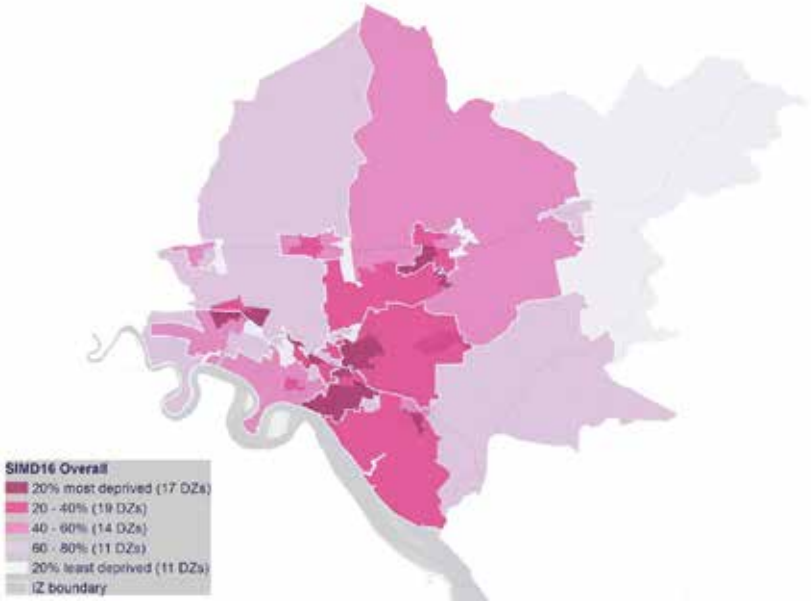
In Clackmannanshire we have identified a number of areas where we think there is significant inequality and disadvantage and where we think poverty is a very real problem for some of our families and communities. We know that attainment and positive destinations for our young people can be lower for pupils who live in the most deprived places in Clackmannanshire. When we compare a range of health and wellbeing measures Clackmannanshire varies significantly from the national average in 26 out of 56 measures including those relating to alcohol and substance use, mental health measures and childhood, women, ante and post natal health measures.

Through our research and analysis we have identified a number of areas where Clackmannanshire significantly differs from Scotland in its performance relating to employment and income and gender equality. We have found stark differences in the employment rate and pay rates between males and females; life expectancy rates between males and females and a high proportion of women who face additional inequalities through disability and/or caring responsibilities in Clackmannanshire. The teenage pregnancy rate in Clackmannanshire is the highest in Scotland and Clackmannanshire has around 1,600 women who are lone parents.

In terms of place we know from the SIMD index that Clackmannanshire, but particularly the Alloa South and East community features in some of the most deprived areas in Scotland and has done so since 2004 when the measurement tool was first used. Clackmannanshire has the 8th highest national share of data zones in the 15% most deprived with 11 data zones in this category.

Although other communities in Clackmannanshire also feature in the index we consider Alloa South and East to demonstrate particular challenges and significant poverty, inequality and disadvantage.

Most deprived areas in Clackmannanshire 2016.



Our Economy

Although our economic indicators have improved in Clackmannanshire, they still lag significantly behind Scotland overall. Across the range of economic measures – Gross Value Added (GVA), median earnings, employment rate, claimant count and job density – Clackmannanshire is significantly behind. Both the employment rate and median earnings for women in Clackmannanshire is significantly different to both the national average and the rate for males in Clackmannanshire. Almost 80% of males in Clackmannanshire are in employment compared with 65% of women – a figure lower than would be expected given the national average. Median weekly earnings for males (in full time employment) are slightly higher than the national average but earnings for women (in full time employment) are 27% lower than the national average. In real terms the difference is around £129 per week.

On the face of it, Clackmannanshire's GVA lags considerably behind Scotland and neighbouring areas including Stirling. The county has a GVA per capita of £15,000, compared to Scotland's £22,300 and Stirling's £23,600. When GVA per employee is considered, however, Clackmannanshire can be seen to outperform both Scotland and Stirling, with levels of GVA per worker reaching over £45,000 in 2014. This latter trend demonstrates that when jobs are located and business is conducted in Clackmannanshire, it is more productive than comparators. The gap between GVA per capita and GVA per job is exacerbated by a jobs density of just 0.5 jobs per individual of working age, compared to rates of around 0.8 for both Scotland and Stirling. With women travelling shorter distances to access employment, possibly as a result of childcare or their higher propensity to provide unpaid care than men, this shortage of jobs in Clackmannanshire is a problem for all residents with barriers to travelling for work, but for women in particular.

Headline employment rates indicate that Clackmannanshire is making progress in recovering to its pre-crisis peak of 76%. The 2015 employment rate was over 72%. Of those who are employed, public administration, education and health are the largest sources of employment for Clackmannanshire, in line with Scotland as a whole. However, underlying this headline statistic is a significant divergence between genders, with almost 80% employment amongst men, and 65% for women in Clackmannanshire.

There is some good news too for Clackmannanshire. As well as being a demonstrably productive place to do business, as outlined above, businesses are as likely to survive in Clackmannanshire as in Scotland as a whole, suggesting Clackmannanshire is not an inherently poor environment to do business in. The county also enjoys reasonable proximity to three cities, Stirling, Edinburgh and Glasgow, and boasts natural assets in the river and the Ochil Hills, which offer the potential to develop innovative and sustainable sources of economic growth through tourism and energy production.

Older People and Health and Social Care Integration

From our review of data and research we have not identified older people in Clackmannanshire as being in particular risk from income poverty. That said, we do know there are pockets where older people are living in circumstances which we would consider not good enough, affected by poverty factors such as transport, access to service, isolation within communities, poor health and disability. We also know that Clackmannanshire faces a changing demographic profile and that our proportion of older people is projected to increase by 32%.

Given our long-term demographic projections and the strength of feedback from partners and communities we have agreed to keep a watching brief on inequality and our older people in Clackmannanshire. We will do this through our Health and Social Care Partnership and where it is considered appropriate we will develop specific multi-agency partnership strategies to tackle particular disadvantage to this age group. Our older people in Clackmannanshire will also of course benefit from work that will be undertaken to implement this plan through for example strategies on food and fuel poverty and community resilience and empowerment.

Partners are already doing a lot of work through the Health and Social Care Partnership in Clackmannanshire and the community planning partnership aims to complement that work where it is appropriate. The partnership Strategic Plan [2016-2019] has established eight local 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 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

Further information on Our Health and Social Care Partnership for Clackmannanshire and Stirling can be found here:

https://nhsforthvalley.com/about-us/health-and-social-care-integration/clackmannanshire-and-stirling/

How We Will Work

In Partnership

In Clackmannanshire we have a solid foundation of working together to improve outcomes for Clackmannanshire. Since our first plans, the Clackmannanshire Alliance has achieved much as a partnership. We have seen significant improvements in the way that our communities reflect on Clackmannanshire as a place to live. We have also seen significant improvements in the way that our communities reflect on the way that public services are delivered in Clackmannanshire.

However the next 10 years are going to be challenging. The context of public sector spending reductions; major policy reform and a challenging demographic profile will all influence and impact on achieving our strategic outcomes and how we go about our business.

How the partnership engages individuals and communities in the solutions that will achieve real and lasting change in their own lives and in their communities is going to be crucial and that is why we have identified a strategic priority around this agenda. How we address the poverty and inequality that we have identified in a way that makes a significant impact on future generations in Clackmannanshire is also critical.

On that basis the partnership has agreed a set of principles which set out how we will do our business in Clackmannanshire to implement this plan and achieve our outcomes. These are:

- A focus on fewer key priorities to tackle inequality where we can genuinely make a difference.
- Prevention and early intervention aimed at reducing causes of poverty and inequality and not just its symptoms.
- Inclusive economic growth that benefits everyone.
- Participation, engagement and co-production in identifying and delivering solutions.
- Strong partnership leadership, governance and accountability
- Integrated and multi-agency approaches focussed on our targeted priorities; and
- Promoting and championing what we do well in Clackmannanshire and building and continuing areas of good practice

Each partner individually and collectively has a commitment to deliver on the outcomes, priorities and the manner with which we will achieve these. This commitment means making sure that what we do individually and collectively has regard to the priorities identified through this plan. This commitment also extends to how we will individually and collectively go about our business for the benefit of Clackmannanshire.

Governance, Performance, Accountability and Improvement

Managing performance across the partnership is key in ensuring informed decision making, mobilising resources appropriately, assessing progress and performance and ensuring accountability. Good performance management is also about continually improving the way that we work - leadership, governance, engagement and shared goals and priorities.

Throughout the life of the Single Outcome Agreement in Clackmannanshire our partnership has demonstrated robust arrangements for governance, performance and accountability. Performance management arrangements have been in place across all of our partner organisations and information and performance information on community planning analysed and presented through the preparation of regular performance reports and annual reviews for purposes of scrutiny and accountability. Our partnership has developed our approaches to performance management over the past 4 years and now core partners share performance information on a uniform performance management system Pentana. We will continue to build on our embedded practice in Clackmannanshire with our new Local Outcome Improvement Plan 2017-2027 and will make necessary adjustments and improvements to ensure compliance with duties set out through the Community Empowerment (Scotland) Act 2015. This will include extending our approaches to the broader set of partners now included in the Community Planning duty.

We will report annually on progress against this plan and will publish this report for information. We will also ensure that our plan remains up to date and delivers improvement on priorities which reflect local needs, circumstances and aspirations. We will refresh our Local Outcome Improvement Plan every 3 years.

Our Policy Framework

This plan recognises the significant policy framework within which Community Planning Partners operate. There are a number of significant plans in Clackmannanshire which will shape how we will work in partnership and what we will do to improve outcomes locally. Partners will continue to provide leadership and resources to ensure that these plans are delivered in Clackmannanshire and to ensure that the strategic outcomes presented in this Local Outcome Improvement Plan 2017-2027 are achieved. These plans include:

- Clackmannanshire Council Corporate Plan 2017-2022
- Health and Social Care Partnership Strategic Plan 2016-2019
- Local Police Plan for Clackmannanshire 2017-2020
- Local Fire Plan for Clackmannanshire 2017-2020
- National Improvement Framework for Education 2017
- Community Justice Improvement Plan 2017/18
- Community Learning and Development Plan 2015-2018
- Children's Services Plan for Clackmannanshire 2017-2020
- Local Development Plan 2015
- Clackmannanshire Economic Development Framework 2008-2018
- Clackmannanshire Mainstreaming Equalities Outcomes 2017-2021

'Working together for a better quality of life and equal opportunity for all'

Our Vision

For Clackmannanshire 2017-2027

Our Local Outcome Improvement Plan vision for Clackmannanshire, partly taken from our Community Plan (2010-20) 'Working Together for Clackmannanshire' and our Single Outcome Agreement 2013/2023 is:

'Working together for a better quality of life and equal opportunity for all'

As partners we want our communities and our people to have the same opportunities and life chances. We want our children and young people to be able to make the most of the opportunities that are available to them and to have the best possible outcomes as adults. We want our communities to be resilient and empowered and be supported to be able to improve outcomes that reflect their local aspirations. We want to improve the outcomes for our women and girls living in Clackmannanshire, recognising that this will need a whole-community approach, but will benefit each and every community. Lastly we want Clackmannanshire to be an attractive place to live and work with healthy and sustainable businesses and opportunities for learning and employment.

Central to achieving our vision is tacking the poverty, inequality and disadvantage that we have identified in Clackmannanshire. Evidence tells us that there are clear groups and areas experiencing particular disadvantage when compared with others in Clackmannanshire and national averages. We want to work together to tackle the root causes of poverty, deprivation and inequality which has existed in some families for generations and to start to really improve our outcomes for our young people and future adults.

In order to achieve our vision for Clackmannanshire we have developed four long term strategic outcomes which will drive the direction of our strategic partnership working in Clackmannanshire over the next 10 years:

Strategic Outcomes for Clackmannanshire

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

Clackmannanshire will be attractive to businesses and people and ensure fair opportunities for all.

Our communities will be resilient and empowered so that they can thrive and flourish.

Our families; children and young people will have the best possible start in life.

Women and girls will be confident and aspirational, and achieve their full potential.

From our extensive work to understand the issues and challenges facing Clackmannanshire we have identified a number of groups and communities where we intend to focus our resources and improve outcomes. In doing so we believe that we will be addressing the most significant areas of poverty and inequality in our communities that will reap improved benefits for the whole of Clackmannanshire and bring us to a position where we are performing the same or better than nationally. These groups have been identified through our research but also through feedback from our recent consultation with stakeholders.

We accept of course, that families and communities will be experiencing poverty and disadvantage that do not sit under any of these groups and that there may be new emerging groups which we are not yet fully aware of in Clackmannanshire. We will continue to keep a watching brief on these groups and any emerging new groups and will work as partners to determine appropriate interventions and strategies to address inequality and poverty experienced by groups.

The groups that we have identified as being at particular risk of inequality and poverty are:

- Low income households and workless households particularly where there are children;
- Women; lone parent families and young mothers/teenage pregnancies;
- Those living with poor physical and mental health and those affected by alcohol and substance use;
- Young people in and leaving the care system
- Community of Alloa South and East which has experienced deep rooted poverty for decades
- People living with disability
- People with caring responsibilities
- Refugee and Asylum Families

Our Performance Framework

How Will We Know What Is Different?

Linked to each of our long term strategic outcomes and 1-5 year outcomes are a set of outcome measures that we will use to drive our performance, delivery and decision making in Clackmannanshire. We have linked our long term Strategic Outcomes to Scotland's National Outcomes and we will keep this plan under review as the National Outcomes are reviewed. This performance framework will form the basis of our annual reporting going forward.

Outcome 1: Clackmannanshire will be attractive to businesses and people and ensure fair opportunities for all.

1-5 Year Outcomes	National Outcomes	Outcome Measures	Lead Partners

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
We will have increased the proportion of young people in employment	We realise our full economic potential with more and better employment opportunities for our people.	Employment Rate (Working Age Residents	70.6%	↑	71%	73%	75%	Clacks Council Clacks Business Scottish Enterprise Forth Valley College
		The working age population in Clackmannanshire aged 16-64 years	32400	–	To monitor			
		18-24 Year Olds claiming out of work benefits	6.4%	↑	6.4%	6.3%	6.0% ■	
We will have improved the proportion of young people positive destinations	Our young people are successful learners, confident individuals, effective contributors and responsible citizens. Our children have the best start in life and are ready to succeed	Modern Apprentice new starts (16-24 year olds)	256	↓	260	270	300	Clacks Council Clacks Business Scottish Enterprise Forth Valley College
		% of employed 16-24 year olds that are modern apprentices.	23.8%	↑	24%	26%	30%	
		Participation rate of 16-19 year olds in training, employment and learning.	88.2	–	88.5	89.0	90.4	
We will have improved the number and range of jobs locally	We realise our full economic potential with more and better employment opportunities for our people. We live in a Scotland that is the most attractive place for doing business in Europe. We realise our full economic potential with more and better employment opportunities for our people We are better educated, more skilled and more successful, renowned for our research and innovation	Total Number of businesses	1120	↑	1130	1140	1160	Clacks Council Clacks Business Scottish Enterprise Forth Valley College CTSI
		Job density rate; jobs available as proportion of working age population	0.51	↓	0.53	0.55	0.57	
		Number of jobs in Clackmannanshire	15000	↑	15100	15300	15800	
		% Working age population with no or low qualifications	10.3	↓	10.4	10.5	11.0	
		Business in Clackmannanshire with more than 50 employees	50	–	51	52	55	
		% Business survival rate over 3 years	55.6	↓	55.8	56	57	
		Residents who agree that there are a lot of job opportunities for people in Clackmannanshire	5%	↓	10%	20%	50%	
		Number of social enterprises in Clackmannanshire	32	↑	40	50	75	
		Residents who feel the area is benefitting from economic revival	40%	↓	45%	55%	75%	
		Number of local business supported through business gateway	204	↓	204	210	220	

■ Scottish average is 3.7 at 2017

Outcome 2: Our families; children and young people will have the best possible start in life

1-5 Year Outcomes → National Outcomes → Outcome Measures → Lead Partners

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Our Communities are more inclusive and cohesive	We have tackled the significant inequalities in Scottish society. We live in well-designed, sustainable places where we are able to access the amenities and services we need.	Residents who feel that Clackmannanshire has a strong sense of community	60%	↑	65%	80%	100%	Clacks Council Police Scotland Scottish Enterprise NHS Forth Valley Scottish Fire and Rescue Service CTSI
		Residents who rate their neighbourhood as a good place to live	92%	↑	94%	96%	100%	
Our communities are and feel safer	We live our lives safe from crime, disorder and danger	Residents who feel safe or very safe at night in Clackmannanshire	90%	↑	93%	96%	99%	Clacks Council Police Scotland Scottish Fire and Rescue Service Police Scotland NHSFV
		Resident who are satisfied with how partners are tackling crime in Clacks	59%	↑	65%	75%	100%	

Outcome 2: (continued

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Our vulnerable people and families are supported	We have improved the life chances for children, young people and families at risk	Rate of children on the child protection register	2.0	↑	Lower than Scottish average ■			Clacks Council Police Scotland Scottish Fire and Rescue Service Police Scotland NHSFV
		Rate of children who are looked after	22.7	–	21	19	14 ■	
		School attendance levels of all pupils in Clackmannanshire	92.5	–	93%	94%	96%	
		School attendance levels of pupils from SIMD deciles 1 & 2	91.4%	–	92%	94%	96%	
		School attendance levels of children who are looked after	Baseline to be added					
		Proportion of children living in poverty after housing costs	27%	↑	25%	15%	0	
		% of all children who reach all expected developmental milestones at the time the child starts primary school.	New Measure – Baseline to be added					
		School Exclusions	212	–	Reduce year on year			
		Positive destinations for Looked after Children	Baseline to be added					
Substance misuse and its effects are reduced	We live longer, healthier lives. We have improved the life chances for children, young people and families at risk	Hospital related stays for: Drugs Alcohol	 153● 509●	 – –	 152 508	 149 505	 142 148	Clacks Council Police Scotland ADP NHSFV
		Prevalence rate of substance misuse in Clackmannanshire	1.8●	↓	1.7	1.6	1.2	
		Mortality rates for: Drugs Alcohol	 14.4● 26.8●	 – –	 14.2 26.0	 14.0 24.0	 13.5 21.5	

■ The rate in Clackmannanshire is currently lower than the Scottish average (3.0) (2015/16). We aim to maintain the rate in Clackmannanshire lower than the Scottish average.

■ Target in line with the Scottish average (14.0) (2015/16).

● Standardised rate per 100k population – Scottish rate is 142.8

● Standardised rate per 100k population – Scottish rate is 664.5

● Most up to date % (2012) number is 630 people

● Standardised rate per 100k population – Scottish rate is 13.5

● Standardised rate per 100k population – Scottish rate is 21.8

Outcome 2: (continued

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Health is improving and we have reduced health inequalities	We live longer, healthier lives	Proportion of health and wellbeing indicators significantly worse than national average	46%	–	40%	35%	20%	NHS Forth Valley Clacks Council
		Life expectancy rates compared with national average	80.2	↓	82	83	84	
		Proportion of children living a household where there is parental mental health and receiving multi-agency support	New Measure – Baseline to be established					
		Suicide rate in Clackmannanshire	32	↑	25	20	12	
		Residents who agree that Clackmannanshire is a place where health is improving	28%	↑	32%	40%	75%	
		Number of mothers smoking during pregnancy (3 year average)	21.9	↓	20	18	15	
		Smoking Prevalence Rates in adults 16+	30%	↓	28%	25%	15%	

Outcome 3: Women and girls will be confident and aspirational, and achieve their full potential

1-5 Year Outcomes → National Outcomes → Outcome Measures → Lead Partners

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Women and Girls are safe, respected and equal in our communities	We have tackled he significant inequalities in Scottish society We live our lives safe from crime, disorder and danger	Life expectancy rates for females and compared with national average	80.2 (Scot 81.1)	↑	80.5	80.9	81.1	Clacks Council Scottish Enterprise NHS Forth Valley Police Scotland VAWP
		Gross weekly full time earnings for females and compared with the national average.	£353.30	↑	380	430	485	
		Rate of domestic abuse incidents reported to Police Scotland	136	↑	130	120	100	
		% of women who feel safe in Clackmannanshire	New Measure – Baseline to be added					
		Number of referrals made through the Disclosure Domestic Abuse Scheme (DSDAS)	21	–	30	40	100	
		Number of women and girls referred to specialist services for support.	New Measure – Baseline to be added					
		Number of perpetrators of violence against women and girls who are referred to perpetrator interventions	16 ▲	–	18	25	30	

▲ Caledonian programme number for Clackmannanshire 2016

Outcome 3: (continued

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Women and girls thrive as equal citizens, socially, economically, culturally and politically	We have improved the life chances for children, young people and families at risk Our children have the best start in life and are ready to succeed. We realise our full economic potential with more and better employment opportunities for our people	School leavers entering positive destinations - females	New measure – Baseline to be added					Clacks Council NHS Forth Valley Scottish Enterprise Forth Valley College
		Participation rate of 16-19 year olds in training, employment and learning.	88.2	–	88.5	89.0	90.4 ▲	
		Participation of 16-19 year olds in training, employment and learning - females	89.5	–	89.8	90.5	91 ▲	
		Number of modern apprenticeships who are female	Baseline Measure to be added.					
		Teenage Pregnancy Rate (under 20 years) and compared with national average.	57.1	↓	55.0	50.0	35 ▲	
		Teenage Pregnancy Rate (under 16 years) and compared with national average	11.1	↓	10.5	8.0	5.0 ▲	
Positive gender roles are promoted in Clacks	We have tackled the significant inequalities in Scottish society We take pride in a strong, fair and inclusive national identity Our young people are successful learners, confident individuals, effective contributors and responsible citizens	% of residents agreeing that equality and diversity are promoted in Clackmannanshire	34%	↓	40%	60%	80%	Clacks Council NHS Forth Valley Scottish Enterprise Forth Valley College

▲ Target is the current Scottish rate 2016.

▲ Target is the current Scottish rate 2016.

▲ Target is the current Scottish rate 2014

▲ Target is the current Scottish rate 2014

Outcome 4: Our communities will be resilient and empowered so that they can thrive

1-5 Year Outcomes	National Outcomes	Outcome Measures	Lead Partners

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Local people participate in local democracy and community life	We take pride in a strong, fair and inclusive national identity We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.	Number of active community groups in Clackmannanshire	250	↑	260	280	500	Clacks Council CTSI NHS FV Police Scotland Scottish Enterprise Scottish Fire and Rescue
		Residents who feel that Clackmannanshire has a strong sense of community	60%	–	70%	85%	95%	
		Residents who feel public agencies work well together in Clackmannanshire	50%	↑	60%	80%	95%	
Local communities have opportunities to engage with partners in designing local services	We live in well designed, sustainable places where we are able to access the amenities and services we need Our public services are high quality, continually improving, efficient and responsive to local people's needs.	Residents who rate public services as very or fairly good	94%	↑	96%	98%	99%	Clacks Council CTSI NHS FV Police Scotland Scottish Enterprise Scottish Fire and Rescue
		Residents satisfied with opportunities for participating in local decision-making	39%	↑	45%	60%	95%	
		Residents who feel that they should be consulted more on how local services are delivered	40%	↓	35%	25%	10%	
		Residents who agree that the area has a good physical environment	73%	↑	75%	85%	95%	
		Proportion of young people in Clackmannanshire who are satisfied with opportunities for participating in local decision making.	New Measure – Baseline to be established					
Clacks is a place where all people have equal opportunities regardless of their background or circumstances.	We have tackled the significant inequalities in Scottish society We live long, healthy lives Our children have the best start in life and are ready to succeed.	Number of data zones in Clacks in SIMD 15% most deprived	11	↑	9	5	0	Clacks Council CTSI NHS FV Police Scotland Scottish Enterprise Scottish Fire and Rescue
		Residents describing their quality of life as good or very good.	90%	↑	92%	95%	98%	
		Number of data zones in Clackmannanshire in the 5% most deprived areas in Scotland.	4	↓	3	2	0	

Outcome 4: (continued

Outcomes	National Outcomes	Improvement Measures	Baseline	Trend	18/19	21/22	26/27	Lead Partners
Clacks is a place where people are safe from harm	We live our lives safe from crime, disorder and danger	Residents who have been fearful of becoming a victim of crime in the last 12 months	12%	↑	10%	6%	1%	Clacks Council Police Scotland
		Residents satisfied with how local agencies are tackling crime and fear of crime	65%	↑	64%	64%	56%	
		Number of crimes and offences recorded by the police per 10k population	437	↑	420	400	350	
		Number of hate incidents reported in Clackmannanshire	43	↓	40	35	25	
		Residents satisfied with Clackmannanshire as a place to live	91%	↑	93%	95%	100%	

Clackmannanshire

Our Locality Priorities

Underpinning our strategic outcomes and reflecting on the groups that we have identified as being in particular need in Clackmannanshire we have developed three Locality Priority areas for the partnership. Tackling our efforts and resources where they are needed most is a central theme throughout this plan and we will target our efforts and resources on identifying the most vulnerable from inequality and the impact of poverty but with specific focus on these priorities.

Our Locality Priorities are:

1. Improving outcomes for children and young people living in poverty,
2. Improving outcomes for women and girls living in Clackmannanshire,
3. Improving outcomes for people living in Alloa South and East

Over the remaining sections of this plan we set out more fully our rationale for selecting these priorities, what we intend to do to address these priority areas and how we intend to go about our business implementing our Local Outcome Improvement Plan 2017-2027 over the next 10 years.

Locality and Priority 1

Improving outcomes for children and young people living in poverty

Why is this a priority for Clackmannanshire?

Our vision for Clackmannanshire is that all people have equal chance and opportunity to live fulfilled lives. Achieving this vision starts with our children and young people. If we can get this priority right we will be investing in our future generations and making a real sustainable impact on reducing inequality and poverty in Clackmannanshire. We know that children who live in secure and stable families have more opportunity to flourish and face better future prospects than those who do not. We also know that children living in poverty generally experience poorer outcomes including physical and mental health; social and behavioural development and educational attainment.

We know that some children in Clackmannanshire live in environments where families do not flourish. Some children experience abuse, domestic violence, bereavement, substance misuse, neglect or parental imprisonment. Some children have caring responsibilities and have little time, energy or resources to play. We know that these children are much more likely to experience poorer outcomes than those who do not.

We know that certain circumstances affect quality of life and long term outcomes for children and young people. For example young people in and leaving the care system are disproportionately affected by poverty with higher risks of homelessness, offending and substance misuse than children not in the care system.

Lack of basic resources also affects long term outcomes for children and young people. Food, clothing, heating and social and learning activities are considered basic requirements for children and young people growing up in the western world, yet an increasing dependency on food banks in Clackmannanshire tells us that not all young people are being provided with their basic needs.

For some children, such adverse childhood experiences are normal and their educational development is stunted before they reach school. Their suffering links to behaviours which obstruct their inclusion within universal services and communities. They may be judged harshly by other children and adults. Their development through adolescence is likely to include increasingly low self esteem and increasingly more social exclusion. It affects their attendance and attainment from school, and their readiness to succeed. It furnishes them with a set of long-term expectations which may be realistic to their lifestyle but nonetheless, a set of expectations devoid of positive aspiration for themselves, for their future families or for their community.

The result is cyclical intergenerational poverty with connections to female disempowerment, gender inequality, domestic abuse, substance misuse and wider adverse experiences which inhibit the well-being of children. The additional more obvious poverty stressors and stigma are only part of the burden they carry.

What difference do we want to make?

We want to reduce the impact of poverty and inequality on our children and young people in Clackmannanshire over the next 10 years. Clackmannanshire's population has around 9,000 people under the age of 15 years and around 2,000 of these we know are living in poverty. Clackmannanshire has around 220 children who are looked after and around 330 children who are living with disability. We know that these children and young people are likely to experience much poorer outcomes throughout their adult lives.

We have identified 3 key areas of action that we want to focus under this priority:

1. Early Years and Family Support and Intervention for young people and families who are vulnerable.
2. Attainment and transition from Education for young people facing disadvantage
3. Support and advice for workless and low income families.

Key Action Area 1

Early Years and Family Support and Intervention for young people and families who are vulnerable.

We want to invest in our families and communities to ensure that our young people are equal and have the skills and opportunities to succeed. We believe that by focussing efforts on children and young people as they move into adulthood we will secure a strong and sustainable work force in 10 years time which will improve employment, reduce financial dependency, increase future earnings and break the cycles of intergenerational poverty.

We want to ensure that we have the right mechanisms in place to identify and support our most vulnerable young people and to ensure that they are safe from harm and are healthy and confident. We want to make sure that we get our early years provision right and to make sure that we addressing factors of inequality at the earliest possible stage to minimise the impact through childhood and into adulthood. We want to address many of the symptoms of poverty including the impacts of substance misuse, domestic abuse and mental health. We want to get our approaches to parenting and nurturing right recognising the powerful benefits on families that positive emotional wellbeing and attachments bring.

We are of course already doing a lot of work in this space. Our new Children's Services Plan 2017/2020 sets out the partnerships strategic direction to protect, support and promote the wellbeing of children and young people in Clackmannanshire. This plan aims to build on the vision of our Children's Services Plan, while recognising and promoting the links with other partnership plans and strategies.

Key Action Area 2

Attainment and transition from Education for young people facing disadvantage

The basis of successful young adulthood involves positive transition from education, getting a good job, setting up a home and maintaining connections and relationships to friends and family. This basis can be more difficult for some young people to achieve. Young people who have particular barriers – disability, young people from minority ethnic backgrounds, young carers and young people with experience of the care system all face particular disadvantage moving into young adulthood.

Young people leaving school who are from more disadvantaged backgrounds are less likely to experience positive school transition into further learning or into employment. Evidence suggests that having clear and stretching ambitions is important in shaping young peoples transition into adulthood and yet information, advice, experience and role models are not always available at the right time to help shape young peoples choices and decisions. Early high quality advice and provision of experiences which support opportunities for young people who are not university bound is considered to be key here. (The Life Chances for Young People in Scotland – A Report to the First Minister. July 2017).

Getting this transition right, however, is essential particularly in breaking cyclical patterns of poverty and inequality. Improving outcomes for young people transitioning from school particularly those who face additional disadvantage requires tailored approaches however should bring costs savings and equality in the long term. (The Life Chances for Young People in Scotland – A Report to the First Minister. July 2017).

We are already doing a lot of good work in this space and we believe that our outcomes are also starting to evidence improvement. The Scottish Attainment Challenge in Clackmannanshire aims to improve educational outcomes for all our children and young people and in particular those facing particular inequality and disadvantage. The challenge aims to raise attainment and to enable each young people to progress in their learning, skills development and life chances. Raising attainment lies at the heart of this work, but so too does closing the attainment gap between the children from the most and least deprived backgrounds.

Whilst the Scottish Government is no doubt looking at strategies to improve transition from education and the employability of the 16-24 year age group across Scotland, there are opportunities for us to do more in Clackmannanshire. We think that there is work that we should be doing with local businesses to expand the offer of transition provision and support for young people who are disadvantaged and that this work will compliment the work of the Scottish Attainment Challenge in Clackmannanshire.

Key Action Area 3

Support and advice for workless and low income families.

We know that 17% of children and young people living in Clackmannanshire are living in poverty before housing costs. This rises to 27% after housing costs which suggests to us that we have a number of families in poverty who live in workless households but also a number in low income working households. Joseph Rowntree Foundation define poverty as 'not being able to heat your home, pay your rent and buy essentials for your children…it means facing marginalisation and even discrimination because of financial circumstances. The stress is overwhelming, affecting people emotionally and depriving them of the chance to play a full part in society'.

In order to create opportunities for families and young people living in poverty and who face particular disadvantage we need to provide routes and options which will support them to help themselves. This requires us having clear strategies on developing inclusive growth policies in Clackmannanshire which serve to ensure that there is a sustainable economic environment that can support young people and families in Clackmannanshire. It requires us to have clear strategies to reduce food and fuel poverty and requires us to have clear strategies on advice and information services for people who are living in poverty.

Our Priority Actions Years 1 to 3

Key Action Area 1 Early Years and Family Support and Intervention for young people and families who are vulnerable.

Actions	Timescales	Responsibility
Implement our Children's Services Plan for 2017/2020.	By 2020	Children and Young People Partnership
Develop and Implement a new Corporate Parenting Strategy for 2018/2021.	March 2018	Corporate Parenting Partnership
Ensure that we have approaches to identify, understand and take early action to support children and families affected by alcohol and substance misuse.	December 2019	Alcohol and Drugs Partnership
Implement 2017/18 Strategic Plan for Child Protection in Clackmannanshire including multidisciplinary workforce development.	By March 2018	Children and Young People Partnership
Develop a new Parent and Family Support Strategy with a focus on parenting and emotional wellbeing for our most vulnerable families 2018/2021.	2018/2021	Children and Young People Partnership
We will develop and deliver targeted partnership approaches to support vulnerable families impacted by domestic abuse.	By March 2019	Children and Young People Partnership Violence Against Women Partnership
We will develop a suicide prevention strategy for Clackmannanshire in line with the Choose Life campaign and as part of that deliver targeted programmes to support vulnerable families impacted by poor mental health	By March 2019	Children and Young People Partnership Community Wellbeing Partnership
Put in place targeted and intensive early intervention support programmes which address the impact of poverty and invests in the long term outcomes for children and young people.	By July 2018	Children and Young People Partnership
We will develop a young carer's strategy to ensure provision of support for young people with caring responsibilities.	By July 2018	Children and Young People Partnership

Key Action Area 2 Attainment and transition from Education for young people facing disadvantage

Actions	Timescales	Responsibility
Deliver actions linked to the Attainment Challenge in Clackmannanshire and ensure that barriers to learning are identified early and addressed.	July 2018	Scottish Attainment Challenge Governance Group
Implement the Developing the Young Workforce Strategy for Clackmannanshire.	By December 2018	Local Employability Partnership
Develop a new Inclusive Economic Growth Strategy for Clackmannanshire with a focus on developing a skilled workforce for the future.	By December 2019	Business, Jobs and Skills Partnership Local Employability Partnership Clackmannanshire Business
We will maximise opportunities for attainment and transition for young people through City Deal	By October 2022	Children and Young People Partnership Business, Jobs and Skills Partnership

Key Action Area 3 Support and advice for workless and low income families.

Actions	Timescales	Responsibility
We will review our multi-agency advice and information services on money, benefits and debt	October 2018	Community Wellbeing Partnership
We will develop and implement a fuel poverty strategy in Clackmannanshire.	December 2018	Community Wellbeing Partnership
We will develop and implement a food poverty strategy in Clackmannanshire.	October 2019	Community Wellbeing Partnership
We will review our adult and life long learning and volunteering opportunities with the third sector in line with our Community Learning and Development Strategy for Clackmannanshire.	January 2019	Community Wellbeing Partnership
We will review our local provision of employment advice services with a focus on engaging our most vulnerable families.	March 2019	Community Wellbeing Partnership Local Employability Partnership

Locality and Priority 2

Improving outcomes for women and girls living in Clackmannanshire

Why is this a priority for Clackmannanshire?

In reviewing our evidence for this Local Outcome Improvement Plan, we have been struck by the strength of message that we need to do much more in Clackmannanshire to address our gender imbalance. We feel that the weight of poverty and inequality is being disproportionately burdened on women living in Clackmannanshire and we feel that we need to take early action now to address this. Gender equality isn't just good for women it's good for the whole of Clackmannanshire and Scotland on the whole.

Clackmannanshire has approximately 26000 women and girls in 2015. We know a number of factors about these women and girls which impact on their long term outcomes to succeed and realise their opportunities. Women in Clackmannanshire live shorter lives than women elsewhere in Scotland. We know that Clackmannanshire has around 1600 lone parents and that only around half of those are in employment. We know that Clackmannanshire has a teenage pregnancy rate of 59.4 – a rate which is significantly higher than Scotland overall per head of population. We also know that the proportion of women in employment in Clackmannanshire is much lower than their male counterpart but also women elsewhere in Scotland. We know that women who are working full time earn far less than their male counterpart in Clackmannanshire but significantly compared with women elsewhere is Scotland.

We also know that health & wellbeing of women in Clackmannanshire is disproportionately poor compared with elsewhere is Scotland. Health and wellbeing indicators from the Scotpho area profiles published show 15 indicators which are significantly worse that the Scottish average. These relate to ante and post natal behaviours, mental health, alcohol and substance, smoking prevalence and women and children's health and immunisation.

The prevalence of gender based violence is also significantly high in Clackmannanshire when compared with other areas in Scotland. We recognise that, whilst violence against women and girls occurs across all sections of society, not all women and girls are at equal risk. Some factors can increase vulnerability to abuse and keep women and girls trapped. These include age, looked after status (current and former), financial dependence, experience of child abuse and neglect, poverty, disability, homelessness, insecure immigration status and ethnicity.

Children and young people increasingly live their lives in digital communities, and the speed of technological change expose young people to an ever-increasing range of new threats. Many of these threats demand new approaches to understanding their nature and prevalence. Other forms of violence and abuse also affect children and young people – including FGM, forced marriage, rape and sexual assault. Violence and abuse, however experienced, impacts negatively on the life chances of children and young people, and this must be addressed through the provision of effective support for survivors and those at risk, aligned with a strong focus on prevention and early intervention.

We believe that in order to meet our strategic outcomes for Clackmannanshire over the next 10 years we need to focus efforts on reducing inequality for women. Without prompt and targeted focus which tackles intergenerational patterns for women in Clackmannanshire we feel that we will be unable to meet our long term outcomes. All that said we also feel that without intervention that involves males as early as possible as part of the solution our efforts might not have the impact that we want to achieve.

What difference do we want to make?

We want women in Clackmannanshire to have the same opportunities as males and also women elsewhere in Scotland and to benefit from the same rewards. We want girls in Clackmannanshire to have the highest aspirations to succeed and to be competitive in the workplace. We want our children and young people to view males and females equally and to develop early skills which promote and encourage positive gender relationships. We want women to have health outcomes on par with women elsewhere in Scotland and to live longer lives. We want to make a real impact on the prevalence of domestic violence and to take early action to teach our young people about appropriate gender based behaviours. We want young women in Clackmannanshire to choose their own futures and to pursue their own dreams which shouldn't be held back by outdated ideas about what women should and shouldn't do.

We have identified 3 key areas of action that we want to focus under this priority:

1. Provide support for women and girls experiencing gender based violence and abuse;
2. Provide targeted support for women to help them access employment and support for life long learning;
3. Provide advice and support for women and girls to improve their health and wellbeing.

Our Priority Actions Years 1 to 3

Key Action Area 4 Provide support for women and girls experiencing gender based violence and abuse

Actions	Timescales	Responsibility
Develop and implement a new multi-agency strategy for Clackmannanshire that delivers the Equally Safe priorities and addresses all forms of gender based violence against women and girls in Clackmannanshire.	March 2018	Clackmannanshire Violence Against Women Partnership
Work with partners to ensure a multiagency approach is in place to address online gender based abuse and bullying and to raise awareness and promote the impact to young people in Clackmannanshire.	July 2018	Clackmannanshire Violence Against Women Partnership E Safety Partnership Children and Young people Partnership
Deliver a range of targeted support for women and girls who have been affected by domestic abuse and gender based violence (ie CEDAR)	July 2018	Clackmannanshire Violence Against Women Partnership Children and young people partnership
Develop and deliver programmes and support for perpetrators of domestic abuse and gender based violence.	March 2019	Clackmannanshire Violence Against Women Partnership
Develop and deliver approaches for children and young people aimed at preventing gender based violence and abuse in Clackmannanshire.	September 2018	Clackmannanshire Violence Against Women Partnership

Key Action Area 5 Provide targeted support for women to help them access employment and support for life long learning.

Actions	Timescales	Responsibility
Develop approaches which empower and increase capacity for women to make positive life choices and decisions and which raise confidence and resilience.	July 2018	Community Wellbeing Partnership Violence Against Women Partnership Children and young people partnership.
Explore and deliver approaches to help women overcome barriers to taking up employment, education or learning ie childcare and/or caring responsibilities.	July 2019	Community Wellbeing Partnership Local Employability Partnership
Increase the uptake of young women taking up Modern Apprenticeships in Clackmannanshire.	October 2018	Business Jobs and Skills Local Employability Partnership
Continue to deliver the Young Parents Programme in Clackmannanshire which aims to help young mums access mainstream education, learning and employment.	March 2020	Community Wellbeing Partnership

Key Action Area 6 Provide advice and support for women and girls to improve their health and wellbeing.

Actions	Timescales	Responsibility
Develop a Pregnancy and Parenthood Strategy in Young People for Clackmannanshire in line with the national guidance on pregnancy and parenthood in young people 2016/26 with a particular focus on prevention and early intervention	January 2019	Children and Young people partnership
Deliver a range of programmes, advice and support to young people to promote positive sexual health.	July 2018	Children and Young people partnership
Improve local approaches to ensure that young people access antenatal care as early as possible through pregnancy and engage with post natal maternity services after pregnancy	March 2020	Children and Young people partnership
Increase opportunities for young people to access activities and sports programmes in their local communities.	July 2019	Children and Young people partnership Community Wellbeing partnership
Continue to deliver programmes which provide support around mental health and wellbeing for women and girls in Clackmannanshire	October 2018	Community Wellbeing partnership
Explore options to deliver programmes which provide support around alcohol and substance for women and girls.	March 2019	Alcohol and Drugs Partnership

Locality and Priority 3

Improving outcomes for people living in Alloa South and East

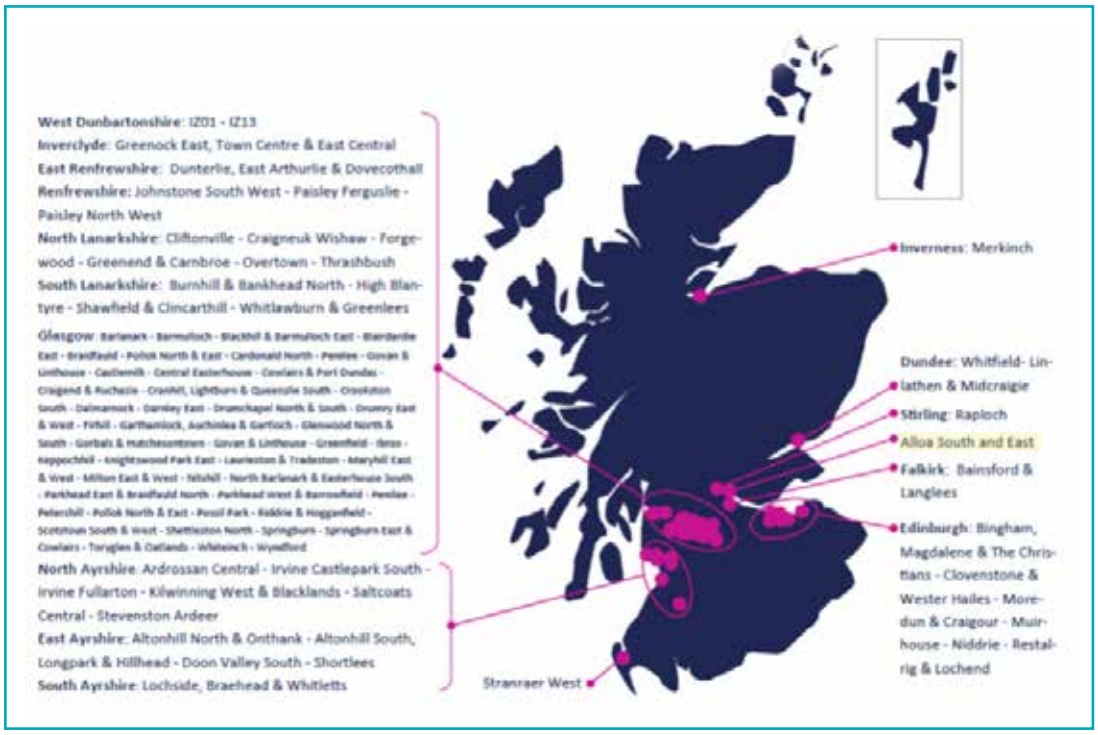
Why is this a priority for Clackmannanshire?

The Scottish Index of Multiple Deprivation (SIMD) measures relative poverty and has been published every few years since 2004. Each publication has identified Alloa South and East as having significantly higher measures of poverty compared with Scotland. The most recent SIMD publication identifies four areas which are in the 5% most deprived areas in Scotland with a further area in the 10% most deprived area in Scotland. The population of these five areas is approximately 3500 people. We know that there are other areas in Clackmannanshire which feature in the SIMD such as Tullibody and Sauchie and that there will be people there experiencing poverty and struggling to make ends meet. But whilst these areas have seen some improvement, the community of Alloa South and East has worsened despite previous efforts and investment in the area. We need to learn from these previous efforts about what has worked and what has not worked so we can target our resources where we can have the greatest impact.

We know that in the most deprived parts of Alloa South and East almost half of residents are living in income poverty. We know that more than a third are living in employment poverty. We know that outcomes for young people living in Alloa South and East are significantly worse than those living elsewhere in Clackmannanshire and Scotland overall. We know that health and wellbeing outcomes are significantly poorer, educational attainment and qualifications are significantly poorer and that young people growing up in households where there is poverty are far more likely to experience intergenerational poverty later in life themselves.

Deep-rooted deprivation in Scotland

Intermediate zones containing one or more data zones that were consistently among the most deprived 5% in Scotland since SIMD 2004



What difference do we want to make?

We understand that in order to improve outcomes that benefit the whole of Clackmannanshire we have to stem the impact of poverty and inequality for those who experience it the most. We need to target resources to fix the causes of poverty in Alloa South and East once and for all. We need to achieve this by working to improve the life chances and opportunities for young people growing up in Alloa South and East. We also need to work to create and encourage opportunities for people living in Alloa South and East.

Alloa has a number of strengths. It has good transport links and a good infrastructure and built environment. It also has strong and resilient communities who want to make a difference.

Key Action Area 7 Reduce the level and impact of poverty in Alloa and South East.

Actions	Timescales	Responsibility
In support of this Local Outcome Improvement Plan we will develop a Community Learning and Development Plan for Clackmannanshire.	March 2018	Community wellbeing and Safety Partnership
We will work with the local community and partners to ensure that the local environment in Alloa South and East contributes to social, health and economic wellbeing.	October 2018	Community wellbeing and Safety Partnership
We will develop a targeted community safety plan for Alloa South and East which will focus on reducing anti-social behaviour; alcohol and substance misuse and impact, primary and secondary fires, hate crimes, domestic abuse and all crime types and the fear of crimes.	March 2019	Community wellbeing Partnership Community Justice Partnership Alcohol and Drugs Partnership
We will work with our local partners to ensure that mechanisms are in place to engage with the Alloa South and East Community.	December 2018	Community wellbeing and Safety Partnership
We will work with local partners and the local community in Alloa South and East to support them to deliver activities in line with Clackmannanshire's Community Learning and Development Plan.	December 2018	Community wellbeing and Safety Partnership
Work with communities to identify and develop community led solutions which support our key partnership priorities	March 2018	Community wellbeing and Safety Partnership
We will review the advice and information provision for the Alloa South and East community and better understand any barriers to accessing services for the local community.	March 2019	Community Wellbeing and Safety Partnership
Put in place a local model for Alloa South and East that integrates multi-agency services for vulnerable children and families.	December 2018	Children and Young People Partnership Community Justice Partnership Public Protection Partnership
Work with the local community to develop programmes to tackle food and fuel poverty.	December 2018	Community Wellbeing and Safety Partnership
Work with the local community to develop programmes to increase participation in health and fitness activities particularly for young people.	March 2019	Community Wellbeing and Safety Partnership

List of References and Data Sources

Joseph Rowntree Foundation; We can Solve Poverty in the UK

Joseph Rowntree Foundation; UK Poverty: Causes, Costs and Solutions

Naomi Eisenstadt; Shifting the Curve – A report for the First Minister 2016

Joseph Rowntree Foundations; The links between housing and poverty February 2013

NHS Scotland; Inequality briefing April 2017

Sottish Government Poverty and Income Inequality in Scotland in 2015/16

Naomi Eisenstadt; The Life Chances of Young People in Scotland – A report to the First Minister 2017

Clackmannanshire Economic Baseline for City Deal 2017

Clackmannanshire Community Planning Poverty Assessment 2017

Clackmannanshire Single Outcome Agreement 2013/2023

Scottish Index of Multiple Deprivation 2016

http://www.gov.scot/Topics/Statistics/SIMD

Scottish Public Health Observatory SCOTPHO Profiles

https://scotpho.nhsnss.scot.nhs.uk/scotpho/profileSelectAction.do

NOMIS

https://www.nomisweb.co.uk/reports/lmp/la/1946157409/report.aspx

Clacks 1000 Citizens Panel Surveys

http://www.clacks.gov.uk/community/clacks1000/

Scottish Government Statistics;
Children and Young People; Crime and Justice and Attendance and Attainment & Teenage Pregnancies

http://statistics.gov.scot/

Poverty Statistics

http://www.endchildpoverty.org.uk/

For further information contact:

Community Planning Partnership – Clackmannanshire Alliance

Strategy & Customer Services,
Kilncraigs, Greenside Street, Alloa, FK10 1EB

Tel: 01259 450000

Email: customerservice@clacks.gov.uk

Clackmannanshire Council | Comhairle Siorrachd Chlach Mhanann

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Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 12.3 on the agenda

Clackmannanshire & Stirling Integration Joint Board Audit Committee Meeting 140917

For Noting

Minute of the Clackmannanshire & Stirling IJB Audit Committee
Thursday 14th September, 2:30pm – 4:30pm,
Boardroom, Carseview House, Stirling

Present:

Fiona Gavine, Non-Executive Board Member, NHS Forth Valley
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling Health & Social Care Partnership [HSCP]
Kevin O'Kane, Audit Manager, Corporate Operations, Stirling
Councillor Graham Houston, Elected Representative, Stirling
Councillor Ellen Forson, Elected Representative, Clackmannanshire
Blyth Deans, Audit Scotland
Paul Craig, Audit Scotland

In Attendance:

Ross Wilson, Business Support (minute taker)

1. APOLOGIES

Apologies for absence were intimated on behalf of:

John Ford, (Vice Chair), NHS Forth Valley

Fiona Gavine will chair the meeting in John Ford's absence.

2. MINUTE OF IJB AUDIT COMMITTEE MEETING OF 16 FEBRUARY

The minute of the previous meeting was accepted as a true and accurate record.

3. MATTERS ARISING

Training: Ewan updated the position as regards training for committee members, saying that we were unlikely to be able to arrange anything through CIPFA in the desired time period. There will therefore be a workshop arranged for November around the role of the committee/members and core business.

Action: Kevin and Ewan will take this forward.

Risk Register: Ewan advised he was not able to bring this to the committee yet as it was still under review and needs some improvement. He will take the High-Risk

Exception report through the Board. The full report will be available in the February cycle.

Shiona advised the highlight report went to the Board for consideration but the main report has "presentational" issues which are being looked at.

Graham Houston expressed concern that the report was not yet available "in whatever format" and he said he could not give assurances to the Board without sight of it. Shiona advised the report had been seen by JMT.

Action: This will be a standing item going forward.

4. 2016/17 ANNUAL ACCOUNTS

Ewan presented the paper.

He advised that the accounts were prepared in line with the updated guidance on accounting for the integration of health and social care published by the Local Authority Scotland Accounts Advisory Committee (LASAAC) published on 29 March 2017.

The Audit Committee was asked to:

- Approve the 2016/17 Annual Accounts for signing by the Chair, Chief Officer and Chief Finance Officer.
- Note the management commentary and annual governance statement contained within the accounts.
- Note and accept the Independent Auditors report contained within the accounts.
- Approve the publication of the Annual Accounts

5. 2016-17 ANNUAL AUDIT – ISA 260 and ISA 580 and

6. 2016-17 ANNUAL AUDIT REPORT

Paul went over the report and appendices. He advised there were no missed statements within the accounts.

The key messages from the report were highlighted as follows;

2016/17 annual accounts

1. Our audit opinions were all unqualified. These covered the financial statements, the remuneration report, the management commentary and the annual governance statement.

Financial management

2. The IJB has appropriate and effective budgetary processes in place which provide timely and reliable information for monitoring financial performance.

3. The IJB returned a surplus of £3.412 million in 2016/17. This was mainly achieved due to income received in 2016/17 which will be used to finance expenditure in 2017/18. This surplus has resulted in a reserve balance, of which £2.724m is earmarked for specified purposes and £0.688 million is un-earmarked and can be used for general purposes.

Financial sustainability

4. Following its agreement of a budget recovery plan in June 2017, the IJB approved a budget which will fully utilise the un-earmarked balance brought forward of £0.688 million. The budget incorporates approved efficiency savings of £4.844 million that are necessary to achieve financial balance in 2017/18.

5. It is important that the IJB prioritises long term financial planning to demonstrate financial sustainability and support future developments.

Governance and transparency

6. The IJB has appropriate governance arrangements in place that support the scrutiny of decisions by the board.

7. We obtained audit assurance over the accuracy and completeness of financial transactions processed by the partner bodies.

8. The IJB is open and transparent in the way it conducts it business; the public can attend meetings and access agendas and meeting papers.

Value for money

9. The audit findings included throughout this report, comment on arrangements that have been put in place by the Joint Board to secure Best Value in areas such as the financial position, financial management and governance arrangements. We will keep this area under review over the five-year audit appointment and will report as appropriate.

10. Performance against the national Health and Wellbeing Outcomes is good, with the IJB performing above or in line with the national average in 13 out of the 19 national core integration indicators.

Paul also highlighted the following;

Exhibit 3 on page 9 of the report – Hospital Acute Services: it was confirmed that further discussions were to take place around "set aside" generally.

Action Plan on page 23 of the report: In terms of Item 1 (Integrated Financial Reporting), Ewan confirmed a review would take place to consider and come up with far more integrated financial reporting.

There were no questions from the group on the accounts themselves and all recommendations were accepted.

The Auditors confirmed they had been given the access they required and had nothing further to bring to the Committee's attention.

7. GOVERNANCE WORKPLAN

Ewan spoke to the report and appendix.

In response to Fiona's query about the purpose of this, given both NHS and Local Authorities already had a substantial number of governance processes, Ewan advised we were looking to demonstrate that we are making the best use of our resources.

Shiona advised we were required to have Clinical & Care governance in place and this would bring together the three bodies. Directions are very high-level and she wants to ensure we don't get to the point of issuing directions for everything.

The Board Development programme is ongoing and it is hoped this will be completed early in 2018.

8. INTERNAL AUDIT PROGRESS REPORT

Kevin spoke to his report.

All recommendations in Appendix 3 (Action Plan) were accepted by the Committee.

9. INTERNAL AUDIT: DRAFT ANNUAL AND STRATEGIC PLANS

Kevin spoke to his report.

Fiona asked about the timescale of 60 days and how this compared to other IJBs ? Kevin advised 60 was not uncommon (some were less and some more) and should be adequate to give assurance to the board.

Kevin confirmed he had been given all the access he had required in order to carry this out. Fiona thanked him for his work.

10. ACCOUNTS COMMISSION: SELF-DIRECTED SUPPORT PROGRESS REPORT 2017

Kevin spoke to his report.

Shiona felt this was a fair reflection of where SDS is and that there were clearly challenges. She commented on the “large programme of work” and said that a “brave” step was now needed to be taken in order to move to the norm.

11. PROPOSED MEETING SCHEDULE – REMAINDER OF 2017/18 AND 2018/19

Dates are proposed for February, June and September 2018.

Ross will confirm dates as soon as possible.

12. AOCB

N/A

13. DATE OF NEXT MEETING

Wednesday 21st February, 14:30 -16:30, Room 3.03, Kilncraigs, Alloa

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 12.4 on the agenda

Joint Staff Forum Minutes of Meetings 030817, 051017, 071217

(Paper presented by Shiona Strachan)

For Noting

Minute of the Joint Staff Forum held on Thursday 3rd August 2017
Kilncraigs, Alloa

Present: Shiona Strachan - Chief Officer – Clackmannanshire & Stirling HSCP (SS)
Karen Algie, HR - Falkirk Council (KA)
David O'Connor, UNISON (DO'C)
Pam Robertson, UNISON, Clackmannanshire Council (PR)
Lorraine Thomson, UNISON, Stirling Council (LT)
Jim Robb, Service Manager, Clackmannanshire & Stirling HSCP (JR)
Kathy O'Neill NHS Forth Valley (KO'N)
Brian Wilson, GMB Stirling (BW)
Tom Hart, UNISON, NHS Forth Valley (TH)
Alan Milliken, Senior Manager, Communities & People, Stirling Council (AM)
Kristine Johnson, HR – Stirling Council (KJ)
Chris Alliston, HR – Clackmannanshire Council (CA)
Alison Richmond-Ferns, HR, NHS Forth Valley (ARF)
Patricia Cassidy, Chief Officer – Falkirk HSCP (PC)
Abigail Robertson, UNISON, Stirling Council (AR)
Gordon Irvine, UNITE, Falkirk Council (GI)

1. Welcome and Introductions:

Pam Robertson was Chair and welcomed all to the meeting.

2. Apologies for absence:

Apologies for absence were intimated from Sandra Burt, Lindsay Orr and Robert Clark.

3. Note of previous meeting – 1st June 2017:

The Joint Staff Forum approved the note of the meeting held on 1st June 2017 with two corrections;

Chris Alliston will be noted as having submitted his apologies for the meeting.

Lorraine Thomson asked if the scoping exercise on Procurement had been undertaken and completed for Clackmannanshire & Stirling Council. If it had not been completed a request for a meeting around this be organised.

4. **Integration Joint Board Update:**

Falkirk

PC said that in terms of tomorrow's Integration Joint Board, the Annual Performance Report has just been published and was now available on the website. Progress on the Change programme is detailed in the report.

PC confirmed there was a projected small underspend in terms of Adult Services and a projected overspend of £1.5m in terms of Health.

Stirling

SS advised that Councillor Scott Farmer (Stirling) had recently been appointed the new Integration Joint Board Chair and said that he brought a different style of working to the role.

The Care Inspectorate had attended the last IJB and we have been advised that an Inspection will take place towards the end of 2017/beginning of 2018 on Partnership/Leadership. We will be given ten weeks notice of this. Jim Robb will lead on self-evaluation.

The Annual Performance Report will progress to the next Integration Joint Board. Shiona felt it was "pretty positive overall" with processes having been improved, although this was not consistent across all areas and there was still some work to be done.

In terms of the Care Village, Kathy O'Neill is chairing the Care Group. She said it was taking shape and had a "good feel" about it. They are now focusing more on the Care Group rather than the building work. Handover is expected to be October 2018. A report will be going to the Integration Joint Board on progress so far and to remind members there's a closure programme linked into this.

The Innovation Session went well and there will be a further session on the Digital Platform .

Learning Disability and Mental Health – Jim Robb has started process on Delayed Discharges.

Models of Neighbourhood Care – a working group has been established.

Adult Services in Clackmannanshire have now been delegated to Shiona and work will be taken forward over September/October.

Overall Financial position is that there is an overspend but we are now in Budget Recovery mode.

David O'Connor queried whether there would be a Learning Disability/Mental Health review? Jim advised a meeting was due to take place on 21st August and it would follow on from that. He will send a draft paper to the Union.

5. Report on Joint Staff/Trade Union meeting:

PR advised that everything that had been discussed was on today's Agenda.

DO'C felt the Trade Union's ability to engage was being compromised by the constituent bodies failure to grant facility time. SS said she would need some clarity on the issues involved.

6. Recruitment Protocol Progress:

KA advised this had been brought to the last Forum and then a subsequent meeting had been held on 13 June around designation of posts and who employer should be. She felt that asking individuals to take a decision on terms and conditions was detrimental to employees and therefore was not of the view that the protocol should be changed. She said we were happy to proceed as proposed for 6 months and then bring back to see if everyone is happy with the way it is going.

PR said the Trade Union totally disagreed with the Partnership's position on this.

PC pointed out this arrangement was purely for joint posts under the H&SC Partnership umbrella.

KA confirmed the National HR Working Group paper was out for comment but nothing had come back so far.

LT said it was a question of equality and the Union would not have an issue if it were to apply to *all* employees. She gave the example that a lot of people who work in local government would not be eligible for this option if moving to NHS.

PC stated that it would discriminate against employees. It is for the Chief Officer to decide an employer before advertising a post. This could potentially restrict individual's access to a post if they required to surrender their current terms and conditions.

KA advised the redundancy modification order was still a Westminster function and, while Scottish Government has raised the issue, at this stage each Partnership is looking at its own arrangements in absence of a National protocol.

PR raised the point that only *senior* Managers were allowed to pick terms and conditions but this was strongly denied by SS, PR and the HR representatives.

PR asked for a meeting to discuss this particular issue and DO'C advised he was not happy with posts being advertised on that basis, at least until the Trade Union had had a chance to take a position on it.

It was noted, in the meantime, to talk to Trade Unions at a local level on vacancies and SS, acknowledging a local solution needs to be found. The Trade Union colleagues will get back to the HR Working Group.

7. Process for Discipline & Grievance:

PR advised that the Trade Unions had put this forward and need to see about getting protocol written.

AR mentioned their experiences with the "shared service" and that front line staff grievances had "nowhere to go" when raised with managers of the employing authority.

ARF advised that a group was being pulled together to look at this and she was happy to take a couple of people on board from the Staff side.

8. Ethical Charter:

Stirling: LT advised that the paper was going to committee to be ratified and that this was a cause for celebration! They now also have the Residential Care Charter.

Clackmannanshire: PR said they had issued questionnaire and will analyse results. She doesn't foresee too many hurdles.

Falkirk: KA advised all components were being achieved and they were already a "Living Wage Foundation" Employer.

9. Procurement:

PR felt the Trade Unions needed more input into the procurement of services.

KJ said they couldn't sign up to all the proposals but will be more transparent going forward via Council Forum.

PR stated that it would create work to postpone recruitment to key posts and that she could not agree to such a postponement.

CA advised the paper was with Steven Coulter and he would provide feedback shortly.

KA said a group had now been set up around general procurement practice at local level and this included Trade Union representatives.

PR felt it would be helpful if everyone could work together on this.

SS advised that, in the case of the iHub, workshops will be established around commissioning processes and how everything fits together. This will include Trade Union representatives.

10. Joint Partnershipy Agreement:

KA said the National Guidance mentioned earlier had not gone anywhere in the interim. She acknowledged LT's concerns and advised she would keep Trade Union colleagues advised of developments.

11. Staff Engagement:

Falkirk: PC said there had been 7 engagement sessions with around 170 attendees in total including Third Sector staff. There is a commitment to do more around Integrated Joint Teams.

Clackmannanshire & Stirling: SS advised there will be sessions in September/October around Care Village/Models of Care. There will also be some Carers Act sessions across Clackmannanshire and Stirling.

12. Review of JSF constitution:

PR said from her point of view there was nothing in about facility times/time to attend meetings. KA will set up a small group to look at this and include Trade Union reps.

13. Feedback on Development Session:

A short discussion took place with the main comments being;

- Session was well-structured
- Uncomfortable at first but became more relaxed as it went on
- Productive and people were more open with oneanother
- More time needed to be set aside for main meeting afterwards
- Needed a break between that and meeting – wouldn't do again that way

14. Review of behaviour at meeting:

KA felt that it had been beneficial at the recent development session to share views on behaviour at meetings.

LT said that everyone had things to say but, at the end of the day, we were all trying to get to the right outcome.

ARF felt that on such occasions a pre-conversation would help so that issues could be anticipated in advance.

15. A.O.C.B

KJ wanted to mention the sad passing of Helen Kelly and acknowledge her significant contribution the Joint Staff Forum in the past.

Date of Next Meeting

Thursday 5th October 2017, Committee Room A, Falkirk Council, Municipal Buildings, West Bridge St, Falkirk

Minute of the Joint Staff Forum held on Thursday 5 October 2017
Council Chambers, Falkirk Council, West Bridge Street, Falkirk

Present: Karen Algie, HR - Falkirk Council (KA)
Chris Alliston, HR, Clackmannanshire Council (CA)
Robert Clark, UNISON, Falkirk Council (GI)
Patricia Cassidy, Chief Officer, Falkirk HSCP (PC)
Lesley Fulford, Programme Manager, Clackmannanshire & Stirling HSCP (LF) sub for Shiona Strachan
Kristine Johnson, HR, Stirling Council (KJ)
David O'Connor, UNISON (DO'C)
Kathy O'Neill, NHS Forth Valley (KO'N)
Abigail Robertson, UNISON, Stirling Council (AR)
Pam Robertson, UNISON, Clackmannanshire Council (PR)
Linda Robertson, NHS Forth Valley (LR) – sub for Alison Richmond-Ferns
Lorraine Thomson, UNISON, Stirling Council (LT)
Brian Wilson, GMB Stirling (BW)

2. Welcome and Introductions:

Patricia Cassidy was the chair of this meeting and welcomed all to the meeting.

2. Apologies for absence:

Apologies for absence were intimated from
Alan Milliken, Senior Manager, Communities & People, Stirling Council
Jim Robb, Service Manager, Clackmannanshire & Stirling HSCP
Shiona Strachan - Chief Officer – Clackmannanshire & Stirling HSCP
Sandra Burt, Unison, Falkirk Council
Tom Hart, Unison, NHS Forth Valley

Substitutes

Lesley Fulford for Shiona Strachan
Linda Robertson for Alison Richmond-Ferns
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3. Note of previous meeting – 30 August 2017

The Joint Staff Forum approved the note of the meeting held on 30 August 2017 subject to the following amendments

Alan Milliken is Senior Manager, Communities & People,
Alison Richmond Ferns, HR NHS Forth Valley
Jim Robb – Services Manager, Clackmannanshire & Stirling HSCP

The amendment to the June (01/06/17) meeting minute from Lorraine Thomson to be changed to read – Lorraine Thomson asked if the scoping exercise on Procurement had been undertaken and completed for Clackmannanshire & Stirling Council. If it had not been completed a request for a meeting around this be organised.

Item 5 – Para 2 this to be changed to Constituent bodies failure to grant facility time

Item 6 – Para 7 to be changed to Karen advised the redundancy modification order was still a Westminster function

Item 6 – Para 10 to be changed to It was noted

Item 7 Para 2 to be changed to – that Frontline staff grievances had nowhere to go when raised with managers of the employing authority

Item 10 to be changed to Joint Partnership Agreement

Item 10 Para 1 addition at end to say Would keep Trade Union colleagues advised of developments

Clackmannanshire to be written out in full and the Union to be changed to Trade Union (colleagues) where appropriate.

4. Matters Arising

Scoping Audit of Commissioning & Procurement

PC advised that Trade Union Representatives and staff are on Falkirk Strategic Planning Group (SPG) and have had extensive discussions on the Market Position Statement.

LF advised that the position was the same in Clackmannanshire & Stirling.

LF will pick up with SS

Ethical Charter - LT advised that Stirling Council had approved adoption of the Charter

Facility Time – Concerns that some members of the group are unable to attend due to work commitments and the constituent bodies' failure to grant facility time. PC advised that agreement to time off must be balanced with service requirement however, if sufficient notice of the meetings are given there should be no problems covering this. It was also noted that the FVJTC meeting dates are known well in advance, as are the dates for this meeting. KA to pick this up with GI (Gordon Irvine)

4.1 Recruitment Protocol

This had been discussed at length at the meeting on 03/08 and also at subsequent local meetings. A letter had also been sent by Trade Union Colleagues to HR Leads and Chief Officers in August. A response had been sent in September. The main points of this discussion were as follows:

- KJ – Highlighted in the letter the Joint Future Framework 2004 – which was to highlight the arrangements that were in place and continuing. The agreement included employers simultaneously advertising vacancies and enabling employees to remain with their employer
- The Integration Joint Board is not an employer.
- LT – Have had discussions with other Trade Union Colleagues and we are way ahead of other Partnerships
- PR – Could remember the attachment process when you could apply to work with eg NHS and still be with other
- KO'N – Attachment was not used for new posts eg was used to attach clinical staff to teams (Council) and was for existing staff to be managed by other staff
- PR/BW – Unhappy with the contents of the letter referring to Joint Future Framework, felt it was pointless sending it out.
- RC - Not comfortable going forward and will refer the issue to STAC
- PR – Clackmannanshire & Stirling Joint Trade Union will lodge a dispute.
- KJ – Each job would need to be advertised on its own eg NHS advert, Stirling advert, Clackmannanshire advert & Falkirk advert and a footnote advising there was only one job. This would be an expensive process.
- LT- We are not getting anything resolved and should be referred to the national group.

As short recess was taken for Trade Union Colleagues to discuss

Following the meeting being reconvened and clarification given in terms of pensionable benefits DO'C confirmed he would take back to full time leads and provide feedback to KA.

4.2 Process for Discipline & Grievance

ARF is still trying to get a group together to discuss Discipline & Grievance processes within the Partnerships. It was noted that Discipline and Grievance matters are contractual however, KJ advised that we need to get the principles down so that all parties had an understanding on the process.

It was noted that this would be a key piece of work for the Care Village .

4.3 Procurement

Mutual understanding of where we are going on this. Trade Union recognition is required.

4.4 Joint Partnership Agreement

No discussion

5. Integration Joint Board Update

Clackmannanshire & Stirling
LF advised that the Annual Performance Report for the Clackmannanshire & Stirling Partnership had been approved by the IJB and had recently been to Stirling Council and will go forward to Clackmannanshire Council in November and has also gone to NHS Forth Valley.

The IJB annual accounts had been to the IJB 30/08/17 and had been signed off and they are available to view on the website. Membership of the IJB will also be up for renewal in March 2018 for Carers, Third Sector reps etc and a process of advertising and recruitment will be undertaken in January 2018.

There is a projected 2m overspend and are currently in budget recovery mode. Work is also progressing on the integrated structure

There will be engagement events held in Clackmannanshire (October) and Stirling (November).

Falkirk
PC advised that there is a projected underspend in Adult Services however, there is a £1.5m overspend in health. A budget recovery plan has been compiled for the IJB.

Review of eligibility of re-ablement is ongoing. TEC enabled equipment is currently being used and is cutting pending lists. This is enabling those service users with a lower level of need to be able to help themselves. This is also enabling us to focus on the bigger issues.

6. Review of JSF Constitution

A small group to be brought together to look at this – Pam Robertson, Brian Wilson, Tom Hart. A Falkirk rep to be identified.

7. Review of Behaviour at Meeting

PC - mature discussion and positive.
KJ - difficult and challenging and frustrating but also positive
DO'C – Positive and challenging

8 Any Other Competent Business

PR had concerns regarding the Care Village and felt that Clackmannanshire staff were being left behind.

AR had concerns regarding the Buurtzorg process in the rural area. She feared that this was growing arms and legs. A new post had been created with no consultation, there had also been a boundary change and she feared that Social Care staff were being swallowed up.

KO'N advised that the workforce would be coming together and that it was working on the GP Cluster Boundary

9. Date of Next Meeting

Thursday 7 December 2017, Wallace Room, old Viewforth, Stirling

Pre Meeting 2pm for staff side in Wallace Room
Pre Meeting 2pm for Trade Union Colleagues in Bruce Room

Minute of the Joint Staff Forum held on Thursday 7 December 2017
Wallace Room, Old Viewforth, Stirling

Present: Karen Algie, HR - Falkirk Council (KA)
Chris Alliston, HR – Clackmannanshire Council (CA)
Patricia Cassidy, Chief Officer – Falkirk HSCP (PC)
Robert Clark, Unison, NHS Forth Valley (RC)
Carol Hamilton, Service Manager, Stirling Council (CH) sub for Alan Milliken
Kristine Johnson, HR – Stirling Council (KJ) (Left at 3.05pm)
Matt McGregor, Unison Falkirk Council
David O'Connor, UNISON (DO'C)
Alison Richmond Fearns, NHS Forth Valley (ARF)
Jim Robb, Service Manager, Clackmannanshire & Stirling HSCP (JR)
Abigail Robertson, UNISON, Stirling Council (AR)
Pam Robertson, UNISON, Clackmannanshire Council (PR)
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP (chair) (SS)
Lorraine Thomson, UNISON, Stirling Council (LT)
Brian Wilson, GMB Stirling (BW)

3. Welcome and Introductions:

Shiona Strachan chaired the meeting and welcomed all.

2. Apologies for absence:

Apologies for absence were intimated from
Alan Milliken, Senior Manager, Communities & People, Stirling Council

Substitutes
Carol Hamilton for Alan Milliken

3. Note of Amended minute – 30 August 2017

Agreed as amended

4. Note of previous meeting – 5 October 2017

The minute was approved subject to the following amendments

Robert Clark is UNISON, NHS Forth Valley

Item 4.1 point 3 – to be changed to 'and appear we are way ahead of other Partnerships`

Item 4.1 point 7 - to be changed to 'at NHS the employer to refer to STAC`

5. Matters Arising (not covered in Agenda)

Scoping Audit of Commissioning & Improvement
SS advised that she had requested a comparative list in the Local Authorities of commissioned services. She had discussions with both Councils on the way we manage and get a support services (at minute going to several different people). She would like one person that is a contact for both Councils i.e. a business partner - as it takes up a lot of time. This was not a discussion about jobs it was to simplify a process.

LT – Trade Unions need to be informed around the framework and contractor element and to be included when contractors come in

Process for Discipline & Grievance
KA advised that a communication has gone out and there will be a link. A progress report to come back to next meeting.

Brexit
KJ advised that there are 94 declared EU Nationals working in Stirling (via diversity info). Countrywide this is a significant issue – Edinburgh City have 4,000 out of 21,000 staff. They will be taking this forward and share templates etc.
It was noted that the NHS do not ask this question of staff.

KJ advised we have up to March 2019 then two years for residency. This is a risk for employers. Cost would not be covered and can take up to six months. This requires to be monitored.

JSF Admin requirements
SS advised that Clackmannanshire & Stirling Partnership had provided administration support for one year for this meeting and requested that the task is now rotated to one of the other partners.

6 Recruitment Protocol – Feedback from TU/Staff Side

This item has been discussed at length at the meetings of 3/08 and 5/10. The main points from the discussion were as follows:

LT – Grievance was submitted in August to each Local Authority. There has been a failure to engage and consult with the Trade Unions. There seems to be no mechanism for dealing with grievances/concerns etc. Since last meeting a post of administrator had been advertised of which the Trade Unions had no knowledge of. No protocol has been agreed
PR – There was a considerable pay differential and no case was presented to Trade Unions re creation of the post. There is no problem with recruiting staff, there is a problem with picking terms & conditions.

SS – Advised that this was a Partnership Funded Post and was impacting on the day to day running of the Partnership. The advertisement of the partnership posts were agreed by the IJB.
LT – No issue with recruitment but it needs to be sorted out nationally. Would like secondments to be looked at as a temporary solution.
RC – Advised NHS did not log a grievance. Concerns re posts i.e. if there is an NHS post and a non NHS person was successful and chose employer/not NHS then this would be a loss of a job from NHS. Feels posts should stay with constituent partner.
ARF – Has canvassed all other Partnerships and all are doing what we are.
KA – Was discussed at National HR working Group and was recognised nationally that Partnerships needed practical solutions.
PC - Thought that a decision was made and agreed at the previous meeting on 5/10.
LT – Advised at that no decision was made and it was far from agreed. Clarity was given on the pension situation.
SS – KJ had offered to meet with Trade Union colleagues and go through concerns

It was recognised that there were many differences in the room and we were not getting anywhere. KJ to meet with TU colleagues.

7 Joint Staff Forum Constitution Review

A meeting had been held to go over the Joint Staff Forum Constitution. KA had provided documents to all and the following changes were proposed by Trade Union Colleagues.

5.2 – Clarification on the Chief Officer attending
5.3 – Would like 12 instead of 8 places, to maintain attendance. – 3 from each JTUC – The JTUC decide the delegates
5.4 – This to come out and be replaced by a new paragraph
5.5 – No Change
5.6 - No Change
6.2 - Was previously HR & TU staff side members who chaired invited CO's along and now chairing – Moved on with no proper consultation.

KA will amend and send back out for agreement.

8 Review of Behaviour at Meeting

This was a better meeting environment, than the previous meeting.
People need to be able to get their point across.

9 Any Other Competent Business

Update on Partnerships – this should be a main Agenda item.

Clackmannanshire & Stirling
Next Integration Joint Board meeting is 13 December 2017. There is a Chief Officer report which gives an update on current activity. This and all other relevant papers can be accessed on the NHS website. Main points to note are:

- LD & MH Review Paper
- Rationalising of buildings (in Clacks)
- SDS Review
- Primary Care Transformation Fund (PCTF) lots of ongoing activity
- Stirling Care Village – Ahead of schedule – Derek Blues (Scottish Health Council) is engaging re signage and naming
- Budget – Significant over spend approx. £1.7m. Work ongoing and will intensify in new year, budgets will be set in February. Discussions are reflected in the IJB Paper
- Removal of Assistant Team Manager in Clackmannanshire
- Awaiting letter from Care Inspectorate re dates for Inspection, likely to receive in early Jan. Inspection likely to be end of Feb/March
- Staff Engagement events had been held in October (Clacks) and November (Stirling) very well attended and positive feedback received.

Falkirk
Integration Joint Board was held on 1 December 2017. There is a Chief Officer report which gives an update on current activity. This and all other reports can be access on the NHS website. Main points to note are:

- General Medical Services Contract (GMS) is out for consultation. It is hoped there will be an event scheduled in January for both IJB's.
- Review of eligibility criteria agreed
- Engaging with Service Users and unpaid carers
- Care at Home Inspection had been undertaken in June. Disappointing as received grades 3 & 4 previously had been grade 3. A review is ongoing. There will be no decrease in staff but will look at job roles/rotas/training programme. There seems to be a mismatch of skillset. Staff engagement has been positive.
- Balanced budget in Adult Social Care. Overspend of £1.05m on health side.
- Bield closures – affecting 24 people in the Falkirk Council area

10. Date of Next Meeting – Monday 26 February at 2.30pm. Chambers Old Viewforth, Stirling

Clackmannanshire & Stirling Health and Social Care Partnership
Integration Joint Board

28 March 2018

This report relates to
Item 12.5 on the agenda

Minute of the Clackmannanshire & Stirling Strategic Planning Group 071117

(Paper presented by Shiona Strachan)

For Noting

Minute of the Strategic Planning Group meeting held on Tuesday 7th November 2017, at 14:30 hrs Boardroom, Forth Valley College, Alloa

Present: Shiona Strachan, Chief Officer (Chair) Clackmannanshire & Stirling Partnership (HSCP)
Janette Fraser, Head of Planning, NHS Forth Valley
Karen Gray, Sue Ryder
Carol Hamilton, Service Manager, Housing & Augmented Care, Stirling Council
Elaine Lawlor, FV ADP Co-ordinator
Marjory Mackay, Strathcarron Hospice
Sheila McGhee, Third Sector Representative
Ewan Murray, Chief Finance Officer, HSCP
Lorraine Thomson, UNISON, Stirling
Lorraine Robertson, Head of Mental Health Nursing, NHS Forth Valley
Janice Young, Service Manager, Clackmannanshire Council
Caroline Cherry, Service Manager, Adult Assessment, Stirling Council
Polly Rodger, Integration Engagement Officer, SVEnterprise
Alan Milliken, Senior Manager, Communities & People, Stirling Council
Helena Scott, Executive Director, Action in Mind
Eileen Wallace, Service User Representative, Stirling
Natalie Masterson, Chief Executive, Stirling Voluntary Enterprise
Rita Ciccu-Moore, Associate Director of Nursing, NHS Forth Valley
Lesley Fulford, Programme Manager, Clackmannanshire & Stirling HSCP
Carol Johnson, Principal Information Analyst, HSCP
Helen Macguire, PPP Member
Kathy O'Neill, General Manager, NHS Forth Valley
Anthea Coulter, CTSI
Leona Gilhooley, Service Manager, NHS Forth Valley
Lesley Thomson, Head of Nursing, NHS Forth Valley
May Kirkwood, Stirling Carers Centre
Tom Hart, Employee Director
Marie Valente, Senior Manager, Children & Families, Stirling Council
Gary Connor, Able Healthcare Scotland.
Marissa Collins, Scottish Government
Christina Naismith, Scottish Government

In Attendance:
Ross Wilson, Corporate Services Assistant *(minutes)*

1. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of;

Chris Sutton, Service Manager, Clackmannanshire Council
Gavin Ansari, Housing, Stirling Council
Sarah Burgess, Alzheimers Scotland

Ian Aitken, NHS Forth Valley
Jennifer Baird, People and Commissioning, Stirling Council

Isabel McKnight, Strategic Commissioning, Stirling Council
Joanne O'Suilleabhain, Principal Public Health Officer, NHS Forth Valley
Jim Robb, Service Manager, Clackmannanshire Council
Linda Melville, Service Manager, Clackmannanshire Council

2. BUSINESS OF MEETING

a) Minute of previous meeting:

The minute of the previous meeting was approved as a true and accurate record.

b) Matters Arising:

Sheila McGhee wanted to clarify whether her position as substitute user group rep at the last meeting had caused a conflict of interest ? Shiona felt there was a difficulty around sitting on multiple "layers" of the group but that this was something she would discuss with Sheila separately.

c) Delivery Plan 2017-19 Progress Report:

Lesley Fulford advised she had brought the paper to discuss and ask that the delivery plan be approved. She asked that the largest appendix be ignored.

Lesley advised that a workshop was held on 26th October with the aim of reviewing progress and agree the reporting of progress against the delivery plan.

Shiona asked that anything group members felt was a priority should be flagged up by close of play on Wednesday 15th November.

d) Budget update:

Ewan told the group he had brought a copy of the paper that was presented to the last Board. He advised that we were in "a very challenging position" going forward.

Helen Macguire asked how realistic Ewan felt the plan was going forward ? Ewan explained it was now down to priorities as we were unable to do everything we wanted to.

Shiona said it was about redesigning the areas that needed it and leaving the areas that *were* working alone.

Lorraine Thomson asked if the "further measures" in the Recovery Plan had been decided yet ? Shiona advised there would be a meeting at the end of November around this and there were a range of options for the Board to consider. She confirmed that Abigail will not be made aware of these until nearer the time.

Lorraine also queried the recruitment freeze. Shiona advised that the current position was there was not a total freeze and that where vacancies required to be filled they would be.

Lorraine asked that the Union be kept up to date.

e) Carers Act:

Caroline Cherry advised there were 3 or 4 pieces of work needed prior to the Consultation event on 8th December. A draft strategy will be presented at the event for feedback from Carers, Workers etc.

May Kirkwood confirmed that the plan was for everything to be compliant by 1st April 2018.

f) Dates for 2018:

Lesley advised these were the proposed meeting dates for 2018. (see item 4)

These align better with the IJB dates which should make for a smoother process.

g) Partnership Funding:

Alan Milliken advised the paper provided an update as to where we are right now. He said there are a number of projects needing further review and some will likely be disinvested in. A further budget challenge session is to be arranged to ensure we are getting best value for money. He will continue to update the position going forward.

Shiona said we would need to take time to refocus on the areas we want to protect.

Alan also asked the group to note that the title of the group had been changed to "Transforming Care Group"

In response to a question from Helen Macguire about the effectiveness of the 3 individual partners working as one, Alan said it had been difficult initially but as a partnership they had learned to work together to address the overall picture. He felt there was now a sense of collective responsibility which allowed tough decisions to be made when required.

Natalie Masterson asked about the amount of information required by the Partnership and whether enough resources were available ? Alan said there were flaws in the current reporting but a more rigorous approach was now being taken and we were making progress in this area.

3. ANY OTHER BUSINESS

There were no items.

4. PROPOSED DATES OF 2018 MEETINGS

Date	Time	Venue
Tuesday 27th February	10:00 – 12:00	Forth Valley College, Stirling Campus
Thursday 19th April	10:00 – 12:00	Forth Valley College, Alloa Campus
Thursday 30th August	10:00 – 12:00	Forth Valley College, Stirling Campus
Thursday 1st November	10:00 – 12:00	Forth Valley College, Alloa Campus