A meeting of the **Clackmannanshire and Stirling Integration Joint Board** will be held on **Wednesday 30 August 2017** at **2pm - 4pm**, in **Council Chambers, Kilncraigs, Greenside Street, Alloa FK10 1EB**

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

LUNCH 12 noon – 12.30pm

IJB Development Session – ON BOARD 12.30pm – 13.45pm

AGENDA

1.	**NOTIFICATION OF APOLOGIES**	For Noting
2.	**NOTIFICATION OF SUBSTITUTES**	For Noting
3.	**DECLARATION(S) OF INTEREST**	For Noting
4.	**URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON**	
5.	**MINUTE OF THE CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD MEETING HELD ON 27 JUNE 2017**	For Approval
6.	**MATTERS ARISING**	
7.	**FINANCE**	
7.1	**FINANCIAL REPORT** (Paper Presented by Ewan Murray)	For Approval
8.	**PERFORMANCE**	
8.1	**PERFORMANCE REPORT** (Paper Presented by Shiona Strachan)	For Noting
9.	**GOVERNANCE**	
9.1	**ROLE OF CHIEF SOCIAL WORK OFFICER AND SOCIAL CARE GOVERNANCE** (Paper presented by Celia Gray & Marie Valente)	For Approval
9.2	**IJB DEVELOPMENT SESSIONS** (Paper Presented by Shiona Strachan)	For Approval
10.	**TRANSFORMING CARE**	
10.1	**OUT OF HOURS SERVICES** (Paper Presented by Mr Andrew Murray)	For Noting

10.2 PRIMARY CARE TRANSFORMATION PROGRAMME — For Approval
(Paper presented by Dr Scott Williams)

10.3 PODIATRY SERVICE REDESIGN — For Approval
Implementation of Personal Footcare Guidance
(Paper presented by Claire Pickthall)

10.4 CHIEF OFFICER REPORT — For Noting & Approval
(Paper presented by Shiona Strachan)

11. PAPERS FOR NOTING

11.1 JOINT STAFF FORUM MINUTE OF 1 JUNE 2017 — For Noting

12. EXEMPT ITEMS

E12.1 THIRD SECTOR SERVICE LEVEL AGREEMENTS — For Approval
(Paper Presented by Jim Robb & Caroline Cherry)

E12.2 CARE HOMES (Verbal Report)
(Presented by Shiona Strachan)

13. ANY OTHER COMPETENT BUSINESS

14. DATE OF NEXT MEETING

Wed 18 October 2017, 12:00 – 4:00pm, Kildean Suite, Forth Valley College, Stirling Campus
12noon – 2pm – IJB Development Session and 2pm – 4pm – IJB Board Meeting

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 5 on the agenda

Minute of Clackmannanshire & Stirling Integration Joint Board meeting held on 27 June 2017

For Approval

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Tuesday 27 June 2017, at 2.30pm, in Castle Suite, Forthbank Stadium, Stirling

All new members were welcomed to the meeting. Letters will be sent to all former Board members to thank them for their commitment and input.

Present:

Councillor Scott Farmer, (Chair), Stirling Council
John Ford, (Vice Chair), NHS Forth Valley
Councillor Dave Clark, Clackmannanshire Council
Joanne Chisholm, Non-Executive Board Member, NHS Forth Valley
Anthea Coulter, Business Manager, Clackmannanshire Third Sector Interface
Councillor Ellen Forson, Clackmannanshire Council
Dr Graham Foster, Executive Board Member, NHS Forth Valley
Fiona Gavine, Non Executive Board Member, NHS Forth Valley
Celia Gray, Head of Social Services, Chief Social Work Officer, Clackmannanshire Council
Tom Hart, Employee Director, NHS Forth Valley
Councillor Graham Houston, Stirling Council
Shubhanna Hussain-Ahmed, Unpaid Carers Representative for Stirling
Alex Linkston, Chairman, NHS Forth Valley
Councillor Bill Mason, Clackmannanshire Council
Morag Mason, Service User Representative for Stirling
Natalie Masterson, Third Sector Representative for Stirling
Andrew Murray, Medical Director, NHS Forth Valley
Sheila McGhee, Service User Representative for Clackmannanshire
Elizabeth Ramsay, Unpaid Carers Representative for Clackmannanshire
Abigail Robertson, Joint Trade Union Committee Representative for Stirling
Pamela Robertson, Chair, Joint Staff Forum
Wendy Sharp, Third Sector Representative for Stirling
Marie Valente, Chief Social Work Officer, Stirling Council
Professor Angela Wallace, Director of Nursing, NHS Forth Valley

In Attendance:

Caroline Cherry**,** Service Manager, Adult Assessment & Partnership, Stirling Council
Richard Fowles, Care Inspectorate
Christopher Lumb, Care Inspectorate
Stephanie McNairney, Integrated Care Funds Manager, Clackmannanshire & Stirling HSCP
Elaine McPherson, Chief Executive, Clackmannanshire Council
Alan Milliken, Senior Manager, Communities & People, Stirling Council
Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
Kathy O'Neill, General Manager, Community Services Directorate, NHS Forth Valley
Jim Robb, Interim Assistant Head of Service, Social Services, Clackmannanshire & Stirling Councils
Margaret Robbie, PA to Chief Officer, (minute taker)
Shiona Strachan, Chief Officer, Clackmannanshire & Stirling HSCP
Dorothy Stewart, Member of Public
Elaine Vanhegan, Head of Performance Management, NHS Forth Valley
Susan White, Programme Manager, Clackmannanshire & Stirling HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were intimated on behalf of:

Stewart Carruth, Chief Executive, Stirling Council
Tom Hart, Employee Director, NHS Forth Valley
Teresa McNally, Service User Representative for Clackmannanshire
Fiona Ramsay, Interim Chief Executive, NHS Forth Valley

2. NOTIFICATION OF SUBSTITUTES

Alan Milliken for Stewart Carruth
Angela Wallace for Fiona Ramsay
Sheila McGhee for Teresa McNally

3. DECLARATION(S) OF INTEREST

There were no declarations of interest.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON

There was no urgent business brought forward.

5. MINUTES OF MEETING HELD ON 19 APRIL 2017

5.1 The minute of the meeting held on 19 April 2017 was approved as an accurate record.

6. MATTERS ARISING

Item 9.3 CARE ABOUT PHYSICAL ACTIVITY IMPROVEMENTS (CAPA)

A total of 15 care homes have registered an interest in the CAPA programme.

All other matters were covered within substantive agenda items.

7. FINANCE

7.1 FINANCIAL REPORT

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

Audit Committee

Prior to the re-scheduling of the Integration Joint Board meeting to 27 June, 2017 as a result of the UK General Election, an Audit Committee meeting had been scheduled for 21 June 2017. However, due to the changes in voting membership as a result of the Scottish Local Government elections, the Integration Joint Board requires to appoint the Audit Committee membership at its June meeting. The Chief Officer and Chief Finance Officer have taken advice on this issue from both Council Governance Officers and the Chief Internal Auditor. The members from NHS Forth Valley will continue as present (John Ford, Audit Committee Chair and Fiona Gavine).

Councillor Graham Houston was nominated from Stirling Council and Councillor Ellen Forson was nominated from Clackmannanshire Council.

Meetings will be scheduled for August and September.

The Integration Joint Board:

- Noted the financial position for year ended 31 March 2017, subject to audit.
- Noted the resultant reserves position.
- Approved the issuing of final 2016/17 Directions to the constituent authorities
- Noted the update on the Integration Joint Board Annual Accounts and Audit Committee, as detailed in Section 7 of this report.
- Approved the proposal to hold Audit Committee meetings in August and September 2017.
- Confirmed current Audit Committee membership from NHS Forth Valley and appointed a voting member from each of Clackmannanshire and Stirling Councils to the IJB Audit Committee.

7.2 BUDGET RECOVERY PLAN UPDATE

Ewan Murray presented this paper. The purpose is to provide an update on progress in developing and implementing plans to respond to the level of financial risk identified across the Partnership within the 2017/18 Integration Joint Board Revenue Budget. The paper presents a number of proposals for change and significant elements of savings delivery within NHS and Adult Social Care Services to support the strategic and financial plans of the Integration Joint Board. Some proposals are in the process of development or require to be further scoped and approval is being sought to progress with this work, which will be overseen by the Joint Management Team.

Ewan advised that at this point in time there is a high risk of overspend. A further update will come to the August Board meeting.

The Integration Joint Board:

- Noted the updated assessment of financial risk across the Partnership as set out in Section 4 of this report.

- Noted the context of the savings proposals in relation to budgets delegated to Clackmannanshire Council (Section 4.2) and agree the savings proposals, which involve significant service change as set out in Section 5.

- Noted the progress made in developing the Cases for Change proposals and remitted the General Manager, Community Services Directorate, to bring back a report that links to the Budget Recovery Plan at the August meeting.

- Approved the Income Generation proposal for Hope House – Low Secure Unit as set out in section 4.2.

- Approved the Service Efficiencies proposal for Prescribing – Primary Care and Mental Health Services, as set out in section 4.4.1.

- Noted that a further budget recovery update will be brought to the August meeting within the Financial Report.

7.3 PARTNERSHIP FUNDING REVIEW

Alan Milliken presented this paper which provided the Integration Joint Board with an overview of the review of funded projects and the recommendations arising from the review. A review of all projects receiving ongoing funding had been undertaken. A Partnership Reviewing Group was established and three half day workshops had been held. PBMA (Programme Budgeting & Marginal Analysis) methodology was identified as the framework within which to complete the reviews and re-align/consider projects in line with the Strategic Plan.

The Integration Joint Board:

- Noted that all projects are being supported to redefine their service model and develop SMART (Specific, Measurable, Attainable, Realistic and Time-bound) objectives, with a supporting performance management framework.

- Noted that all projects are to be asked to report on a quarterly basis, from Q2 2017/18, using the new performance management framework, following a period of appropriate support.

- Agreed that a commissioning based approach is required going forward, linked to the performance management framework, Strategic and Delivery Plan priorities and National Priorities. It is envisaged that this will be developed for implementation for the financial year 2018/19.

- Noted that further work is to be undertaken to identify projects with similar service provision, which would benefit from being consolidated into a more strategic model as part of ongoing review. It is anticipated that this could

result in financial efficiencies.

- Approved the use of the Partnership funding earmarked reserve, as detailed in Section 6, for the bridging of models of service until operational commencement of the Stirling Care Village.

- Noted that a review is now underway to consider new service delivery model options for 'Closer to Home' and Intermediate Care Services. The outcomes of this review process will be reported to the Integration Joint Board in due course.

8. PERFORMANCE

8.1 DELAYED DISCHARGE IMPROVEMENT PLAN

Jim Robb presented this paper. The purpose of this paper is to update the Integration Joint Board on the performance of the Clackmannanshire and Stirling Partnership in relation to the national delayed discharge target of two weeks. Occupied Bed Days performance is set out in appendix 1 and appendix 2. Appendix 3 sets out the Discharge Improvement Plan which was developed and is monitored by the Discharge Steering Group involving Forth Valley Health and the two Local Authorities

Work is ongoing locally and nationally to build reporting mechanisms to allow confident reporting of the new data. When this is available it will be incorporated into this report and submitted to the Integration Joint Board as part of the performance report.

Section five of the report gives further analysis of the reasons for delays.

Work is ongoing locally and nationally to build reporting mechanisms to allow confident reporting of the new data. When this is available it will be incorporated into this report and submitted to the Integration Joint Board as part of the Performance Report.

The Integration Joint Board:

- Noted the performance of the Partnership, based on the May 2017 census, and provide appropriate challenge.

- Noted that targets for the remainder of the financial year 2016/17, including the April census, have been agreed with the Scottish Government on a Forth Valley basis as outlined in section 7. The target total includes all Code 9 but excludes Code 100 and is a stepped approach to the national target.

- Noted the improvement in long term trends.

- Noted that this report will be the final report in this format and that future reporting on Delayed Discharge will be part of the general Performance Report presented to the Board.

- Discussed and approved the detailed actions included in the Improvement Plan noting that these are closely monitored by the Discharge Steering Group.

8.2 PERFORMANCE REPORT

Elaine Vanhegan presented this report. This report has been prepared in partnership, supported by the Performance Management Work stream. A summary is presented in Section 1, with an overview of performance in Section 2 and detailed reporting in Section 3.

The purpose of this report is to ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. In November 2016 the Integration Joint Board received a full update on the Partnership's position against the National Health and Wellbeing Outcomes, measured by the National Core Integration Indicators. A year end position against the National Outcomes and National Core Integration Indicators will be presented in the Partnership's Annual Performance Report.

The performance report ties into the Delivery Plan and this will be brought back to the board in the Autumn (October meeting of the Integration Joint Board).

The Integration Joint Board:

- Noted the performance report.
- Noted the summary highlighted and delegated appropriate action to the Chief Officer in conjunction with relevant senior managers
- Agreed that the next performance report, with a focus on exception reporting, would be presented to the October meeting to allow some time to align the performance report to the review of the Delivery Plan.

8.3 ANNUAL PERFORMANCE REPORT 2016/17

Shiona Strachan presented this paper and advised that there is a statutory requirement for the Partnership to deliver and publish an Annual Performance Report before the end of July 2017. The draft report is attached for approval and is subject to further developing and formatting. A formal report will be required for both Councils and the NHS Board.

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The Integration Joint Board:

- Approved the content of the draft Annual Performance Report for 2016/17, included in appendix 1.

- Agreed that the report, once approved, will be subject to design formatting prior to publication and will have an Executive Summary version available, and delegated the design formatting and Executive Summary to the Chief Officer.

- Instructed the Chief Officer to provide copies of the Annual Performance Report to the constituent authorities, Clackmannanshire Council, NHS Forth Valley, and Stirling Council.

- Agreed that the formatted report should be widely distributed through the Partnership agencies and published on the hosted Integration page of NHS Forth Valley by 31 July.

- Noted the areas for further consideration in Section 5 of the covering report and that a report will be brought back to the Board to highlight the work taking place on feedback, learning and engagement.

9. GOVERNANCE

9.1 COMPLAINTS HANDLING PROCEDURE

Shiona Strachan presented this paper which provides an update to the Integration Joint Board on the requirement to adopt a model Complaints Handling Procedure [CHP], following correspondence from the Scottish Public Services Ombudsman [SPSO].

The SPSO's Complaints Standards Authority wrote to all Integration Authorities in May 2017, outlining the requirement to adapt existing procedures and adopt the model CHP for the Integration Joint Board. Model CHPs with a self-assessment are required to be submitted by 3 July 2017. The model Complaints Handling Procedure and the self-assessment will then go through a compliance check by the Complaints Standards Authority.

Clackmannanshire Council, NHS Forth Valley and Stirling Council have reviewed their own Complaints Handling Procedures and are preparing for implementation and the Integration Joint Board's is designed to sit alongside and complement these.

The Integration Joint Board:

- Approved the draft Complaints Handling Procedure for implementation, effective from 27 June 2017 and replacing the existing Complaints Protocol approved by the Integration Joint Board on 22 March 2016.

- Approved the Compliance Statement and self-assessment return and remitted the Chief Officer to submit this by 3 July 2017 as noted in appendix 1 and appendix 2.

10 TRANSFORMING CARE

10.1 MODELS OF NEIGHBOURHOOD CARE

Caroline Cherry presented this paper. In February 2017, the Board agreed in principle to develop a model of neighbourhood care based on the Buurtzorg principles within rural South West Stirling (largely but not exclusively the G33 postcode) comprising Balfron and surrounding villages. This paper updated on progress made and outlined the Business Case in more detail.

The Buurtzorg model has an emphasis on localised, holistic care working with small geographic populations and is outlined as an onion model, with the adult surrounded by informal networks of support as well as more formal models of care. This therefore fits with the drive to self -manage; a focus on well being personal resilience and using preventative, community based resources.

Scotland has a number of Buurtzorg pilots and Stirling and Clackmannanshire's Health and Social Care Partnership benefits from being part of a national network of key learning and support. This is an opportunity to develop a person centred, integrated team delivering care to adults in a local area, in partnership, with a community focus and a range of services and networks of supports.

The Integration Joint Board:

- Delegated authority to Caroline Cherry to lead the multi disciplinary project team implementing the Model of Neighbourhood Care on behalf of the Partnership.

- Noted the complexities of implementation but considered the key principles and asked "so what?" in relation to what difference the approach will make to improving the lives of adults in rural South West Stirling.

- Noted the detailed Business Case in appendix 1 with updated implementation timescale noted in appendix 2.

10.2 MARKET POSITION STATEMENT

This paper was presented by Shiona Strachan. This is the first Market Position Statement for the Partnership, and was produced in conjunction with provider organisations and other stakeholders, using the Strategic Needs Assessment as the baseline for data about demand, supply and quality of services.

The purpose of the Market Position Statement is to support the implementation of the Partnership's Strategic Plan by setting out key messages that will assist provider organisations with business planning and inform future service delivery. The main focus of this Statement has been social care services which are commissioned by the Local Authority Further work will be required in 2017/18 to extend the scope of this work.

The Integration Joint Board:

- Approved the Market Position Statement

- Delegated authority to the Chief Officer to arrange for publication of the approved Market Positon Statement on behalf of the Integration Joint Board.

- Noted the further work over 2017/2018 to extend the scope.

10.3 CHIEF OFFICER REPORT

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

The Integration Joint Board:

- Noted the changes to the membership of the Integration Joint Board.

- Noted the progress of the recruitment process for the Chief Finance Officer.

- Noted the unsustainable level of demand and the instability of the temporary resources currently allocated through the Integration funding to both the Integration Authority and the Integration Joint Board and, agreed to recruit on a permanent basis the following posts : Programme Manager; OD post; Integrated Care Fund post; analyst post and the administration support to the IJB.

- Noted the climate change duties, including the required report submission by November 2017, and the nomination of the Programme Manager as the key contact point at this early stage.

- Agreed that a draft climate change report will be brought forward for consideration by the Board in October 2017.

- Noted that the self evaluation/readiness tool kit has been issued and the work taking place within the Partnership to prepare for the implementation of the Carers (Scotland) Act 2016.

- Noted the update on the national Health and Social Care Standards.

- Noted the consultation in relation to Safe and Effective Staffing in Health and Social Care.

- Noted the progress report in respect of the Transforming Care Programme

- Approved the direction of travel and approach of the Primary Care Transformation Programme, agreed the deployment of funds to these work streams and approved the proposal for a Primary Care development session to take place for Board members.

- Noted the engagement with the Improvement Service [iHUB].

- Approved that the Chief Officer, working with the Chair and Vice Chair, should progress the request to engage an Improvement Associate to work with the Board as part of the development.

- Noted the ongoing discussion in terms of support to the review of Intermediate Care.

- Noted the discussion with Falkirk HSCP in respect of participation in the pilot of PBMA.

11 PAPERS FOR NOTING

11.1 JOINT STAFF FORUM – 24 MARCH 2017

The Integration Joint Board:

- Noted the Minutes of the Joint Staff Forum of 24 March 2017

12 ANY OTHER COMPETENT BUSINESS

No other competent business was brought forward.

13 DATE OF NEXT MEETING

Wednesday 30 August 2017, 2.00 – 4.00pm, Boardroom, Forth Valley College, Alloa Campus

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 7.1 on the agenda

Financial Report

(Paper presented by Ewan C. Murray, Chief Finance Officer)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ewan C. Murray, Chief Finance Officer
Date:	24 August 2017
List of Background Papers:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject:	**Financial Report**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**30 August 2017**
Submitted By:	**Chief Finance Officer**
Action:	**For 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.

2. RECOMMENDATION

The Integration Joint Board is asked to:

2.1 Note the financial performance for the partnership for the first quarter of the financial year as detailed in Section 4

2.2 Note the potential impact of the detailed analysis of actual prescribing costs for April and May as detailed in Section 4.4

2.3 Note the updated assessment of financial risk across the Partnership as set out in Section 4.14

2.4 Note the updates on NHS Service Changes detailed in Section 5

2.5 Note the key planned work areas in relation to the budget and financial issues as set out in Section 6

2.6 Note that a further budget recovery update will be brought forward to the October meeting to include updated assessment of financial risk and options to being costs of service delivery within resources available

3. BACKGROUND

3.1 The Integration Joint Board 2017/18 Revenue Budget, agreed on 29 March 2017, detailed an assessment of financial risk across the Partnership at £1.784m and required, per the terms of the Integration Scheme, that a budget recovery plan be developed for the oversight of the Board.

3.2 A budget recovery plan update including updated assessment of financial risk was presented to the June 2017 meeting. This included service change proposals to deliver services with resources available whilst supporting the aims of the Strategic Plan and Delivery Plan.

3.3 Section 8.5 of the Integration Scheme specifies the process where an in-year overspend is projected. The extract is appended as Appendix I to this report for information.

It is stressed, however, that the efforts remain firmly focused on budget recovery efforts at this point in time. The work being taken forward across services and further options being developed have the potential to significantly improve the financial projections incorporated within this report. The projections may also be materially affected by more up to date information becoming available e.g. in relation to the impact of service reviews and prescribing.

Additionally, work is now taking place to review the demand trends and related cost implications across the in-scope service areas to both assist the partnership in enhancing understanding and therefore responding to cost and service pressures and to inform medium term planning.

It is critical staff and services across the partnership work collegiately to assist budget recovery efforts at this time whilst taking account of other day to day demands.

3.4 This report is therefore intended to respond to the requirements of the Integration Scheme and give the Board an updated assessment of the currently assessed level of financial risk across the Partnership. Given it is based on Quarter 1 financial performance there is still time to improve the in-year financial position however as the year progresses there is less scope to fully recover the position. Additionally, any reliance on non-recurrent savings measures in year require to be considered in the context of both recurrent financial sustainability and potential impacts on the key strategic and performance objectives of the partnership.

There are, however, significant efforts ongoing across the Partnership to bring service delivery in line with resources available. Whilst, significant amounts of service activity is evident (e.g. review activity) the financial impact is not yet always apparent or yet quantifiable due to either timing delays or availability of robust management information. Urgent work is being undertaken to improve the speed and quality of management and financial information to support service management.

3.5 The updates detailed within this paper form significant elements of the work of the Budget Recovery Group, who in turn report via the Joint Management Team. The work of this group will continue to coordinate and monitor savings and efficiency programmes to inform reporting to the Integration Joint Board. The focus of this group is due to be reviewed by the Leadership Group to ensure it is effectively supporting the budget recovery and approach to medium term financial planning.

3.6 The most significant element of financial risk to the Partnership is in relation to budgets delegated to Clackmannanshire Council. However, there are significant degrees of financial risk across all delegated budgets through a combination of demand and cost pressures and delivery of challenging savings and efficiency programmes.

4. Financial Position to 30 June 2017 and Projected Outturn

4.1 Based on a financial performance and projections for the period to 30 June 2017 the partnership is reporting an over spend of £0.616m. For the local authority budgets the year to date position is calculated on a pro-rata basis to current projections.

Summary Financial Performance for Period to 30 June 2017

	£m
Budgets Delegated to Clackmannanshire Council	(0.312)
Budgets Delegated to Stirling Council	(0.215)
Budgets Delegated to NHS Forth Valley	(0.089)
TOTAL	**(0.616)**

The position reflected above indicates a reduction in spend of £0.205m per month is required to bring the spend on service delivery in line with budget on a month to month basis.

4.2 Based on financial performance to date the projected outturn for the Partnership is a net overspend of £2.118m as summarised in the table below.

Projected Outturn for Year

	£m
Budgets Delegated to Clackmannanshire Council	(1.246)
Budgets Delegated to Stirling Council	(0.860)
Budgets Delegated to NHS Forth Valley	(0.012)
TOTAL	**(2.118)**

4.3 The projection above should be read in conjunction with the updated assessment of financial risk detailed in Section 4.14 of this report and be viewed in the context of the relatively early stage in the financial year and the potential impact of the recovery plan work.

4.4 **Changes to Partnership Budget**

Clackmannanshire Council

There have been no changes in the payment from Clackmannanshire Council.

Stirling Council

	£m
Initial 2017/18 Payment	31.449
Adjusted share of Corporate PBB savings	(0.035)
Revised Payment @ 30 June 2017	**31.414**

NHS Forth Valley

NHS Forth Valley

	Operational	Universal	Set Aside	**Total**
	£m	£m	£m	**£m**
Initial 2017/18 Payment / Budget	34.293	65.307	19.607	**119.207**
Partnership Funding to Match Expenditure	0.996		0.034	**1.030**
Psychological Therapies	0.087			**0.087**
Other Adjustments	0.078		0.054	**0.132**
Revised Payment / Budget @ 30 June 2017	**35.454**	**65.307**	**19.695**	**120.456**

Within the payment from NHS Forth Valley £0.219m of funding in relation to the Keep Well service has been moved from a non-recurrent to a recurrent basis.

Full details of any budget changes have been shared with the Integration Joint Board Chief Finance Officer and Chief Officer.

Significant Variance and Financial Pressures

Budgets Delegated to Clackmannanshire Council

4.5 The projected financial risk in relation to Adult Care budget 2017/18 for Clackmannanshire Council initially assessed at £1.194 million (8.2% of total budget) at 1st April 2017. This included the 2017/18 savings targets applied to the Adult Social Care Budget totalling £0.592m and the estimated level of additional measures required to bring expenditure in line with budget taking into account cost pressures and recurrent areas of overspend.

The budget recovery report presented to the June meeting incorporated service change proposals and, based on agreement of these, quantified a most likely level of financial risk at £0.364m. Given the year to date financial performance this assessment now looks optimistic.

4.6 Calculated on a pro-rata basis to the projected outturn a year to date net overspend of £0.312m is reported. A summary of the position is attached as Appendix II to this report. The main areas of financial pressure within this position are:

- Nursing and residential care homes
- Domiciliary / Care at Home
- Assessment and Care Management Staffing
- Staffing Costs at Menstrie House
- Older Peoples Care and Respite Care

The financial pressures above are a combination of demand driven pressures, underachievement to date of savings and efficiency targets and staffing costs associated with managing sickness absence.

4.7 The major area of financial pressure in relation to the budgets delegated to Clackmannanshire Council is in relation to a significantly higher level of activity and therefore costs in relation to nursing and residential homes.

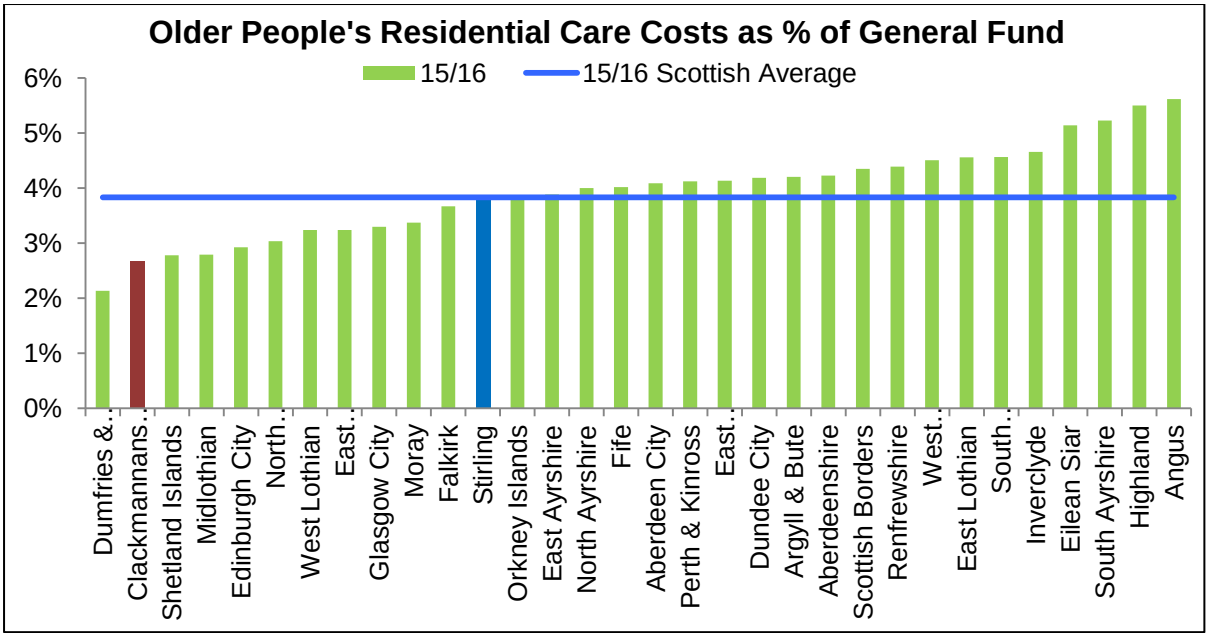
The number of bed days has increased by approximately 11% in comparison to the same period in 2016/17. The table below illustrates the net change on client numbers by care group. It can be observed from this that the most significant increase is in relation to older people.

The average age of admission of older people is 83 years old and is reported by the services to be of increasing complexity.

Clackmannanshire: Increase in Nursing & Residential Home Clients; April to June 2017			
Care Group	Admissions	Deaths/Discharges	Net Change
Learning Disability	3	3	0
Mental Health	1	1	0
Older People	52	32	20
Physical Disability	1	0	1
TOTALS	**57**	**36**	**21**

The trends in admissions are being monitored closely and an audit of the placement process is now taking place to understand the upward trend better.

This position also requires to be viewed in the context of the low number of care home beds per thousand population therefore relatively low level of spend on older peoples residential care costs as illustrated in the chart below.



The review programme for individual care provision has been stepped up to ensure some increased pace. In addition, the current eligibility criteria for the social care service has been refreshed with all staff, aligned to the service standards and will be adhered to when assessing service provision.

Budgets Delegated to Stirling Council

4.8 The budget recovery report presented to the June meeting quantified a most likely level of financial risk in relation to budgets delegated to Stirling Council at £0.300m being the mid-point between an initial projection of £0.600m and fully recovering the position through delivery of savings programmes and management action.

4.9 Based on current trends and known issues an overspend of £0.860m is projected. Calculated on a pro-rata basis to the projection this would indicate an overspend for the reporting period of £0.215m. Further supporting detail is attached at Appendix III.

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

4.11 The table below illustrates the increase in overall referrals between April to July 2016 and April to July 2017. It is, however, more difficult to capture changes in complexity within the service activity.

Stirling **All Assessment and Case Management Referrals : April to July**		
	16/17	17/18
April	295	254
May	329	293
June	286	353
July	281	317
TOTAL	**1191**	**1217**
Increase		**2.18%**

Budgets Delegated to NHS Forth Valley

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

4.12 Set Aside Budget for Large Hospital Services

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

Financial Performance against the set aside budget using the extant budget model would indicate an overspend for the first quarter of £0.154m mainly driven by financial pressures in Accident and Emergency, General Medicine and Mental Health Inpatient Services.

4.13 **Operational and Universal Services**

The operational and universal services budgets delegated to NHS Forth Valley are reporting a net overspend of £0.089m for the period.

As detailed in Appendix IV to this report there are a number of over and underspends within this position.

The main areas of financial pressure within the position related to:

- An year to date overspend of £0.080m on Community Hospitals relating to residual costs contingency bed capacity and Stirling Community Hospital Ward 5 remaining open till 10th of April (was

planned to close by end of March 2017) and nursing pays cost pressures in relation to managing sickness absence levels.

- Cost pressures within Joint Partnership Agreements totalling £0.094m in relation to specialist nursing in terms of Complex care, particularly requirements for placements of patients out with the area. Also increasing demand for higher intensity care packages requiring the use of bank staff to supplement the existing core team.

- A reported year to date overspend of £0.085m in relation to Primary Medical Services (GMS Contract). Further investigation into this area suggests the reported overspend is as a result of reporting actual spend at practice level against budgets calculated based on population shares and therefore isn't reflecting a real overspend. Work is being undertaken to resolve this anomaly for future reporting periods and will also be reported within the post due diligence review referred to in Section 5 of this report.

- Although the Community Pharmaceutical Services budget line which includes the Prescribing spend and budget is reporting a small favourable variance for the period receipt and analysis of more detailed and up to date information is beginning to portray a different position. Actual prescribing expenditure information is always at least 2 months in arrears. Detailed analysis of actual prescribing data for April and May 2017 suggests the true financial position for these months is an overspend of £0.215m which would indicate a true overspend for the first quarter in the region of £0.322m.

  This overspend is largely related to GP Prescribing and is primarily due to two issues:

  - Significant savings were expected to be realised from 1st April 2017 relating to reductions in the drug tariff, however this was delayed until 1st June;

  - Implementation plans for a number of technical switches are in progress, however the lead in time is likely to be longer than originally anticipated.

A further review of prescribing costs and projections will be completed once a full quarter data has been received. In the meantime, the potential higher level of financial risk in relation to this area should be noted.

4.14 **Updated Assessment of Financial Risk Across Partnership**

Based on the approach taken in the budget recovery plan presented to the June meeting three scenarios have been calculated reflecting optimistic, pessimistic and most likely financial projections for the financial year.

These high/ pessimistic scenarios are broadly based on current financial performance and trends / projections. The low / optimistic scenarios are based on full delivery of efficiency and savings programmes, on a pro rata basis, over the remainder of the financial year and the mid/ most likely scenarios are based on the mid-point between the pessimistic and optimistic scenarios.

These scenarios are summarised in the table below along with a comparison to the most likely level of financial risk reported to the June meeting.

Budgets Delegated to:	Financial Risk Senarios			Mid / Most Likely As a % of Budget	Mid / Most likely per June report
	High / Pessimistic £m	Low / Optimistic £m	Mid / Most Likely £m		£m
Clackmannanshire Council	(1.246)	(0.364)	(0.805)	(5.25%)	(0.364)
Stirling Council	(0.860)	0.000	(0.430)	(1.37%)	(0.300)
NHS Forth Valley (Excl Set-Aside)	(0.430)	0.000	(0.215)	(0.21%)	(0.012)
TOTALS	**(2.536)**	**(0.364)**	**(1.450)**	**(0.98%)**	**(0.676)**

It can be observed from the table above that the most likely financial scenario is a significantly level of overspend than was projected at the time of the June report. The reasons for this are documented within the body of this report.

5. Update on NHS Service Changes

5.1 The budget recovery report to the June meeting detailed various service changes and that updates would be brought forward to the August meeting. These updates are provided below.

5.2 **Prescribing: Primary Care & Mental Health**

Work is underway to indentify further efficiency savings within prescribing, including additional technical switches (e.g. melatonin estimated saving c£20k and Mesalazine c£40K) coupled with a detailed review of the wound management ordering process.

A key element of the saving programme presented at the last meeting relates to tariff reductions linked to the community pharmacy contract. National negotiations on the contract settlement for 2017-18 have now concluded, and as agreed, a number of tariff reductions have been applied to specific product lines with effect from 1st June. The associated saving remains in line with projections and will be monitored nationally.

With respect to off-patent benefits, current information suggests that there may be a delay in the resultant price reductions (these are not expected to be

realised until October as opposed to August as originally anticipated). However as a conservative estimate was provided for these savings, this is unlikely to have a material impact on the savings plan at this stage.

Progress is underway on a number of technical switches including Oxycodone (this is currently under consultation with key stakeholders in order to identify any clinical or safety concerns) and Quetiapine (all clinical approval is now in place for this switch, however short supply issues have resulted in a delay in implementation).

Other areas include the review of potential over ordering of inhaled corticosteroids – GP cluster data is currently being collated in order to indentify suitable patients for review and to enable an action plan to be developed for each GP Practice. In addition, the discontinuation of Antimuscarinics (where clinically appropriate) has been approved by the Primary Care Prescribing Group and will now be taken forward by Pharmacy Technicians in conjunction with GP Practices.

5.3 **Income Generation Proposal: Hope House**

6 bedded Hope House is planned to open in late August. 5 patients have already been assessed as suitable for admission to the unit, (3 out of area patients and 1 patient currently in the local Mental Health Unit and one in the regional medium secure unit in Edinburgh.

In relation to income generation, initial links have been made with other Health Boards and a proposed tariff for a bed is being developed. However, a further local patient has been identified who may be suitable for admission to Hope House and should this be the case, the unit will be full on opening. While this will delay the income generation proposal, it will avoid a cost pressure from an out of area transfer to a private unit.

5.4 **Review of Day Services for Older Adults with Mental Health Problems**

Planning for this review is underway and a workshop is being planned to consider the following. These areas of service review involve both the current social care and NHS services:

Service Provision:-

- current day care service within health, social care, private sector and voluntary sector
- review of referral pathways and processes
- efficiency and effectiveness of current day care resources

Areas of Day Care Provision:-

- what day care is available within localities?
- suitability of current buildings/space used for day care
- costs and overall spend
- feedback from service users

Workforce:-

- what care and treatment is currently offered by different professionals
- how we integrate health, social care, private sector and voluntary sector staff within day care services
- understanding individual roles, responsibilities and capacity

Following on from this workshop, detailed, costed service change proposals will be produced.

5.5 **Review of Provision of Continence Services**

Planning for this review has commenced. It will require a small investment in additional physiotherapy and specialist continence nurse input for a period of six months to undertake the proposed review. This will be funded through the Health Board's 'Invest to Save' Fund.

The review will consider the following:-

Service Provision:-

- current service provision in relation to what is provided by Continence Service, District Nurses and Physiotherapists
- assessment and review of pathways and processes
- opportunities to maximise self management?
- benchmarking across NHS Boards in Scotland

Products:-

- Current products, makes, costs and overall spend and the link to severity of continence i.e. mild, moderate or severe

Workforce:-

- training currently offered to professionals
- workforce involved in continence, understanding individual roles, responsibilities and capacity

5.6 **Adult Mental Specialist Assessment & Community Services**

This is a complex redesign project which will require a number of parallel reviews to be progressed concurrently to deliver on the overall redesign.

These include:

- Review of out of hours/emergency mental health provision to improve ongoing sustainability of the psychiatry medical workforce; deliver the 4 hour Emergency Dept target and support the out of hours GP service. This work is well developed and a pilot of the effectiveness of using mental health nurses in the out of hours period has been underway since January 2017 and currently continues.
- The development of options for the future delivery of acute mental health assessment services, including building capacity across services

for crisis/ assertive outreach care and early intervention for first episode psychosis, in accordance to the mental health strategy.

- Reviewing the provision of the Community Rehabilitation Service and developing options for future provision, in collaboration within social care and Third Sector providers, to improve the patient pathway and social integration.

A detailed Project Plan is being finalised which will set out the actions and timescales required to support each element of the project, including the process of engagement and inclusion of clinicians, patients, Third Sector and social care partners.

A detailed Project Plan is being finalised which will set out the actions and timescales required to support each element of the project, including the process of engagement and inclusion of clinicians, patients and Third Sector and social care services.

5.7 **Review of Health Improvement Fund**

This work has commenced and initial reviews are expected to be completed by end October.

6. Key Areas of Work in Relation to Budget and Financial Issues

In addition to support the budget recovery process the planned key work areas detailed below will form the core of the Integration Joint Boards Chief Finance Officers workplan and objectives in the coming period.

Post Due Diligence Review

6.1 The Integration Scheme and national guidance require a post due diligence review to be carried out to:

- Assess the adequacy of payments made in respect of the Integrated Budget, including the set aside.

- Take account of issues and experience to date in terms of financial management and budgetary control including where improvements could be made or specific review is required.

- Take account of how more up to date information available should be used to budget the budget models and improve planning and reporting e.g. activity information in relation to the Set-Aside budget.

- take account of any relevant policy developments

This review will, in part, by taken forward in conjunction with the Falkirk Partnership given the pan-Forth Valley aspects particularly around the large hospital services. The review will be summarised in a formal report which it is

intended will be considered by the Audit Committee before being reported to the Board.

Medium Term Financial Planning

6.2 Effective financial planning is crucial to supporting delivery of the strategic plan and the desired shift in the balance of care. The Finance Report to the June meeting noted that work will be undertaken this year to develop a medium term financial plan for the Partnership.

The aim of the plan will be to pull together a best available picture of the known factors that will affect the financial position and financial sustainability of the IJB over the medium term. This will in turn provide a clearer financial context for decision making. For the medium term financial plan to be effective, it must be developed in conjunction with the constituent authorities and also take cognisance of pan Forth Valley issues – it will also require planning, analytical and service input from across the constituent authorities to ensure it is based upon best intelligence and information available. Progress on the development of the plan will be reported to the Board in due course.

Budget Setting Process

6.3 The 2018/19 budget is likely to be challenging for all constituent authorities. There is a recognised need for 2018/19 budget development across the partnership to be better aligned and co-ordinated. Work will be undertaken to try and better align the budget timetables for the Councils and the NHS as far as is reasonably practicable. This may include, for example, the Integration Joint Board having sight of draft savings and efficiency proposals for across constituent authorities at the same time. Work will continue with the constituent authorities to develop an appropriate and effective budget process.

Financial Reporting Structure and Formats

6.4 The content and structure of the budgetary control reports received by the Board is under review. The aim is to provide a clear view of the total funding available and total expenditure across the partnership.

An internal audit review of Financial Reporting has been undertaken which will be considered by the Audit Committee in September 2017. The review of financial reporting structure and formats will take cognisance of the recommendations and management response to the review and other efforts to streamline and improve financial reporting.

7. CONCLUSIONS

7.1 Current projections across the partnership detail a significantly more challenging position than was reflected in the report to the June meeting.

7.2 The partnership therefore remains at high risk of overspend for the financial year and there is likelihood, on current projections, that the level of overspend will exceed the level of general fund reserves held by the integration authority.

7.3 Meantime further efforts are urgently required to accelerate, where possible, savings and efficiency programs and identify further opportunities to reduce costs across the Partnership to reduce the risk and/or level overspend.

7.4 Further budget recovery options are being developed and further updates will be presented within the Financial Report to the October meeting. Given the context outlined in the due diligence process and budget reports to date the options to recover the level of financial risk detailed in this report will be both limited and challenging. Working with constituent authorities this may require to consider options such as:

- non-recurrent measures to reduce cost in short term
- review and tightening of eligibility criteria
- additional and/or brought forward savings plans in targeted areas
- service reductions and/or stop

8. Resource Implications

8.1 The resources implications across the Partnership are set out in the body of the paper.

9. Impact on Integration Joint Board Outcomes and Priorities

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

10 Legal & Risk Implications

10.1 The paper is set out in the context of the financial risk of the partnership

11. Consultation

11.1 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 this report.

12. Equalities Assessment

12.1 Equalities assessments will require to be completed as part of the detailed consideration of further options to address the current level of financial risk detailed within this report.

APPENDIX I

Extract from Clackmannanshire and Stirling IJB Integration Scheme – Section 8.5

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

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

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

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

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

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

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

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

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

APPENDIX 2

Budgets Delegated to Clackmannanshire Council	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Day Care Total	0.316	0.305	0.011
Domiciliary Total	7.200	7.323	(0.123)
Nursing Homes Total	6.393	8.149	(1.755)
Residential Homes Total	3.012	3.097	(0.084)
Supported Accommodation Total	0.249	0.218	0.031
Respite Care	0.160	0.220	(0.060)
Adaptations & Equipment	0.161	0.220	(0.059)
Miscellaneous Third Party Payments	0.248	0.186	0.062
Assessment and Care Management Income	(9.452)	(10.481)	1.029
Assessment and Care Management Staffing	1.325	1.456	(0.131)
Integratred Mental Health Services	0.662	0.647	0.015
Menstrie	1.587	1.827	(0.240)
OP Daycare/Respite	0.789	0.909	(0.120)
Disability Daycare	1.068	0.873	0.195
MECS	0.496	0.513	(0.017)
Reablement	0.434	0.434	0.000
Garden Aid	0.120	0.120	0.000
Management & Strategy	0.485	0.485	0.000
Other	0.089	0.089	0.000
TOTALS	**15.341**	**16.587**	**(1.246)**
Pro-Rata Variance for 3 Month Period			**(0.312)**

APPENDIX 3

Budgets Delegated To Stirling Council	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Older People	2.900	2.765	0.135
Mental Health	0.445	0.445	0.000
Learning Disability	0.445	0.475	(0.030)
Care & Support and Home	8.250	8.489	(0.239)
Residential Care	11.524	11.758	(0.234)
Respite Care	0.299	0.744	(0.445)
Day Care/ Services: PD,LD,OP,MH	1.929	1.901	0.028
MECS/Telecare/Telehealth	1.025	1.030	(0.005)
Housing with Care/Sheltered Accommodation	2.425	2.470	(0.045)
Equipment and Adaptations	0.163	0.148	0.015
JLES	0.215	0.215	0.000
Sensory Resource Centre	0.205	0.245	(0.040)
Voluntary Organisations	0.805	0.805	0.000
Housing Aids and Adaptations	0.384	0.384	0.000
Improvement Grants	0.400	0.400	0.000
Total	**31.414**	**32.274**	**(0.860)**
Pro-Rata Variance for 3 Month Period			**(0.215)**

APPENDIX 4

Budgets Delegated to NHS Forth Valley

2017 Clacks & Stirling IJB Financial Report @ Period 3 (June) £m

Scope	Category Reference & Name	Annual Budget	Year To Date Budget	Year To Date Actuals	Year To Date Variance
		£m	£m	£m	£m
Operational	.10 Community Based AHP Services	5.544	1.387	1.387	0.000
	.11 Public Dental Service	0.935	0.234	0.234	0.000
	.17 Services provided outwith a hospital in relation to geriatric medicine	1.004	0.250	0.213	0.037
	.18 Palliative Care (delivered in Community)	0.071	0.018	0.016	0.002
	.19 Community Learning Disability Services	0.811	0.203	0.152	0.051
	.20 Community Mental Health Services	3.098	0.770	0.780	(0.009)
	.21 Continence Services	0.170	0.043	0.034	0.008
	.23 Services Provided by health professionals to promote public health	1.332	0.356	0.323	0.033
	.24 Community Hospitals (recurrent budget)	5.548	1.387	1.467	(0.080)
	.8 District Nursing Services	3.431	0.858	0.840	0.018
	.9 Community Addiction Services	2.636	0.671	0.664	0.008
	.JPA Joint Partnership Agreements	1.697	0.424	0.519	(0.094)
	.PF Partnership Funds (ICF/ Delayed Discharge / Bridging)	0.996	0.996	1.028	(0.031)
	.RTrs Resource Transfer	8.179	2.045	2.045	(0.000)
Operational	**Sub Total**	**35.454**	**9.642**	**9.700**	**(0.058)**
Universal	.12 Primary Medical Services (GMS Contract)	21.630	5.249	5.334	(0.085)
	.13 Primary Dental Services (GDS Contract)	7.645	1.955	1.946	0.009
	.14 Community Ophthalmic Services	2.643	0.696	0.696	0.000
	.15 Community Pharmaceutical Services	32.173	8.412	8.389	0.023
	.16 GP Out of Hours Services	1.216	0.276	0.254	0.021
Universal	**Sub Total**	**65.307**	**16.588**	**16.619**	**(0.031)**
Total Operational and Universal		**100.761**	**26.230**	**26.319**	**(0.089)**
Set Aside Budget		19.695			
Total Budget		**120.456**			

Budgets Delegated to Clackmannanshire Council	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
Day Care Total	0.316	0.305	0.011
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Management & Strategy	0.485	0.485	0.000
Other	0.089	0.089	0.000
TOTALS	**15.341**	**16.587**	**(1.246)**
Pro-Rata Variance for 3 Month Period			**(0.312)**

Budgets Delegated To Stirling Council	Annual Budget £m	Projected Expenditure £m	Projected Variance £m
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Improvement Grants	0.400	0.400	0.000
Total	**31.414**	**32.274**	**(0.860)**
Pro-Rata Variance for 3 Month Period			**(0.215)**

Budgets Deegated to NHS Forth Valley

2017 Clacks & Stirling IJB Financial Report @ Period 3 (June) £m

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	.21 Continence Services	0.170	0.043	0.034	0.008
	.23 Services Provided by health professionals to promote public health	1.332	0.356	0.323	0.033
	.24 Community Hospitals (recurrent budget)	5.548	1.387	1.467	(0.080)
	.8 District Nursing Services	3.431	0.858	0.840	0.018
	.9 Community Addiction Services	2.636	0.671	0.664	0.008
	.JPA Joint Partnership Agreements	1.697	0.424	0.519	(0.094)
	.PF Partnership Funds (ICF/ Delayed Discharge / Bridging)	0.996	0.996	1.028	(0.031)
	.RTrs Resource Transfer	8.179	2.045	2.045	(0.000)
Operational	**Sub Total**	**35.454**	**9.642**	**9.700**	**(0.058)**
Universal	.12 Primary Medical Services (GMS Contract)	21.630	5.249	5.334	(0.085)
	.13 Primary Dental Services (GDS Contract)	7.645	1.955	1.946	0.009
	.14 Community Ophthalmic Services	2.643	0.696	0.696	0.000
	.15 Community Pharmaceutical Services	32.173	8.412	8.389	0.023
	.16 GP Out of Hours Services	1.216	0.276	0.254	0.021
Universal	**Sub Total**	**65.307**	**16.588**	**16.619**	**(0.031)**
Total Operational and Universal		**100.761**	**26.230**	**26.319**	**(0.089)**
Set Aside Budget		19.695			
Total Budget		**120.456**			

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 8.1 on the agenda

Performance Report [Exception] – Risk & Delayed Discharge

(Paper presented by Shiona Strachan)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Authors	Carol Johnson Principal Information Analyst.
Date:	10 August 2017
List of Background Papers/Appendices:	
Appendix 1: Delayed Discharges Over 2 Weeks: Census Appendix 2: Delayed Discharge OBD Over 2 Weeks: Census Appendix 3 Strategic Risk Register Exceptions Appendix 4 National Context of Delayed Discharge Bed Days	

Title/Subject: **Performance Report [Exception] – Risk & Delayed Discharge**

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

Date: **30 August 2017**

Submitted By: **Carol Johnson**

Action: **For Noting**

1. Introduction

1.1 At the Integration Joint Board meeting in June 2017 the Board agreed that the next full performance report would be brought forward in October 2017. This would allow time to review the Delivery Plan and align the performance reporting to it.

1.2 Therefore, this paper presents the Board with the exception reporting in respect of delayed discharge [which will be part of the main performance report from October 2017] and the Strategic Risk Register. The information on the reducing longer term trend relating to delayed discharge performance and Occupied Bed Days is set out in appendix 1 and appendix 2, with the national position in appendix 3. The exception extract of the Risk Register can be found in appendix 4.

1.3 In addition the final version of the Annual Performance Report considered and agreed by the Board in its unformatted version is attached for information [appendix 5].

2. Executive Summary

Delayed Discharge

2.1. Work is ongoing nationally to review the national outcomes, and locally to put in place a monitoring framework for the Partnership's Delivery Plan. In conjunction, there is a local consultation process being undertaken to consider relevant indicators for the Partnership's performance report, and a revised version will be presented to the October Board.

2.2. Within Forth Valley it was noted that:

- The Bed Days Occupied total figure was up 15% between May and June
- The total delayed discharges with code 9 reasons increased by 56% from May to June 2017.

2.3. Performance is variable for Stirling patients who are clinically ready for discharge but who are delayed. In particular –

- Standard Delays: Long term trends show a reduction in Occupied Bed Days falling below the local target. However, short term trends see a sharp rise above target for July [appendix 2]. An explanation for some of this rise will be provided later in the Board agenda under exempt items.

- Code 9 delays: Long term trends continue to show a rising trajectory for the number of patients. We are currently reviewing all Code 9 delays and will carry out a review of the process for Guardianship application and management.

2.4 The Partnership performs well below [better] national and comparator average in relation to bed days occupied for delayed discharge patients. This position is illustrated in appendix 3.

2.5 A rise in care home residents within the first quarter in Clackmannanshire has impacted on Social Care budgets. The reasons for this trend are not totally understood at this time and are subject to further investigation. However, the following factors need to be taken into account –

- Partnership has had a very low level of care home bed usage
- The numbers of people being supported at home in the last 6 months of life is in line with the Scottish average
- The level of demand and complexity is increasing, leading to higher levels of need which can only be met within a care home setting.

Strategic Risk Register

2.6 The Partnership holds and maintains a Strategic Risk Register, there are at present 10 high level risks, 5 of which are considered 'high'. There are 8 exceptions highlighted in appendix 4. Work will take place over the next quarter to review the style of the risk register and content with some advisory support from the internal auditor and the risk managers of the partners.

3 Recommendations

The Integration Joint Board is asked to:

3.1 Note the exception performance in regard to Delayed Discharge based on the July 2017 census, and provide appropriate challenge.

3.2 Note the exception reporting in regard to the updated Strategic Risk Register and progress of relevant actions.

3.3 Note that the format for this report is an interim one, and that future exception reporting on Delayed Discharge and the Strategic Risk Register will be as part of the full performance report presented to the Integration Joint Board.

3.4 Note the final formatted version of the Annual Performance Report

4 Background

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

Delayed Discharge

4.2 There are two key measurements used for Delayed Discharge performance – occupied bed days and number of patients delayed in their discharge. Within Forth Valley it was noted by the Information Services Division and reported to the Government Pre-Handling Meeting on 27th July that:

- The Bed Days Occupied total figure was up 15% between May (1,795) and June (2,067)
- The census figure shows that the total delayed discharges with code 9 reasons increased from 9 in May 2017 to 14 in June 2017. This represents an increase of 56%.

4.3 The Board will be aware that the target agreed with the Scottish Government was an overall reduction in Delayed Discharges of 50% from the October 2016 census across the Forth Valley Health Board area. This total includes all Code 9 but excludes Code 100. (Code 9 is for people who have complex needs and Code 100 is for people who require a longer discharge planning process).

4.4 Following a period of improved performance against this target from April to June Stirling has experienced some particular challenges. As at the July census date (27th July 2017), there were 14 patients from Stirling delayed awaiting discharge from hospital of which 7 patients were delayed for more than 2 weeks, against a target of 10.

4.5 Overall Stirling has seen a rise in referrals, reflecting the referral spike in July 2016. There are particular issues in respect of care home placements for both Stirling and Clackmannanshire. Stirling has also seen a rise in the number of cases categorised as Code 9 [this is a long term trend] and delays due to Mental Health Officer availability have also impacted.

4.6 Mental Health Officers carry out the statutory Guardianship and Adults with Incapacity related work in addition to the work under the Mental Health Act. This is a high demand area of service and some additional capacity has now been secured to support this service and a review of the processes is now taking place.

4.7 In relation to standard delays the long term trends show a positive reduction for Stirling in terms of Occupied Bed Days, falling below the local target at the end of the second and third quarter for 16/17. This is illustrated in appendix 2.

Care Home Placements

4.8 The first quarter of the financial year has highlighted a rise in the use of Care Home placements within Clackmannanshire resulting in a budget pressure. This will be discussed further in the Chief Finance Officer report to IJB and is subject to further checks.

Green Table is new admissions in first quarter:

AdultServCode	Values			
	Nursing Homes		Residential Homes	
Budget Group	Count of ClientNo	Average of Age	Count of ClientNo	Average of Age
LD			3	48
MH	1	63		
OP	42	83	10	83
PD	1	45		
Grand Total	44	82	13	75

Red Table is ended placements in firs quarter.

AdultServCode	Values			
	Nursing Homes		Residential Homes	
Budget Group	Count of ClientNo	Average of Age	Count of ClientNo	Average of Age
LD			3	48
MH			1	55
OP	29	87	3	86
Grand Total	29	87	7	65

4.9 The tables above indicate an overall net increase of an additional 6 long term care placements for all care groups. For older people, this is a specific increase of 7 additional placements. Decisions for placements in long term care are made following robust assessment, and only when the placement is the most beneficial outcome for the service user.

As noted above it is important to note that the:

- Partnership has had a very low level of care home bed usage
- Numbers of people being supported at home in the last 6 months of life is in line with the Scottish average
- Level of demand and complexity is increasing, leading to higher levels of need which can only be met within a care home setting.

4.10 This trend will be closely monitored in the months ahead and as noted above further detailed checks of decision making [including budget allocation] cis currently being carried out.

Strategic Risk Register

4.11 The Strategic Risk Register outlines the key risks to achieving the Integration Joint Board's Strategic Plan, and monitors processes in place to mitigate those risks. The Board approved the Risk Management Strategy in March 2016 and reviewed the Strategic Risk Register in June 2016. The Strategic Risk Register is reviewed by the Joint Management Team on a quarterly basis or as required.

4.12 The full Strategic Risk Register will be monitored through the Partnership Audit Committee.

4.13 The Partnership holds and maintains a Strategic Risk Register, this is the mechanism to manage threats to achievement of strategic objectives, and take advantage of opportunities when they arise. There are at present 10 high level risks, 5 of which are considered 'high' (rated 15 or over out of a maximum of 25), and cover the following key strategic areas:

- Finance
- Governance
- Leadership
- Partnership Working
- Information Management & Sharing of Information
- Public Protection

4.14 Actions have been identified within the Strategic Risk Register and progress monitored through the Joint Management Team to ensure that the risk is managed to an acceptable level. At this point there are 8 actions that have been highlighted within the exception summary (Appendix 3). The actions highlighted are either those within High Risk areas where progress is 50%, or others considered strategically significant. The actions relate to the following:

- Develop financial strategy to compliment and support delivery planning to implement Strategic Plan
- Ensure adequate budget provision to cover any additional resource demand following full implementation of Carers Act
- The 'set aside' budget for large hospital
- Partnership ability to deliver adequate control measures, mitigation and efficiency and savings programmes to deliver in-scope functions within resource available
- Develop planning and operational structures
- Planning for implementation of Carers Act
- Ensure access to integration systems are available where appropriate across the Partnership

- Primary Care Out Of Hours Service Review

4.16 A review of the style and content of the Strategic Risk Register is required and this will take place over the next quarter and will include some challenge from the risk managers of the constituent authorities and the internal auditor for the IJB.

Annual Performance Report

4.17 The Annual Performance Report [APR] was presented to the Board at the last meeting in draft form. The final formatted version is attached. The final version includes a section on the Care Inspectorate grades in respect of the registered services i.e. care homes and care at home services.

5. Conclusions

5.1 This report is a bridging report and addresses the exception reporting in terms of delayed discharges and the Strategic Risk Register. Work is taking place to better align the wider performance report to the Delivery Plan and progress on this will be reported to the Board in October 2017.

5.2 The report also highlights the formatted version of the Annual Performance Report. The APR is now on the website and has been shared with the constituent authorities.

5.3 In terms of delayed discharge this report sets out the performance of the Clackmannanshire and Stirling Partnership based on the census data of 27th July 2017. The report advises the Integration Joint Board on the principal reasons for delay and the actions being taken forward by the services to mitigate the delays.

5.4 The Strategic Risk Register outlines the exception risks that are key to achieving the Integration Joint Board's Strategic Plan, and processes in place to mitigate those risks. The full Strategic Risk Register is considered by the Audit Committee.

6 Resource Implications

6.1 Services are provided within existing resources.

7 Impact on Integration Joint Board Outcomes, Priorities and Outcomes

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

8 Legal & Risk Implications

8.1 N/A

9 Consultation

9.1 The General Manager for Forth Valley Community Services Directorate, Service Manager for Adult Assessment and Partnerships, Stirling Council and the Chief Officer for the Clackmannanshire & Stirling Health and Social Care Partnership have been consulted in the compiling of this report.

10 Equality and Human Rights Impact Assessment

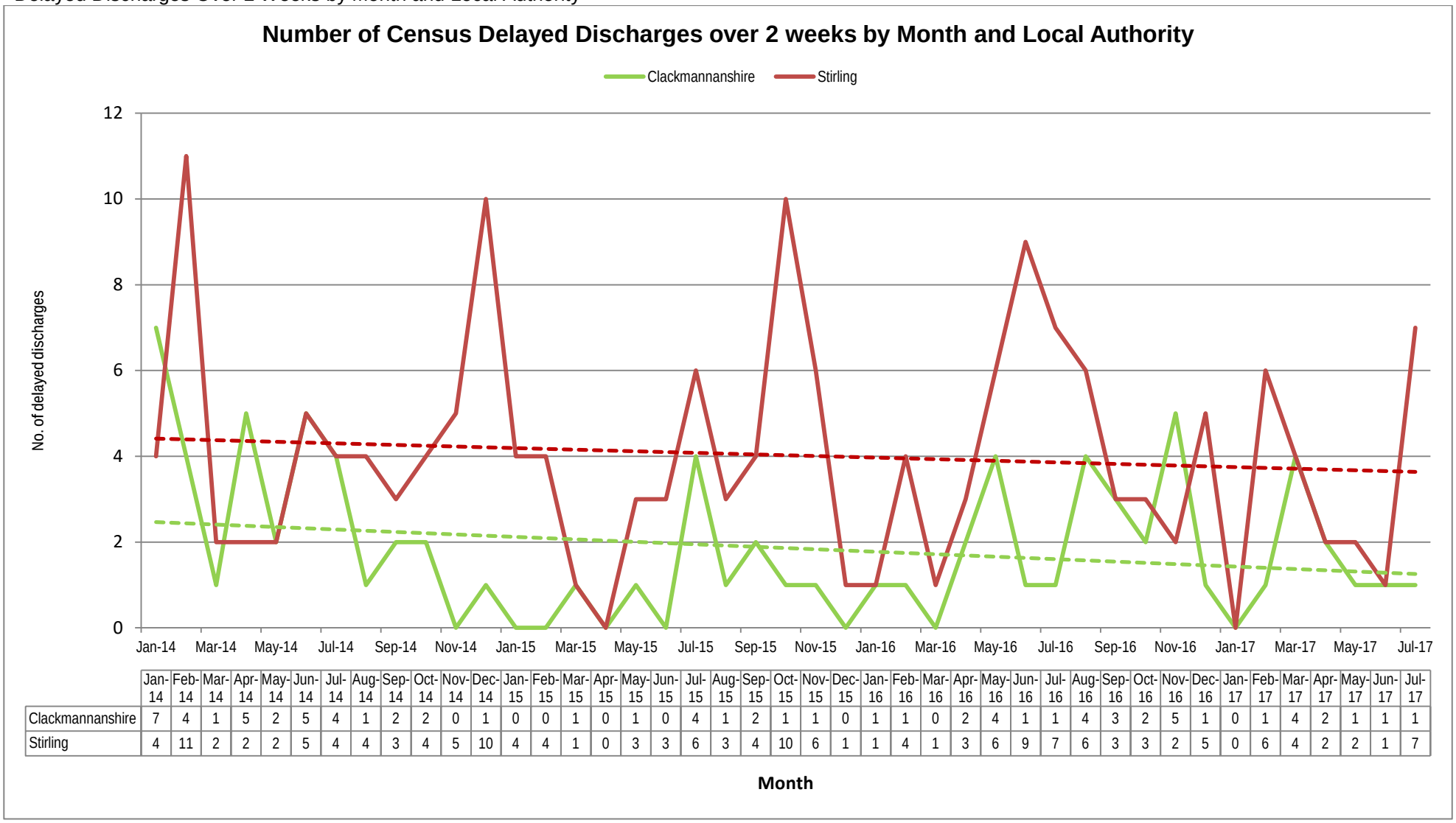
10.1 N/A

11 Exempt reports

11.1 No

APPENDIX 1

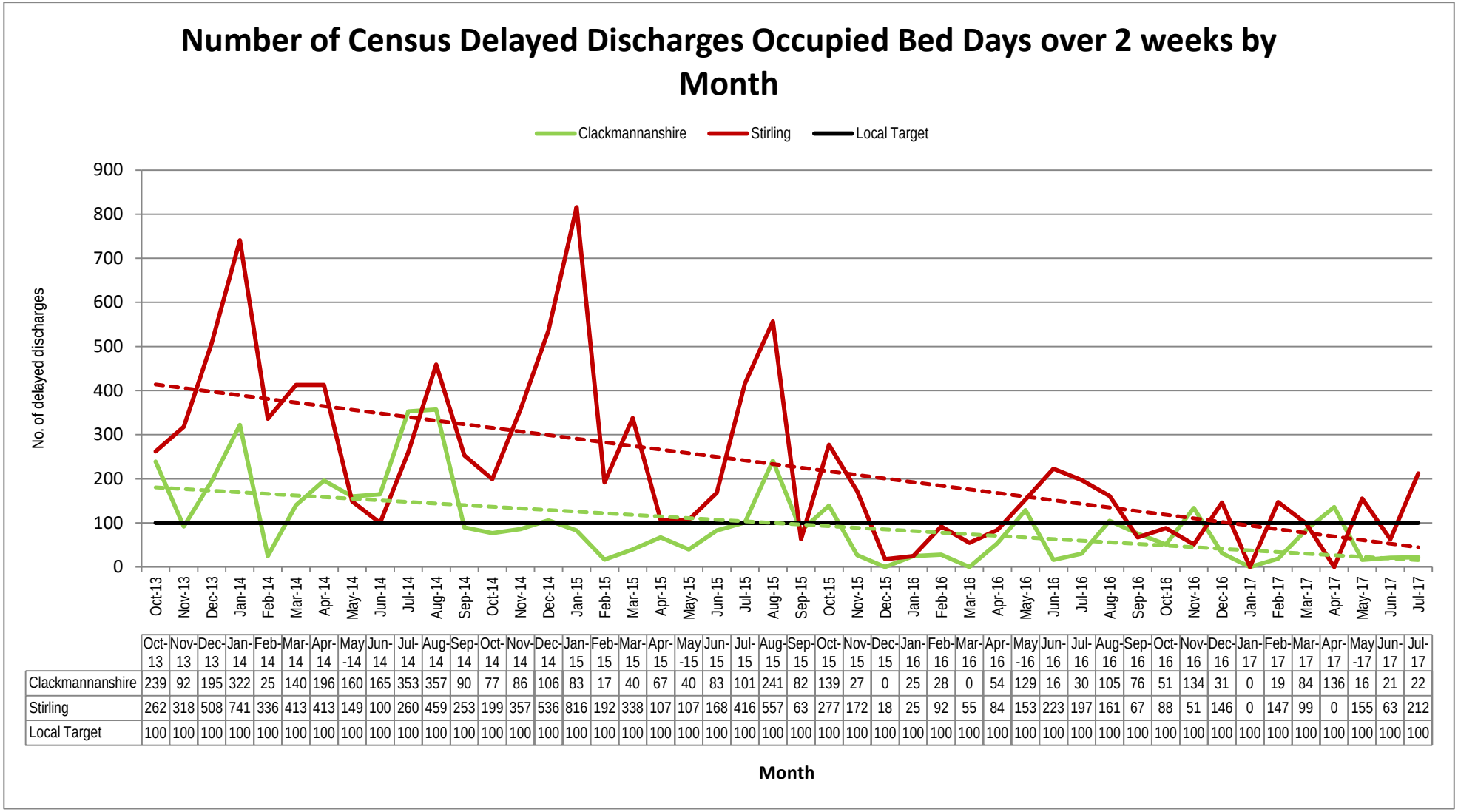
Delayed Discharges Over 2 Weeks by Month and Local Authority



	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Clackmannanshire	7	4	1	5	2	5	4	1	2	2	0	1	0	0	1	0	1	0	4	1	2	1	1	0	1	1	0	2	4	1	1	4	3	2	5	1	0	1	4	2	1	1	1
Stirling	4	11	2	2	2	5	4	4	3	4	5	10	4	4	1	0	3	3	6	3	4	10	6	1	1	4	1	3	6	9	7	6	3	3	2	5	0	6	4	2	2	1	7

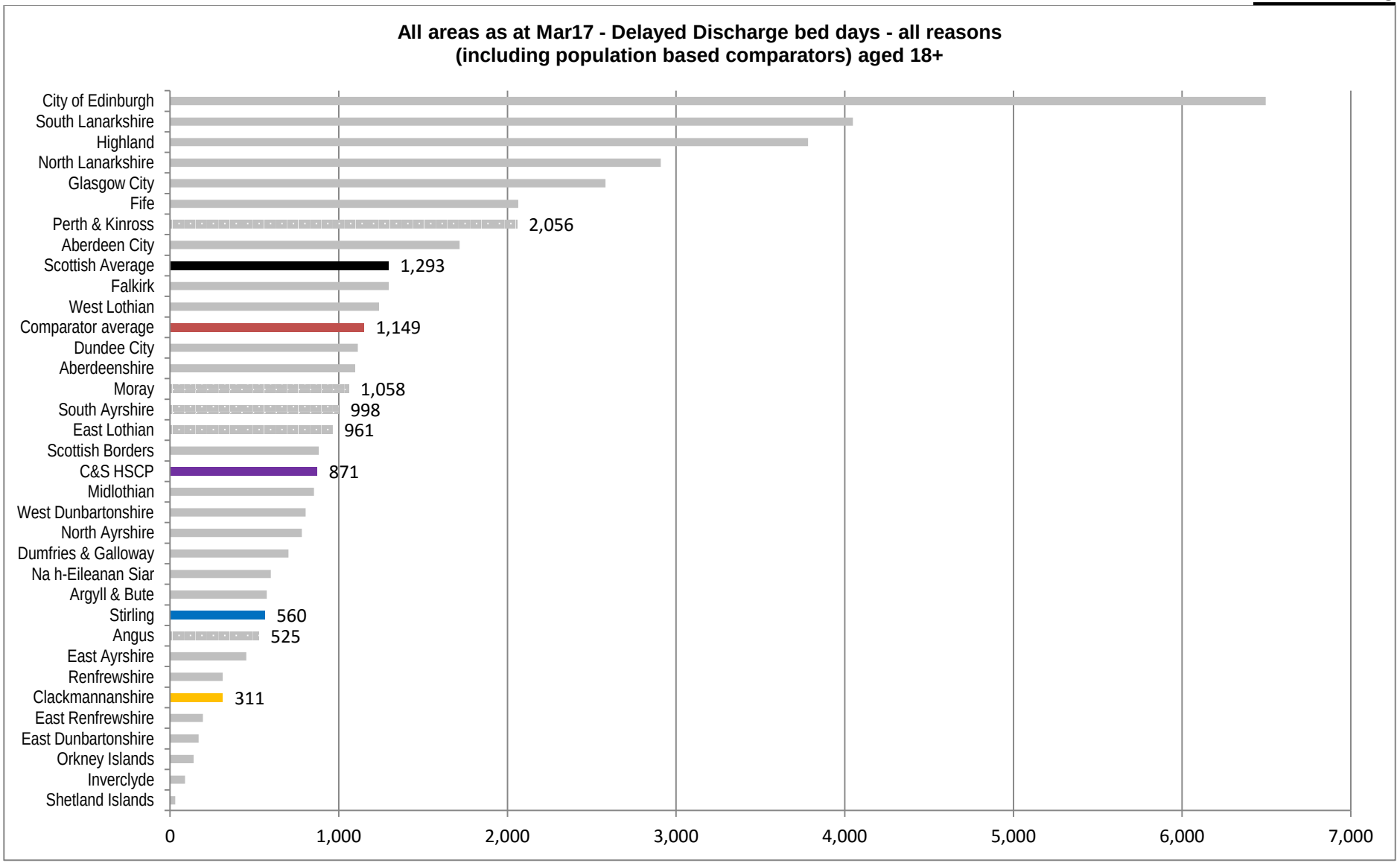
APPENDIX 2

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



	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17
Clackmannanshire	239	92	195	322	25	140	196	160	165	353	357	90	77	86	106	83	17	40	67	40	83	101	241	82	139	27	0	25	28	0	54	129	16	30	105	76	51	134	31	0	19	84	136	16	21	22
Stirling	262	318	508	741	336	413	413	149	100	260	459	253	199	357	536	816	192	338	107	107	168	416	557	63	277	172	18	25	92	55	84	153	223	197	161	67	88	51	146	0	147	99	0	155	63	212
Local Target	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

APPENDIX 3


All areas as at Mar17 - Delayed Discharge bed days - all reasons
(including population based comparators) aged 18+
City of Edinburgh
South Lanarkshire
Highland
North Lanarkshire
Glasgow City
Fife
Perth & Kinross
2,056
Aberdeen City
Scottish Average
1,293
Falkirk
West Lothian
Comparator average
1,149
Dundee City
Aberdeenshire
Moray
1,058
South Ayrshire
998
East Lothian
961
Scottish Borders
C&S HSCP
871
Midlothian
West Dunbartonshire
North Ayrshire
Dumfries & Galloway
Na h-Eileanan Siar
Argyll & Bute
Stirling
560
Angus
525
East Ayrshire
Renfrewshire
Clackmannanshire
311
East Renfrewshire
East Dunbartonshire
Orkney Islands
Inverclyde
Shetland Islands
0
1,000
2,000
3,000
4,000
5,000
6,000
7,000

APPENDIX 4

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

Covalent Code	Risk		Rating Status
HSC 001	Financial Resilience		
Action Status HSC RIS 009	Develop financial strategy to compliment and support delivery planning to implement Strategic Plan	25%	It has been agreed to develop a medium term Financial Plan and present to Board this year (17/18). This will underpin Delivery Plan and ensure financial stability.
Action Status HSC RIS 010	Ensure adequate budget provision to cover any additional resource demand following full implementation of Carers Act	30%	Initial scoping taken place and awaiting national guidance on eligibility. Engaging with Carers Centre to discuss supporting this process.
Action Status HSC RIS 001	Set aside budget for large hospital	25%	Unscheduled Care Group has ben formed with a Forth Valley approach being undertaken. The group will be required to agree trajectories and model budget impact.
Action Status HSC RIS 017	Partnership ability to deliver adequate control measures, mitigation and efficiency and savings programmes to deliver in-scope functions within resource available.	30%	Narrative about Budget Recovery meeting.

Covalent Code	Risk		Rating Status
HSC 002	Leadership, Decision Making and Scrutiny [including effectiveness of governance arrangements and potential for adverse audits and inspections]		
Action Status HSC RIS 013	Develop planning and operational structures	40%	Initial review in place – further work required to re-align planning structure across Forth Valley as services develop.

Covalent Code	Risk		Rating Status
HSC 006	Experience of service users/patients/unpaid carers		
Action Status HSC RIS 026	Planning for implementation of Carers Act	25%	Partnership linked to national steering group. Scoping across partnership underway.

Covalent Code	Risk		Rating Status
HSC 007	Information Management and Governance		
Action Status HSC RIS 037	Ensure access to integration systems are available where appropriate across the partnership	20%	Data sharing partnership working on priority document which will inform action plan and resources. Priorities for 17/18 identified.

EXCEPTIONS – Significant Others

Covalent Code	Risk		Rating Status
HSC 010	Harm to Vulnerable People, Public Protection and Clinical & Care Governance		
HSC RIS 046	Primary Care Out Of Hours Service Review	50%	Urgent review required of Out Of Hours Service to ensure safety and sustainability. Interim arrangements are in place.

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

Clackmannanshire & Stirling Health & Social Care Partnership

Annual Performance Report

2016 – 2017




Clackmannanshire Council

Stirling Council

NHS Forth Valley

Contents

Our First Year

The Integration Authority was fully established on 1 April 2016, supported by a governing Integration Joint Board. This is our first Annual Performance Report and it provides us with an opportunity to reflect on our progress together as a Partnership. This is the only Health and Social Care Partnership in Scotland incorporating two Local Authorities and one Health Board – and it provides us with some unique opportunities to work together to improve our services and the outcomes for the citizens and communities across Clackmannanshire and Stirling.

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

Our Strategic Plan and the underpinning Delivery Plan set out how we plan to work together to achieve this vision. Over this first year Clackmannanshire Council, NHS Forth Valley, Stirling Council, the independent and third sector providers for care homes, care at home and day care, our local Hospice and people using services and their family, friends, unpaid carers and communities have worked together to prioritise the areas where we would like to transform our services. In common with other Health and Social Care Partnerships across Scotland, we are working together to meet the challenge of growing levels of demand across services and a challenging financial environment. We have also initiated a range of reviews of services to ensure they offer best value in terms of both effectiveness and are efficient to help us live within the available resources.

"We have much to be proud of in this Partnership. This year has seen the further development of a range of services to support people to return home from hospital with care and support, including the further development of our reablement care at home and a 'quick step', fast response care at home service in Clackmannanshire."

We have worked together and with other organisations, such as the Scottish Social Services Council, to explore and develop the opportunities for a new model of providing integrated care in our emerging localities based around Buurtzorg care at home.

The building work on the £35m Care Village in Stirling commenced in January 2017 and the majority of the new facilities are expected to be operational by autumn 2018. The Care Village will provide modern, purpose built facilities for a range of local services including GP services, 100 short stay beds for older people, including those with dementia, and the new Scottish Ambulance Service station. The Care Village design has recently featured at an international masterclass on design for dementia and ageing.

We have worked with our providers to develop a Market Position Statement and to deliver the Living Wage. Our services across the Partnership continue to perform well and this is reflected in the inspection reports.

Finally, I would like to take the opportunity to thank the Chair of the Integration Joint Board during 2016/2017, Councillor Les Sharp, the Vice Chair John Ford and the members of the Integration Joint Board for their work and support over this first year. Further thanks also go to the members of the Strategic Planning Group and to our partners and their staff, and not least to the many service users, patients and their unpaid carers, family and friends and local communities for their willing engagement, ideas and energy. The foundation laid in this first year will continue to serve the Partnership well in the coming year.

Shiona Strachan

Chief Officer

1. About Us

Background

Clackmannanshire and Stirling Integration Authority 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 Integration Joint Board, often referred to as the IJB, has 12 voting Members: 6 are NHS Forth Valley Board Members and 6 are Elected Members from the two Councils [3 from Clackmannanshire Council and 3 from Stirling Council]. There are also 7 non voting Members, including representatives from service user, patient and unpaid carer groups and from the third sector. The Board is supported in its work by the Strategic Planning Group which has membership drawn from across the services. These include the third and independent sector, carers' organisations, the local Hospice and palliative care services, service users/patients and carers.

Our Strategic Plan and Partnership Priorities

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

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

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

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

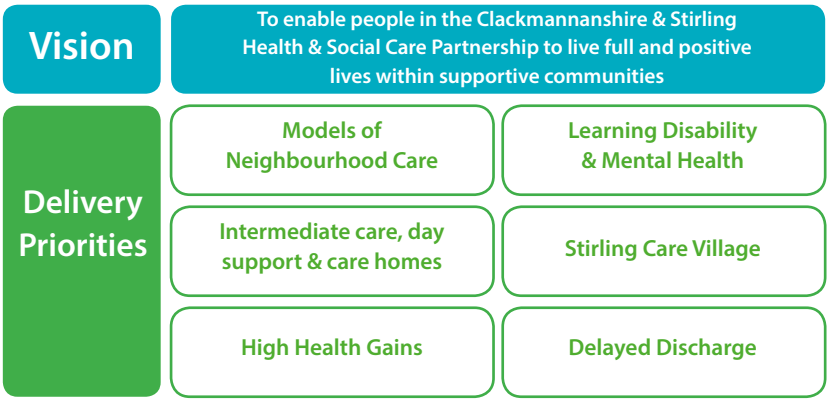
The ***'we will'*** high level priorities are statements of how the Partnership intends to develop services to deliver the vision. They have been further developed, again using a consultation and engagement approach, into core delivery priorities. These bring together the health and social care services along with the commissioned services and partners, to redesign and focus activity onto integrated service delivery models, which will significantly strengthen community and place based services.

207 staff across Health, Local Authorities (Social Services & Housing), Third & Independent Sectors, Primary Care and Fire & Ambulance Services participated in 7 multi-disciplinary and multi-agency staff engagement events held in June 2016. The purpose of these events was to work collaboratively to identify and shape core priorities that will deliver the outcomes in the Partnership Strategic Plan and ensure staff are well-informed of strategic Partnership activity and progress.

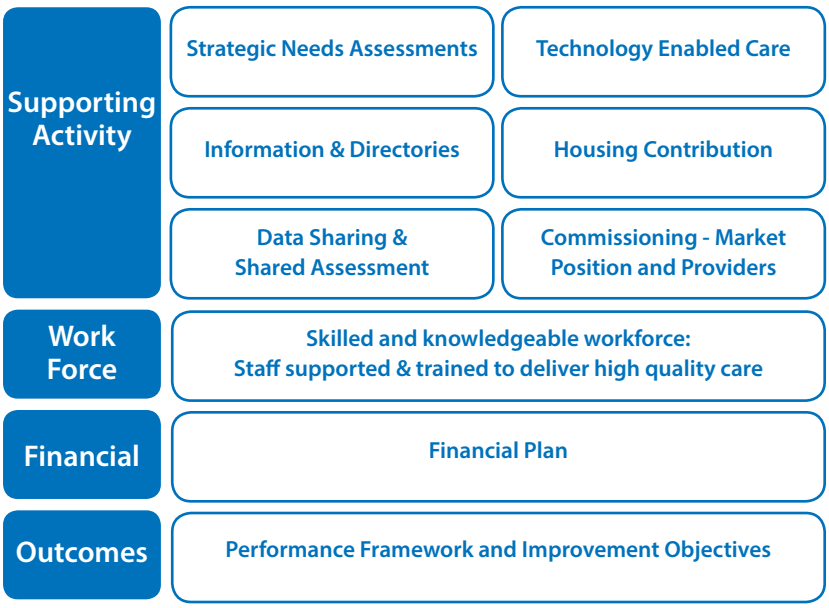
The following diagrams represent the core Partnership delivery priorities for 2017-2019 and the underpinning enablers, which also involve redesign activity. Together they make up the Partnership's Transforming Care Programme.

These delivery priorities do not cover the entire activity taking place within and between services and partners but focus on the actions the Partnership can take together to strengthen and develop the building blocks for community based services.

Transforming Care: Core Delivery Priorities 2017/19



Transforming Care: The Enablers



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

Work is now underway in each of these areas, with workstreams established to support implementation of the core delivery priorities and the required progress and performance reporting to the Integration Joint Board over 2017-19.

Localities

The Strategic Plan identified the planning Localities for the Health and Social Care Partnership, which were agreed in October 2015.

Geographic spread of the population varies across the Partnership, with Clackmannanshire the most densely populated and Stirling Rural the least.

Over the course of this first year work has been carried out to complete the Locality profiles and to ensure alignment with the developing GP clusters and the evolving local authority and Community Planning Partnership/ Alliance community based approaches.

To support this we held a Whole Systems Working event in November 2016. This was to get wide discussion across the whole system on Locality Plans and gather multi-partner feedback to inform the next steps in Locality development and agree local priorities.

The work on the Models of Neighbourhood Care will also provide a strong foundation for the development of place based services and will support Locality planning. However, our development of Locality planning requires further work and emphasis over 2017/18.

64 multi-disciplinary staff from GP Practices and Services in the community participated in a Locality Planning event in November 2016

Clackmannanshire

15.5% People Income deprived compared to 13.1% for the whole of Scotland

Telecare rate per 1,000 Clackmannanshire - 42.1 compared to the whole of Scotland - 23.0

334 per 100k Psychiatric hospitalisations compared to the whole of Scotland - 286

Rural Stirling

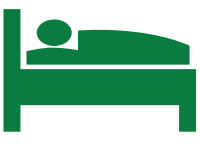
22.2% of population are aged 65+ compared to the whole of Scotland - 18.0%

Cancer rate per 1,000 population - 29.4 compared to the whole of Scotland - 23

5,729 Emergency hospitalisations per 100k compared to the whole of Scotland - 7,473

Stirling City with the Eastern Villages of Bridge Of Allan and Dunblane

Coronary Heart Disease rate per 1,000 population - 35.9 compared to the whole of Scotland - 41.4



5,015 delayed discharge bed days occupied in 2015

536 people recorded on Dementia GP register

Source: Locality Profiles

2. Transforming Care: Core Delivery Priorities 2017/19

To support the delivery of our Transforming Care Programme we have established a series of work streams reporting to the Joint Management Team of the Partnership and to the Strategic Planning Group. We have agreed a supporting Delivery Plan and progress against the national and local outcomes will be reviewed by the Strategic Planning Group in autumn 2017.

This section highlights some of the work taking place.

Models of Neighbourhood Care

The community of the rural south west of Stirling has collectively identified the care of older people as a priority for them. Over this first year we have been working together to develop a new and innovative Model of Neighbourhood Care that will use the foundation principles of the successful Dutch programme of care in local communities called Buurtzorg. That is:

Person at the centre – promotion of supported self management; independence; active involvement of family, friends and the community

Autonomy for staff – streamlined administration; use of technology for care assessment, support and for record keeping and sharing

Hospital Admission – avoidance of unnecessary admission and support timely discharge

The multi disciplinary, place based services are scheduled to commence in 2017/18.

Learning Disability & Mental Health

The Learning Disability Service and community adult Mental Health Services have been integrated for some time. These services offer a range of assessment, support and intervention services. Work in the first year of the Partnership has established some priorities for review and development during 2017/18, including the redesign of day services and the wider use of Self Directed Support to support service users and their unpaid carers to exercise choice and control over their care.

Current published baseline data tells us that the majority of Guardianship Orders granted for adult residents in the Partnership area were private and the primary cause for nearly half of those was Dementia/Alzheimer's disease.

Private & Local Authority	Rate per 100,000 population for Guardianship Orders granted for adults aged 16 and over.	
Partnership	54	
Comparators	64	
Scotland	60	

Source: Mental Welfare Commission 2015/16

Table Symbols

Throughout this report we have information tables.

Some are sourced through surveys or benchmarking. We have indicated if we have achieved our targets or if further work is required.

Benchmark

Survey

Achieved

More work required

Intermediate Care, Day Support & Care Homes

This Partnership has developed a range of intermediate care services for older people all operating within the national framework – Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland [Scottish Government, 2012].

Streams of Intermediate Care Services

- Intermediate Care at Home
- Bed Based Intermediate Care
- Hospital at Home

We know that older people and their unpaid carers are concerned about the increasing likelihood of unplanned or emergency hospital admissions as they develop more long term conditions and complex needs - and about having to stay there for longer periods of time. This concern is reflected in the Partnership's Strategic Plan as part of Sam's journey. We also know from our own service developments and the wider research and evidence base that, while many admissions to hospital are necessary, some can be avoided if we take the right anticipatory care action and we have developed appropriate and effective alternatives in the community.

Intermediate Care at Home

This provides people with rapid access to assessment, rehabilitation and support at home in order to promote independence and prevent crisis situations. It is usually provided by a mix of health and social care professionals, for example occupational therapists and physiotherapists, home carers, and community support teams. This model is also often referred to as reablement.

Help will usually be provided within 24 hours, normally lasting for a period of no more than 6 weeks, and offers a safe alternative to admission to hospital, or short term support following discharge from hospital.

An average of 548 hours of reablement support per week was arranged in 2016/17 by Social Care for people living in the community in Clackmannanshire and Stirling.

Case Study

Paul is recently discharged from hospital

- He remains weak and is very anxious
- Has very limited mobility
- Remained in bed most of the day

Paul is supported on his return home

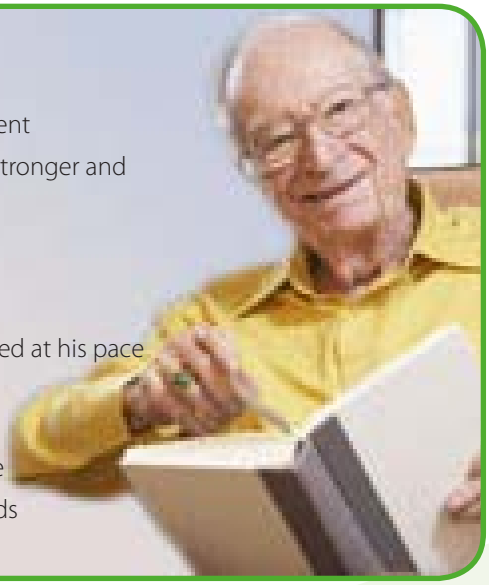
- Reablement support worker
- Occupational therapist
- His family help with meals and medication

The Reablement Team

- Provide specialist equipment
- Help Paul exercise to get stronger and moving again
- Help with personal care

The Service

- Listened to Paul and worked at his pace
- Helped foster a sense of achievement
- Improved his quality of life
- Helped make steps towards achieving his goals



Bed Based Intermediate Care

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

Bed based intermediate care services have been established within the residential care homes owned by the Local Authorities - we have a total of 37 beds. Care homes provide a more homely environment where people can be assessed, while giving them the opportunity to make informed decisions about their longer term care and support needs. Within this bed based provision, care and support is available 24 hours a day.

On average, 70% of service users access the service from a hospital setting (step down) and 30% of service users access the service from the community (step up).

2016-2017	Total Discharged from Intermediate Care Service	Home with package of care	Care home admission	Hospital re-admission	Death
Clackmannanshire	26 people	27%	46%	23%	4%
Stirling	97 people	55%	25%	17%	3%
Partnership	123 people				

Hospital at Home – Enhanced Community Team

The Enhanced Community Team (ECT) aims to support people at home, avoiding preventable hospital attendance and/or admission. The Team provides an urgent response 24 hours a day, 7 days a week, using a dedicated enhanced nursing, AHP and carer workforce to support people to remain at home during the day and overnight.

At the moment, the team's work falls mainly into these categories:

- Assessment of an unwell patient (where a diagnosis has already been made e.g. by GP or frailty clinic but the patient has additional needs or is deteriorating and is at risk of hospital admission)
- Rapid assessment of an uninjured faller
- Discharge facilitation
- We are working on the "acutely unwell adult" pathway where there is no diagnosis, using the GP fellows to provide the medical input.

In 2016/17, 321 referrals were received. 289 of the people referred were accepted into the service, 238 (74%) of which were deemed urgent. Improvement measures indicated that all but 14 (9%) people supported by the service were enabled to stay at home. Assessment outcomes show that 124 (78%) of these people would otherwise have been admitted to hospital.

The Fellowship Programme developed by NHS Education for Scotland includes a one-year post-qualification GP Fellowship (GP Fellows employed by NES) followed by a two-year Health Board funded post as a ***"community physician"*** in newly developed community hubs.

During 2016 five Forth Valley located GP Fellows undertook training and were supported to develop and test a model of working to augment Closer to Home pathways and bridge gaps between acute and primary care in the Falkirk Partnership. From March 2016 the scope of the GP Fellows was widened to include the City of Stirling as a first step.

Care Homes

Currently, there are 18 care homes across the Clackmannanshire and Stirling Health and Social Care Partnership area providing 779 long term placements. There is also one very sheltered housing complex, as well as 4 Local Authority owned and operated care homes providing intermediate care services to older people.

- The Partnership has a low rate of registered Care Home beds for older people (aged 65 and over) for the size of its population. In 2016, the rate per 1,000 population was 29 compared to a national average of 38.
- There were 616 Care Home residents at the 2016 March 'census' who had stayed for an average of 2 years.
- Care Home residents in the March 2016 census made up approximately 0.6% of the population living in the Partnership area.
- Most residents live at home without support (97%), with just over 1% living at home with support.

The Partnership is working to enhance the care provided through Care Homes for older people. Research has shown that, in some cases, older people living in care homes can spend 80% of their time sitting, which can have a negative effective on both their physical and mental health.

The Care Inspectorate published guidance to support the promotion of physical activity, called "Care About Physical Activity" in 2014. This included a pack of resources which care homes could use to improve the assessment of activity in their setting, and a range of opportunities which they could work towards to improve activity levels for their residents. The Partnership was invited to join the national programme which includes access to programme advisers, an evaluation process and opportunities for learning and development for the workforce.

Stirling Care Village

Building work commenced in January 2017 on the £35 million Care Village. This is a joint venture by NHS Forth Valley, Stirling Council, the Scottish Ambulance service and the Health & Social Care Partnership. Forth Valley College is also a partner in the project, looking with Health and Social Services at the education and training needs of the workforce of the future.

Stirling Care Village - The Care Hub

The purpose built Care Hub is designed to be dementia friendly and will have more than 100 short stay beds to support rehabilitation, prevention of unnecessary admission to hospital, support timely discharge from hospital, palliative and end of life care. It is a key element of the Partnership's Intermediate Care services.

Stirling Care Village - The Primary and Urgent Care Centre

A new Primary and Urgent Care Centre will also see the location of a minor injuries service, X-ray facilities, GP out of hours and GP practices. In addition, the Scottish Ambulance Service plans to relocate their existing base to this new facility.

High Health Gains

A small number of people, with complex and intensive needs, account for half the total health expenditure in their local area. It is important that the Partnership focusses on this group to ensure that services are as efficient and effective as they can be and that people's experience of services is positive, with their outcomes met as far as possible.

For 2015/16, there were 1,134 individuals in Clackmannanshire (2.6% of service users) and 1,770 in Stirling (2.4% of service users) who accounted for 50% of health expenditure in their areas. The management of High Health Gain individuals is one of the key quality improvement areas which our new GP clusters will focus on. This work sits within a framework of change for General Practice, including a new quality focussed approach to contractual arrangements and a transformation of the way Primary Care is delivered in the future.

Exploring New Models for General Practice

Sustainable Primary and Community Care models, both in and out of working hours, are at the centre of our strategic vision and Delivery Plan. Across Forth Valley we have already seen successful models of transformation within Primary Care in practices such as Bannockburn and Kersiebank Health centres which, in May 2015, became '2c' practices (Health Board managed). These practices have developed an innovative, multi-disciplinary approach to delivering General Medical Services.

As a result:

- General Medical Services have been maintained for 20,000 patients
- Direct access to a new multi-disciplinary team model means most people now see the right person first time including; Advanced Nurse Practitioners, Extended Scope Physiotherapists and Mental Health Nurses
- This model delivers accessible medical services with around 50% less GP sessions per week and longer GP appointments for complex patients
- Referral rates to the Community Mental Health Team and to Orthopaedics have been significantly reduced (around 50%)
- User experience feedback is very positive.

We held an Innovation Session to identify how we can use technology to work together and support self management and people with high health gains

These challenges are not limited to these two practices, and Forth Valley wide Primary Care, Urgent Out of Hours Care and Mental Health Transformation plans were agreed in 2016. The plans are being implemented to:

- Encourage GP practices to work together and take a multi-disciplinary approach to patient care within the community, freeing up GPs to focus on more complex cases and provide clinical leadership
- Develop new models of Primary Care support for people with mental health problems
- Enable the conditions for practical change through:
  - Educational support for pharmacy, nursing and AHP advanced practice
  - Promoting the use of outcome focussed conversations within Primary Care to support shared decision making
  - Supporting accelerated quality improvement within GP clusters
  - Promoting innovation and technology.

Case Study

Jim values his independence and enjoys socialising.

He said "I have some great days and some not so great ones. I know I have a lot going on, I just wish I could get on with my life so all these health issues aren't the only thing in my life!"

Recently

- Emergency hospital admission due to UTI
- Being assessed by Social Work for Care at Home

Jim has multiple issues including

- Diabetes
- Waiting for a wheelchair assessment - uses a walking stick to walk short distances
- Continence problems & frequent UTI
- Pressure Ulcers

Services used by Jim

- District Nurse
- GP visits at least every month
- Physiotherapy
- Day Centre twice a week
- Diabetes Clinic
- Neurology Service
- Mecs Alarm

Delayed Discharge

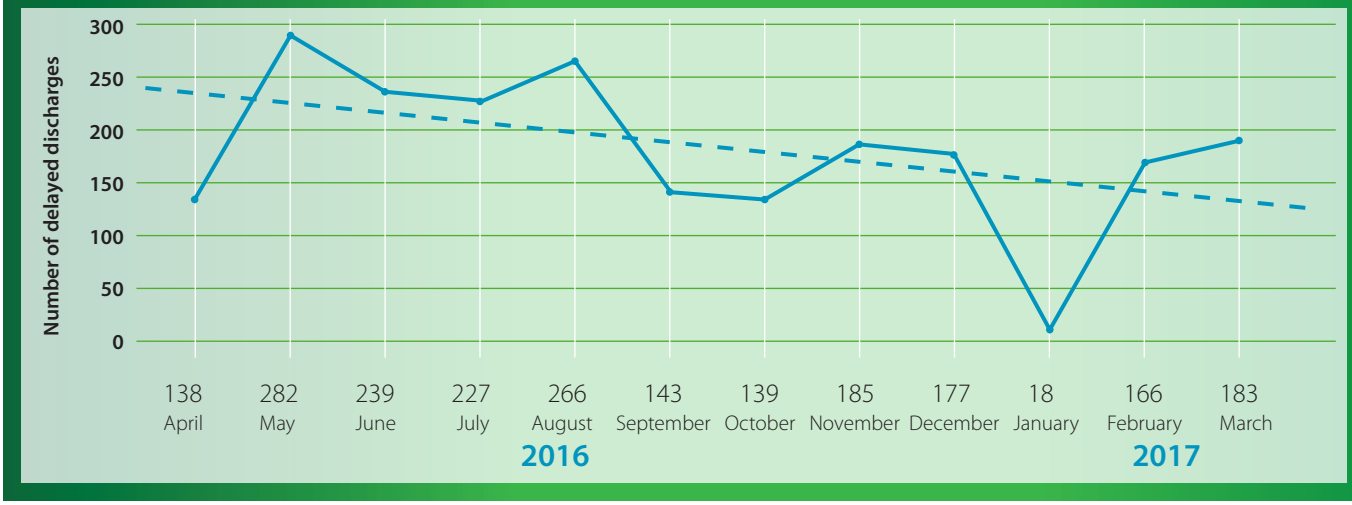
Although our performance shows some peaks and troughs there is a positive general downward trend for 2016/17. We continue to work together to reduce delays to discharge and to redesign services to support avoidance of unnecessary admission.

At the end of 2016/17 our performance for all delayed discharges is in the second quartile nationally.

As at March 17	Number of all delayed discharges
Partnership	23
Comparator Average	34
Scotland Average	41

Source: ISD 2016/17

Delayed Discharge Occupied Bed days over 2 weeks



Source: FV NHS 2016/17

3. Transforming Care: The Enablers

This section of the Annual Performance Report outlines the supporting activities (the underpinning Enablers) which also involve redesign activity but are often more about information and research or planning work that helps us to understand our population and services.

Strategic Needs Assessment

We based our Strategic Plan on a needs assessment and have continued to develop our understanding of our Partnership area and population over 2016/17. From this work we know that both Clackmannanshire and Stirling have an ageing population. The number, and proportion, of older adults across Clackmannanshire and Stirling is projected to double, and our area will have growing numbers of individuals living with long term conditions, multiple conditions and complex needs. We need to continue to work together to redesign our services to meet the needs of our population.

	65-74 yrs	75-84 yrs	85-90 yrs	Total 18+ population
2014	13%	7%	2%	113,517
2039	16%	12%	3%	120,040

Source: National Records of Scotland

Technology Enabled Care

The Partnership secured grant funding of £162,000 from the Scottish Government's Technology Enabled Care programme. The project will concentrate on promoting a net increase in users of telecare by 15% across the Partnership area – 500 more users over the 2 year period of the project.

We set a target for 2016/17 to increase our numbers of service users across the Partnership area by 250 and exceeded this with our total additional users at 392.

In addition, by streamlining our processes and up-skilling staff, we have provided advanced technology to an increasing number of existing service users.

Housing Contribution

The population projections raise questions about the suitability of current local housing provision and the capacity of housing support services to ensure effective delivery for older people.

The multi-agency Housing and Social Care Group has been set up to look at this. A significant piece of research was carried out in 2016 to find out more about the housing needs of two priority groups; older people and homelessness.

Homelessness applications in the Partnership area have been reducing in the last 15 years but there is an upward trend over the last couple of years, with applications rising from 819 in 2013/14 to 1,045 in 2015/16. Homelessness affects a small proportion, around 1%, of households in the Partnership area, but the impact on lives and on services can be high and is often caused by health and support issues rather than housing.

Workshops have been held to focus on housing and social care for mental health, older people and homelessness.

The findings of this research are now informing the two Councils' Local Housing Strategies.

Data Sharing & Shared Assessment

The Partnership has defined its key strategic service requirements covering; operational logistics, information management and governance. We are working within the Forth Valley Data Sharing Partnership to take forward the following priorities:

- **Delayed Discharge**
- **Single Shared Assessment**
- **Information Sharing Portal**
- **File Sharing Across Health and Social Care**

Data sharing and shared assessment processes have the potential to help us to reduce duplication and improve service user and carer experience.

Commissioning: Market Position and Providers

We have established provider fora and during the later part of 2016/17 have begun to jointly scope out the review our commissioning arrangements for the Partnership.

We developed a Market Position Statement for older people, learning disability and mental health. The Statement has been informed by consultation with our providers through a series of events and a survey.

Further work is required over the coming year to further develop our approach but development of our first Market Position Statement is a significant step forward.

We held 2 Market Position consultation events in 2016/17.

We held a focus group with providers in April 2017 to receive feedback on the draft Market Position Statement.

Workforce

Our workforce plays a key role in the delivery of our priorities. We have agreed and developed:

- ***'Caring Together'***, our Integrated Workforce Plan (2016/19) - how we will support and develop staff across our Partners
- Partnership Workforce Development and Training – a framework for our joint approach
- Communication and Engagement Protocol on staff integration – delivering effective communication and a Partnership Participation & Engagement Strategy, to make sure any initiatives are aligned to our strategic priorities.

Promoting Excellence - Dementia programme highlighted as good practice by SSSC & NES

Some of the things we have carried out during the year include:

- Staff were involved in developing and informing the Strategic Plan and again in the setting of the Partnership core delivery priorities.
- During 2016/17 the two Health and Social Care Partnerships in Forth Valley issued newsletters to support information sharing.
- Further analysis of our work force is currently taking place with support from the Information Services Division. This is helping us to better understand our total staff group and identify where our resources are currently deployed, where we have pressures and skill gaps. This work will report during 2017/18.
- During this first year work has commenced on identifying and agreeing the best staff engagement and experience measurement tool.

207 staff across Health, Local Authorities (Social Services and Housing), Third and Independent Sectors, Primary Care and Fire and Ambulance Services took part in 7 mixed Staff Engagement events held in June 2016.

- We have engaged with the Collaborative Leadership in Practice [CLiP] national programme to support the development of the Joint Management Team
- The Scottish Social Services Council [SSSC] has been involved in the development of the Models of Neighbourhood Care pilot work and supported two sessions with senior managers using a collaborative enquiry process to build knowledge, understanding and commitment. They will continue to be involved as the work develops further
- The Partnership's work in using the Promoting Excellence framework to deliver training to improve skills and experience in relation to dementia was highlighted as good practice by the Scottish Social Services Council (SSSC) and NHS Education for Scotland (NES). The Programme is interactive and was initially piloted in a care home before being rolled out to a group of 250 staff. There is also a plan to create a local network of Dementia Ambassadors across all services
- We have established a Joint Staff Forum for the two Health and Social Care Partnerships which brings together the staff side and trade union representatives from NHS Forth Valley and the three Councils – Clackmannanshire, Falkirk and Stirling.

'Not only has the Skilled Practice Programme affected how people communicate and support people with dementia, it has also led to staff taking the initiative to review and improve a number of service areas, including the review of care paperwork to make it even more outcome focussed, person-centred and service user friendly.'

Hazel Chalk, Registered Manager, Allan Lodge Short Term Assessment Care Home, Stirling

Financial Plan

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

Financial Performance

The funding available to the Integration Joint Board to support the delivery of the Strategic Plan comes from contributions from the constituent authorities (Clackmannanshire and Stirling Councils and NHS Forth Valley) and funding allocated from Scottish Government.

The Integration Joint Board then issues directions to the constituent authorities to utilise the funding available to deliver and/or commission services across the Partnership on its behalf to deliver the priorities of the Strategic Plan.

For the financial year ended 31 March 2017 the Partnership's underlying financial position was a net underspend of £0.003m. However, by utilising the terms of the Integration Scheme, the Reserves Policy and Strategy and to manage the difference in timing between allocation of funding and investing for optimal benefit the Integration Joint Board will carry forward funding totalling £3.412m into 2017/18, through a combination of general and earmarked reserves.

The expenditure of the Integration Joint Board for the year ending 31 March 2017 is detailed below. These figures are subject to audit.

Service Area	£'000
Set Aside Budget for Large Hospital Services*	19,816
Community Learning Disability Services	1,294
Community Mental Health and Addictions Services	6,846
Older People, Reablement, Physical and Sensory Impairments	4,348
Other Social Care Services	1,108
Care at Home	11,886
Residential and Respite Care	17,084
Day Care	3,052
MECS and Telecare	1,091
Housing & Equipment and Adaptations	7,299
Other Community Health Services	28,333
General Pharmaceutical Services and Primary Care Prescribing	31,930
Other Primary Care Services	33,453
Shared Partnership Posts	235
Integration (Social) Care Fund	5,733
Transformation	2,951
TOTAL EXPENDITURE	**176,459**

**Relates to Large Hospital Services delivered in the Acute Sector for which the IJB is responsible for Strategic Planning but not Operational Delivery. This is a notional budget.*

Best Value

The constituent authorities, Clackmannanshire and Stirling Councils and NHS Forth Valley, delegate budgets to the Integration Joint Board which decides how to use these resources to achieve the objectives of the Strategic Plan. The Board then directs the Partnership through the constituent authorities to deliver services in line with this Plan.

The governance framework sets the rules, policies and procedures by which the Integration Joint Board ensures that decision making is accountable, transparent and carried out with integrity. The Integration Joint Board has legal responsibilities and obligations to its stakeholders, staff and residents of Clackmannanshire and Stirling Council areas.

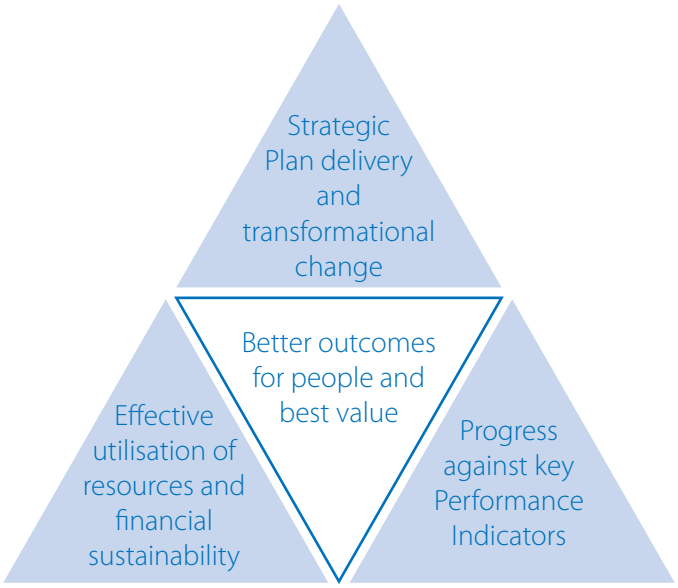
The Integration Joint Board ensures proper administration of its financial affairs by having a Chief Financial Officer (section 95 of the Local Government (Scotland) Act 1973).

As part of governance arrangements to oversee the change programme, the Chief Officer chairs both a Senior Leadership Group and Joint Management Team.

The Partnership views the triangulation of key Performance Indicators, measurable progress in delivering the priorities of the Strategic Plan, and financial performance as the cornerstone of demonstrating Best Value. Therefore the evidence of Best Value can be seen through:

- The Performance Management Framework and Performance Reports
- Financial Reporting; and
- Reporting on Strategic Plan delivery through both the Chief Officer's reports to the Integration Joint Board and topic specific reports, such as those relating to the implementation of the Scottish Living Wage.

This approach is visually represented in the Best Value Diagram below.



Financial Reporting on Localities

The 2016/17 financial information is not split into Localities, as this level of financial reporting will be developed during 2017/18. This will be based on Locality Planning arrangements that the Integration Joint Board approved during 2016/17.

Integrated Care Fund

The Partnership received £2,480,000 from the Integrated Care Fund (ICF) from the Scottish Government during 2016/17. The spending priority was to support our strategic priorities.

Funding was allocated under the following areas:

- Test and deliver action to ensure a responsive 24/7 Health & Social Care Model
- Develop and extend the intermediate care model to all adults, particularly a dementia intermediate care pathway
- Embedding a range of person centred anticipatory and prevention planning across areas of poverty and high multi morbidity
- Extending Community Based Supports
- Direct support to Carers
- Communications and Navigation/Way Finding
- Targeted Resource to Support Lifestyle Change
- Enablers for Transformational Change
- Bridging to Stirling Care Village

To ensure Partnership investment is providing good value, and that projects are sustainable, reviews have been carried out. Further work is also planned to identify linkages and collaborative working in order to improve service delivery and ensure financial efficiencies.

We are also developing the way that funded projects will be monitored and reviewed in the future, ensuring close links with the performance framework, Strategic and Delivery Plan priorities, and National Outcomes. This approach will be more fully developed for 2018/19.

4. Outcomes: Our Performance

National Outcomes and our Local Framework

Integration Joint Boards are responsible for effective monitoring and reporting on the delivery of services and targets and measures included in the Integration Functions and as set out in Strategic Plans.

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

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

The national outcomes are-

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

Performance Under Integration

To support the delivery of the national priorities, Partnerships have also been invited to set out the local improvement objectives for each of the supporting 6 areas:

Performance Framework & Improvement Objectives

Improvement Objectives			
	Unplanned Admissions	Occupied Bed Days for Unscheduled Care	A & E Performance
	Delayed Discharges	End of Life Care	Balance of Spend across Institutional & Community Services

Work is ongoing to develop these and we have developed a Strategy Map which helps us to clearly link the Outcomes to the Strategic Plan.

The Outcomes are supported by a Core Suite of Integration Indicators. This data is provided to each Partnership by Information Services Division. The unique nature of our Partnership means that sometimes our data is provided at Local Authority level only, and existing formal Local Authority comparator or family groupings are not relevant. It is not always possible to provide a figure for the Partnership from the Local Authority based data, and it may at times be an average of the two figures. Work is ongoing to develop reporting processes at local and national level that provides data in the format that we require for the Partnership. For example, receiving Partnership only data would mean that we would lose the historical trend information for the two areas and this is very useful to help inform locality planning. In an effort to give a fuller understanding of our performance, the Partnership has identified a range of comparator Partnerships. Work is ongoing to develop collaborative working with our comparators and learn from good practice.

Our Performance: A Summary

Indicators 1-9 of the core indicators draw on questions from the Health & Care Experience Survey. The results from the 2015/16 survey will form part of the baseline from which improvements in people's experience of care can be monitored.

The Partnership has set baseline data for this first annual report (the most current data available at the time of publication).

Core Suite of Integration Indicators - Annual Performance (as at June 2017)

	Indicator	Title	Partnership	Comparator Average	Clacks	Stirling	Scotland
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	94%	95%	94%	94%	94%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	83%	89%	82%	84%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	79%	79%	82%	78%	79%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	78%	71%	76%	75%
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	82%	87%	76%	81%
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	89%	86%	87%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	77%	85%	78%	77%	84%
	NI - 8	Total combined % carers who feel supported to continue in their caring role	34%	43%	31%	35%	41%
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	85%	84%	80%	84%
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	N/A	N/A	N/A	N/A	N/A

Source: ISD is still developing these indicators and N/A defines where no data is available yet.

Comparators: South Ayrshire, East Lothian, Angus, Moray, Perth & Kinross, Falkirk. Figures as at June 2017

Core Suite of Integration Indicators - Annual Performance (as at June 2017)

	Indicator	Title	Partnership	Comparator Average	Clacks	Stirling	Scotland
Data indicators	NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	387	481	393	441
	NI - 12	Emergency admission rate (per 100,000 adult population)	9,874	11,346	10,854	9,344	12,037
	NI - 13	Emergency bed day rate (per 100,000 population)	107,243	123,028	116,845	102,050	119,649
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	101	103	108	96	95
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	87%	88%	86%	86%	87%
	NI - 16	Falls rate per 1,000 population aged 65+	16	20	14	17	21
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	83%	84%	91%	78%	83%
	NI - 18	Percentage of adults with intensive care needs receiving care at home	69%	62%	70%	68%	62%
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	723	964	641	764	842
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	20%	25%	22%	20%	23%
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	N/A	N/A	N/A	N/A	N/A
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	N/A	N/A	N/A	N/A	N/A
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	N/A	N/A	N/A	N/A	N/A

Source: ISD is still developing these indicators and N/A defines where no data is available yet.

Comparators: South Ayrshire, East Lothian, Angus, Moray, Perth & Kinross, Falkirk. Figures as at June 2017

Our Performance: In Detail

This section outlines the Partnership's performance in each of the national Health and Wellbeing Outcomes where national data is available.

Outcome 1

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

NI 1	% of adults able to look after their health very well or quite well
Partnership	94%
Comparators	95%
Scotland	94%

Source ISD 2015/16

The percentage reported for both Clackmannanshire and Stirling reflects a positive position comparable with the national and comparator average. **The vast majority of those surveyed reported that they are able to look after their own health and wellbeing and did not have any limiting illness or disability.**

Outcome 2

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

NI 2	% of adults supported at home who agree that they are supported to live as independently as possible
Partnership	85%
Comparators	83%
Scotland	84%

Source ISD 2015/16

This indicator reflects whether people who need support feel that it helps them maintain their independence as much as possible. The Partnership figure shows a positive position and is above national and comparator average. This is an area prioritised through the Integrated Care Fund to support the development of services such as bed based intermediate care and reablement care at home.

Table Symbols

Benchmark
Survey
Achieved
More work required

Outcome 2 cont'd

NI 18	% of adults aged 18+ with intensive care needs receiving care at home
Partnership	69%
Comparators	62%
Scotland	62%

Source ISD 2015/16

The figure for the Partnership is a positive position and is above both national and comparator averages. **This indicator reflects the work of the Partnership to shift care from hospitals and care homes to the community.**

NI 15	Proportion of last 6 months of life spent at home or in a community setting
Partnership	87%
Comparators	88%
Scotland	87%

Source ISD 2016/17

The figure for the Partnership reflects a positive position and is the same as the national average and just below the comparator average. One reason for this may be that the Partnership has traditionally used local community hospitals more than other Partnerships. **The development of the Care Village will change this type of hospital based support in the future to a full community based model. This will better support the delivery of more effective, person centred end of life care for residents of the Partnership.**

Outcome 3

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

NI 3	% of adults supported at home who agree that they had a say in how their help, care or support was provided.
Partnership	79%
Comparators	79%
Scotland	79%

Source ISD 2015/16

The figure for the Partnership reflects a positive position and is in line with both national and comparator averages. **Most people receiving care and support feel that 'having a say' over the way their services are provided is very important. However, we do know that we have further work to do to more fully embed choice and control through the range of Self Directed Support options for individual service users and unpaid carers.**

NI 6	%. of people with positive experience of the care provided by their GP practice
Partnership	87%
Comparators	87%
Scotland	87%

Source ISD 2015/16

The figure for the Partnership reflects a positive position and is in line with both the national and comparator averages. **GP services are central to the delivery of community based health and social care services and the Partnership continues to work together to support Primary Care services through, for example, investment of the Primary Care Transformation Fund and the developing cluster and Locality work.**

NI 5	% of adults receiving any care or support who rate it as excellent or good.
Partnership	80%
Comparators	82%
Scotland	81%

Source ISD 2015/16

The figure for the Partnership reflects a positive position and is only slightly less than both national and comparator averages.

Outcome 4

Health and social care services are centred on helping to maintain or improve the quality of life of service users.

NI 7	% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life
Partnership	77%
Comparators	85%
Scotland	84%

Source ISD 2015/16

The figure for the Partnership is lower than both the national and comparator average. A considerable amount of work is already carried out within and between services to gather and analyse feedback and impact. **The Partnership will review this work and identify any areas for further development.**

Outcome 4 cont'd

NI 12	Emergency Hospital Admission Rate per 100,000 adult persons
Partnership	9,874
Comparators	11,346
Scotland	12,037


Source ISD 2016/17

The figure for the Partnership reflects a positive position and is lower than both the national and comparator averages. Just under half of the emergency adult admissions in 2016/17 were for those aged 65 and over.

NI 13	Emergency bed day rate per 100,000 adult persons
Partnership	107,243
Comparators	123,028
Scotland	119,649


Source ISD 2016/17

The figure for the Partnership reflects a positive position and is lower than the national and comparator averages.

NI 14	Readmission to hospital within 28 days rate per 1,000 persons
Partnership	101
Comparators	103
Scotland	95


Source ISD 2016/17

This rate reflects several aspects of integrated health and care service, including discharge arrangements and co-ordination of follow up care. Although the figure for the Partnership is higher the national average it is lower than other similar Partnerships.

NI 16	Falls rate per 1,000 population aged 65+ who were admitted to hospital as an emergency
Partnership	16
Comparators	20
Scotland	21


Source ISD 16/17

The figure for the Partnership reflects a positive position and is lower than both national and comparator averages. **Examples of work in this area are the development of our Falls Pathway and expanded Technology Enabled Care services, such as personal alarms and responder services.**

NI 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections
Partnership	83%
Comparators	84%
Scotland	83%


Source Care Inspectorate/ISD 2015/16

The Partnership figure reflects a positive position and is in line with the national and comparator average. This indicator includes all services registered within the Partnership provided by third, independent and local authorities.

Forth Valley Royal Hospital received an unannounced inspection in November 2016. The inspection focussed on care of the older people in the hospital. The inspection team found that there was very good feedback and evidence that older people were treated with dignity and respect.

Outcome 5

Health & social care services contribute to reducing health inequalities

NI 11	Premature mortality rate per 100,000 persons under 75 years	
Partnership Av	425	
Comparators Av	387	
Scotland Av	441	

Source ISD 2015

The Partnership figure is higher than our comparators but lower than the national average. This is an area that the Partnership will investigate, with a particular focus on Localities and communities to identify any areas for further development.

Outcome 6

People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

NI 8	% of carers who feel supported to continue in their caring role	
Partnership	34%	
Comparators	43%	
Scotland	41%	

Source ISD 2015/16

The Partnership is lower than the national and comparator average. **As noted above 80% of adults receiving any care rate it as excellent or good.** This indicator highlights a need to continue to work closely with unpaid carers and our local carer organisations to develop our services in line with the provisions of the Carers (Scotland) Act 2016 and to focus on the way we gather local feedback on the experiences of unpaid carers.

Outcome 7

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

NI 9	% of adults supported at home who feel safe	
Partnership	82%	
Comparators	85%	
Scotland	84%	

Source ISD 2015/16

The figure for the Partnership is lower than both the national and comparator averages. **The Partnership is working with the Adult Support and Protection Committee to develop our responses.**

Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

NI 10	% of staff who say they would recommend their workplace as a good place to work	
Partnership	N/A	
Comparators	N/A	
Scotland	N/A	

Source ISD. No published data available.

There are a number of pieces of work being carried out locally that support this outcome: iMatter is the staff experience continuous improvement tool designed with NHS Scotland to help individuals, teams and Health Boards understand and improve staff experience; a similar survey of Local Authority staff is planned for 2017/18. We have also established a Joint Staff Forum to support engagement.

Outcome 9

Resources are used effectively in the provision of health and social care services, without waste.

NI 4	% of adults supported at home who agree that their health and care services seemed to be well co-ordinated	
Partnership	74%	
Comparators	78%	
Scotland	75%	

Source ISD 2015/16

The figure for the Partnership is in line with the national average, but is slightly lower than our comparator Partnerships. **In terms of service examples, a considerable amount of work has been carried out in relation to the use of Single Shared Assessment and Anticipatory Care Plans and the development of the Model of Neighbourhood Care will provide further opportunity to develop community based, integrated responses.**

NI 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	
Partnership	723	
Comparators	964	
Scotland	842	

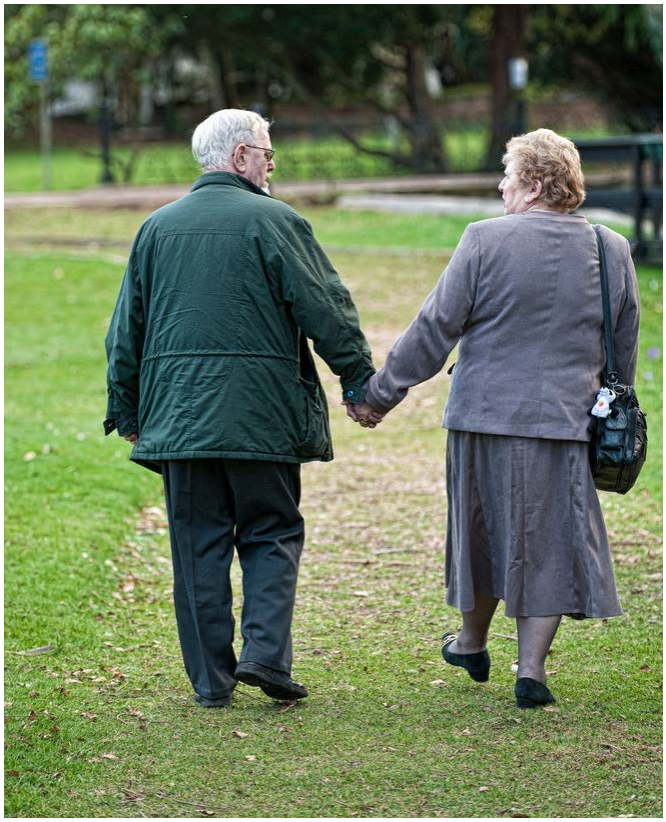
Source ISD 2016/17

The Partnership figure reflects a positive position with the rate much lower than both the national and comparator averages. The combined total of Standard and Code 9 delays is used for this indicator.

NI 20	% of Health & Social Care spend on hospital stays where the patient was admitted in an emergency	
Partnership	20%	
Comparators	25%	
Scotland	23%	

Source ISD 2016/17

The Partnership figure reflects a positive position and the rate is lower than both the national and comparator averages.



Inspections

The Care Inspectorate undertook both scheduled and unscheduled inspections across 9 services during 2016/17. The quality of care and support was assessed as 'good' or better in 100% of these inspections. There were no mandatory requirements and a number of recommendations made by inspectors, which have or are being acted upon by staff. Additional information and full detail on inspections can be found at the Care Inspectorate's website at www.careinspectorate.com/

Unit	Date Inspection completed	Quality Theme Care Grades (out of 6)				No. of recs	No. of requs
		Care and Support	Environment	Staffing	Management & Leadership		
Care Inspectorate							
Allan Lodge	24/06/16	5	N/A	5	N/A	0	0
Beech Gardens	05/12/16	5	5	5	5	7	0
Clacks Reablement & TEC Service	16/12/16	5	N/A	N/A	5	1	0
Stirling Reablement & TEC Service	29/09/16	5	N/A	N/A	5	0	0
Ludgate House Resource Centre	04/11/16	6	5	6	6	4	0
Menstrie House	25/07/16	4	4	4	4	7	0
Stirling Council Community Services Home Support	29/09/16	5	N/A	N/A	5	0	0
Strathendrick Care Home	04/07/16	5	N/A	N/A	5	0	0
Riverbank Day Centre	29/04/16	5	N/A	6	N/A	0	0
Customer Service Excellence							
Integrated Mental Health Service	Overall Self assessment	Satisfactory					
	Overall outcome	Successful					

Key to grading:
1. Unsatisfactory
2. Weak
3. Adequate
4. Good
5. Very Good
6. Excellent

N/A Not Assessed

Rec A recommendation sets out actions that a provider should take to improve or develop service quality, but where failure to do so would not directly result in enforcement.

Requ A requirement sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in statutory requirements. Requirements are enforceable in law.

Inspection Recommendations

Unit	Action
Beech Gardens	
The service is currently gathering information about local community resources with the Carers Centre to help people reintegrate into their communities on their return home. We suggested this include services/ resources for people with dementia.	The service has developed an action plan to include development of dementia resources.
Some service users are in the service for an extended period of time awaiting packages of care. Consider providing activities for these people to provide social/ mental stimulation while they are waiting to move on.	The service has introduced activity plans for service users with a focus on improving access to community resources and benefiting from physical activity. The service is participating in the national CAPA programme.
The communal toilet in the unit is being used for storage. It should either be cleared, or taken out of use.	This has been actioned.
Hoists and turning equipment should be appropriately stored.	This has been actioned.
Staff should have one-to-one supervision meetings, giving them opportunities to discuss their work,development and give views on aspects of the service.	Supervision schedules have been devised to ensure discussion of service improvements/ development of Stirling Care Village.
Identified some poor recording on MAR sheets and some medication errors. The service should address this via refresher training, observation of practice and group supervision.	The Registered Manager has carried out weekly audits of all medication activity and improved access to training opportunities for all staff who administer medicines.
We found from the issues around medication that the service is under reporting to the Care Inspectorate. The service should ensure they are familiar with the guidance for reporting notifiable events. This will be observed by us and checked at the next inspection.	The Registered Manager is adhering to guidance on reporting notifiable events.
Clacks Reablement & TEC Service	
The service should review their medication policy and procedure to take account of the increased range of medications they now support people with. Warfarin and Controlled Drugs should be referred to specifically.	The internal policy has been amended, while the service is supporting the testing of a Community Medicines Management Policy with Pharmacy Service.
Ludgate House Resource Centre	
The service should ensure that wall switches are in a contrasting colour from the walls for ease of orientation for people with dementia.	This has been actioned.
The service should ensure that toilet seats are in a contrasting colour to aid ease of orientation.	This has been actioned.

The service has an easily accessible enclosed garden which could be developed further for residents with dementia e.g. using different colours or developing a sensory garden.	Improvements to the courtyard garden were made for Summer 2017 with use of flower beds to provide colour. Service engaging with Community Growing Group to develop this further.
The service could ensure they have small activities to hand for residents with dementia, such as rummage boxes and comfort blankets.	This has been actioned.
Menstrie House	
The provider should ensure that residents' personal plans set out how the health, welfare and safety needs of the individual are to be met.	Service personal plans have been improved to identify greater information relating to healthcare needs and personal outcomes. Wider service engaging with the national Anticipatory Care Planning work and will develop this further over next year.
The provider should review the provision of meaningful activities for residents.	Service has an Activities Co-ordinator who is supporting further development of meaningful activities. Service is engaged with national CAPA programme.
The provider should consider best practice guidance to improve the signage in the home to guide and orientate people who use the service.	Signage has been improved along with environmental improvements to support effective wayfinding.
The provider should ensure that the use of equipment that may restrain, such as bedrails, is fully assessed and monitored in line with the Mental Welfare Commission for Scotland's best practice guidance Rights, risks and limits to freedom.	The Registered Manager has improved assessment tools for assessing risk for bedrail management.
The provider should access the Promoting Excellence Framework for dementia learning and development for all staff working in the home.	Staff are working towards or have achieved the Dementia Skilled level of practice under the Promoting Excellence Framework.
The provider should utilise the outcome of risk assessments to inform an overview of risk within the service and monitor the management of risk for residents.	The Registered Manager has introduced an audit to be used monthly for the analysis of a range of tools including risk, nutrition and skin integrity. Further work required on falls risk tools/approach.
The provider should implement a system to ensure that six monthly care reviews are scheduled and undertaken within timescales.	The Registered Manager has introduced an audit tool to ensure compliance with 6 monthly reviews.

5. Next Steps

This Annual Performance Report highlights the range of activity taking place within and between services as part of the Transforming Care programme. The focus of the activity in this first year has been to jointly identify and work on the actions the Partnership can take together to strengthen and develop the building blocks for community based services.

The performance information helps us to:

- understand the impact of the services we provide
- identify the areas where outcomes are positive
- identify the areas where we need to work to improve services and impact for individuals.

We will continue to develop the areas identified within our Delivery Plan and work together across all service areas to ensure greater understanding of the impact of our services on individual patients/ service users and their unpaid carers.

6. Glossary And Abbreviations

Acute services

A branch of 'secondary' health care where a patient receives short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, it is the opposite of chronic or longer term care.

AHP

Allied Health Professionals (such as Physiotherapists, Occupational Therapists, Speech and Language Therapists, Podiatrists) provide treatment and help rehabilitate people who are ill, have disabilities or special needs, to live life as fully as possible.

Anticipatory Care Plan (ACP)

For individuals, particularly those with long term conditions, to plan ahead and understand their health to help have more control and to manage any changes in their health and wellbeing. It's about knowing how to use services better, helping people make choices about their future care.

Balance of Care

Shifting the Balance of Care describes changes at different levels across health and care systems, all of which are intended to bring about better health outcomes for people, provide services which reduce health inequalities, promote independence and are quicker, more personal and closer to home.

Benchmark

A benchmark is a standard or point of reference against which other things can be compared. This enables the Partnership to find out how well it is doing compared to others and can help to highlight areas to focus activity on.

Census

An agreed date to take a snapshot count to measure agreed information e.g. Annual Care Home Census on 31 March and the monthly Delayed Discharge Census on the last Thursday of every month.

Code 9

This is a very limited category for measuring reasons for delayed discharge from hospital where it has not been possible to secure a patient's safe, timely and appropriate discharge.

Collaborative Leadership in Practice Programme (CLiP)

Part of the Leadership for Integration development programme offered in joint partnership by NES, the Royal College of General Practitioners Scotland and SSSC.

Comparator

A selected grouping of other Partnerships who share agreed similarities e.g. population size. The group is then used to compare performance against.

'Discharge to Assess' approach

Supporting people to leave hospital, when safe and appropriate to do so, and continuing their longer term care and assessment out of hospital.

Enablers

These are people or things that help to make something happen.

GP Cluster

A grouping of GP practices who work together to discuss the quality of care provided to patients in the locality. Each GP cluster will have a GP designated as a Cluster Quality Lead who will have a coordinating role within the cluster.

GP Fellows

A trial project which aims to develop the skills and experience of recently qualified GPs in caring for older people. The doctors, known as GP Fellows, will provide support to a number of local GP Practices, develop strong links with staff in community hospitals and assess patients referred to the Frailty Unit at Forth Valley Royal Hospital.

Health and Social Care Integration

The Public Bodies (Joint Working) (Scotland) Act 2014 sets the legal framework for health and social care services in Scotland to be integrated. With a greater emphasis on community-based and more joined-up, anticipatory and preventative care, integration aims to improve care and support for those who use health and social care services.

High Health Gain

The term used for the group of people who collectively account for 50% of the total health expenditure of their local area during the financial year.

Holistic

A holistic approach looks at the "whole" person, not just individual parts.

Integration Joint Board (IJB)

A legal body established under the Public Bodies (Joint Working) (Scotland) Act 2014. The Parties to our IJB are Clackmannanshire and Stirling Councils and NHS Forth Valley. The Parties agreed the Integration Scheme for our Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the IJB.

Intermediate Care

An umbrella term used to describe services which provide a bridge between health and social care with the aim of supporting people to live in their own homes, or in a homely setting, reducing dependence on acute hospital facilities.

ISD

The Information Services Division (ISD) is a division of National Services Scotland, part of NHS Scotland and provides health information, statistical services and advice to support the NHS in progressing quality planning and improvement in health and care.

Locality Planning

A locality is defined in the Public Bodies (Joint Working) (Scotland) Act 2014 as a smaller area within the borders of an Integration Authority - their purpose is to provide an organisational mechanism for local leadership of service planning.

NES

NHS Education for Scotland (NES) is an education and training body with responsibility for developing and delivering education and training for the healthcare workforce in Scotland.

NI

National Indicator. In this case, the National Core Integration Indicators set by the Scottish Government to help measure performance.

Palliative Care

For people with an illness that can't be cured, palliative care makes them as comfortable as possible, by managing pain and other distressing symptoms. It also involves psychological, social and spiritual support for the person and their family or carers.

Primary Care

The first point of contact for health care for most people, mainly provided by GPs (general practitioners) but community pharmacists, opticians and dentists are also primary healthcare providers.

Reablement

Services for people with poor physical or mental health to help them accommodate their illness, by learning or re-learning the skills necessary for daily living.

Self Directed Support (SDS)

This gives people choice and control over their individual budget which helps to buy services, such as help with dressing and personal care, to help meet agreed health and social care outcomes.

SSSC

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland.

Technology Enabled Care

Technologies such as telehealth, telecare, telemedicine, telecoaching and self-care apps have the potential to transform the way people engage in and control their own healthcare, empowering them to manage it in a way that is right for them.

Telecare

Telecare is technology to help people to stay living independently at home for longer. There have been many developments in technology to increase the options to help people, such as automatically alerting staff at a response centre or a carer if help is needed.

Third Sector

An umbrella term for a range of organisations with different structures and purposes belonging to neither the public nor private sectors (e.g. voluntary sector or non-profit organisations).

Whole Systems Working

An approach to change that helps people make connections, with both people and ideas, to enable them to find local solutions to local concerns.

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Clackmannanshire Council

Stirling Council

NHS Forth Valley

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 9.1 on the agenda

Role of Chief Social Work Officer and Social Care Governance

Celia Gray, CSWO Officer, Clackmannanshire Council &
Marie Valente, CSWO Stirling Council

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Celia Gray, CSWO, Clackmannanshire Council Marie Valente, CSWO, Stirling Council
Date:	10 August 2017
List of Background Papers:	
Statutory guidance updated by the Scottish Government in July 2016 (The Role of the Chief Social Work Officer – Guidance by Scottish Minsters – Section 5 (i) Social Work (Scotland) Act 1968).	

Title/Subject:	**Role of Chief Social Work Officer and Social Care Governance**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**30 August 2017**
Submitted By:	**Celia Gray and Marie Valente**
Action:	**For Noting**

1. Introduction

1.1 This provides the Integration Joint Board with information regarding the role of Chief Social Work Officer (CSWO) and arrangements for Social Work and Social Care Governance.

2. Executive Summary

2.1 This report sets out the arrangements agreed by the CSWOs of Clackmannanshire Council and Stirling Council regarding the governance of social work and social care services commissioned by the Integration Joint Board.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Note the arrangements for governance of social work and social care services commissioned by the Integration Joint Board.

3.2. Endorse the arrangements for CSWO to be the main advisor for the Board for 2017 – 2018 and the rotation of the advisor to the Board thereafter.

3.3. Note the arrangements for CSWO oversight of social work and social care staff within the Health and Social Care Partnership [HSCP].

4. Background

4.1. The requirement for every local authority to appoint a Chief Social Work Officer (CSWO) is covered within Section 3 of the Social Work (Scotland) Act 1968.

4.2. The CSWO role is a professional leadership function. The CSWO is required to provide professional advice in the discharge of statutory functions, and assist in understanding the cross cutting complexities of

social work service delivery. The role applies to social work and social care services whether provided by the Local Authority or externally commissioned and delivered by the Third or Independent Sector. A key function is the promotion of professional values and standards, and the decision making in respect of certain prescribed functions primarily relating to the curtailment of individual freedom and the protection of individuals and the public.

4.3. In July 2016, Scottish Ministers issued revised guidance in respect of the role of the CWSO (The Role of the Chief Social Work Officer – Guidance by Scottish Minsters – Section 5 (i) Social Work (Scotland) Act 1968). This statutory guidance replaces the original guidance issued in 2009 and has been revised in the light of the integration of health and social care services. The Guidance therefore applies to Health and Social Care Partnerships with responsibility for delegated social work and social care functions.

4.4. The national guidance (2016) on the role of CSWO requires the local authority to:

- Appoint a single Chief Social Work Officer who is
    - a qualified Social Worker
    - able to demonstrate extensive experience and confidence to provide effective professional advice at all levels within the organisation and with partners.
- Empower and enable the CSWO to provide professional advice and contribute to decisions primarily in the local authority and health and social care partnership arrangements.
- Ensure the CSWO is a member of the Integration Joint Board [IJB].
- Ensure arrangements are in place to include the CSWO in relation to strategic and operational functions that provide direct access to the Chief Executive and Elected Members.
- Ensure that the CSWO has a defined role in professional and care governance and supports the head of the IJB.

5. Role of Chief Social Work Officer

5.1. The Clackmannanshire and Stirling Health and Social Care Integration Scheme sets out the agreement between the Councils and the Health Board to enable the Health and Social Care Partnership to meet its responsibilities. This includes the arrangements for the delegation of adult services to the Integration Joint Board.

5.2. Following the separation of shared services between Clackmannanshire and Councils, the post of Senior Manager and CSWO was appointed by Stirling Council in June 2016 and the post of Head of Social Services and CSWO was appointed by Clackmannanshire in October 2016.

5.3. Both CSWOs are professionally qualified Social Workers and meet the requirements set down in the statutory guidance updated by the Scottish Government in July 2016.

Governance Arrangements

5.4. The search for quality is the driving force behind governance arrangements and success requires the involvement at all levels from front line staff to corporate Boards. The achievement of good governance requires a framework to be built around quality that identifies the organisation and the individual activities, which result in better outcomes.

5.5. The CSWOs of Clackmannanshire and Stirling have built their respective governance arrangements based on the 2016 statutory guidance.

5.6. Both CSWOs have direct access to the Chief Executive. The arrangement is structurally as follows :

Clackmannanshire -	4 weekly meetings Or As and when required.
Stirling -	4 weekly meetings with Corporate Management Team and Quarterly Meetings with Chief Executive and Chief Education Officer Or As and when required.

5.7. This direct access enables the CSWOs to discuss matters of risk/significance when required.

5.8. Both CSWOs are members of the Integration Joint Board. Subject to agreement of the IJB during 2017/2018 the CSWO from Stirling will be professional social work advisor to the Board. This remit will change to the CSWO from Clackmannanshire in 2018/2019.

5.9. Both CSWOs are members of the Corporate Management Teams (CMT).

5.10. As part of the professional governance arrangements in respect of the delivery of adult social work and social care services, the CSWOs will meet bi-annually with the Chief Officer and all Adult Care Managers responsible for delivering health, social work and social care services. These meetings consider professional, practice and development matters, within the challenging environment of delivering services within an integrated structure.

5.11. Given the statutory role and responsibilities carried out by Mental Health Officers a forum has been set up for the Mental Health Officers to meet with the CSWO of the two respective Councils on a quarterly basis. Terms of Reference for the meeting have been established.

5.12. Both CSWOs have overall responsibility for public protection and attend the following key forums:

- Child Protection Committee
- Adult Protection Committee
- Strategic Oversight Group
- Public Protection Forum
- Violence Against Women Partnership
- Alcohol and Drug Partnership
- Leadership Group

5.13. Quarterly meetings have also been established with all the Lead Officers and CSWOs.

Both CSWOs are engaged in the wider, national agenda via various forums e.g. Social Work Scotland.

5.14. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of all staff – built upon partnership and collaboration within teams and between health and social care professionals and managers.

5.15. The Clinical and Care Governance Framework approved by the Clackmannanshire and Stirling Integration Joint Board in March 2016 sets out the structures and processes to provide assurance to the Integration Joint Board, Health Board and Local Authorities – whilst at the same time empowering clinical and care staff to contribute to the improvement of quality – making sure that there is a strong voice of the people and communities who use services, their unpaid carers and their families.

5.16. The quality of care provided is overseen by a Clinical and Care Governance Group. This will provide assurance to NHS Forth Valley, Clackmannanshire and Stirling Councils, that clinical and care governance as part of the planning and delivery of services is being delivered effectively. The CSWO is a member of the Clinical Care Governance Group. There is an intention to review the clinical and care governance arrangements across Forth Valley.

6. Conclusions

6.1. This report seeks to define the role of the CSWOs (Clackmannanshire and Stirling) in relation to Social Work and Social Care Governance, giving clarity on the responsibilities of both CSWOs and identifying the CSWO advisory function for the board for 2017 - 2018.

7. Resource Implications

7.1. None.

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

8.1. Provision of professional advice from CSWO's.

9. Legal & Risk Implications

9.1. None.

10. Consultation

10.1. CSWOs and Chief Executives.

11. Equality and Human Rights Impact Assessment

11.1. N/A.

12. Exempt Reports

12.1. N/A

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.**

Chief Social Work Officer Role and Function

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?

The report sets out the arrangements for delivery of an ongoing statutory function

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

Chief Social Work Officers of Clackmannanshire and Stirling Councils

Q6: Main person completing EQIA's contact details

Name:	Christine Sutton	Telephone Number:	01259 225031
Department:	Social Services, Clackmannanshire Council	Email:	csutton@clacks.gov.uk

Q7: Describe the main aims, objective and intended outcomes

The objective is to set out the arrangements for the delivery of the Chief Social Work Officer function in respect of the social work functions delegated to the Integration Joint Board.

Q8:

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

Staff ☒ Service Users ☒ Other ☒ Please identify ___Providers, third sector, independent sector

(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?

This is a statutory function prescribed by legislation and set out in Scottish Government Guidance. There is engagement with the relevant stakeholders in relation to the clinical and care governance framework.

(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:
National Guidance on the Role of the Chief Social Work Officer

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	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership. It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Gender Reassignment	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting

				understanding of the social work function to the IJB
Marriage and Civil partnership	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Pregnancy and Maternity	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Race/Ethnicity	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Religion/Faith	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Sex/Gender (male/female)	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Sexual orientation	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on those with protected characteristics through promoting understanding of the social work function to the IJB
Staff (This could include details of staff training	Positive			This function is an ongoing statutory function about the provision of

completed or required in relation to service delivery)				professional advice and leadership It is assessed that the exercise of the function will therefore have a positive impact on the leadership of social work services staff through promoting understanding of the social work function to the IJB

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	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on unpaid carers through promoting understanding of the social work function in relation to unpaid carers to the IJB
Homeless	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact on unpaid carers through promoting understanding of the social work function in relation to homeless people to the IJB
Language/ Social Origins	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact in this area through promoting greater understanding of the social work function to the IJB
Literacy	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact in this area through promoting understanding of the social work function to the IJB
Low income/poverty	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact in this area through promoting understanding of the social work function to the IJB
Mental Health Problems	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function on people with mental health problems rs through promoting understanding of the

				social work function to the IJB
Rural Areas	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact in this area through promoting greater understanding of the social work function to the IJB
Armed Services Veterans, Reservists and former Members of the Reserve Forces	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It is assessed that the function has a positive impact in this area through promoting greater understanding of the social work function to the IJB
Third Sector	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It extends across third sector social work services and it is assessed that the function has a positive impact in this area through promoting greater understanding of the social work function to the IJB
Independent Sector	Positive			This function is an ongoing statutory function about the provision of professional advice and leadership It extends across independent sector social work services and it is assessed that the function has a positive impact in this area through promoting greater understanding of the social work function to the IJB

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. The screening process has shown evidence of a positive impact by promoting fuller understanding of the role and contribution of social work services to the delivery of the IJB's functions
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	10 August 2017
Date of next EQIA	N/R

Review			
Signature		Print Name	Christine Sutton
Department or Service	Social Care Services – Clackmannanshire		

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'd:	

Date	**Issue**	**Action Required**	**Lead (Name, title, and contact details)**	**Timescale**	**Resource Implications**	**Comments**
12/01/2016	Locality Plans	Locality plans will be developed over 2016.		March 2017		

Further Notes:	

Signed:		Date:	

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 9.2 on the agenda

IJB Development Sessions

(Paper presented by Shiona Strachan)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Eileen Moir, Turning Tides
Date:	11 August 2017
List of Background Papers / Appendices:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject: **IJB Development Sessions**

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

Date: **30 August 2017**

Submitted By: Eileen Moir, Turning Tides

Action: **For Approval**

1. Introduction

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

1.2 This paper outlines the initial proposal and seeks Board approval.

1.3 In addition the paper outlines the approach to further induction and information sessions.

2. Executive Summary

2.1 We currently have a significant gap in our Organisational Development capacity within the Partnership. This comes at a point when the Board itself is moving from the oversight of the governance arrangements for the Integration Authority to a more defined governance role in terms of the services and the change programme.

2.2 The Board itself has been in operation for a full 12 months and during that time has seen a range of changes in membership. The Board is large in size [based on the provisions within the Integration Scheme and supporting Standing Orders] and there are a range of differing views and expectations about the way the Board should operate. We are also at a key stage of development and will begin to make some challenging decisions about the services we need to deliver our outcomes, a process that would be better supported if the Board members have an opportunity to participate in some development work.

2.3 The Integration Joint Board agreed at the meeting in June 2017 that the Chief Officer should work with the Chair and Vice Chair to progress the request to the Improvement Service (iHUB) to engage an Improvement Associate to work with the Board as part of the development requirement after the first year of operation.

2.4 The additional development and information sessions reflect the previous agreement with the Board.

3. Recommendations

The Integration Joint Board is asked to:

3.1. Approve the approach to a staged development activity for the Board.

3.2. To note that this is an iHUB support and there is no charge to the Partnership for this initial piece of work.

3.3. To approve the additional development and information sessions.

4. Main Body Of The Report

Proposed Approach

4.1 Healthcare Improvement Scotland (iHUB) is providing support to assist with the Board's ongoing development and have commissioned one of their Improvement Associates – Eileen Moir, Director, Turning Tides – to work with the IJB.

4.2 The focus of this work will be to reflect on the first formal year as an IJB - the successes and challenges - and to plan the next stage of development for the Board. In particular to address the questions:

i) What is needed of IJB members individually and collectively to deliver the commitments set out in the Strategic Plan/Delivery Plan?

ii) What does a successful IJB partnership look and feel like?

iii) What action is needed to take the IJB on to the next stage of development?

4.3 It is proposed that the work is carried out in phases, with the first phase involving the voting members of the Board, the Chief Executives of the constituent authorities and the Chief Officer and Chief Finance Officer. Following on from this session and dependent on outcome further consideration should be given to a session with the whole Board. This approach will support discussion and exploration for the voting members in a smaller focused group session. There is a need to acknowledge that this approach is required at this point to support the Board to further develop.

4.4 In order to plan for the initial development session itself it is proposed to take the following steps:

September-October 2017

4.5 One-one conversations with voting members of the IJB plus the Chief Officer, Chief Finance Officer and both Council Chief Executives. The focus of these conversations (ideally face to face but Skype or telephone may be pragmatic alternatives) will be to explore perceptions of:

- What has gone well over the past year?
- What has enabled and hindered progress? and,
- What needs to happen next in the Board's development?

November 2017

4.6 The key messages from these conversations will inform the design for facilitated session with the aforementioned 16 stakeholders; likely to be held in November 2017. The focus of this session will be to reflect on the key messages from the conversations with stakeholders and develop a plan for further discussion with the full Board and development of how the Board will work together over the coming year.

November 2017 and Beyond

4.7 The outcome of the first facilitated session will form the basis for consideration of a second session with the full Board and the draft development plan for the Integration Joint Board.

Additional Development and Information Sessions

4.8 In line with previous discussion and agreement by the Board the following sessions have been arranged. The sessions will run for a period of two hours before the Integration Joint Board meetings. The items are –

August 2017	On Board – Part 2	Standards Officer
October 2017	Risk Register & Risk Management	Risk Managers/Gallagher Bassett
December 2017	Budget	CFO
February 2018	Learning Disability & Mental Health	Service Manager/Lead Nurses
April 2018	Primary Care	Lesley Middlemiss/Primary Care Lead/s

5. Conclusions

5.1. As noted above, there is agreement that the Board should participate in development.

6. Resource Implications

6.1. None beyond attendance and commitment.

7. Impact on Strategic Plan Priorities and Outcomes

7.1. The development is designed to support the Board to fulfil its statutory purpose and improve outcomes

8. Legal & Risk Implications

8.1. None

9. Consultation

9.1. Agreement to proceed to develop a proposal previously considered and agreed at the June 2017 meeting

10. Equality and Human Rights Impact Assessment

10.1. Not relevant

11. Exempt reports

11.1. Not exempt.

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 10.1 on the agenda

Out of Hours Services

(Paper presented by Mr Andrew Murray)

For Noting

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Ian Aitken, General Manager Acute Services and Andrew Murray, Medical Director, NHS Forth Valley
Date:	4 August 2017
List of Background Papers / Appendices:	
The papers that may be referred to within the report or previous papers on the same or related subjects.	

Title/Subject: **Out of Hours Services**

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

Date: **30 August 2017**

Submitted By: **Ian Aitken**

Action: **For Noting**

1. Introduction

This paper details the current challenges in providing a sustainable GP Out of Hours (OoHs) service over the summer months and the short and longer term actions required to deliver a sustainable service model in the future.

2. Executive Summary

2.1 In line with other services in Scotland, the availability of suitably qualified and experienced GPs to provide clinical cover out of hours has become increasingly challenging. This has led to vacant rota slots and increasingly frequent activation of the Board's Contingency Plan for OoHs services over the past few months. There are a number of factors which have contributed to this situation locally and nationally which are outlined in the Report of the Independent Review of Primary Care Out-of-Hours Services by Professor Sir Lewis Ritchie.

2.2 Work is ongoing to redesign the service model in line with the National Review Report recommendations. The timescale for delivery of the changes required will not address the immediate challenges faced by the service, particularly over the summer months and during public holidays. These are peak times for leave for many of the GPs who provide cover which presents a high risk of vacant rota slots and further unplanned activation of contingency arrangements.

2.3 A number of interim changes are therefore required while wider work is carried out to review the service and look at future service arrangements in line with recommendations of the national review ensuring safety and sustainability longer term.

3. Recommendations

The Integration Joint Board are asked to note the following interim arrangement for the period July to September 2017:

3.1 To maintain services in 3 Centres **Monday to Friday** 6pm to Midnight. From midnight reconfigure services from two centres (currently Larbert and Stirling) to one centre (Larbert)

3.2 At **weekends** run services from 2 centres, Stirling and Larbert, 8am to midnight (rather than from the 3 current centres), and from midnight - reconfigure services from the two centres at Stirling and Larbert to one centre at Larbert.

3.3 To note the actions to progress a review of pay rates for Sessional and Salaried GPs.

3.4 To note the recruitment of additional GPs, Advanced Nurse Practitioners and other health professionals to deliver OoHs services in Forth Valley.

3.5 To continue to work on the wider redesign of OoHs services in line with the recommendations of the National Review.

4. Main Body Of The Report

CURRENT AND FUTURE SERVICE CONFIGURATION

4.1 Services are currently provided weekdays from 6pm hours to 8am and 24hrs at weekends and public holidays.

4.2 The Primary Care Out-of-Hours Centres at Larbert (Forth Valley Royal Hospital) and Stirling (Stirling Community Hospital) provide cover from 6pm to 8am weekdays and 24hrs at weekends and public holidays.

4.3 The Out of Hours Centre at Clackmannanshire (Clackmannanshire Community Healthcare Centre) provides cover from 6pm to midnight weekdays and 8am to midnight at weekends and public holidays.

4.4 Due to the increasing and ongoing challenges in providing sufficient medical cover for the three existing Primary Care Out-of-Hours Centres plans were put in place to make a number of interim changes to the way these services are configured commencing 24 July to 30 September 2017.

4.5 During <u>week days</u> Primary Care OoH Services will continue to be provided from the three existing Centres at Larbert, Stirling and Clackmannanshire up until midnight. After midnight the service will be provided from one centre in Larbert rather than from two centres in Larbert and Stirling.

4.6 At <u>weekends</u> and public holidays services will be provided from two centres in Larbert and Stirling up to midnight (rather than the existing three centres at Larbert, Stirling and Clackmannanshire) and one centre at Larbert from midnight to 8am (rather than the existing two centres at Stirling and Larbert).

4.7 Consolidating service provision in this way during weekends and overnight will ensure that the staff resources available continue to be used efficiently to address the demand for GP advice, treatment and home visits for urgent health care needs. These changes will also ensure clinical staff are better supported at times where recruitment to particular shifts is challenging.

4.8 During this interim period work will be progressed to recruit additional clinical staff including GPs and Advanced Nurse Practitioners. Pay rates for salaried and sessional GPs will also be reviewed.

4.9 Work is being taken forward to identify the impact of these changes for all staff involved and actions taken to support individual staff as required.

4.10 Patients and families using the service during this time will also be asked to comment on issues arising from the revised service model.

4.11 A communication plan has also been developed to ensure all staff, key external stakeholders and the wider public are aware of the interim arrangements and plans to carry out a wider review of service activity. Managers and clinical leads will also work with local staff to gather their feedback, ideas and suggestions on how future services can best be designed and delivered in the future.

5. Conclusions

5.1. The interim consolidation arrangements described are necessary to ensure a safe and sustainable NHS Forth Valley Out of Hours service is provided. The IJB is asked to note and support these changes.

5.2. Going forward, a detailed review of the service will begin to ensure long term safety and sustainability.

6. Resource Implications

6.1. There are no immediate resource implications. The interim changes will be met within the current budget. However, on completion of the work to transfer OOH services a full costed model of service delivery will be considered as part of the funded transformation programmes and brough back to both Integration Joint Boards and NHS Forth Valley Board of consideration and approval.

7. Impact on Strategic Plan Priorities and Outcomes

7.1. Sustainable out of hours medical cover is key to ensure a safe and sustainable NHS Forth Valley Out of Hours service is provided and supports people to receive care in the right place and at the right time. It underpins all of the strategic priorities and commitments.

8. Legal & Risk Implications

8.1. Changes are consistent with the planned transformation of Primary Care Services. Risks will continue to be highlighted and managed through the appropriate risk management processes.

9. Consultation

9.1. Consultation will staff affected was formally undertaken on 19 July 2017 and one to one meetings have also taken place. Fuller consultation will be required for any long term changes to the services.

10. Equality and Human Rights Impact Assessment

10.1. Given the temporary nature of this change an equality impact assessment has not been completed. This will be addressed for any long term service change being proposed.

11. Exempt reports

11.1. Not exempt**.**

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 10.2 on the agenda

Primary Care Transformation Programme

(Paper Presented by Dr Scott Williams)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Lesley Middlemiss, Programme Manager Primary Care Transformation Funds Stuart Cumming, Associate Medical Director Primary Care Rhona Morrison, Associate Medical Director, Mental Health
Date:	
List of Background Papers / Appendices:	
• The Report of the Independent Review of Primary Care Out of Hours Services, Nov 2015 http://www.gov.scot/Resource/0048/00489938.pdf • Improving Together; a national framework for quality and GP Clusters in Scotland http://www.gov.scot/Resource/0051/00512739.pdf Appendix 1 – Programme Outline in form of Driver Diagram Appendix 2 – Governance Grid	

Title/Subject:	**Primary Care Transformation Programme**
Meeting:	**Clackmannanshire & Stirling Integration Joint Board**
Date:	**30 August 2017**
Submitted By:	**Andrew Murray, Associate Medical Director, NHS Forth Valley**
Action:	**For Approval**

1. INTRODUCTION

1.1 The purpose of this report is to seek approval from the members of the Board for the proposed Forth Valley wide implementation of the National Primary Care Transformation Programme including Out of Hours (OOH) Urgent Care Transformation.

1.2 This report also provides an update of the Scottish Government funded Primary Care Transformation programmes and the improvement approaches proposed across Forth Valley and agreed by Scottish Government in autumn 2016.

2. Executive Summary

2.1 **Primary Care Transformation**
Sustainable primary and community care models, both in and out of usual working hours, are at the centre of our strategic vision and are key underpinning factors in the development of locality models of care. The purpose of the Scottish Government funded Primary Care Transformation programme (PCT) is to allow testing and evaluation of what primary care models work in individual communities, with a view to spreading out the most successful models of care across Scotland.

2.2 This paper outlines our local approach to implementing the 3 key strands of the Primary Care Transformation Programme:

- Urgent Care GP Out of Hours Transformation is to be used to implement the recommendations of the “Report of the Independent Review of Primary Care Out of Hours Services”, Nov 2015. We are reviewing overnight care with a view to redesigning provision to a robust medical light model. Further detail is provided in Section 5 of this report.

- Primary Care Transformation: This strand aims to encourage GP practices to work together in clusters, taking a multi-disciplinary approach to care within practice and the community. We wish to build on learning from the recently developed models of multidisciplinary care in Kersiebank and Bannockburn

health centres [the 2C multi disciplinary practices]. This involves developing the role of health professionals such as pharmacists, physiotherapists, mental health professionals and advanced nurse practitioners in delivering aspects of patient care – freeing up GPs to focus on more complex cases and provide clinical leadership. Further detail is provided in Section 6 of this report.

- Mental Health in Primary Care: The investment for mental health services aims to improve access for people with mental health needs to the most appropriate support as quickly as possible, in the most appropriate setting. This aligns with the new mental health strategy for Scotland 2017-2027. Further detail is provided in Section 7 of this report.

2.3 The two Forth Valley Health and Social Care Partnerships submitted joint primary care and mental health transformation plans to the Scottish Government in summer of 2016 and were allocated NRAC share of the primary care fund over two years to take these forward. Further detail is provided in section 10.

2.4 The driver diagram in Appendix 1 outlines the proposed programme and rationale of approach for primary care transformation within the context of the partnerships priorities.

3. RECOMMENDATIONS

The Integration Joint Board is asked to

3.1 approve the proposed outline of the programme as detailed in sections 5, 6 and 7 of this report.

3.2 agree the proposed governance arrangements outlined in section 8 and Appendix 2.

3.3 delegate authority to the Chief Officer, as a member of the Primary Care Transformation Group, to take the appropriate actions required to implement the Primary Care Transformation Programme, as outlined in section 8.2.

3.4 note that regular reports will be provided to future IJB meetings.

4 Background

4.1 The Vision for Primary Care in Scotland

"Primary and community care at the heart of the healthcare system, with highly skilled multidisciplinary teams delivering care both in and out of hours, and a wide range of services that are tailored to each local area. That care will take place in

locality clusters, and our primary care professionals will be involved in the strategic planning of our health services. The people who need healthcare will be more empowered and informed than ever, and will take control of their own health. They will be able to directly access the right professional care at the right time, and remain at or near home wherever possible."

Shona Robison, Scottish Parliament (15th December 2015)

4.2 The vision for primary care is consistent with the key Clackmannanshire and Stirling strategic priorities which have a focus on strengthening community based services. General Practice sits at the heart of our communities and is central to many of the core delivery priorities illustrated below

- We know that over 90% of interactions with healthcare start and finish in primary care and that Primary Care interactions are key to addressing:
    - Inequalities in health and care
    - Access to health (and often social) care.

- The world is changing; keeping people in the community is right thing to do

- The status quo is not sustainable
    - The system is under growing pressure
    - There are significant challenges around General Practitioner (GP) recruitment, retention and workload
    - All professions are keen to operate to the top of their professional capabilities
    - Health inequalities demand creative responses
    - Out of Hours review has demonstrated a clear way forward

4.3 The GP contract is currently under negotiation and we know that it will build on the 2016/17 agreement to remove the Quality Outcomes Framework (QOF) and focus the future role of the GP as an expert-generalist: in complex care; undifferentiated illness; in quality and leadership. This assumes that primary care will be more multidisciplinary and the future role of all professionals will be working together at the 'top of their registered skill set". GPs will have a voice in the wider system and there will be a move towards 'Primary care led NHS'.

5. MAIN BODY OF REPORT

5.1 UPDATE ON URGENT CARE GP OUT OF HOURS TRANSFORMATION

5.2 **Out of Hours Urgent Care (OOH) Transformation Programme**
A report on the GP Out of Hours Operational arrangements is a separate agenda item to this Board. As outlined in that paper, the present situation for OOH services is challenging. Supporting a sustainable model long term requires not only immediate and robust action to promote the recruitment and retention of sufficient numbers of GPs but in particular to create enhanced capacity through a skilled multidisciplinary OOH workforce. This will include: advanced nurse practitioners, community nursing staff, paramedical staff and other allied health practitioners (AHPs), clinical pharmacists, physician associates and social services staff.

5.3 The absolute numbers of patients seen in the overnight shift (00.00hrs – 08.00hrs) is small and cover is provided by 2-3 GPs. The workforce to support overnight sessions, particularly at weekends is increasingly difficult to recruit to which increases the risk of poor or inadequate service delivery. During weekends and evenings GPs are supported by a small number of Advanced Nurse Practitioners who manage patients attending the hub as per GPs. The report of the national review of primary care OOH services describes the progressive loss of GPs willing to provide OOH services and predicts this loss will continue in future.

5.4 **Forth Valley Out of Hours Urgent Care Transformation Plan**
Under this plan, we aim to transform the provision of overnight (midnight to 8am) Out of Hours primary care to a sustainable model that provides care to the highest standards of quality through a delivery approach which offers robust alternatives to direct medical input where possible.

5.5 Consistent with the OOH National Review, we believe that the future provision of primary care OOH services will require a more robust team than is available through the current model of care delivered by a small number of general practitioners.

5.6 A small stakeholder group including Scottish Ambulance Service, GPs, Advanced Nurse Practitioners [ANP], community nursing, social care, patient / public, professional advisor, staff side representation has already been established. This group is examining clinical activity in the overnight 00:00 to 08:00am period; to

understand the resource requirement, to assess if and how care could have been delivered without GP input and to identify any risks. The results of this will inform the development of a new model of care. We will then establish a model of staffing and recruit to train and implement a team that can deliver high quality care within people's homes and OOH care centres utilising specialist nurses and paramedic practitioners in particular. This will also improve the consistency of quality in mental health care and palliative care and will build on links and opportunities to evolve effective integrated out of hour's supports across the health and social care system.

5.7 Three out of four review sessions are already complete, with 70 out of hours cases reviewed. Findings clearly indicate that an alternative multidisciplinary model of care is entirely feasible using Advanced Nurse and Paramedic Practitioner roles with support from mental health nurses and on call GP support.

5.8 An improvement plan will be developed and shared once the first stage is complete (mid August). This will evolve our theory of change and propose the priority actions regarding workforce and service model, identifying developmental and monitoring needs required to achieve our objective.

5.9 In addition, we will examine how a new model for the OOH overnight could possibly support other parts of overnight unscheduled care, including prison healthcare, psychiatric assessment by a Community Psychiatric Nurse and improve interfaces with community nursing, social care and emergency care services.

5.10 At the end of the 2 year period it is fully expected that structures to support a new model of care will be established that allow outcomes to be achieved within existing primary care OOH funding.

5.11 Resource Implications

A total of £383,000 has been made available on a Forth Valley wide basis through the national Out of Hours Transformation Fund, outlined in section 7. The detail and associated costs will be informed by the analysis stage which is due to be complete in mid-August. The submission to the Government anticipated that funding would be used as a bridging resource to test changes to the Model of Service. This would support any temporary costs.

A fully revised Model of Service and Workforce plan will be agreed with both Integration Joint Boards and the NHS Board within the timescales associated with the bridging funding available.

6. PRIMARY CARE TRANSFORMATION PROGRAMME: CREATING A MULTIDISCIPLINARY PRIMARY CARE

6.1 Update on the Programme Themes

6.2 **A: Supporting the development of locality models of care**
The development of locality models of care is core to future integrated service delivery. The Primary Care Transformation fund will support the delivery of the South West Rural Stirling Model of Neighbourhood Care as presented to the Board in June 2017. It is proposed that the Primary Care Fund will support the temporary additional support costs of a team development coach who will help enable the care team to develop as semi autonomous team and resource worker who will work to build and strengthen interfaces with the community and community assets.

6.3 **B: Multidisciplinary Supports for General Practice Sustainability**
Using learning both nationally and from the 2C multidisciplinary practice models it is proposed 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.

Bringing together our innovation work stream and the outcome of a general practice sustainability workshop on 1st August, a service led test of change model will be scoped and proposed by the end of September.

6.4 **C: Enabling the multidisciplinary practice model across Forth Valley**
The following enablers have been scoped and proposed for immediate initiation:

Training support will be provided for the development of advanced multidisciplinary roles:

- Education support for 15 -20 multidisciplinary support roles: Pharmacy, Practice Nursing, mental health and AHP Advanced Practice Development in association with national ANP development programme
- GP mentoring costs to support programme of extended role development
- Outcome Focussed Communication Programme for Primary Care
- GP leadership at 1 session per month per test cluster to develop integrated High Health Gain case review models
- Co-ordination of analytical support to inform primary care access and quality improvement activity. The analytical support will be drawn from the Primary Care LIST resource at no cost to the Partnership.
- Primary Care Clusters- Accelerated Tests of Change
  Low level funding (£5-£10k) for clusters is not included in work streams 1 & 2, and will be utilised to put forward proposals to stimulate short term tests of change focussed on improving access to primary care.

7. MENTAL HEALTH IN PRIMARY CARE

7.1 The recently published National Dementia Strategy highlights the ongoing importance of post diagnostic support. This is an area already supported by the Partnership with integration funding for 1 WTE support workers in place. Demand for dementia post diagnostic support (PDS), however, continues to grow and the numbers waiting for support are growing significantly. Rather than do more of the same, there is now an opportunity to provide a more efficient and integrated model which will better match support to the needs of users and fulfil requirements of our Local Delivery Plan target for dementia. There are two key areas of change required: The first being to implement the, less intensive, 8 pillar PDS model to those diagnosed with dementia that have higher health and care needs. This will increase the capacity of the existing approach by around 15%. Secondly and more importantly we need to embed Post Diagnostic Support into routine care. It is proposed that further 3 additional support workers for 18 months will reduce the current waiting list (including an (1WTE) additional Alzheimer Scotland support worker) but also enable testing of an alternative support model. This model will consider how people can be supported by for example community pharmacists, ALFY and community care teams. Additionally a virtual support resource will be scoped with the aim of increasing the capacity for support significantly.

7.2 It is also proposed to create an information resource and enhanced assessment pathway for people with Autism Spectrum Disorders. Aligning with the local Autism Strategy recommendations, this will develop an area wide resource to support the diagnostic pathway and post diagnostic support for people with autism spectrum disorders and their families. This proposal will engage a 0.2 Speech and Language Therapist and 0.5 other mental health skilled professional for 12 months only.

The Integration Joint Board is asked to approve the proposed outline of the programme as detailed in sections 5, 6 and 7 of this report.

8. GOVERNANCE

8.1 A Primary Care Transformation Group has been formed with the proposed remit of overseeing the delivery of the primary care transformation programme. The governance grid is outlined in Appendix 1.

8.2 The group will be co-chaired by Dr Stuart Cumming, Associate Medical Director and Shiona Strachan, Chief Officer, Clackmannanshire and Stirling Health and Social Care Partnership, in the first instance and will report to both Chief Officers. Membership is drawn from senior clinical and leadership team members from both Health and Social Care Partnerships and NHS Forth Valley. The Board are asked to agree to the governance structure as outlined in Appendix 2. The Board is asked to delegate authority to the Chief Officer, as a member of the Primary Care

Transformation Group, to take the appropriate actions required to implement the Primary Care Transformation Programme. Regular updates will be provided to the Integration Joint Board.

8.3 Additional work of the group may relate to primary care focussed transformation streams including GP recruitment and retention, pharmacy redesign in primary care and quality improvement initiatives aligned with cluster development. Any changes to the programme will be reported to the Integration Joint Board.

9. Conclusions

9.1 Anticipated Outcomes

The Driver diagram, in Appendix 1, in the form of an action effect diagram outlines the relationship between Forth Valley change interventions and our local and national primary care outcomes. In particular it is anticipated that these models will:

- Facilitate Primary Care Sustainability
- Facilitate “Health and Wellbeing Gain”
- Increased capability for Anticipatory Care Planning, Case Finding and Review
- Increase in collaborative planning to support self care
- Redistribution of General Practice demand to wider MDT
- Increased resilience in Primary Care clusters
- Increased resilience in localities
- Reduced impact on H&SC services from people identified as HHG Individuals

10 Resource Implications

Table 1 outlines the resources for this programme which are already approved and in place in the form of Forth Valleys NRAC (NHS Scotland Resource Allocation Committee) allocation of the Scottish Government Primary Care and Out of Hours Transformation Funds. Allocation for 16/17 is managed into 17/18 via IJB ear marked reserves. The 2017/18 allocation is proposed to be managed into 2018/19. The Funding Allocation to the work streams is split pro-rata between Clackmannanshire and Stirling (47%) and Falkirk (53%).

Detailed proposals for the core Primary Care Locality and GP sustainability work streams will be concluded and submitted to the Primary Care Transformation Group for approval in September. The funding will be used to lever improvements which have minimal sustainability risks and facilitate a shift in balance of care across the system.

PCTF Planned Expenditure	2017/18	2018/19	Total
Primary Care Locality and GP Sustainability	£185,000	£160,000	£345,000
Primary Care Enablers (Clacks & Stirling)	£30,000	£35,000	£65,000
Dementia Post Diagnostic Support (3 Support workers or equiv. resource for 18 months)	£50,000	£100,000	£ 150,000
Autism Spectrum Disorders Hub (Mental Health Partnership share = 0.35wte mental health post for 12 months)	£30,000		£ 30,000
Clackmannanshire and Stirling Partnership Total	**£295,000**	**£295,000**	**£ 590,000**
Falkirk Partnership PCTF Total	**£322,000**	**£322,000**	**£644,000**
Out of Hours Transformation (Area Wide)	£383,000		£383,000
Total Available Forth Valley Wide	£1,011,000	£617,000	£1,628,000

Impact on Strategic Plan Outcomes and Priorities
The objectives of Primary Care Transformation Plan are consistent with the vision, outcomes and priorities of the Strategic Plan, the National Health and Well-being Outcomes and the national Primary Care Vision and Outcomes.

Impact on IJB Outcomes and Priorities
The drivers and focus for primary care transformation, both in and out of hours, within Forth Valley mirror very closely the drivers for our partnerships vision and delivery priorities. In particular the contribution to enabling primary care teams to play a key role in the development of locality models, play a fuller and more timely role with regards to preventative supports for High Health Gain Individuals, improving mental health and care and intermediate care models to support patients to remain at home or in a homely setting. In addition, ensuring access to the right care at the right time in the community for families and working age people is key to enabling wellbeing and minimising secondary impacts of short and long term ill health.

11. Legal & Risk Implications

11.1 There are no anticipated legal risks to the Partnership. The programme will support a project management approach, including the maintenance of a risk register and issues log.

There is significant financial investment in the delivery of Primary Care Services in and out of hours and re-design activity should be carried out within the appropriate financial governance of the Integration Joint Board.

12. Consultation

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

13. Equalities Assessment

13.1 Equalities implications have been considered and an equalities impact assessment will be completed, where appropriate.

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.**

Primary Care Transformation Programme

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?

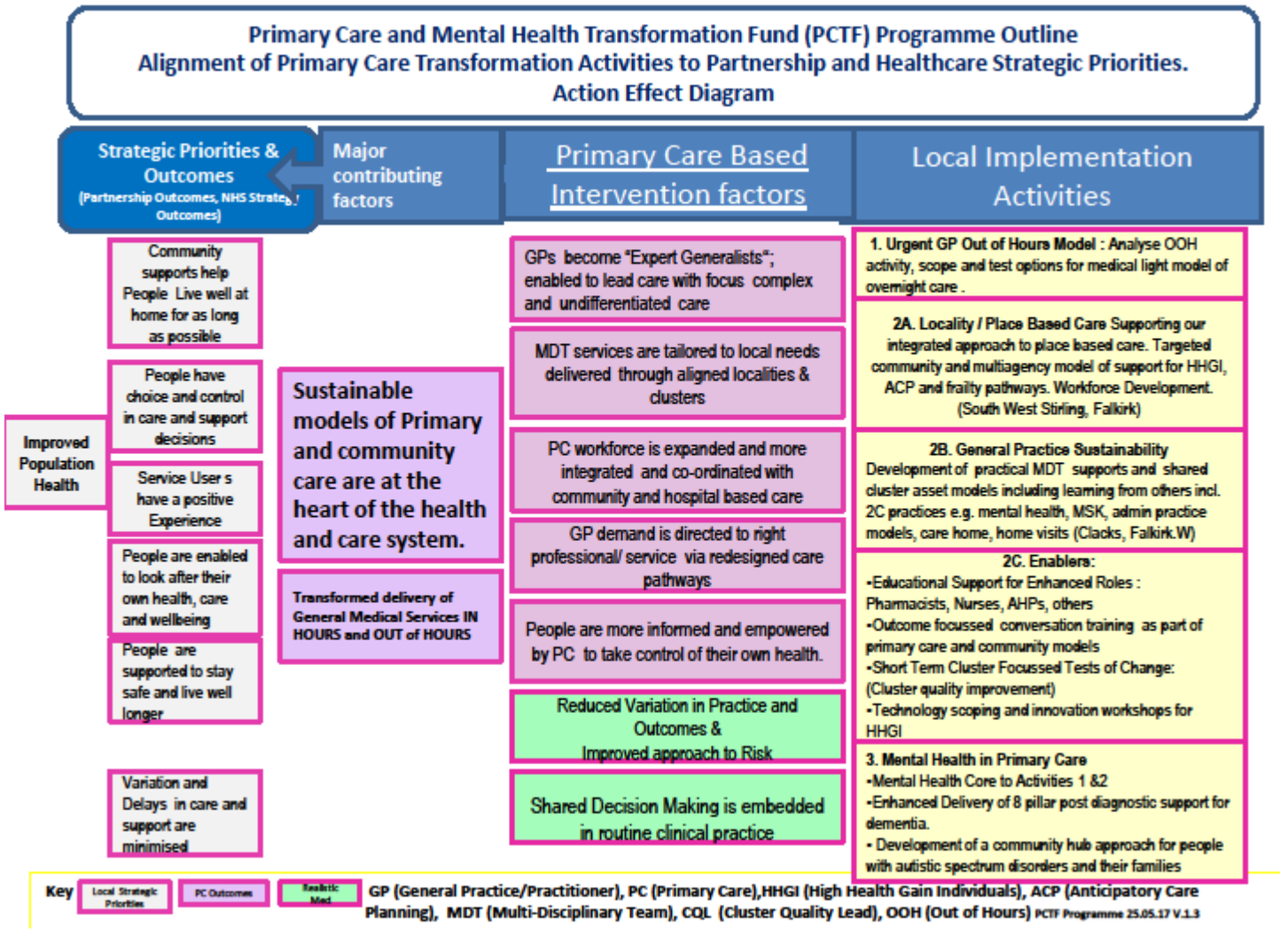
Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Primary Care Transformation Group

Q6: Main person completing EQIA's contact details

Name:	Lesley Middlemiss	Telephone Number:	01786454583
Department:	Clackmannanshire and Stirling Health and Social Care Integration Team	Email:	Lesley.middlemiss@nhs.net

Q7: Describe the main aims, objective and intended outcomes



Q8:

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

Staff ☒ Service Users ☒ Other ☐ Please identify ___Providers, third sector, independent sector

(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?

Users and public have been fully involved in the development of the health and social care outcomes and priorities. The primary care programme outlines a range of work which will involve users at key stages. For example there is a community consultation group in Rural South West Stirling and wider consultation took place earlier this year in Balfron to consult on the rural neighbourhood model of care. Key messages from this consultation remain at the heart of the model being developed. We have also just concluded the review of out of hours overnight care, this was done by a small (6-8 people over 4 sessions) multiagency / multidisciplinary group who were joined by 3 members of our patient public forum for the last two session. The PPF members observed the process, questioned the process and provided insight from patient / public perspective e.g regarding perceptions of the public of nurses, advanced nurse practitioners and GPs. The highlighted the

need to give more information on these roles where people were likely to experience a change in practice such as expecting to see a GP and actually seeing an advanced nurse practitioner. Patient groups have also been involved in general practice developments such as Bannockburn and Kersiebank which have moved to health board management in the last two years and are now delivering a truly multidisciplinary model of general practice. Public / users are also involved in the review of mental health strategy and dementia strategy.

(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:

- The Report of the Independent Review of Primary Care Out of Hours Services, Nov 2015 http://www.gov.scot/Resource/0048/00489938.pdf
- Improving Together; a national framework for quality and GP Clusters in Scotland http://www.gov.scot/Resource/0051/00512739.pdf

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	General Pracrice is a family based provision for all ages, much of the work in this programme is aimed at sustaining good access to quality primary care services for all
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			the work in this programme is aimed at sustaining good access to quality primary care services for all. The development of our neighbourhood care model, support for people with autistic spectrum disorders and dementia are three examples where the aim is to improve support and provision for people affected by disability at a local level.
Gender Reassignment			x	the work in this programme is aimed at sustaining good access to quality primary care services for all

Marriage and Civil partnership			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Pregnancy and Maternity			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Race/Ethnicity			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Religion/Faith			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Sex/Gender (male/female)			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Sexual orientation			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Staff (This could include details of staff training completed or required in relation to service delivery)	x			The programme outlines opportunities for staff with regards developing enhanced roles in Primary Care, also developing autonomy and models of integrated working. Support to general practice should help support GPs who, nationally, currently report high levels of workload stress and practices which have sustainability challenges.

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			Model of Neighbourhood care, post diagnostic support for people with dementia and support for people with autistic spectrum disorders should all bring positive impacts for unpaid carers
Homeless			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Language/ Social Origins			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Literacy			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Low income/poverty			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Mental Health Problems	x			Much of this programme is about improving access and support at a primary care level for people with mental health problems. The mental

				health strategy outlines ambitions for primary care, out of hours and other community based services. This programme will start to deliver on this.
Rural Areas	x			With a focus on neighbourhood model of care, a rural model will evolve specifically for the population of South West Stirling, one of our most rural areas.
Armed Services Veterans, Reservists and former Members of the Reserve Forces			x	the work in this programme is aimed at sustaining good access to quality primary care services for all
Third Sector	x			The work of the programme should enhance the working interfaces between third sector and primary care, enabling people to access community and social supports in a proactive manner.
Independent Sector	x			The programme will increase the role independent sector providers such as community pharmacists and optometrists can play in supporting people at a local level

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

Yes ☐ No ☐

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

Yes ☐ No ☒

Please state your reason for choices made in Question 11. The Strategic Needs Assessment at a Local Authority level will help inform the more detailed iteration of plans which will set out more detail of how we will achieve the vision and ambitious outcomes for the partnership.
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	15 / 07 / 2017		
Date of next EQIA Review	15 / 07 / 2018		
Signature		Print Name	Lesley Middlemiss
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

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

Name of document being EQIA'd:	

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:	

Signed:		Date:	

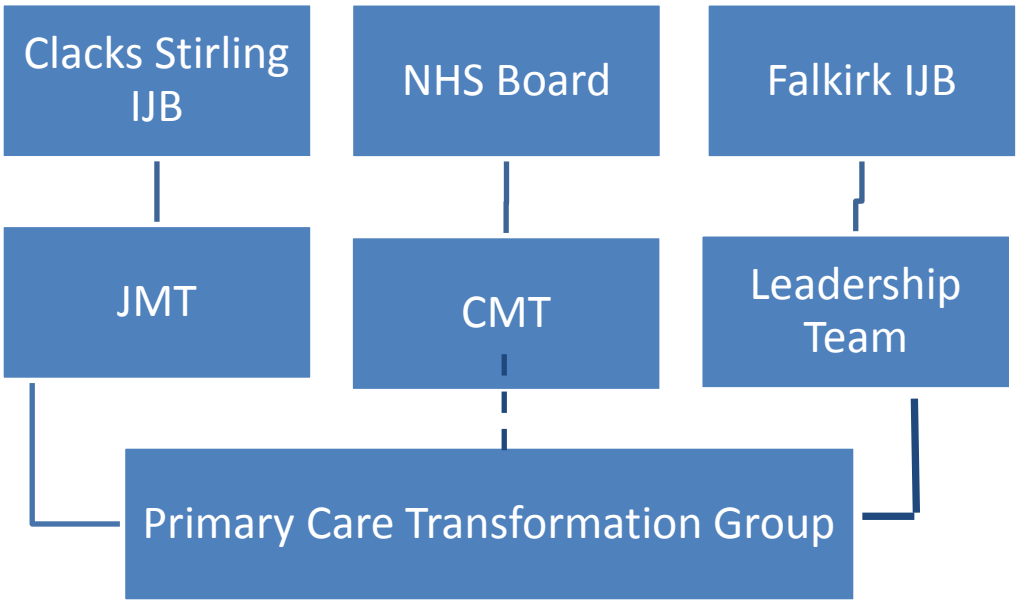
Primary Care and Mental Health Transformation Fund (PCTF) Programme Outline
Alignment of Primary Care Transformation Activities to Partnership and Healthcare Strategic Priorities.
Action Effect Diagram

Strategic Priorities & Outcomes (Partnership Outcomes, NHS Strateg / Outcomes)	Major contributing factors	Primary Care Based Intervention factors	Local Implementation Activities
Improved Population Health	**Sustainable models of Primary and community care are at the heart of the health and care system.**	GPs become "Expert Generalists"; enabled to lead care with focus complex and undifferentiated care	**1. Urgent GP Out of Hours Model :** Analyse OOH activity, scope and test options for medical light model of overnight care .
Community supports help People Live well at home for as long as possible		MDT services are tailored to local needs delivered through aligned localities & clusters	**2A. Locality / Place Based Care** Supporting our integrated approach to place based care. Targeted community and multiagency model of support for HHGI, ACP and frailty pathways. Workforce Development. (South West Stirling, Falkirk)
People have choice and control in care and support decisions		PC workforce is expanded and more integrated and co-ordinated with community and hospital based care	**2B. General Practice Sustainability** Development of practical MDT supports and shared cluster asset models including learning from others incl. 2C practices e.g. mental health, MSK, admin practice models, care home, home visits (Clacks, Falkirk.W)
Service User s have a positive Experience		GP demand is directed to right professional/ service via redesigned care pathways	**2C. Enablers:** •Educational Support for Enhanced Roles : Pharmacists, Nurses, AHPs, others •Outcome focussed conversation training as part of primary care and community models •Short Term Cluster Focussed Tests of Change: (Cluster quality improvement) •Technology scoping and innovation workshops for HHGI
People are enabled to look after their own health, care and wellbeing	**Transformed delivery of General Medical Services IN HOURS and OUT of HOURS**	People are more informed and empowered by PC to take control of their own health.	
People are supported to stay safe and live well longer		Reduced Variation in Practice and Outcomes & Improved approach to Risk	**3. Mental Health in Primary Care** •Mental Health Core to Activities 1 &2 •Enhanced Delivery of 8 pillar post diagnostic support for dementia. • Development of a community hub approach for people with autistic spectrum disorders and their families
Variation and Delays in care and support are minimised		Shared Decision Making is embedded in routine clinical practice	

Key Local Strategic Priorities | PC Outcomes | Realistic Med

GP (General Practice/Practitioner), PC (Primary Care),HHGI (High Health Gain Individuals), ACP (Anticipatory Care Planning), MDT (Multi-Disciplinary Team), CQL (Cluster Quality Lead), OOH (Out of Hours) PCTF Programme 25.05.17 V.1.3

Appendix 2: Governance Structure



Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 10.3 on the agenda

Podiatry Service Redesign: Implementation of Personal Footcare Guidance

(Paper presented by Claire Pickthall)

For Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Claire Pickthall, AHP Manager Outpatient Services, NHS Forth Valley. David McPherson, General Manager, Surgical Directorate, NHS Forth Valley
Date:	27 July 2017
List of Background Papers: Not applicable	

Title/Subject: **Podiatry Service Re-design: Implementation of Personal Footcare Guidance**

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

Date: **30 August 2017**

Submitted by: **Claire Pickthall, AHP Manager Outpatient Services**

Action: **For Approval**

1. Introduction

NHS Forth Valley has developed plans to redesign local podiatry services to:

1.1 Ensure clinical podiatry resources are focussed on patients with more serious foot problems who will benefit most from treatment.

1.2 Make best use of the skills and experience of podiatry staff and ensure they have the opportunity to develop their skills.

1.3 Redirect patients who are assessed as being 'low risk' and in receipt of basic footcare who could have their personal care needs safely provided by themselves, a carer or someone trained in personal footcare (including local volunteers who already provide this service to patients in a number of areas within Forth Valley).

1.4 Fully implement the recommendations set out in the Scottish Government's Personal Footcare Guidance (published in September 2013) (www.knowledge.scot.nhs.uk/home/portals-and-topics/personal-footcare.aspx). Locally, the podiatry service has partly implemented the guidance and has now reached a stage where full implementation is possible.

1.5 There are 601 patients in the Clackmannanshire and Stirling Health and Social Care Partnership area who are assessed as being 'low risk' and in receipt of basic footcare who could have their personal care needs safely provided by themselves, a carer or someone trained in personal footcare.

2. Executive Summary

2.1 A significant number of patients (601) attend the NHS Podiatry Service in Clackmannanshire and Stirling for basic footcare. These personal footcare needs could safely be provided in another way. In 2013 the Scottish Government recognised that it was not the responsibility of the NHS to provide basic footcare and Personal Footcare Guidance was created. The Podiatry Service seeks approval from the Integration Joint Board (IJB) to fully implement this guidance. A 'spend to save' single investment estimated at

£38,000 would be required to implement a nail cutting service across the Stirling area.

3. Recommendations

The Integration Joint Board is asked to:

3.1 Delegate authority to Podiatry Services to fully implement personal footcare guidance in Clackmannanshire and Stirling on behalf of the Partnership.

3.2 Approve commissioning of nail cutting services within Stirling. Estimated cost has been included in projections for in scope NHS Forth Valley services 2017/17.

4. Background

4.1 In 2004, following a significant redesign of the service which had extensive patient involvement, new access criteria was piloted (new patients only) and feedback from patients, staff and other key stakeholders was positive. However, it was decided not to alter the level of service provided to current patients and as a result the new criteria were applied to all new patients only.

4.2 In September 2013 the Scottish Government recognised that it was not the responsibility of the NHS to provide basic footcare and Personal Footcare Guidance was created in partnership by representatives from various organisations.
(Personal Footcare - The Knowledge Network: Scotland's source of knowledge for health and care) Locally the podiatry service had been working with Age UK and a small nail cutting service was in place. Age UK did not have the capacity or the infrastructure to expand and in 2014 the service transferred to CVS Falkirk and 'Top Toes' was launched.

4.3 'Top Toes' recently launched its service in Clackmannanshire. Volunteer nail cutters are recruited by CVS Falkirk and basic footcare training is provided to them by the podiatry service. Top Toes is a voluntary service, provided free of charge (there is a suggested donation of £10 for clients who are able to make a contribution to cover basic costs). Top Toes cannot expand the service to cover the Stirling area without investment and further consideration will need to be given to the commissioning process for any services.

5. Rationale for Implementing the National Footcare Guidance

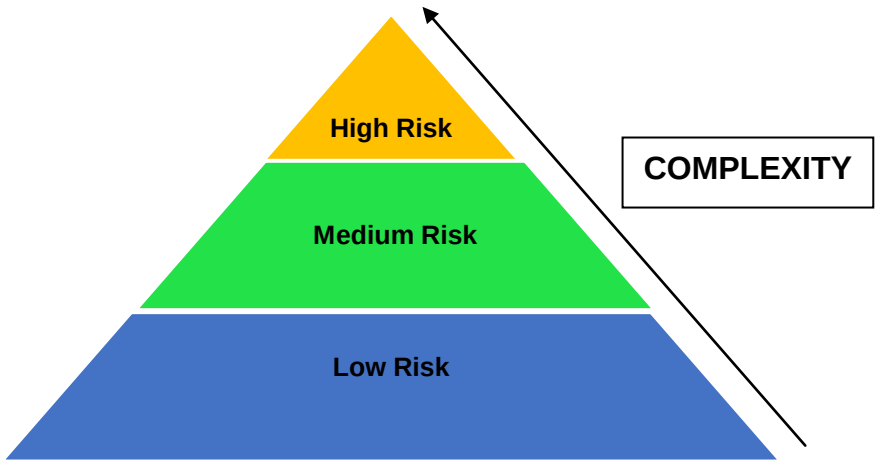
5.1 The Scottish Government recognises that NHS podiatrists should not be providing basic footcare and supported this by the development of the Personal Footcare Guidance in 2013.

5.2 All Health Boards are required to implement the guidance and several have already implemented it in full - NHS Ayrshire & Arran, Greater Glasgow & Clyde, NHS Fife and NHS Lanarkshire.

5.3 NHS Forth Valley is now able to complete its implementation due to the refreshed evidence based podiatry clinical pathways which ensure patients are placed on the correct treatment pathway.

5.4 Continuing to provide treatment to patients who require basic footcare is an inappropriate use of podiatry skills and resource.

5.5 Podiatrists are able to help people maintain mobility and prevent and delay foot and leg amputation. Implementation of the criteria will ensure clinical skills are used more effectively and targeted to those patients who clinically benefit the most from podiatry intervention (see figure 1).



High Risk – patients who are 'high risk' have problems with their circulation and/or sensation in their feet and require intensive podiatry intervention to prevent foot ulceration and amputation.

Medium Risk – patients who are 'medium risk' have a medical problem that puts their lower limb at risk and they require the skills of a podiatrist to help them remain mobile and help prevent foot problems getting worse.

Low Risk – many patients who are 'low risk' do not need the skills of a podiatrist and personal care can be safely undertaken by themselves, a carer or someone else, e.g. a volunteer nail cutter.

Figure 1 - Foot Complexity

6. Conclusions

Implementation of the criteria will provide a more equitable service and enable those patients who need regular podiatry intervention to receive it.
For those patients who will be discharged from the service there are alternative solutions for the provision of basic footcare. As caseload

complexity increases over the coming years the service needs to focus on 'enabling others' to provide their own or others care for less complex conditions.

7. Resource Implications

7.1 Single investment in the region of £38,000 to support the implementation of a nail cutting service across the Stirling area.

7.2 Implementation of the national guidance will result in savings of around £43,000 through a reduction in staffing of 1.03wte which would be achieved when a member of staff reduces hours or leaves the service.

8. Impact on Strategic Plan Priorities and Outcomes

8.1 The proposal is in line with both the vision of the Clackmannanshire and Stirling Strategic Plan 2016-2019 and NHS Forth Valley's Shaping the Future Strategy 2016-2021. Full Implementation of the Scottish Government's Personal Footcare Guidance will encourage patients to self manage where possible and remain independent. This proposal also ensures that scarce resources are used effectively and efficiently in the provision of health care services

9. Legal and Risk Implications

9.1 It is recognised that some patients may have concerns about being redirected to alternative services, especially those who have been receiving basic footcare from the NHS for many years. It is therefore recommended that a small pilot is undertaken to identify feedback from patients prior to full implementation.

If the proposal is not supported there is a risk that:

- NHS Forth Valley will not comply fully with the Scottish Government guidance which has already been implemented in a number of Boards across Scotland.

- Caseloads will increase leading to longer waiting times which could impact on the health of patients with medium and high risk footcare issues.

10. Consultation

10.1 Claire Pickthall, AHP Manager Outpatient Services, has drafted this paper. It has been shared and discussed with NHS Forth Valley's Senior Operational Management Group.

10.2 Podiatry staff have been integral to the development of the refreshed clinical pathways and are supportive of this proposal. The service also plans to hold a stakeholder event to inform service users and other key stakeholders affected by the roll out of the national guidance across all areas of Forth Valley.

11. Equality and Human Rights Impact Assessment

11.1 The Standard Equality Impact Assessment has been completed and is attached (appendix 1)

12. Exempt Reports

12.1 No

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.**

Implementation of podiatry access criteria to return patients

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

Q2: What is the scope of this SIA

NHSFV Wide X Service Specific X ☐ Discipline Specific X Other (Please Detail) ☐

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

Yes ☐ No X

Q4: If no to Q3 what is it replacing?

Access criteria is already applied to new patient referrals but not to return patients who have received the service for some years.

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

Claire Pickthall, AHP Manager Outpatient Services
Gordon McLay, Podiatry Co-ordinator

Q6: Main person completing EQIA's contact details

Name:	Claire Pickthall	Telephone Number:	01259 290512
Department:	AHP Outpatients	Email:	clairepickthall@nhs.net

Q7: Describe the main aims, objective and intended outcomes

Full implementation of access criteria will provide equity of provision, better use of clinical skills and a reduction of clinical caseloads.

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 ☐ Please identify _____

(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?

Comments:
Staff have been involved and lead the development of the clinical pathways. Patients, GP's and nursing colleagues were previously involved in the redesign of the podiatry service in 2004 when the access criteria were first developed.

(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:
The publication of Personal Footcare Guidance in 2013 supported the implementation of different models for the delivery of basic footcare. The Scottish Government and other organisations involved in this guidance recognised that basic footcare should not be delivered by NHS Podiatry Services.
The implementation of this change will make the service more streamlined and improved for those who need it. The clinic caseload is 11555 and from a recent caseload audit 1200 (601 Stirling patients) were identified as not meeting the new service criteria. (Total podiatry caseload is 18 000)

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	x	x	The outcome from a podiatry assessment is not age dependant, however the majority of patients attending the podiatry service who are low risk will be older adults e.g. over the age of 65. The impact for those meeting the access criteria will be neutral or positive as some patients will receive more frequent treatment as a result of the change. Some people may feel disadvantaged but there will be

				face to face discussions with individual patients.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)		x	x	People with a disability will have a robust assessment and additional support needs will be identified.
Gender Reassignment			x	No discrimination of impact identified
Marriage and Civil partnership			x	No discrimination of impact identified
Pregnancy and Maternity		x	x	Medical conditions are taken into account as part of the podiatry assessment process.
Race/Ethnicity		x	x	Any communication needs would be supported appropriately.
Religion/Faith			x	No discrimination of impact identified
Sex/Gender (male/female)			x	There are more females than males who receive podiatry treatment but foot assessment is not discriminatory with regards to gender.
Sexual orientation			x	No discrimination of impact identified
Staff (This could include details of staff training completed or required in relation to service delivery)	x			Staff will be supported through the implementation of this change to service. Training will be provided to staff to ensure equity of application to ensure discrimination does not occur. The final outcome will be more manageable caseloads for staff and more appropriate use of staff skills.

Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B				
Carers		x	x	Carers will be supported to be able to provide basic footcare if the carer wishes to undertake this personal footcare task for those they care for and the patient consents to this.
Homeless			x	A podiatry service to people who are homeless is provided at the Salvation Army, Drip Road, Stirling. There is open access to this podiatry clinic.

Low income/poverty		x	x	The ability to access Top Toes nail cutting service is not discriminatory to those on low income/poverty as it is operated on a suggested donation policy and Top Toes recognises that some clients are unable to pay towards their personal footcare.
Mental Health Problems		x	x	Medical conditions are taken into account as part of the podiatry assessment process.
Rural Areas		x	x	There is the potential to disadvantage some rural communities where Top Toes is not provided and this will be explored as part of the implementation plan.
Armed Services Veterans, Reservists and former Members of the Reserve Forces			X	No discrimination of impact identified

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

Yes ☐x No ☐

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

Yes ☐ No X

Please state your reason for choices made in Question 11. There are actions in place to mitigate adverse impacts identified.
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	15 / 05 / 2017		
Date of next EQIA Review	15 / 05 / 2018		
Signature	Claire Pickthall	Print Name	Claire Pickthall
Department or Service	AHP Outpatients – Podiatry		

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 leigh.fagan@nhs.net

If you have any queries please contact lynn.waddell@nhs.net
Or call Lynn on 01324 614653

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

Name of document being EQIA'd:	**Service Change - Podiatry**

Date	**Issue**	**Action Required**	**Lead (Name, title, and contact details)**	**Timescale**	**Resource Implications**	**Comments**
15 / 05 / 2017	Ensure equity of patient assessment against podiatry clinical pathways to ensure discrimination does not occur.	All podiatry staff to be updated and trained in the new podiatry clinical pathways and the application to assessment. Monitoring system to be implemented to ensure equity is applied.	Gordon McLay, Podiatry Co-ordinator. 01259 290512	Completed by August 2017	None as will be undertaken as part of staff CPD time.	

Further Notes:			
Signed:		Date:	

Clackmannanshire & Stirling
Integration Joint Board

30 August 2017

This report relates to
Item 10.4 on the agenda

Chief Officer Report

(Paper presented by Shiona Strachan)

For Noting and Approval

Approved for Submission by	Shiona Strachan, Chief Officer
Author	Shiona Strachan, Chief Officer
Date:	10 August 2017
List of Background Papers / Appendices:	
The content of this report links to the previous Chief Officer reports submitted to the Integration Joint Board.	

Title/Subject: **Chief Officer Report**

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

Date: **30 August 2017**

Submitted By: **Shiona Strachan**

Action: **For Noting and Approval**

1. Introduction

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:

IJB and Governance

- Operational Services [section 4.1]
- Clinical and Care Governance [section 4.2]
- Network Meeting for Chairs and Vice Chairs [section 4.3]
- Joint Inspection of Adult Health and Social Work Services [section 4.4]

National Developments

- Regional Planning [section 4.5]
- Mental Health Strategy [section 4.6]
- Health and Justice Improvement Collaboration Board [section 4.7]
- Scotland's National Dementia Strategy [section 4.8]

Transformation Change Programme

- Delivery Plan: Progress Report [section 4.9]
- Models of Neighbourhood care [section 4.10]
- Delayed Discharge [section 4.11]
- Intermediate care, Day Support and Care Homes [section 4.12]
- Learning Disability and Mental Health [section 4.13]
- Care Village [section 4.14]
- High Health Gains; Technology and Innovation [section 4.15]

3. Recommendations

The Integration Joint Board is asked to:

3.1 Note the contents of this paper.

4. Main Body Of The Report

IJB and Governance:

4.1. Operational Services

As previously highlighted to the Board there has been ongoing discussion in respect of the delegation of operational services for both strategic planning and operational management to the post of Chief Officer. NHS Forth Valley and Stirling Council are currently scoping out their approach to further delegation. It is anticipated that Stirling Council will formally consider and agree their approach at the Council meeting in September 2017.

The Chief Officer, in line with the Integration Scheme, reports to the three Chief Executives and is jointly managed by them. This joint management includes, where delegated, the management arrangements for the operational functions. The key functions of the Chief Officer are to –

- Oversee the development and implementation of the Strategic Plan
- Direct and over see the operational delivery of the Integration Functions [i.e. services]
- Monitor and report performance in respect of the same to the Integration Joint Board and Parties.

In February 2017 the integrated learning disability, mental health and the council wide Mental Health Officer services [which cover children and adults] were delegated to the Chief Officer by Clackmannanshire Council, NHS Forth Valley and Stirling Council.

On the 3 July 2017 Clackmannanshire Council delegated the adult social care services - assessment and care management; older people's day care; respite; care homes; commissioned services; and, care at home.

This is an interim position and represents some challenge and risk in terms of sustainability where there is no joint, underpinning senior management structure in place. In addition and, as highlighted in the previous Chief Officer report to the Board in June 2017, the demand on the integration authority has grown. While there is a degree of draw down from the constituent authority services there is a need to review the support services arrangements. In terms of the Integration Scheme this review should take place annually and should reflect the demands on both the integration authority and the constituent partners and the changing operational delivery arrangements.

It is important that the Partnership increases the pace on the integration of health and social care services to support the safe and effective delivery of services and the development of re design opportunities. There are now a number of areas arising from the Transforming Care programme which will require joint management in the coming months – for example the care village and the day care initiatives.

4.2 Clinical and Care Governance

The Integration Joint Board is responsible for ensuring that a framework for Clinical and Care Governance is in place for the services to be delivered in relation to the services. The Board agreed the Clinical and Care Governance framework in March 2016 which was developed by the then Clinical and Care Governance Leads - the NHS Medical Director, the NHS Nursing Director and the Chief Social Work Officer. Since that time there have been changes in personnel and structures. In addition we are now one year on and there is a greater understanding of the demands across Forth Valley and the Partnership. The NHS Medical Director and NHS Nursing Director have initiated a review of the current arrangements. The outcome of the review will be reported to the Board in due course.

4.3 Network Meeting for Chairs and Vice Chairs

The Network meetings for the Chairs and Vice Chairs of the Integration joint Boards are now being arranged for September/October 2017.

4.4 Joint Inspection of Adult Health and Social Work Services

Healthcare Improvement Scotland and the Care Inspectorate contacted the Chief Officers on 15 June 2017 to outline the new arrangements for the future joint inspections of integrated health and social care services.

Since 2013/14 they have completed 16 joint inspections focused on a set of quality indicators relating to the provision of services for older people.

On 1 April 2017 new statutory responsibilities for the Care Inspectorate and Healthcare Improvement Scotland commenced. These provide for the joint responsibility to inspect and support improvement in the strategic planning and commissioning activity undertaken by the Integration Authorities. In anticipation of the new responsibilities the inspection methodology has been reviewed.

The new approach takes into account, and applies learning from previous joint inspections consistent with the shared commitment to continuous improvement. They recognised that integration arrangements are at an early stage and are committed to a model of scrutiny which is proportionate, provides public assurance and is directed and identifying and support5ing any improvements that may be needed.

The inspection plan is to carry out a series of thematic inspections across 5 or 6 Partnerships with a focus on Adult Support and Protection and arrangements for self-directed support **and** an additional 3 inspections of Health and Social Care Partnerships with a focus on the following areas –

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 Improvement in Partnership performance in both health care 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

This Partnership is one of three Partnerships who will be inspected on the above themes – performance; strategic and operational planning arrangements; commissioning arrangements; vision, values and culture and leadership of strategy and direction. A meeting has now taken place with the Care Inspectorate and the core documentation list shared with us. The Partnership has not received formal notification of Inspection which will be provided 10 weeks in advance.

The self evaluation process is ongoing and includes the gathering of evidence to support the development of the Partnership.

A further up date will be provided to the Board at the next meeting.

National Developments

4.5 Regional Planning – West of Scotland Planning and Delivering Care and Treatment across the West of Scotland

The Health and Social Care Delivery Plan published in December 2016 set out the importance of delivering**:**

- Better Care
- Better Health
- Better Value

The Health and Social Care Plan signalled the need to look at services on a population basis and to plan and deliver services that were sustainable, evidence based and outcomes focused. Better patient outcomes and more efficient, consistent and sustainable services for citizens can be achieved through NHS Boards, Integration Joint Boards and other partners working more collaboratively and effectively to plan and deliver services.

At regional level, the Scottish Government has commissioned Regional Delivery Plans to be developed, encompassing a whole system approach to the delivery of health and social care services for each of the three regions [North, West and East]. NHS Forth Valley has service and planning agreements across West and East, with the majority located in the West. NHS Forth Valley will work within the West of Scotland arrangements while maintaining links to the East of Scotland.

For the West of Scotland this involves planning for the population of 2.7 m covered by the 5 NHS Boards and the 15 Health and Social Care Partnerships as well as the Golden Jubilee Foundation. The national NHS Boards are also developing a single plan that sets out the national services where improvement should be focused, including where appropriate, a 'Once for Scotland' approach in areas such as digital services, clinical demand management and support services.

To take forward the national and regional approach 5 Chief Executives have been appointed to the role of the National or Regional Implementation Leads. For the West of Scotland this is John Burns, Chief Executive, NHS Ayrshire and Arran.

An initial meeting has taken place with the Chief Officer Group and John Burns and further discussions are planned for later this month at the Chief Officer Network meeting. As this key area of work develops further information will be brought forward to the Board

4.6 Mental Health Strategy

The Mental Health Strategy covers the 10 year period 2017-2027 and sets out the main priorities that the Scottish Government consider will deliver improvements in the mental health of the population of Scotland.

The Government's guiding ambition is "... that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems".

There are four key areas of focus:

- Focus on prevention and early intervention notably around for pregnant women and infants, children and young people.
- Access to mental health services including making them more efficient, effective and safe.
- The physical well being of people with mental health problems to address premature morality and ensuring parity between mental health and physical health.
- Rights of people with mental health problems with human rights based approach across all priorities and actions.

There are a total of 40 actions contained within the Strategy. These will require agencies to collaborate to deliver improvements including Health Boards, Integration Joint Boards, Local Authority Children's and Education services; Community Justice Services and the independent and third sectors.

Actions within the Strategy include:

- Increase in the mental health work force in Accident and Emergency, Primary care, police station custody suites and prisons
- Test out the most effective and sustainable models of supporting mental health in primary care settings

- Review the role of counselling and guidance services in schools to make sure they are delivering for children and young people
- Establish a forum of mental health stakeholders that will meet twice a year to help guide the implementation of the strategy over the coming years
- Improve support for preventative and less intensive services [tiers 1 and 2] Child and Adolescent Mental Health Services [CAMHS] to tackle issues earlier.

A multi agency work shop is being planned to bring together all the appropriate agencies involved in delivering the Strategy. It will assess readiness to implement each of the actions and identify gaps and priorities.

Further related strategies are expected to be published in the course of this year including a Suicide Prevention Strategy. The Board will be advised of these plans when they are available.

Further confirmation from the Scottish Government is awaited on any additional resources to be made available to support implementation.

4.7 Health and Justice Improvement Collaboration Board

The Chief Officer has been invited to join the newly established Health and Justice Improvement Collaboration Board.

The Board will provide strategic leadership to accelerate progress on issues where the health and justice systems intersect. It will improve collaborative working between partners in Health and Justice in order to:

- Improve outcomes for people and communities, supporting ambitions to reduce health inequalities and risk of offending
- Improve performance and achieve greater value for money across the whole system.

The Board will be chaired by Paul Gray, Director General of SG Health and Social Care/Chief Executive of NHS Scotland and co chaired by Paul Johnston, Director General of Learning and Justice. Fiona Ramsay, Interim Chief Executive, NHS Forth Valley has also been invited to join this group.

4.8 Scotland's National Dementia Strategy 2017-2020

The focus of the national strategy is to continue transforming services and improving outcomes for people with dementia, their families and carers. The three key priorities under the Strategy are:

- Continuing timely, person centred and consistent treatment and care for people living with dementia and their carers, in all settings
- More progress on the provision of support after diagnosis and throughout the disease, taking account of individual needs and circumstances.

- Responding to the increasing proportion of older people developing dementia later in life, often alongside other chronic conditions
- Post diagnostic support for dementia in a primary care setting. The Minister for Mental Health launched the Strategy while meeting representatives of the Scottish Dementia Working Group at a GP practice in Portobello. The Practice is the first in Scotland to run post diagnostic support for Dementia in a primary care setting.

Nationally, achievements under the previous dementia strategy [2013-2016] include;

- Roll out of the guarantee that anyone newly diagnosed is entitled to at least a years worth of post diagnostic support.
- Improving workforce skills – with tens of thousands of staff accessing dementia education resources and undertaking training
- Carrying out research to better understand how many people are diagnosed with dementia and the way it impacts on their lives
- Taking the lead in the EU Joint Action on Dementia programme, working with EU institutions and countries to review and share best practice

NHS Forth Valley Board has just considered a local Dementia Strategy. Further work is now required to further develop our joint approach and supporting implementation plan at local level.

4.9 Transformation Change Programme: Delivery Plan Progress

The Partnership's draft Delivery Plan was approved by the Integration Joint Board on 19 April 2017 when the Board also agreed on quarterly progress reports and an annual review of the Delivery Plan, in line with the Annual Performance Report.

The Board agreed that the Strategic Planning Group, which has a clear function to develop and review the Strategic Plan, should lead the work on the mid year progress report [October] and the full year review [April] on behalf of the Partnership. The Strategic Planning Group is being supported in this by the Joint Management Team, which is operating as a Programme Board for the core delivery priorities and the enabling activities, including the budget recovery actions.

The Strategic Planning Group held a well attended workshop session on 10 August to focus on progress of the Delivery Plan and how best to monitor and report on delivering the actions required for the transformational change programme to succeed. The members of the Group received a presentation to help set the wider performance framework into context and split into groups to consider the key actions agreed in the Delivery Plan. The session proved to be very successful and has provided information that will be used to develop our activities and the Delivery Plan.

Outputs from the workshop will be presented to the Strategic Planning Group on 5 September 2017 for consideration and subsequently to the October meeting of the Integration Joint Board, with quarterly reports thereafter.

A copy of the timelines for the programme is attached at appendix one. It should be noted that a number of the work streams involve complex large scale areas of activity and that the timelines are reviewed regularly through the Joint Management Team.

4.10 Models of Neighbourhood Care

The project is in an implementation phase, with a small core group worked to populate the core team model looking at need, resource and function.

The first draft of a branded team information sheet has been developed and will be used to share with staff. The first organisational development sessions involving health and social care staff who may transition into the core team will take place in October with the involvement and support from the Scottish Social Services Council.

Work is ongoing to provide an updated needs assessment of the population and the immediate adults whose care would eventually transition to the new team.

Work streams on accommodation, governance, finance and ICT are currently being established alongside developing networks of community based prevention and early intervention supports which will be critical to the success of the model.

4.11 Delayed Discharge

The Delayed Discharge Steering Group meets on a monthly basis to review pressures and operational issues discussed in the tactical group. The Improvement Plan was completed in May within the Discharge Steering Group which notes a number of areas of redesign across services.

All partners use the plan to ensure actions are being taken forward under various aspects related to improving the discharge process.

Both Local Authority areas have seen a spike in referrals in July which is a parallel to a similar picture last year, the Steering Group will need to interrogate this picture and consider the range of reasons for this spike with potential improvement actions.

A pre winter workshop is planned for a wide range of staff to learn together about prevention of hospital admission, performance and actions that can be undertaken to work together to provide timely and appropriate discharge.

4.12 Intermediate Care, Day Support and Care Homes

Intermediate Care: The review of reablement care has commenced with a workshop being held with key officers on 26th June 2017. The outputs from this session are being used by a core group to identify a preferred delivery model, criteria and pathways to support which is preventative and utilises the skills and experience of the whole system. Links for this project are being made with primary care transformation, and frailty, as well as alignment of professional roles such as Occupational Therapy

Day Support [Older People]: the three streams of work identified for this project have been initiated, with the review of current users of day supports being identified as a priority. Consideration of how self directed support should be utilised in this review activity is also being actioned. The current use of transport and premises will be analysed in tandem with re-design activity for Learning Disability Day Services. Models of service within community hospital settings will require alignment, with opportunities for greater utilisation of the work force, fully using the skills and competence of individuals.

An initial discussion to further scope the day support requirements of older people with mental health and old age psychiatry needs has taken place, with a workshop being planned for September. It is expected that the timeline for implementation of this element of day support re-design will be introduced in Spring 2018.

Care Homes: Care About Physical Activity [CAPA] Programme – as noted in The April report to the IJB the Partnership has engaged with the Care Inspectorate to deliver the CAPA programme.

The first learning event for this programme took place on 22 June 2017. Care homes are now engaging individually with Care Inspectorate Advisers to

identify their planned outcomes and evaluation methodologies. It is expected that data will be collected which identifies impact on strength and balance as well as personal outcome stories and experiences.

The Service Manager leading on this programme for the Partnership met with Clackmannanshire Third Sector Interface during their Community Supper on 31 July 2017, to promote the principals of CAPA and to seek interest from Third Sector organisations in supporting the programme.

4.13 Learning Disability and Mental Health:

The redesign group has met on three occasions, 28th April 2017, 23rd May and 27th June which provided context and strategic direction of travel which is consistent with the national *Keys to Life* strategy.

The working groups are now confirmed as:

1. Commissioning Review Group
2. Workforce Planning
3. Service Plan Review Group
4. Transition Planning Group
5. Review of Day Services across Stirling and Clackmannanshire
6. Operational Group (To include: operational management structure, operational capacity, professional balance within teams, opportunities for integration)

Work is now taking place to develop the detailed action plans for the remainder of 2017/18 and 2018/19 in respect of the re design. A high level review of need for people receiving support from 'in house' day services has been undertaken by Unit Managers. This information will be used to form the basis for the model of care and inform the engagement with staff, service users and unpaid carers as to the future service design. These sessions are scheduled to take place during late August and September 2017.

4.14 Care Village:

At the July 2017 Project Board meeting it was reported that the construction of the Care Village continues to run ahead of programme (by 27 days as at the end of July) and the construction contract is running within budget.
The Clerk of Works is undertaking regular inspections of the sites and to date no major concerns have been raised, with any points noted and appropriate action taken by the contractor to the Clerk of Works satisfaction.

Part of the conditions for the Planning Permission for the development was replacement of the footbridge crossing the A9, linking Braehead to the Care Village site. Stirling Council has developed proposals for the road crossing, generating a number of options. The preferred solution, which accommodates a ramp landing at a level appropriate to the site will now be discussed further with the Tier 1 Contractor, NHS Forth Valley and the Planning Department. It is anticipated that the solution will be in place some way in advance of the

Planning Permission requirement, i.e. operation of the Primary and Urgent Care Centre.

As previously reported, the revised Project Governance Structure endorsed by the Project Board is in place and the Project Team , Care Team and Commissioning Team have now all been established with work underway. Dialogue has now been re-established with Primary Care in terms of both costs and commitment and the three Practices (Viewfield, Park Avenue and Park Terrace) contacted in this regard. The Care Village will be part of the all elected member briefing session being planned for late August/early September.

Care Team - The purpose of the Care Team is to undertake the planning required to operationalise the care elements of the Care Village. The Care Team discussed the need to establish a number of work streams to progress the work of the Group:

- A review of the key elements of the Care Hub to take account of any service changes or changes in assumptions that have happened since the full business case was completed. It was agreed that this work needed to be completed first as this would inform the future work of the Group. Three linked reviews would then be undertaken:-
- Intermediate Care Beds
- 32 NHS Beds
- Dementia/Palliative Care Beds
- Work force planning
- An operational policy work stream
- Medical support

Staff roles and responsibilities have been identified as key and a working group has been set up to look at devising and delivering a supportive staff engagement programme around the Care Village. Sessions with care home staff are planned for September and further sessions with health staff are planned for October/November 2017.

In addition, the process for registering the Intermediate Care Facility within the Care Village is underway. The Care Inspectorate have been updated on the facility and site visits are planned. The first was on August 8th 2017 and all plans including those for room sizes, ensuite layout, elevations and grounds were discussed.

4.15 Clackmannanshire Innovation – High Health Gains; Technology & Information

Two challenges of better communication and support for people to live full and health sustaining lives and ideas for solutions were developed through #Clacksinnovate. A suitable date is being found to bring organisations already using existing potential technology solutions, to a meeting to explore in detail the benefits and costs of those technologies to inform decision making.

Meanwhile the ideas from #Clacksinnovate and information about available technologies, also formed part of the Supporting Primary Care Sustainability - Clackmannanshire Locality and Cluster Development session held on 1st August.

Project Officer support to use simple text based home health monitoring to enable care and support, initially for people with hypertension, and to test Attend Anywhere for video based outpatient consultations as part of the Modernising Outpatient Services programme has been included in the NHS Forth Valley eHealth Delivery Plan 2017/18. This project support for simple home health mobile monitoring available through the Efficiency, Productivity, Quality improvement and Innovation Team has been included in the offers and options being discussed by the Clackmannanshire Practices.

5. Resource Implications

5.1. The Chief Finance Officer will continue to report through the Financial Budget and Recovery Plan.

There is commitment form all partners to ensure that the Partnership meetings its full statutory obligations.

6. Impact on Strategic Plan Priorities and Outcomes

6.1. The Delivery Plan, change programme and infrastructure developments are being designed to delivery the outcomes described in the Integration Scheme and Strategic Plan

7. Legal & Risk Implications

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

8. Consultation

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

9. Equality and Human Rights Impact Assessment

9.1 An assessment is not required for this paper.

10. Exempt reports

10.1. Not exempt**.**

Workstream	Lead	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Intermediate Care	**Janice Young**																											
Evaluation of existing models of service – Care Village	Jun-17																											
Establishing work streams for each deliverable	Jun-17																											
Mapping exercise with existing projects	Jun-17																											
Workshop with key employee stakeholders – Reablement/Closer to Home	Jul-17																											
Review of current service users of Day Services – older people	Jul-17																											
Revision of Intermediate Care Model in Clackmannanshire	Aug-17																											
Delivery of one model for Reablement Care at Home Service	Jan-18																											
Delivery of appropriate Day Supports for Older People	Jan-18																											
Delivery of whole systems approach to community service provision	Mar-18																											
Delivery of one model of Intermediate Care Bed Based Care for Care Village which can be replicated in Clackmannanshire	Oct-18																											
Day Services	**Janice Young**																											
Identification of other models of service delivery (use of 3rd Sector)	Oct-17																											
Review of building bases and plan for future service needs	Oct-17																											
Alignment of services and preferred models to be presented to JMT for approval	Oct-17																											
Review of current commissioned day supports	Oct-17																											
Align with LD workstream under programme of Day Service Re-design	Jan-18																											
Revision and re-design of day services for people with mental health needs	Mar-18																											
Review of current service users	Sep-18																											
Primary Care Transformation Fund	**Lesley Middlemiss**																											
Out of Hours Transformation																												
Programme to Clacks and Stirling IJB	Jun-17																											
Programme to Falkirk IJB (Joint projects)	Jul-17																											
Overnight care model case study review complete	Aug-17																											
New model confirmed	Aug-17																											
Transitional plan for OOH service to PCTF	Sep-17																											
Implementation of first test of change (MH telesupport)	Sep-17																											
Implenetation of second test of change (ANP nightshift)	Sep-17																											
Implementation of third test of change (paramediec practitioner)	Oct-17																											
Recruitment of ANP training posts	Jan-18																											
Revised model of care fully evident and closure of transitional costs	Jan-19																											
Primary Care Transformation [including High Health Gains]																												
Programme to Clacks and Stirling IJB	Jun-17																											
Clackmannanshire locality & GP Sustainability																												
Clacks Innovation workshops	Jul-17																											
Technology scoping	Aug-17																											
GP sustainability workshop	Aug-17																											
GP consultation on workshop output	Aug-17																											
PCTF change plan agreed with GPs	Aug-17																											
Clacks PCTF plan to PCTG for approval	Aug-17																											
Technology Options to SPG	Oct-17																											
Business Cases complete for Technology Priorities	Nov-17																											
Pre implementation including recruitment process for identified posts	Dec-17																											
Practical initiation of Clacks Primary Care support changes	Jan-18																											
Mental Health in Primary Care																												
Programme to Clacks and Stirling IJB	Jun-17																											
Programme to Falkirk IJB (Joint projects)	Jul-17																											
Autistic spectrum disorders support model																												
SLT and Psychologist recruitment initiated	Sep-17																											
Initiation of Hub – phase one prep	Jan-18																											
Phase 2 - implementation	Mar-18																											
Phase 3 – Review and sustainable Hub	Jan-19																											
Post Diagnostic Support																												
Confirm commissioning model	Aug-17																											
Alzheimer Scotland will recruit, train the additional link workers	Dec-17																											
Test alt community support model	Jan-18																											
Evidence significant increase in PDS capacity (reduce waiting no)	Jul-18																											
A review of PDS needs and model of support	Jul-19																											
Stirling Care Village	**Kathy O'Neill**																											
Identify registration requirements and early engagement with the Care Inspectorate	Jul-17																											
Review and update the care model(s) to take account of any service change/redesign	Aug-17																											
Engagement and team building with staff groups	Commencing August																											
Establish local Management/Service Implementation Team	Sep-17																											
Engage with Third Sector and agree support for and input into Care Hub	Dec-17																											
Review and Implementation Workforce Plan	Aug-18																											
Complete Operational Policies covering all aspects of the operation of Care Hub	Aug-18																											
Identify a 'test' area ahead of "go live" date - includes step out from the residential beds and care home	Early 2018																											
Agree commissioning period post handover																												
Delayed Discharge	**Caroline Cherry / Linda Melville**																											
Working to improve delays in the process of applying for Guardianship	Nov-17																											
Working to provide consistent ways to gather the views of adults and carers involved in the discharge process in order to improve experiences of the process	Dec-17																											
Suggesting strategic and long term cross agency improvements	Mar-18																											
Reporting and analysing on performance, specifically trends and identifying areas of improvement	Ongoing																											

Taking into account the whole process of being admitted and discharged from hospital focusing on anticipatory care as well as safe and timely discharge	Ongoing																											
Developing and monitoring a clear improvement plan across the discharge process and in partnership with all relevant organisations	Complete																											
Monitoring the process of recording discharge information across the Partnership	Complete																											
Monitoring the effectiveness	Complete																											
Models of Neighbourhood Care	**Caroline Cherry**																											
Develop a Project Team to deliver the MNC	Aug-17																											
Develop work streams associated with the Model	Sep-17																											
Resource to support the Model-identified	Sep-17																											
Develop an early intervention stream of work	Oct-17																											
OD events with staff	Oct-17																											
Develop an options appraisal on the future of Strathendrick	Oct-17																											
Evaluation Model	Nov-17																											
Develop a working proposal on team roles, function and governance	Dec-17																											
Complete stakeholder engagement	Dec-17																											
Service start date	Jun-18																											
Learning Disability	**Jim Robb**																											
Engagement with staff, carers & Trade Unions re the proposed model of care in relation to day and 24/7 care services.	Dec-17																											
Review of management structure with a focus on developing an integrated, single line management structure across Health & Social Care services.	Dec-17																											
Efficiencies made via management of vacancies	Mar-18																											
Opportunities to redesign small elements of service developed via the management of vacancies	Mar-18																											
Review of external high cost placements and preparation for the commissioning of alternative services	Mar-18																											
Review hospital based patients with a view to discharge	Mar-18																											
Initial implementation of an integrated Health & Social Care service	Apr-18																											
Implement the redesign of in house day services focussing on the provision of flexible/client centred services.	Jun-18																											
Implement alternative models of care for those presently residing in high cost, external residential placements	Oct-18																											
Discharge of hospital based patients to community alternatives	Mar-19																											
Mental Health	**Jim Robb**																											
Engagement with staff, carers & Trade Unions re the proposed model of care in relation to community based and 24/7 care services.	Dec-17																											
Review of management structure with a focus on developing an integrated, single line management structure across Health & Social Care services.	Dec-17																											
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Discharge of hospital based patients to community alternatives	Mar-19																											

Minute of the Joint Staff Forum held on Thursday 1st June 2017 in Forth Valley Royal Hospital

Present: Shiona Strachan - Chief Officer (SS)
Karen Algie, HR Falkirk Council (KA)
David O'Connor, UNISON (DOC)
Pam Robertson, Clackmannanshire Council UNISON (PR)
Robert Clark, UNISON (RC) NHS Forth Valley
Lorraine Thomson, UNISON (LT), Stirling Council
Jim Robb, Clackmannanshire Council (JR)
Kathy O'Neill NHS Forth Valley (KON)
Brian Wilson, GMB Stirling (BW)
Tom Hart, UNISON NHS Forth Valley (TH)
Linda Donaldson, HR NHS Forth Valley (LD) substitute for Helen Kelly
Rob Haden, Falkirk Health and Social Care Partnership (RH)
Alan Milliken, Stirling Council
Agnes McQuade, HR Stirling Council - substitute for Kristine Johnson

1. Welcome and Introductions

Shiona Strachan was chair of this meeting. SS welcomed all to the meeting

2. Apologies for absence

Apologies for absence were intimated from Kristine Johnson, Abigail Robertson, Sandra Burt, Helen Kelly and Alison Richmond-Ferns.

3. Note of previous meeting – 24th March 2017

The Joint Staff Forum approved the note of the meeting held on 24th March 2017.

Matters Arising from the Minutes

Page 1. Cornerstone: Shona Strachan referred to UNISON's concerns and advised they should take this up with Cornerstone. She advised they are part of the Buurtzorg National Programme, but do not have any services up and running and so they are coming to talk about the rural area in Stirling, although discussions are at a very early stage.

Workforce data: Part of workforce plan, which is on the Agenda.

Recruitment Protocol: On the Agenda.

4. Report on Joint Staff/Trade Union Meeting

Pam Robertson advised she was not present but the 3 papers from the National HR Working Group, which had been circulated as part of the Agenda were discussed. Pam said views had been put forward on behalf of the Unions back to the national group.

Shiona Strachan asked how we have ensured we have got feedback from the national group. Linda Donaldson agreed to send out an email from Alison, updating the National work, following the meeting.

Karen Algie said there is input from local authorities and agreed that this could be shared when available.

5. Joint Working Agreement

Pam Robertson referred to the Draft which had been sent to local Partnerships as a suggested template. Discussed adapting this to suit our local area. Pam said UNISON had held a seminar and discussed Health and Social Care Integration in general.

Karen Algie agreed to get a copy from Aberdeen to provide a baseline.

Pam Robertson mentioned an issue raised by the Health and Safety Officer, at a recent Clackmannanshire Bipartite, expressing concern about incident reporting.

After discussion, Shiona Strachan advised it had already been agreed by the IJB employees would follow the line of their employer's policy. However, it was agreed the Care Village would require a separate agreement.
Kathy O'Neill said there would have to be separate operational policies for the Care Village.

There was a discussion on the letter Appendix 1 around if an employee refused to sign. It was agreed this is built into the scheme of delegation

Brian Wilson mentioned the line manager is not named. However, it was pointed out a manager can change regularly and it would not make sense for them to be named and line manager would suffice.

6. Updates from Health and Social Care Partnerships

Falkirk Partnership
Patricia Cassidy advised on a pilot for discharge of patients from Forth Valley Royal which involved a provider carrying out a multidisciplinary assessment so they could be discharged within 2 hours. She advised they have managed to get delayed discharge numbers reduced.

Patricia advised more work requires to be done in the communities to support carers to cut down on emergency admissions. She said they are now looking to develop a 3 year tender for care at home. This will be a reablement approach and will involve training staff. She referred to how services have to be 7 days a week and it is a different model to the one currently provided. She said the tender process will go out in October but it will be April next year before it is live. She explained the purpose is to ensure consistency of care and to forge good relationships with the hub, social work and providers. She said the challenge is now how to sustain this improvement.

Patricia advised this was aimed at everyone over age 65 being discharged home and assessed while at home on what was the best care package going forward. She said evidence shows older people lose 40% capacity every week in hospital. She said they will be working to engage staff, reps and colleagues to configure service.

Patricia explained she has been in discussion with Fiona Ramsay about further phasing of transfer of staff into operational management. She said this would be a locality approach. She stated transformational change is all about moving from current structure to locality structure and there are big pieces of work to be done.

Patricia advised there had been 4 staff engagements sessions with another 3 taking place before the end of June and these also included the NHS and third sector. She said there has been a positive response and she will produce a report and bring back. She talked about having champions from each area of the locality teams, to look at communication both up to IJB and down.

Patricia said she would be consulting with Unions once the full proposals are complete.

Clackmannanshire & Stirling Partnership
Shiona Strachan said in terms of Clacks and Stirling there were similar themes. She advised the Strategic Planning Group looked at a delivery plan. She said there was a first draft available and it was about being very clear about what we are delivering and when.

Shiona advised the performance report is due to go to the IJB.

Shiona advised there is still work to be done on the models of care in Balfron. She advised there had already been good discussion with the neighbourhood groups and Caroline Cherry is leading on this.

Shiona advised Janice Young is leading on day support services for older people and this is very much in the early stages. She advised there have been innovation sessions with Forth Valley Improvement Service with the focus around in and out of hospital and groups working together. This will come back to the Strategic Planning Group for consideration.

Care village - Shiona advised Kathy O'Neill is leading on a review of the care elements and the training and support required. She said the skeleton of the building is now up and you can see the shape the building will take. She confirmed a Press statement is due to be released.

Shiona advised the i-hub National Improvement Service has been asked to support our commissioning work.

Shiona advised Jim Robb is leading on learning disability and mental health programmes. Work has already been done on the learning disability which we will use.

Shiona advised that Divya Prakesh, OD Adviser, had secured a permanent post. She is also recruiting for a Chief Finance Officer with Interviews scheduled for late June. Susan White is currently covering Programme Manager post for maternity leave.

Shiona said there is likely to be an inspection in 2017/2018 and she is due to meet with the Care Inspectorate around this.

David O'Connor mentioned the previous discussion at the development day about the "elephant in the room." He said UNISON had raised issues about procurement and commissioning but were not getting any answers. David referred to UNISON's Ethical Charter and that this should be coming into play.

Alan Milliken asked for some clarity on what sat behind the concerns David was raising. David said there were a variety of issues.

Shiona suggested this was an off-the-table discussion and asked David to put his concerns in writing so a separate meeting could be arranged to address these.

Tom Hart requested that staff side should be involved in any commissioning work. Shiona explained that the Market Position Statement was based on three engagement sessions but gave assurances that the Unions would be involved in the commissioning process for Clackmannanshire and Stirling.

7. Recruitment Protocol Update

Karen noted a meeting has been set up for 13th June 2017 to discuss further and it was agreed this would be brought back to the next meeting.

8. Workforce Plan

It was noted Karen had shared workforce data at the last meeting. There were some questions agreed the Implementation Plans should be revamped. Shiona said this has still to be done. It was also noted the OD gap has had an impact and there is a push to get them ready and to the Boards.

9. Any other Competent Business

Pam Robertson asked if papers could be circulated a bit earlier for meetings as it was a tight timescale to turn them around and make comment for the meeting the following week.

Patricia said there was a difficulty getting papers for IJB and she could not begin to describe the month leading up to the IJB. Shiona concurred with this view and it was noted they were struggling to function on a skeleton staff and were trying to move the Strategic Planning Group back another week in order to get time to do things.

Shiona advised that the Partnership was holding vacancies and therefore may struggle to administer the next Forum. She requested that Partners consider how they can assist.

10. Date of Next Meeting

Thursday 3rd August 2017 Room 2.01 Kilncraigs, Greenside Street, Alloa. Pam Robertson will Chair.


NHS
Forth Valley


Clackmannanshire
Council


Stirling
Council


Falkirk Council