

A meeting of the **Integration Joint Board**
will be held on **25 November 2020** at **2pm**,
via Microsoft Teams

Please notify apologies for absence to fv.clackmannanshirestirling.HSCP@nhs.scot

AGENDA

- | | | |
|-------------|---|---------------------|
| 1. | NOTIFICATION OF APOLOGIES | For NOTING |
| 2. | NOTIFICATION OF SUBSTITUTES | For NOTING |
| 3. | DECLARATIONS OF INTEREST | For NOTING |
| 4. | URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/
EMERGENCY ITEMS | |
| 4.1. | Urgent Decision Making Powers | For APPROVAL |
| 5. | MINUTE OF THE INTEGRATION JOINT BOARD MEETING
HELD ON 23 SEPTEMBER 2020 | For APPROVAL |
| 6. | CHIEF OFFICER UPDATE
(Verbal update by Annemargaret Black) | |
| 7. | NEEDS ASSESSMENT | |
| | No papers for this section at this meeting | |
| 8. | BUDGET AND FINANCE | |
| 8.1. | Finance Report
(Paper presented by Ewan Murray) | For NOTING |
| 8.2. | 19/20 IJB Accounts and Independent Auditors report
(Papers presented by Ewan Murray) | For APPROVAL |
| a. | 19/20 Annual Accounts | |
| b. | 19/20 Proposed Annual Audit Report | |
| 9. | PLANNING, COMMISSIONING AND DIRECTIONS | |
| 9.1. | Integrated Commissioning Arrangements
(Paper Presented by Wendy Forrest) | For APPROVAL |
| 9.2. | Community Planning – Wellbeing agenda
(Paper presented by Wendy Forrest) | For APPROVAL |
| 9.3. | ADP Update to Health and Social Care Partnership
(Paper presented by Wendy Forrest) | For APPROVAL |

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|-------|---|--------------|
| 9.4. | Update on Transforming Care Board
(Paper presented by Wendy Forrest) | For APPROVAL |
| 9.5. | Update on Strategic Improvement Plan and Strategic Planning Group
(Paper presented by Wendy Forrest) | For APPROVAL |
| 10. | PERFORMANCE | |
| 10.1. | Performance Management Framework
(Paper presented by Wendy Forrest) | For APPROVAL |
| 11. | UNSCHEDULED CARE | |
| | No papers for this section at this meeting | |
| 12. | NATIONAL AND PERSONAL OUTCOMES | |
| | No papers for this section at this meeting | |
| 13. | POLICY AND LEGISLATIVE REQUIREMENTS | |
| 13.1. | Equality Duty Progress Report
(Paper presented by Lesley Fulford) | For APPROVAL |
| 13.2. | Programme of Meeting Dates 2021 / 2022
(Paper presented by Lesley Fulford) | For APPROVAL |
| 13.3. | Standing Orders
(Paper presented by Lindsay Thompson) | For APPROVAL |
| 14. | EXEMPT ITEMS | |
| | No papers for this section at this meeting | |
| 15. | FOR NOTING | |
| 15.1. | COVID-19 Update
(Paper prepared by Carolyn Wyllie) | For NOTING |
| 15.2. | Information Governance Assurance Report
(Paper prepared by Deirdre Coyle) | For NOTING |
| 15.3. | Accessibility Regulations 2018
(Paper prepared by Sonia Kavanagh) | For NOTING |
| 15.4. | Action Log | For NOTING |
| 15.5. | Minutes | For NOTING |
| | a) Strategic Planning Group – none to note | |
| | b) Joint Staff Forum – none to note | |
| | c) IJB Audit and Risk Committee – 24 June 2020 | |
| | d) IJB Finance and Performance Committee – none to note | |

e) **Clinical Care and Governance Group –
12 June 2020, 24 July 2020**

**15.6. CTSI Annual Review and Strategic Plan 2020-2023 &
TSI Scotland Network Manifesto for Change**

For NOTING

16. ANY OTHER COMPETENT BUSINESS (AOCB)

17. DATE OF NEXT MEETING

27 January 2021 at 2pm via Microsoft Teams

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 4.1

Urgent Decision Making

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Lindsay Thomson
Author(s)	Lindsay Thomson
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To seek Board approval to extend the urgent decision making authority to March 2021, which was delegated to the Chief Officer and Chief Finance Officer by the Board in September 2020.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the extension of delegated authority to take such urgent measures or decisions as are required to: <ol style="list-style-type: none"> a. The Chief Officer (or the Chief Finance Officer or their substitutes) b. for the period up until at least 24 March 2021 c. and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power.
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1. Background

- 1.1. This paper seeks to extend the period of time for the additional decision making capacity delegation by the IJB to the Chief Officer to 24 March 2021.
- 1.2. This delegated authority has been used to date in order to allow the Clackmannanshire and Stirling Health and Social Care Partnership to respond quickly to the current coronavirus pandemic. Details of the decisions taken under this delegated authority are reported to the Board elsewhere on this agenda.

2. Considerations

- 2.1. At its meeting in March 2020 the Board granted delegated authority to the Chief Officer and Chief Finance Officer, in consultation with the Chair and with partners, to take urgent measures or decisions in connection with the Coronavirus pandemic. The Board also agreed that the delegated authority would be reviewed at the Board meeting in June 2020.

- 2.2. As indicated previously the Board operates a scheme of delegation which provides authority for the Chief Officer to make some decisions without formal Board approval. The extension to the period of delegated authority will allow the Chief Officer to continue to take decisions which would otherwise have been reserved to the Board in order to address urgent challenges and to ensure that the Health and Social Care partnership can respond timeously.
- 2.3. It is anticipated that this expanded delegation will continue to be exercised in accordance with the Board’s existing policy framework and governance structure unless there is an urgent requirement to depart from the Board’s existing policy or budget.
- 2.4. It is anticipated that the delegation will continue to be necessary throughout the autumn period as the HSCP responds to the easing of lockdown measures, any increase in cases and the recovery process.
- 2.5. It is recommended that the requirement for consultation with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB continues as that will ensure that there continues to be a degree of Board oversight of the exercise of the additional delegation where possible and a joint up approach to decision making with constituent authorities. In addition, the 24 March 2021 Board meeting will be able to review any decisions taken under this additional authority.

3. Conclusions

- 3.1. The coronavirus pandemic continues to pose a significant risk to the continuity of service delivery in the Partnership. The risk of localised clusters of infections and/or further waves continues and there is the ongoing possibility of the partnership requiring to mobilise urgent responses and/or deploy contingency and business continuity measures rapidly. Extending the period of delegated authority will allow the Chief Officer to continue to take urgent decisions to ensure that the Partnership can continue to deliver health and social care to our communities at this time.

4. Appendices

None to note

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒

Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	None directly arising however financial implications of any decisions taken will be recorded and reported.
Other Resources:	None
Legal:	As detailed in body of the paper.
Risk & mitigation:	This report provides for delegated decision making to allow business critical decisions to be made during the period when the Board will not meet
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report does not require Fairer Duty Scotland Assessment</p>

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 5

Draft Minute of Clackmannanshire &
Stirling Integration Joint Board meeting
held on 23 September 2020

For Approval

Approved for Submission by	Annemargaret Black
Paper presented by	N/A
Author	Debbie Laing
Exempt Report	No

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 23 September 2020, at 2pm, via Microsoft Teams

PRESENT

Voting Members

Councillor Les Sharp (Chair), Clackmannanshire Council
Allan Rennie (Vice Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Martha Bennie, Clackmannanshire Council
Councillor Dave Clark, Clackmannanshire Council
Cathie Cowan, Chief Executive, NHS Forth Valley
Councillor Scot Farmer, Stirling Council
John Ford, Non-Executive Board Member, NHS Forth Valley
Graham Foster, Non-Executive Board Member, NHS Forth Valley
Councillor Graham Houston, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Councillor Susan McGill, Stirling Council
Julia Swan, Non-Executive Board Member, NHS Forth Valley

Non-Voting Members

Annemargaret Black, Chief Officer, HSCP
Robert Clark, Employee Director, NHS Forth Valley
Anthea Coulter, Third Sector Representative, Clackmannanshire
Fiona Duncan, Chief Social Work Officer, Clackmannanshire Council
Michael Grassam, on behalf of Marie Valente, Chief Social Work Officer, Stirling Council
Shubhanna Hussain-Ahmed, Stirling Carer Representative
Natalie Masterson, Third Sector Representative, Stirling
Andrew Murray, Medical Director, NHS Forth Valley
Ewan Murray, Chief Finance Officer, HSCP
Elizabeth Ramsay, Unpaid Carers Rep, Clackmannanshire
Janine Rennie, Third Sector Representative, Stirling
Abigail Robertson, Joint Trade Union Committee Representative, Stirling Council
Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council
Angela Wallace, Director of Nursing, NHS Forth Valley
Dr Scott Williams, GP, NHS Forth Valley

Advisory Members

Carol Beattie, Chief Executive, Stirling Council
Nikki Bridle, Chief Executive, Clackmannanshire Council
Lesley Fulford, Senior Planning Manager, HSCP
Lindsay Thomson, Standards Officer for Integration Joint Board

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Carolyn Wyllie, Head of Community Health and Care, HSCP
Debbie Laing, Business Support Officer, HSCP (minutes)

1. Apologies for Absence

Apologies for absence were noted on behalf of:

- Helen Maguire, Clackmannanshire Service User Representative
- Morag Mason, Stirling Service User Representative
- Marie Valente, Chief Social Work Officer, Stirling Council and Social Work Advisor to the Integration Joint Board

2. Notification of Substitutes

Michael Grassam on behalf of Marie Valente, Chief Social Work Officer.

3. Declarations of Interest

There were no declarations of interest noted.

4. URGENT BUSINESS BROUGHT FORWARD BY THE CHAIR

4.1 Vice Chair Nomination

Allan Rennie was welcomed as the new Vice-Chair of the IJB.

4.2 Urgent Decision Making

The Integration Joint Board considered the paper presented by Ms Lindsay Thomson, Standards Officer which sought approval to extend the urgent decision-making authority delegated to the Chief Officer and Chief Finance Officer at the IJB meeting in March 2020.

The Integration Joint Board

- Approved the continued delegated authority to take such urgent measures or decisions as were required to:
 - a. The Chief Officer (or the Chief Finance Officer or their substitutes)
 - b. For the period up until at least 25 November 2020
 - c. To take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the constituent authorities and

Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power

4.3 Standing Orders

The Integration Joint Board

- Agreed this item would be brought back to the November meeting of the IJB, to allow for consideration of recording of future virtual meetings.

5. MINUTE OF MEETING HELD ON 17 JUNE 2020

The Integration Joint Board approved the draft minute subject to the following amendment:

- Anthea Coulter and Elizabeth Ramsay were added as present at the meeting.

6. CHIEF OFFICER UPDATE

The Integration Joint Board considered the verbal update provided by Ms Annemargaret Black, Chief Officer on activities carried out since the previous meeting.

Ms Black re-emphasised her thanks to the entire workforce for their hard work, commitment and resilience over the summer, to provide appropriate services across Clackmannanshire and Stirling. Support continued to be delivered for the workforce, including wellbeing support, counselling, and appropriate PPE.

Further updates included:

- Looking ahead, the main short-term priority for the HSCP would be to ensure readiness for Winter. This included the redesign of urgent care, the Test and Protect programme, and Care at Home focusing on reducing delayed discharges.
- An Independent Review of Adult Social Care had been commissioned
- And would be chaired by Derek Feeley. Terms of Reference could be viewed online. The Ministerial Steering Group (MSG), Audit Scotland, Care Inspectorate and Health & Sport Committee reviews/reports would be included into the wider review. The provisional publication date for the final report was January 2021.
- The NHS Emergency Footing status has been extended to end of March 2021.
- The report on Care Home transfers during lockdown was due to be published by Scottish Government on Friday 25 September.

The IJB discussed the reported strains on national testing regime capacity for frontline staff and the initial challenges when schools returned in August. Mrs Cowan provided assurance that NHS Forth Valley continued to build internal

resilience regarding capacity so those who had symptoms could access testing. An Oversight Group meets on a weekly basis, with any suspected COVID outbreaks scrutinised and addressed appropriately through their processes.

To support Care Homes, there is both a daily Strategic Care Homes Group and a weekly Care Home Assurance Group consisting of senior managers, to support the teams and assure our response supports residents and staff with infection control, PPE and care assurance. The work has significant support from NHS Forth Valley's Director of Nursing who chairs the oversight group.

The Integration Joint Board

- Thanked Ms Black for her update and noted the depth of work being undertaken
- Thanked staff for their hard work and commitment during the pandemic

7. NEEDS ASSESSMENT

There were no papers for consideration under this item.

8. BUDGET AND FINANCE

8.1 Finance Report

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

Mr Murray provided an overview of the financial position and the impact of COVID on this. Based on financial performance to 31 July 2020, an overspend of £1.914m on the Partnership Budget was projected consisting of a projected £1.028m overspend on the Set Aside Budget for Large Hospital Services and a £0.886m overspend on the Integrated Budget.

The projection provided within the report was based on key assumptions stated and while the Scottish Government had committed providing support for the financial impact of COVID based on reasonable expenditure, further clarity regarding funding for unachieved savings due to COVID was critical to the overall financial position of the HSCP. Details of the key financial risks and an assessment of risk rating was also provided.

Mr Murray highlighted a particular priority was the work to progress whole system working and reignite the Transforming Care Programme, with updates to be provided to the IJB meeting in November.

The IJB discussed the importance of transformation and the need for a robust workplan for the Transforming Care Board which would feed into the Finance and Performance Committee to identify tangible savings.

The Integration Joint Board

- 1) Considered the Budget update and Financial report
- 2) Noted the economic outlook and associated uncertainty
- 3) Noted the initial 2020/2021 projection based financial performance to 31 July 2020 and the Key Assumptions stated
- 4) Noted the significant financial issues and pressures
- 5) Noted the update on Scottish Government Financial Support for the HSCP Mobilisation Plan
- 6) Noted the update on the Operational Grip and Control Framework and savings delivery

9. PLANNING, COMMISSIONING AND DIRECTIONS

9.1 Strategic Improvement Plan

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The Plan set out the ambitious programme of service review and re-design across community health and care services to meet the priorities set out in the Strategic Plan 2019-2022. Ms Forrest highlighted the importance the Organisational Development Advisor post to support the delivery of the wide ranging transformation required and noted discussions were ongoing with HR colleagues.

In response to a query regarding mental health service transitions for young people, Ms Forrest advised that while children services was not operationally managed by the HSCP, there was a proposal to have a Head of Mental Health post who would ensure a whole system approach to mental health across Forth Valley. This would require discussions with all partners involved.

Ms Black highlighted that a proposal to take the lead in the Community Planning Partnership to provide a coordinated approach to the wellbeing framework of activity across the community was being considered and a report would be presented to the IJB in November.

The Integration Joint Board

- 1) Noted the volume of activity planned and underway within the HSCP
- 2) Approved the Strategic Improvement Plan and asked officers to progress the actions and activities
- 3) Sought for officers to provide an update at each IJB meeting against the actions outlined in the Plan

9.2 Transforming Care Programme Board and Priorities

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest provided an update on the progress made to establish a Portfolio Managed approach to delivering a transforming care agenda across the community health and social care services delegated to the HSCP. This would ensure the significant change initiative was managed centrally and resources were allocated efficiently to enable the relevant projects to deliver the expected benefits.

The Transforming Care Board would meet on a quarterly basis and report into the Finance and Performance Committee for oversight and assurance.

The Integration Joint Board

- 1) Approved the approach for the establishment of HSCP Transforming Care Portfolio Board
- 2) Approved Transforming Care Portfolio Definition Document, attached as an appendix to the report
- 3) Sought for officers to provide detailed updates at each Integration Joint Board meeting to ensure progress and provide scrutiny

9.3 Strategic Planning Group Review

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Section 32 of the Joint Bodies (Joint Working) Act 2014 laid out that each Integration Authority must establish a Strategic Planning Group to better understand the perspectives of the strategic planning stakeholders as specified by the Act.

Ms Forrest highlighted the refreshed approach to the Strategic Planning Group (SPG) to widen the current membership and build on the experiences and expertise of current members. A workshop had been held and the resulting review reflected the whole system and co-productive approach to strategic planning required to deliver the services and support required to meet the needs of particular individuals, communities and localities.

The updated Terms of Reference created the opportunity for connectivity into communities and their influence back into the Strategic Planning Group and IJB.

The IJB discussed the innovative way forward and the need for participation and engagement.

The Integration Joint Board

- 1) Approved the updated content of the HSCP Strategic Planning Group Terms of Reference

9.4 Approach to Locality Planning

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest provided a brief summary of the approach to Locality Planning which would build on the strong and active network already in place. This included community led focus groups, community advice points, community Link Workers, a virtual network and public engagement and communications. The approach, supported by a more detailed programme of activities would then form the basis of Locality Development going forward.

The Integration Joint Board

- 1) Approved the approach set out within the paper

9.5 Participation and Engagement Strategy

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest provided a brief outline of the refreshed Participation and Engagement Strategy and the importance of involving all partners and stakeholders, including those people, groups and communities whose views were not frequently heard. This would help to get the right services in the right places at the right time.

The Chair extended thanks on behalf of the IJB noting the important step forward and the huge amount of work involved.

The Integration Joint Board

- 1) Approved the refreshed Participation and Engagement Strategy
- 2) Agreed that ongoing planning and monitoring of Participation and Engagement would be overseen by the Strategic Planning Group

9.6 Bellfield Centre

The Integration Joint Board considered the paper presented by Ms Carolyn Wyllie, Head of Community Health and Care.

The report provided an update on the work to bring the Bellfield Centre into a sustainable financial position, as agreed and noted at the June IJB meeting. This work included continuing with a range of models of

care established during the pandemic and improving person centred pathways to enable people to return to their choice of destination when clinically fit to do so. A workforce planning review was also underway to understand the optimal deployment of staff, aligned to demand, that was required to ensure available resources were deployed effectively and addressed previous inefficiencies.

The Chair thanked Ms Wyllie and her team for the excellent work and comprehensive report, noting that further progress reports would be provided as the redesign of the Bellfield continued and moved to the next phase.

The Integration Joint Board

- 1) Considered the update provided and supported the approach to financial sustainability through service redesign
- 2) Noted set aside and modelling work being carried out and implications for further decisions to be made in the future in relation to bed-based care

9.7 Gender Based Violence – Delegation of Authority

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest provided an overview of the Gender Based Violence services, noting that while budgets had transferred the direct responsibility for associated services had not.

The IJB discussed the importance of synergy between both councils and how they could work together holistically with the IJB, to drive this agenda forward. There was a need for appropriate receiving structures to ensure a smooth transition of services back into both councils and provide assurance there would be no detrimental effect on services. Ms Duncan welcomed the proposal and agreed to discuss the next steps/process for this with Ms Forrest. Ms Coulter also agreed to be involved.

The Integration Joint Board

- 1) Approved in principle the delegation of Gender Based Violence services back to Clackmannanshire and Stirling Councils based on conversations required
- 2) Then issued a direction to delegate Gender Based Violence service back to Stirling Council
- 3) Then issue a direction to delegate Gender Based Violence service back to Clackmannanshire Council

9.8 Alcohol and Drug Partnership – Delegation of Authority

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The new leadership structure within the HSCP provided the opportunity to meet the requirements of the Public Bodies (Joint Working) Scotland Act 2014 by transferring the Alcohol and Drug Partnership (ADP) function for Clackmannanshire and Stirling into the HSCP. This would also solidify the whole systems community response, addressing health inequalities including those affected by drug and alcohol issues

Partnership working with the third and independent sectors would continue and enhanced further with a focus on involvement in community health and care through the refreshed Strategic Planning Group and developing Locality arrangements.

The Integration Joint Board

- 1) Agreed the transfer of the Alcohol and Drug Partnership to the Health and Social Care Partnerships in line with the Public Bodies (Joint Working) Scotland Act 2014
- 2) Sought updates from officers as to progress at November 2020 meeting

10. PERFORMANCE

10.1 Quarter One Performance Report

The Integration Joint Board considered the paper presented by Ms Carolyn Wyllie, Head of Community Health and Care.

The Performance report outlined how the HSCP was performing against key priorities, targets and measures and provided assurance on the delivery of services. This included the work to reduce delayed discharges and support people home to their destination of choice and the review of palliative care currently taking place.

The IJB discussed the challenges and opportunities due to the pandemic and the need to ensure services continued to be consistent across Clackmannanshire and Stirling and addressed health inequalities. In response to a question regarding access to GP appointments, Dr Williams advised that while GP surgeries had not closed, the way in which they were accessed had changed to minimise face to face consultations unless clinically required, this included the use of NearMe and telephone appointments. It was important that people understood that although the format for appointments were different, they were just as effective.

In response to a question regarding whether care homes would be taken in house by the NHS similar to the approach by NHS Highland, Ms Black advised that the lead agency model adopted by NHS

Highland and Highland Council meant NHS Highland provided adult community care which was not the case for NHS Forth Valley.

The Integration Joint Board

- 1) Noted the content of the report
- 2) Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports
- 3) Approved quarterly reports to come forward to first available IJB meeting post the end of the quarter.

10.2 Annual Performance Report

The Integration Joint Board considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

Under the Public Bodies (Joint Working) (Scotland) Act 2014, Section 42, the Integration Authority must produce an Annual Performance Report (APR) for the reporting period. Although the report for 1 April 2019 to 31 March 2020 should have been published by the end of July, the Coronavirus (Scotland) Act 2020 Schedule 6 Part 3 provided for a delay in publication. The IJB agreed to delay publication at the meeting in June.

Ms Forrest highlighted challenges regarding access to data and noted the NHS Forth Valley action plan to address the Standardised Mortality Ratio (SMR) completeness.

Highlights and achievements for 2019/20 included changes in Primary Care with additional Pharmacists and Pharmacy technicians supporting GP practices in North East Stirling and additional professional roles such as advanced practice physiotherapists, mental health nurses and advance nurse practitioners. The hard work to deliver the Stirling Health and Care Village including the Bellfield Centre was also noted and the official opening by the Cabinet Secretary.

The APR would continue to be developed to reflect the wide range of work required to meet the growing and changing needs of the population and ensure its format was user friendly and easy to understand. The APR for 2020-2021 would reflect in more detail the significant work and efforts of those who supported the Clackmannanshire and Stirling communities throughout the pandemic.

The Chair noted the positive progress made and areas for further development.

The Integration Joint Board

- 1) Approved the Draft Annual Performance Report 2019/2020

10.3 Clinical and Care Governance Group – Terms of Reference

The Integration Joint Board considered the report presented by Dr Scott Williams, Chair of the Clinical and Care Governance Group.

Dr Williams advised that following the Clinical and Care Governance COVID-19 meeting in April 2020, it was agreed to refresh the Terms of Reference to ensure appropriate oversight and assurance. A report template had been introduced for Senior Managers to use and report on performance for their service area including staffing, finance, service quality and potential risks/significant events. An annual report would then be presented to the March meeting of the IJB for assurance.

The IJB noted the foundation for progress and the need to ensure roles and responsibilities of clinical and care governance across the 3 organisations were reviewed and clarified to minimise risk of duplication and provide the necessary scrutiny and assurance.

The Integration Joint Board

- 1) Noted the refreshed approach to the Clinical and Care Governance Group and membership
- 2) Noted the assurance provided through the minutes and summary paper
- 3) Agreed Terms of Reference would be reviewed and brought back to a future IJB meeting for formal approval.

11. UNSCHEDULED CARE

There were no papers for consideration under this item.

12. NATIONAL AND PERSONAL OUTCOMES

There were no papers for consideration under this item.

13. POLICY AND LEGISLATIVE REQUIREMENTS

13.1 Climate Change Report

The Integration Joint Board considered the paper presented by Ms Lesley Fulford, Senior Planning Manager.

Ms Fulford explained that although the IJB, as a public body, had a statutory duty to produce a Climate Change report as the IJB did not have direct responsibility for staff, buildings or fleet cars the report did not contain a significant level of detail. These areas would be contained within the constituent authorities reports.

The three elements of the climate change duties were; Mitigation - reducing greenhouse gas emissions, Adaptation – adapting to the impacts of a changing climate and Acting Sustainably – sustainable development as a core value.

The IJB discussed the opportunities for the constituent authorities to reduce the effects on the climate and deliver a sustainable future.

The Integration Joint Board

- 1) Noted the statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009
- 2) Approved the draft Climate Change Report 2019/2020 for submission to meet its requirements

13.2 Stirling Alive with Volunteering

The Integration Joint Board considered the papers presented by Ms Natalie Masterson, Stirling's Third Sector representative,

Ms Masterton highlighted the collaborative project being led by Stirling Council, Stirlingshire Voluntary Enterprise (SVE) and Volunteer Scotland on a year of volunteering engagement work. Stirling's Alive with Volunteering would offer opportunities to volunteer and participate in community life across Stirling and beyond.

The IJB welcomed the report which highlighted the valued support in the community and commended both SVE and Clackmannanshire Third Sector Interface (CTSI) for their continued efforts to promote the benefits of volunteering and contributing to the community.

The Integration Joint Board

- 1) Noted Stirling Alive with Volunteering initiative
- 2) Recognised the benefits of volunteering and in local communities
- 3) Approved the IJBs support for the volunteering initiative

14. EXEMPT ITEMS

There were no papers for consideration under this item.

15. FOR NOTING

- 15.1 Action Log**
- 15.2 COVID Update**
- 15.3 Care Homes**
- 15.4 Integration Scheme**
- 15.5 Minutes**

- a. Strategic Planning Group – none to note
- b. Joint Staff Forum – meetings held on 13/02/20 and 09/06/20
- c. IJB Audit and Risk Committee – meeting held on 24/03/20
- d. Clinical and Care Governance Group – none to note

16. ANY OTHER COMPETENT BUSINESS

As there was no other competent business the Chair closed the meeting.

17. DATE OF NEXT MEETING

25 November 2020, 2-4pm, via Microsoft Teams.

Integration Joint Board

25 November 2020

Agenda Item 8.1

Financial Report

For Noting

Paper Approved for Submission by	Annemargaret Black, Chief Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author(s)	Ewan Murray, Chief Finance Officer
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To present the Integration Joint Board an overview of the partnership financial position and impact of COVID 19 thereon.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider the Budget update and Financial report 2) Note the 2020/21 projection based Financial Performance to 30 September, the key assumptions and financial risks. 3) Note the Significant Financial Issues and Pressures 4) Note the update on Scottish Government Financial Support for the HSCP Mobilisation Plan 5) Note the update on 2021/22 Budget Planning and approve substantive updates to be brought to the Finance and Performance Committee in December 2020 and IJB in January 2021.
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1. Background

- 1.1 The Integration Joint Board approved its 2020/21 budget and Medium Term Financial Plan on 25 March 2020. These plans, whilst acknowledging that the COVID 19 pandemic would have a material impact, were on a 'business as usual' basis.
- 1.2 Emergency decision making powers were put in place concurrently and remain in place at this point. Updates on the budget, use of emergency powers and the HSCP Mobilisation Plan in response to COVID 19 were provided to the June 2020 IJB meeting.
- 1.3 Regular returns on the projected costs associated with the Mobilisation Plan have been provided to Scottish Government initially weekly and now on a monthly basis. The latest return, at the time of writing, was submitted to Scottish Government during week commencing 26 October 2020. These returns include an assessment of the planned savings at risk due to the impact of the pandemic – currently quantified at £2.715m.
- 1.4 The impact of the pandemic will have a profound and long term effect on economic strategy and therefore public expenditure and short and medium term planning will require to be continually reviewed in response to this.

2. Economic Outlook

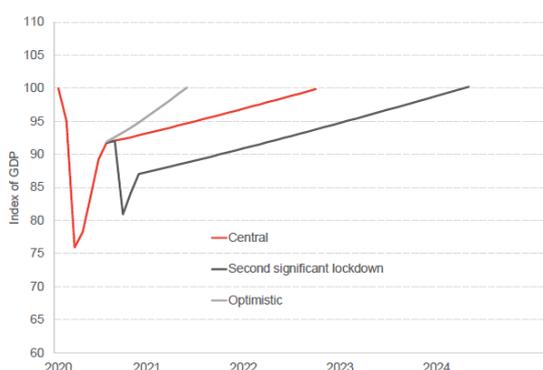
2.1 It remains incredibly difficult to predict the long term effect the pandemic will have on the Scottish and UK economies, developing economic strategies and therefore impacts on public expenditure.

2.2 The UK chancellor will present the 2020 Spending Review to Parliament on 25 November setting out spending plans for 2021/22. Alongside this the Office for Budget Responsibility will publish forecasts on the same day. The Scottish Government have set a date of 28 January 2021 for publication of the 2021/22 Scottish Draft budget making budget setting for 2021/22 very time compressed and challenging. It is therefore critical budget planning is progressed based on best intelligence and possible scenarios.

Furthermore it is understood that UK and Scottish Budgets will only set out one year spending plans with longer term, post covid, economic strategies emerging later. This will mean resource availability over the medium to longer term will remain highly uncertain.

2.3 In terms of economic recovery the Fraser of Allander Institute (FAI) at Glasgow University further considered 3 scenarios in its September 2020 Economic Commentary. The central scenario suggests it would take the Scottish economy 2 years and 6 months to return to pre-crisis levels and a scenario considering a second significant lockdown similar to but slightly less restrictive to the one in March 2020 leading to a suggested recovery time of 4 years and 1 month.

Chart 1: Scottish Economic Growth scenarios: 2020 to 2025 based upon return to 'pre-crisis level'



	Trough	Return to pre-crisis level	Recovery time
Optimistic	Apr/May-20	Jun-21	1 year, 2 months
Central	Apr/May-20	Oct-22	2 years, 6 months
Second significant lockdown	Apr/May-20	May-24	4 years, 1 months

Source: FAI calculations

2.4 Taking account of this uncertainty there will be a need to continually review and adapt financial plans over coming months and years as resource availability and projected costs become clearer. Planning and service delivery will require to be agile to adapt to rapidly changing conditions.

3. 2020/21 Projection

- 3.1 A set of financial projections have been prepared based on financial performance for the first 6 months of the financial year to 30 September 2020.
- 3.2 This indicates a projected overspend of £1.224m on the Set Aside Budget for Hospital Services and £0.439m projected overspend on the Integrated Budget. This gives a projected overspend of £1.663m across partnership budgets as summarised in the table below. The forecast excludes additional Covid expenditure anticipated to be met from Scottish Government Mobilisation funding.

Projected Outturn Based on Financial Performance to 30 September 2020

	£m
Set Aside Budget for Large Hospital Services	<u>(1.224)</u>
Integrated Budget	
Operational and Universal Health Services	(0.444)
Adult Social Care	(0.781)
Estimated Offset from Transformation Funding	<u>0.786</u>
Projected (Over)/Underspend Integrated Budget	<u>(0.439)</u>
Projected (Over)/Underspend Partnership Budget	<u><u>(1.663)</u></u>

- 3.3 The position set out above will form the basis of the financial return to the Health and Sport Committee for Quarter 2 of 2020/21.

4. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 4.1 The set aside budget is reporting an £0.219m overspend for the first six months of the financial year an increase of £0.075m from the previous month. This is closer to budget than in previous year broadly as a result of lower attendance, activity and admission levels in the earlier part of the financial year. The impact of redeploying staff from other areas of service (e.g. community mental health staff supporting inpatient wards) has reduced nurse bank costs in the early part of the year.
- 4.2 This overspend is anticipated to increase considerably over the remainder of the financial year as attendance and admission levels continue to increase and more services have been re-mobilised.
- 4.3 In the first six months of the year the financial pressures on the set aside were in relation to Accident & Emergency, Geriatric & Rehabilitation Medicine and

Mental Health Inpatients. Mental Health Inpatient Services have observed particularly high occupancy levels as well as experiencing ongoing pressures in Old Age Psychiatry as a result of medical locum costs. The IJB will receive a further update on agreed recruitment of Old Age Psychiatry consultants, as reported in September, in due course.

- 4.4 The financial pressures in the specialities detailed in paragraph 4.3 are projected to increase over the course of the year as activity levels continue to increase and seasonal pressures have an impact over the winter months.

Integrated Budget

- 4.5 The main pressure areas across the Integrated Budget relate to:

Within Operational & Universal Health Services: Family Health Services (FHS) prescribing, Locum costs in Primary Medical Services, Complex Care packages and Community Equipment. These are partially offset, as in previous years with underspends across other community services. Further detail on the approaches to improving quality and value in FHS Prescribing is provided later in this paper given the scale of the pressures.

Within Integrated Services: Continuing cost pressures in relation to service delivery within the Bellfield Centre of Stirling Health and Care Village. The IJB considered and approved a paper in relation to service delivery, financial control, minimising reliance on temporary workforce and sustainability at the Bellfield Centre at its September meeting. The anticipated impact of this is included within the projections and continues to be under ongoing review.

Within Adult Social Care: The costs associated with the residential home in Strathendrick remaining open without an associated revenue budget, and ongoing pressures in Long Term Care, Care and Support at Home and Respite predominantly driven by demographic pressures. We have, in the first two quarters of the financial year, observed a greater reduction in Long Term Care clients and therefore projected expenditure in the Clackmannanshire Locality compared to Stirling localities. This amounts to £0.9m and it is likely Scottish Government will seek to offset this against the costs, which include loss of income and costs of additional demand clearly associated with Covid, of the HSCP Mobilisation Plan including the impact of paused savings and efficiency programmes. Dialogue on this issue with Scottish Government is ongoing to seek clarity.

Modelling is ongoing to examine changing future demand patterns post Covid. Public perceptions alongside service strategy is likely to increase demand for care at home and closer to home compared to previous trends and financial planning will require to dovetail with this.

- 4.6 The out-turn projected overspend will be subject to a number of risk factors during the remainder of the year, and these are summarised below:
- The main drivers of the overspend remain increasing demand and complexity of need, with the consequent costs. This is a consistent

challenge across both health and social care functions. Underlying causes include the impact of demographic change and the determinants of general health and care needs. The significant areas of financial pressure across the Partnership budget are:

- Delivery of adequate savings and efficiency programmes whilst delivering safe and effective person centred care.
- Growth in demand and costs of Care at Home (all care groups) including those associated with maintaining adequate flow and high delayed discharge performance.
- Growth in demand and costs Provision of Residential Care (all care groups)
- Cost and complexity of transition of care from Children's Services – particularly in relation to Learning Disabilities
- The costs associated with Strathendrick Care Home remaining open without an associated revenue budget.
- Cost and Volume Increases in Primary Care Prescribing
- Cost pressures relating to Primary Medical Services
- Cost pressures associated with the Set Aside Budget for Large Hospital Services (Accident and Emergency, General, Geriatric and Rehab Medicine and Mental Health Inpatient Services)

4.7 The current consolidated out-turn projections are set out in Section 3.2. It is important to recognise that there are a number of significant areas which are subject to cost volatility and variation. These areas are the subject of ongoing review, action planning, and where appropriate and feasible, action implementation. The specific areas of focus are:

- Potential cost impacts of Remobilisation and Renewal plans post COVID
- Cost and volumes of drugs and other therapeutics in Primary Care, including potential price volatility in relation to Brexit and tariff changes.
- Further increases in demand, complexity and cost of service provision.
- Transitions from Children's' services and Learning Disability and Mental Health inpatients facilities and requests for high cost community care packages which cannot always be foreseen.
- Further review of the workforce and care models with the Bellfield Centre

- Remodelling Future Demand & Profiling of bed capacity
- Costs associated with legislative changes including the Carers Act and Free Personal Care for <65's.
- Risks associated with the provider market including sustainability issues.
- Primary Care / GP Sustainability.
- Whole system performance issues including delayed discharge linked to developing approaches to Early Intervention and Prevention.
- Seasonal surges in demand and risk of further wave(s) of COVID infections locally.
- Filling of critical vacant posts.
- Potential additional up-front costs in relation to acceleration of the Transforming Care Programme.

Family Health Services Prescribing

- 4.8 Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £1.5m for the financial year. This is being largely offset by underspends in Operational Health Services particularly those delivered in the community meaning less than full staffing and activity levels are possible in these services.
- 4.9 As reported to the IJB in September significant work continues to be progressed in developing and implementing a Prescribing Improvement Scheme and other initiatives to reduce variation and waste which, whilst not forecast to have significant financial benefits in the current financial years is anticipated to have a greater impact in 2021/22. The workload associated with these initiatives in General Practice combined with pressures in managing service delivery over the coming months will be a risk to maintaining momentum in this area.

5. Key Assumptions

- 5.1 The projections above are based on the following key assumptions:
- Scottish Government provide financial support for the financial impact of COVID 19 based on reasonable expenditure as reflected through periodic Local Mobilisation Plan cost returns.

- The resurgence of community transmission of Covid, or second wave, currently being observed does not require significant additional expenditure other than that assumed to be met by Scottish Government through the Local Mobilisation Plan process.
- There can be focused capacity on reigniting and progressing the transformation programme.

6. Scottish Government Financial Support for HSCP COVID19 Local Mobilisation Plan (LMP)

- 6.1 The Cabinet Secretary for Health and Sport announced an additional £1.1bn Covid funding for health and social care on 29 September. This has been allocated from Scottish Government via NHS Forth Valley as has been the process for Covid financial allocations to date. At the time of writing officers, are continuing to work with Scottish Government, to reconcile the allocations to LMP cost returns at NHS Board and IJB level and ensure adequate cash flow support for costs and payments being incurred by Local Authorities.
- 6.2 The Integration Authority allocations from this funding are being made on the basis of actual estimated costs for Quarter 1 and 50% of forecast spend for the remainder of the financial year.
- 6.3 The allocations from Scottish Government do not, at this point, include any support for unachieved or delayed savings as a result of the Covid19 pandemic. Scottish Government will further review this matter in January 2021 along with consideration of further IJBs have been asked by Scottish Government to review and reassess savings delivery with a view to reducing financial risk. Based on the projection set out in this report some support for unachieved savings would be required to breakeven in the current financial year.
- 6.5 The total estimated quantum of cost for the HSCP Covid19 Mobilisation plan per the return submitted during week commencing 26 October was £12.745m including the £2.715m of savings current assessed as being at risk due to impact of Covid19. This is a reduction from the previous level of assessed risk of £3.265m largely in relation to Bellfield centre.

7. Additional Allocations Received from Scottish Government

- 7.1 The significant further allocations from Scottish Government since the report to the September IJB are summarised in the table below.

Significant Scottish Government Allocations since September IJB report	£m
General Dental Services - Non Recurrent Increase to Notional Allocation	0.373
General Pharmaceutical Services - Non Recurrent Increase to Notional Allocatio	0.572
General Medical Services - Premises	0.038

8. Operational Grip and Control Framework and Savings Delivery

Operational Grip and Control Framework

- 8.1 As previously discussed with both the Finance and Performance Committee and the IJB establishment of an Operational Grip and Control Framework is a significant element of strengthening financial and operational management arrangements across the partnership.
- 8.2 These arrangements were reintroduced by means of monthly virtual meetings from August 2020 and are co-chaired by the Chief Finance Officer and Head of Service for Community Health and Care.
- 8.3 Linked to the issues detailed in section 6 of this report the November Grip and Control meeting will be focussed on review and reassessment of savings delivery both in terms of current year, full year effect where delivery has been impacted by the Covid19 pandemic and beginning to look forward to future savings requirements. The outputs of this will inform the report to the December Finance & Performance Committee and future Local Mobilisation Cost returns.

Savings Delivery

- 8.5 In terms of savings delivery the 20/21 budget approved on 25 March was predicated upon a £4.853m savings requirement on the Integrated Budget with plans developed for £4.426m of this and a remaining gap of £0.427m requiring plans to be developed via the Transforming Care Programme.
- 8.6 As a result of the COVID-19 outbreak the majority of actions supporting the savings plans required to be paused with staff and management resources reprioritised to support mobilisation plans. The risk on savings delivery directly resulting from COVID-19 delays has been quantified at £2.715m at the date of the last COVID 19 cost return template submitted to Scottish Government. This quantum is lower than previously reported to the Board largely as a result of projected impact of changes in service delivery at the Bellfield centre.
- 8.7 As previous reported to the Board, there is an urgent need to refocus on elements of savings delivery along with reigniting the Transformation Programme to reduce the projected overspend on the Integrated Budget and risk associated with budget allocations from Scottish Government. These actions, of course, require to be dovetailed with renewal and recovery, and mindful of both safe service delivery and contingency planning whilst we deliver services in the reality of COVID 19.

8.9 The priority elements of this will be:

- Continuing work on developing sustainable whole system working solutions.
- Continuing to implement changes and control measures in relation to the Bellfield centre and Menstrie House as previously agreed by the Board.
- Continue and widen review activity on existing care packages
- Further develop and finalise implementation plans for the Review of Frontline Social Care as the initial focus for the Transforming Care Programme Board including an increased focus on Self Directed Support.
- Progressing the work on improving quality and reducing variation and waste in Prescribing as detailed in this and the finance report to the September IJB.
- Further evolving the Operational Grip and Control Framework

9. 2021/22 Budget Planning

- 9.1 Work has now commenced on 2021/22 budget planning using the methodology set out in the Integration Scheme which, in itself is drawn from national guidance.
- 9.2 This work will be progressed in the coming weeks and will form the basis of a substantive update to the Finance and Performance Committee in December and thereafter the IJB in January 2021.
- 9.3 The HSCP Senior Leadership Team are also engaged with budget planning arrangements across the constituent authorities.
- 9.4 Budget planning and setting for 2021/22 will be particularly challenging due to the impact of covid on predicting future demand levels in both the short and medium to longer terms and uncertainty regarding resource levels.

10. Financial Risks

10.1 Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR).

10.2 The key financial risks facing the partnership are set out in the table below along with risk rating on a RAG (Red/Amber/Green reflecting High/Medium/Low assessed risk levels) basis:

Risk	Risk Rating (RAG)
There is a risk that the HSCP COVID-19 mobilisation plan costs (including the impact on savings delivery) are not fully funded and that further waves of inflections will impact on the ability to manage financial risk across the partnership budget.	Red
There is a risk that provider(s) may become unsustainable resulting in the HSCP/Constituent authorities requiring to step in to ensure safe continuity of care with risk of associated additional expenditure.	Red
There is a risk that anticipated funding allocations from Scottish Government are not received in full or in line with planning assumptions and expenditure commitments.	Amber
There is a risk that the savings and transformation programme will not deliver the required level of recurring savings, increasing the underlying deficit in future years.	Amber
There are uncertainties associated with EU withdrawal arrangements which carry potential financial risk including drug costs and staffing.	Amber
There is a risk that areas of service sustainability will require additional financial resources to maintain safe and effective services for service users	Amber
There is a risk that, in order to minimise hospital delays, achieve safe whole system flow and meet increased demand additional costs are incurred including potentially requiring to commission services from more expensive providers.	Amber
The risk that constituent authorities require to revisit and reset budgets in year and through this seek to reduce payments to the IJB	Amber

11. Conclusions

11.1 The partnerships ability to progress the Transformation Programme as the key programme in driving financially sustainable service change, pursuance of Strategic Priorities and improved outcomes for citizens has been significantly delayed by the impact of the COVID 19 pandemic. It has also, as detailed in the accompanying papers, created opportunities for change which it is critical to capitalise.

11.2 There is a delicate balance to be managed over the coming months of supporting the Public Health strategy to control the virus, reigniting the Transformation Programme incorporating Remobilisation and Renewal work and ensure appropriate contingency and business continuity planning is in place both for potential further waves of COVID infection and other risks including seasonal pressures and provider market risks.

- 11.3 Meantime we must refocus on reigniting the Transforming Care Programme and delivering efficiency and savings requirements whilst balancing managing the risks around Covid, ensuring appropriate contingency and business continuity planning and remobilisation and renewal.
- 11.4 The Transforming Care Board met on 12 November to re-begin progressing this.

12. Appendices

Appendix 1 – Budget Analysis

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>

Implications	
Finance:	Per body of report. Chief Finance Officers/ Directors of Finance of the constituent authorities have been consulted on content of the report.
Other Resources:	As referenced in the report.
Legal:	No legal issues arising.
Risk & mitigation:	Financial Resilience is a key risk detailed within the Boards Strategic Risk Register. Financial planning and reporting is part of the mitigation approaches to assist in managing these risks.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA

Appendix 1 - Budget Analysis - In Scope Health Functions

Scope	Cat Ref	Category Reference Name	Annual Budget C/S IJB	YTD Variance C/S IJB	Forecast Variance
Set Aside	.2	Accident and Emergency Services	5,627,166	(103,952)	(559,077)
	.3a	Inpatient Hospital Services General Medicine	3,178,771	111,997	19,087
	.3b	Inpatient Hospital Services Geriatric Medicine	4,075,032	(158,936)	(392,470)
	.3c	Inpatient Hospital Services Rehabilitation Medicine	1,360,875	(50,912)	(43,007)
	.3d	Inpatient Hospital Services Respiratory Medicine	1,120,069	28,915	2,209
	.3e	Inpatient Hospital Services Psychiatry of Learning Disability	1,089,537	11,220	18,204
	.4	Palliative Care (Hospital Based)	963,873	(3,928)	(7,855)
	.7	Mental Health Inpatient Services	5,416,558	(53,425)	(260,621)
Set Aside		Sub Total	22,831,883	(219,021)	(1,223,530)
Operational	.8	District Nursing Services	3,920,202	73,802	46,531
	.8a	Community Nursing Services	258,587	10,466	(67,840)
	.9	Community Addiction Services	2,897,587	120,722	169,713
	.10	Community Based AHP Services	6,817,665	254,408	377,666
	.11	Public Dental Service	1,044,655	5,290	10,580
	.17	Services provided outwith a hospital in relation to geriatric medicine	1,300,079	117,470	218,944
	.18	Palliative Care (delivered in Community)	78,420	(359)	1,670
	.19	Community Learning Disability Services	866,971	62,422	128,635
	.20	Community Mental Health Services	4,227,568	139,907	200,539
	.21	Continence Services	185,176	25,957	42,141
	.23	Services Provided by health professionals to promote public health	1,156,458	108,967	211,167
	.24	Community Hospitals (recurrent budget)	5,616,130	191,502	371,728
	.RTrs	Resource Transfer	8,576,250	37	73
	.JPA	Joint Partnership Agreements	1,669,376	(40,475)	(31,471)
	.PF	Partnership Funds (ICF/ Delayed Discharge / Bridging)	2,359,576	1	0
	.Pass	Integration Fund Pass Through Funding	10,862,993	(1)	0
	Operational		Sub Total	51,837,694	1,070,118
Universal	.12	Primary Medical Services (GMS Contract)	27,218,737	9,229	9,289
	.13	Primary Dental Services (GDS Contract)	8,620,812	(0)	0
	.14	Community Ophthalmic Services	2,685,907	0	0
	.15	Community Pharmaceutical Services	36,317,395	(754,642)	(1,510,364)
	.16	GP Out of Hours Services	2,014,223	11,794	12,910
	Universal		Sub Total	76,857,074	(733,619)

Forecast Variance Operation and Universal Services After Bellfield Cash Adjustment	(444,089)
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Appendix 1 - Budget Analysis - Adult Social Care

Stirling Localities

Heading	Budget £'000	Projection £'000	Variance £'000
Staffing	4,275	3,932	343
Voluntary Orgs / 3rd Sector	1,019	987	32
Sensory Services	210	210	0
JLES	227	241	(15)
Bellfield Centre	3,532	4,532	(999)
Bellfield Cash Adjustment		(636)	636
Strathendrick	2	509	(507)
Long Term Care	14,875	15,819	(945)
Care and Support at Home	16,841	16,769	72
Respite	379	750	(371)
Direct Payments	980	1,047	(67)
Daycare	849	871	(22)
Streets Ahead	388	358	30
Riverbank	559	511	48
Equipment	166	164	2
Transport	121	86	35
Reablement	1,971	1,705	266
MECS / Telecare / Telehealth	394	348	46
Integration Fund	(5,407)	(5,407)	0
Resource Transfer	(5,318)	(5,371)	52
Housing Aids & Adaptations	835	835	0
Alcohol & Drug Services	126	126	0
Appropriate Adults	18	18	0
Quality Assurance	96	26	71
Self-Directed Support	39	22	17
FV Domestic Abuse	93	87	6
TOTALS	37,269	38,539	(1,269)

Clackmannanshire Locality

	Budget £'000	Projection £'000	Variance £'000
Employee Expenditure	8,501	7,586	915
Long Term Care			
Nursing Homes	7,594	6,980	614
Residential Homes	3,594	3,284	311
Community Based Care			
Care at Home	7,176	8,664	(1,488)
Day Care	230	268	(39)
Direct Payments	953	941	11
Housing Aids and Adaptations	159	164	(5)
Housing with Care	163	194	(31)
Respite	129	128	1
Misc Third Party Payments	1,771	1,160	610
Premises Expenditure	11	25	(13)
Supplies and Services	372	425	(53)
Transport Expenditure	48	50	(2)
Income			
Income	(4,390)	(4,055)	(335)
Resource Transfer (Health)	(7,271)	(7,262)	(9)
TOTALS	19,040	18,553	488

TOTAL PROJECTION ADULT SOCIAL	(781)
OVERSPEND	

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 8.2(a)

Clackmannanshire & Stirling Integration Joint
Board - 19/20 Annual Accounts

For Approval

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	Not exempt

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	The purpose of this report is to present the 2019/20 Audited Annual Accounts to the Integration Joint Board for Noting and Approval
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note that the 2019/20 Annual Accounts were considered and recommended for approval by the Audit and Risk Committee on 19 November 2020 2) Approve the accounts for signing by the Chair, Chief Officer and Chief Finance Officer and publication thereafter.
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1. Background

- 1.1. The Local Authority Accounts (Scotland) Regulations 2014 places a statutory obligation on the Integration Joint Board to approve and publish the final accounts normally by 30 September each year.
- 1.2. The provisions of the Coronavirus Act 2020 allows some flexibility to postpone publication of the 2019/20 accounts. In order for the preparation of final accounts and external audit process to operate effectively this flexibility was required as discussed with the Audit and Risk Committee in June 2020. The Chief Finance Officer, on behalf of the IJB, placed notification of this postponement on the partnership website on 28 September 2020.
- 1.3. The annual accounts were prepared by the Chief Finance Officer in line with the guidance on accounting for the integration of health and social care published by the Local Authority Scotland Accounts Advisory Committee (LASAAC).

2. Considerations

- 2.1. The Clackmannanshire & Stirling Integration Joint Board Audited Annual Accounts 2019/20 are appended to this paper for approval.
- 2.2. The accounts detail the financial performance of the partnership alongside an overview of wider performance through the Core Suite of Integration Indicators. It is therefore suggested the accounts are read in conjunction with

the Annual Performance Report considered by the Board, in draft form, in September 2020.

- 2.3. The Audit and Risk Committee considered the unaudited accounts in June 2020 and the audited accounts on 19 November 2020. There were a number of revisions between the unaudited and audited accounts which were mainly narrative in nature. The key changes included:
 - 2.3.1. Development of the management commentary including incorporation of and overview of performance from the published Annual Performance Report.
 - 2.3.2. Development of the Annual Governance Statement including reflection of the assurance drawn from the Annual Internal Audit Report
 - 2.3.3. Updating the governance action plan and agreeing this with the Partnership Senior Leadership Team.
- 2.4. The Annual Audit Report (AAR) is also presented to the November Integration Joint Board meeting and the issues and recommendations contained therein should be considered alongside the accounts.
- 2.5. The Audit and Risk Committee considered the accounts on 19 November and agreed the recommendation of the approval of the accounts by the Integration Joint Board.

3. Appendices

Appendix 1 – 2019/20 Accounts

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
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Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>

Implications	
Finance:	The Annual Accounts detail the financial performance of the partnership for 2019/20.
Other Resources:	The management commentary within the accounts details principal activities and key performance issues within the financial year within the context of delivering the aims of the Strategic Plan.
Legal:	The preparation and publication of the Integration Joint Boards Annual Accounts is a statutory requirement.
Risk & mitigation:	The Annual Accounts contains commentary in relation to financial risk for the Integration Joint Board.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA



Clackmannanshire & Stirling
**Health & Social Care
Partnership**

Clackmannanshire & Stirling Integration Joint Board - Annual Accounts 2019/20



**“Our vision is to enable people in Clackmannanshire and
Stirling to live full and positive lives
in supportive communities”**



**Clackmannanshire
Council**



NHS
Forth Valley

CONTENTS

"Our vision is to enable people in Clackmannanshire and Stirling to live full and positive lives .	1
Management Commentary	3
Statement of Responsibilities	18
Remuneration Report	20
Comprehensive Income and Expenditure Statement	32
Movement in Reserves Statement	33
Balance Sheet.....	34
Notes to the Financial Statements	35
1. Significant Accounting Policies	35
2. Accounting Standards That Have Been Issued But Have Not Yet Been Adopted	38
3. Critical Judgements in Applying Accounting Policies	38
4. Events After the Reporting Period	39
5. Expenditure and Income Analysis by Nature	40
6. Taxation and Non-Specific Grant Income	40
7. Debtors.....	41
8. Creditors	41
9. Provisions.....	41
10. Usable Reserve: General Fund	41
11. Related Party Transactions	43
12. Expenditure Analysis	46
Independent Auditors Report.....	48

Management Commentary

Introduction

The Integration Joint Board is responsible for the strategic planning and commissioning of adult social care services, Community and Family Health Services, and large hospital services planning with partners who will continue to manage and deliver the services as part of pan Forth Valley operational delivery structures.

This publication contains the financial statements for the financial year from 1 April 2019 to 31 March 2020.

Integration Joint Board Vision, Strategic Commissioning Plan and Priorities

The Clackmannanshire and Stirling Health and Social Care Partnerships vision is to enable people to live full and positive lives within supportive communities.

The vision is based on the as the Partnership Principles, which are to ensure that services are provided in a way which:

- Are integrated from the point of service users
- Take account of the particular needs of different service users
- Respects the rights and takes account of the dignity of service users
- Encourages participation within our communities
- Protects and improves quality and safety
- Are planned and led locally in a way which is engaged with communities
- Anticipates needs and prevents them arising where possible
- Makes best use of available facilities, people and other resources

The Integration Joint Board approved the 2019 to 2022 Strategic Commissioning Plan in March 2019. The plan built on the 2016 to 2019 Strategic Plan based on the Partnership Principles, a refreshed Strategic Needs Assessment for the adult population and an extensive consultation and engagement process with the public.

As a result of this the key priorities for 2019/2022 are:

- Care Closer to Home
- Primary Care Transformation
- Caring Connected Communities
- Mental Health
- Supporting People Living with Dementia
- Alcohol and Drugs

Progress against the priorities above requires to be pursued in a manner consistent with the partnership principles.

The partnership 'plan on a page' below illustrates how the partnership vision, priorities, enabling activities and strategies and initiatives to deliver change align with the partnership principles detailed above.

Vision	Priorities	Enabling Activities				Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure	Intermediate Care Strategy
	Primary Care Transformation					Primary Care Improvement Plan
	Caring, Connected Communities					Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health					Mental Health Strategy
	Supporting people living with Dementia					Dementia Strategy
	Alcohol and drugs					Forth Valley ADP Strategy

Further detailed delivery plans continue to be developed and implemented to deliver against the priorities in a sustainable way via the Transforming Care Programme. The Strategic Commissioning Plan is supplemented by regular reports to the Integration Joint Board on Transforming Care, Governance, Finance and Performance.

The Strategic Commissioning Plan can be found in full here:

<https://clacksandstirlinghsc.org/wp-content/uploads/sites/10/2018/11/Strategic-Plan.pdf>

Principal Activities & Key Achievements

During 2019/20 the key activities and achievements of Clackmannanshire and Stirling Integration Joint Board included:

- Issuing of Directions to Clackmannanshire Council, NHS Forth Valley and Stirling Council for their respective delegated functions from 1 April 2019, as set out in the Integration Scheme. The Directions are the mechanism by which the Integration Joint Board instructs the constituent authorities to carry out the delegated functions. These documents set out how the Integration Joint Board expect the constituent bodies to deliver each function, and spend Integration Joint Board resources, in line with the Strategic and Financial Plans.
- Completion of the Stirling and Health and Care Village project and further bedding in of associated service models.
- Development and Approval of a Partnership Action Plan in Response to the Ministerial Strategic Group on Progress on Integration
- Phased Implementation of the Primary Care Improvement Plan incorporating implementation of the General Medical Services Contract Arrangements and Mental Health Action 15 plans. This included significant recruitment to posts including Pharmacists, Pharmacy Technicians, Physiotherapists and additional Mental Health nurses.
- Planning and Development of the Transforming Care Programme as the delivery vehicle to support service transformation and sustainability. The Transforming Care Programme and its priorities were approved by the Board in September 2020.

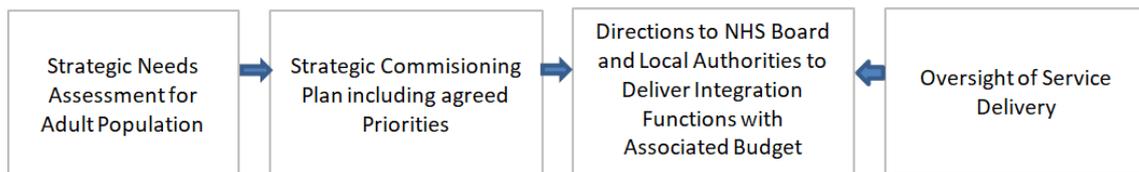
- Implementing further progress on delegation of operational management arrangements NHS services
- Development and approval of the Medium Term Financial Plan
- Developing the Local Mobilisation Plan in Response to COVID19
- Delivering, with partners, progress on creating the conditions for integration and improvement including enhancement of management structures, additional capacity to support transformational change.

Business Model

The role of the Integration Joint Board is to:

- Plan health and care services for the adult population of Clackmannanshire and Stirling informed by a Strategic Needs Assessment: and
- Direct NHS Forth Valley, Clackmannanshire Council and Stirling Council to deliver services:
 - Aligned to pursuance of the partnerships agreed strategic priorities as detailed in the Strategic Commissioning Plan and the National Health and Wellbeing Outcomes
 - Within available resources as detailed in the Partnership Budget
- Oversee the delivery of the services as defined in the Integration Scheme

This is set out visually below:



2019/20 Annual Accounts

The Accounts report the financial performance of the Integration Joint Board. Its main purpose is to demonstrate the use of the public funds available for the delivery of the Integration Joint Board's vision and priorities as set out in the Strategic Commissioning Plan.

The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2019/20 Annual Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting and the Local Authority Accounts (Scotland) Regulations 2014.

For financial year 2019/20 a deficit of £0.281m has been declared reflecting the net reduction in reserves held between 1 April 2019 and 31 March 2020. The reserves held by the Integration Joint Board have been utilised to meet, in part, the financial pressures in 2019/20 along with additional financial contributions from the constituent authorities on an agreed 'risk share' basis.

The net overspend before additional financial contributions from the constituent authorities was £0.957m.

At 31 March 2020 the Integration Joint Board holds £1.696m of reserves which are earmarked for use in future years. The majority of these reserves relate to managing the difference in timing of allocations from Scottish Government and expenditure for transformation programmes including those relating to Unscheduled Care, Mental Health Strategy Action 15 and Primary Care Transformation including the General Medical Services contract.

The table below summaries the movement in reserves from 2019/20

	£m
Reserves at 1 April 2019	1.977
Reduction in Reserves	(0.281)
Reserves at 31 March 2020	1.696

The Integration Scheme sets out the arrangements for agreeing how financial risk, any remaining overspend after exhausting other options including budget recovery actions, is managed. This is by means of agreement between the constituent authorities. An agreement for additional contributions (or payments) from the constituent authorities of the partnership has been reached for 2019/20 and the impact of these additional contributions is reflected within the accounts and illustrated in the table below.

	£m
NHS Forth Valley (50%)	0.479
Clackmannanshire Council (25%)	0.239
Stirling Council (25%)	0.239
Total Additional Payments	0.957

Further to the additional contributions above NHS Forth Valley also met the financial risk in relation to the Set Aside budget for large hospital services which totalled £1.316m for the financial year.

When the Integration Scheme is reviewed the arrangements for management of financial risk in future years will also require review and agreement.

Going forward, given the lack of general reserves to assist in managing unforeseen financial pressures and the ongoing tight fiscal environment, it is paramount to ensure the partnership further develops and agrees plans for sustainable service delivery within resources available aligned to the priorities of the Strategic Commissioning Plan and the National Health and Wellbeing Outcomes.

Performance Reporting

The Integration Joint Board continues to further develop its performance management culture throughout the Partnership through developing, over time ways to demonstrate improved outcomes for citizens, best value for the use of public money and evidence of progress in relation to the agreed Strategic Plan Priorities.

The Integration Joint Board receives a performance report at each meeting which along with financial reports and reporting on the Transforming Care Programme, gives a rounded view of the overall performance, financial sustainability and progress in implementing the Strategic Plan priorities of the Partnership.

Taken together information on key performance indicators, measurable progress in delivering the priorities of the Strategic Plan and financial performance collectively aim to demonstrate best value within a culture of continuous improvement.

In line with statutory requirements an Annual Performance Report has been produced and was presented to the Integration Joint Board for consideration and approval in September 2020.

The published Annual Performance Reports for the Partnership, including those for previous years, can be found here <https://clacksandstirlinghscp.org/performance/>

The 2019/20 report is the 4th Annual Performance Report for the Partnership. It is acknowledged the approach to, and quality of performance reporting will continue to develop over time and that the 2019/20 report was developed amidst managing the demands of the COVID19 pandemic including challenges with availability of information. This has meant the incorporation of comparative information for peer partnerships has not been possible for the 2019/20 Annual Performance Report.

The Annual Performance Report details progress in relation to the partnership priorities along with summary and detailed performance information.

The key performance issues arising from the report were:

- There was considerable evidence of activity and progress in relation to Strategic Priorities detailed in the report and supported by both qualitative and quantitative information.
- There was no 2019/20 data available for considerable elements of the Core Suite of Integration Indicators (NI1-N10, NI18, NI21-23) making a realistic overview of partnership performance, comparisons with Scotland and peer partnerships and trends impossible at this point.
- There was low completeness of Standardised Mortality Return (SMR) Information due to resource issues and Trakcare implementation. NHS Forth Valley has devised and is implementing an improvement plan to address this.
- The Core Suite of Indicators, as detailed in the Annual Performance Report, is replicated below.

Core Suite of Integration Indicators

These indicators are normally reported in the [Scottish Health and Care Experience Survey](#) commissioned by the Scottish Government. Data relating to these indicators for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID-19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report. The survey results will be published later in 2020.

	Indicator	Title	Partnership		
			15/16	17/18	19/20
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	No Data
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	No Data
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	74%	No Data
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	76%	No Data
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78%	No Data
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	No Data
	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%	79%	No Data
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38%	No Data
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86%	No Data
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	no data	no data	No Data

The Core Suite of Integration Indicators is based on Standardised Mortality Ratio (SMR) returns from the Health Board. In July 2019 SMR01 completeness fell to almost 0% due to resource issues and Trakcare transition. PHS has therefore estimated the indicators for Clackmannanshire & Stirling HSCP based on previous years. The means the Partnership cannot utilise the Core Suite of Integration Indicators to measure progress against the National Health and Wellbeing Outcomes, compare against other Partnerships or Nationally.

NHS Forth Valley have devised and implemented an action plan to address SMR completeness; significant improvement has been achieved in recent months.

Indicator	Title	Partnership				
		Baseline 15/16	Current			
			16 / 17	17 / 18	18 / 19	2019 ¹
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429
NI - 12	Emergency admission rate (per 100,000 adult population)	10,373	10,011	10,685	10,447	10,881
NI - 13	Emergency bed day rate (per 100,000 population)	118,800	112,450	111,813	113,106	113,106
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	105	107	108 _e	108
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	87%	88%	88%
NI - 16	Falls rate per 1,000 population aged 65+	18	16	20	21	21
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	88%	96%	93%	91% ²
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	68%	67%	67%	No Data ³
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000	640	723	503	579	686

¹ Estimated for calendar year 2019

² This is a figure for 2019 / 2020

³ Will be published later in 2020

Clackmannanshire & Stirling IJB – Annual Accounts for the year ended 31 March 2020

	population)					
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	21%	23%	24%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data				
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data				
NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data				

Financial Performance and Outlook, Risks and Plans for the Future

Financial Performance

The Partnership has continued to face significant financial challenges in 2019/20 requiring the development and implementation of options for financially sustainable service delivery aligning, as far as possible, to the priorities agreed within the Partnerships Strategic Commissioning Plan 2019-2022.

The 2019/20 budget was considered by the Integration Joint Board on 27 March 2019 as an initial unbalanced budget with an update being presented on 17 July 2020. The plan was predicated on a savings requirement of £7.282m with an agreed approach, at this point in time, to achieve financial balance over the lifecycle of the Strategic Commissioning Plan 2019-2022.

Savings achieved during the year totalled £4.630m.

At this point time the estimated savings requirement over the 3 year lifecycle of the Strategic Commissioning Plan totalled £16.282m with plans in place to deliver £9.983m (61%) of these.

The operational financial position for the Partnership, prior to recovery plan actions, additional contributions from the constituent authorities and use of earmarked reserves, was a net overspend of £2.038m for the financial year as a result of less than full delivery of savings and efficiency programmes and the cost pressures detailed below.

The recovery plan actions consisted of use of uncommitted Transformation Funding to partially offset budget overspends. The Medium Term Financial Plan approved in March 2020 sets out how reliance on this measure is anticipated to reduce over time.

The main cost pressures in the budget related to

- Demand for, and costs of, provision of Care and Support Services at Home (£1.463m)
- The costs of delivering the care models within the Bellfield Centre element of the Stirling Health and Care Village project including costs of reliance on temporary workforce solutions through use of agency staffing (£1.369m)
- Costs and volume of drugs and other therapeutic products prescribed and dispensed in the community (£2.005m)

These financial pressures were partially offset by underspends in other areas of the Integrated Budget, predominantly in relation to vacancies within staffing budgets in Adult Social Care (£0.858m) and Community Health Services (£1.855m).

The overspend was met through a combination of utilisation of earmarked reserves without current expenditure plans, reducing commitments against Transformation Funding and additional non-recurrent funding contributions by the constituent authorities on a voting shares basis.

The table below sets out how the overspend was financed:

	£m
2019/20 Overspend	<u>2.038</u>
Met By:	
Recovery Plan: Use of Transformation Funding	0.800
Use of Earmarked Reserves	0.281
Additional Funding Contributions from Constituent Authorities	0.957
Total	<u>2.038</u>

Overall this resulted in a deficit of £0.281m for the Partnership for the financial year and results in a position going forward where the partnership continues to hold no uncommitted general reserves to assist in cushioning financial pressures in the 2020/21 and beyond. Furthermore, the underlying recurrent overspend across the Partnership budget increases the requirement for savings and efficiency programmes to deliver cash releasing savings in future years.

The Partnership, therefore, will continue to face significant financial challenges to deliver the Strategic Plan priorities and improved outcomes for service users, unpaid carers and communities in a climate of growing demand, cost and complexity.

Set Aside Budget for Large Hospital Services

The Set Aside budget covers the in-scope integration functions of the NHS that are carried out in a large hospital settings providing services to the population of more than one Local Authority and/or Partnership area. For the Clackmannanshire and Stirling Partnership this includes services provided at the Forth Valley Royal Hospital site including the Lochview Learning Disability Inpatient facility and at Bellsdyke hospital in Larbert (Mental Health Inpatients). This covers areas such as emergency department, geriatric and general medicine, palliative care, learning disability and mental health inpatient services.

NHS Forth Valley meets the pressures associated with the set aside budget and therefore the financial risk does not currently lie with the Integration Joint Board. As a result, the figures disclosed in the accounts reflect the budget position for the Set Aside element. However, financial reports to the Integration Joint Board include information on the actual estimated expenditure against the Set Aside budget, noting that NHS Forth Valley currently meets the financial pressure associated. A summary of the position is as follows:

	£m
Set Aside Budget	22.006
Estimated Expenditure	<u>23.323</u>
Overspend Met by NHS Forth Valley	<u>1.317</u>

Arrangements for the Set Aside budget have been under review during the year with further work required to complete the review and agree future arrangements in line with extant legislation and the partnership action plan in response to the Ministerial Strategic Group

recommendation on Progress on Integration. This, along with the review of the Integration Scheme, may impact how this is financed and accounted for in future years.

Financial Outlook

The impact of the Covid19 pandemic will have a profound impact on the UK and Scottish economies and therefore public expenditure over both the short and medium to longer term. The impacts of this remain very uncertain whilst the pandemic continues and the partnership has continued to work closely with Scottish Government to monitor and seek financial support for the 2020/21 financial impact of the pandemic.

In March 2020 the partnership considered and approved a Medium Term Financial Plan for the coming 5 year period. This plan was developed on a 'business as usual' basis based on:

- The context set out in the Scottish Government 5 Year Financial Strategy and Medium Term Financial Framework for Health and Social Care
- Local and regional intelligence and modelling on the changing demand for services from regional planning work and the refresh of the Strategic Needs Assessment
- The ongoing impact of changes in legislation including the Carers Act and Free Personal Care for <65's
- The estimated impact of the Health and Social Care Partnerships Transforming Care Programme aligned to Strategic Commissioning Plan priorities.

The Medium Term Financial Plan covers the five year period from April 2020 to March 2025 thus spanning the remaining period of the 2019-2022 Strategic Commissioning Plan and the lifespan of next Strategic Commissioning Plan 2022-2025.

The Medium Term Financial Plan estimated a requirement for savings of £19.660m over the coming five year period based on a set of assumptions on resource availability, pay and non-pay inflation and growth in demand for services. The impact of the developing Transforming Care Programme will require to address the service and financial challenges over this period. Covid19 had an impact in terms of ability to progress the Transforming Care Programme during the first half of 2020/21 however significant work to reignite the programme has taken place with the Transforming Care Board being re-established in November 2020.

There will be a need to revisit the Medium Term Financial Plan on a regular basis taking account, as far as possible, the impact of Covid on demand for and costs of services and resource availability. There is significant uncertainty in relation to future resource availability and the plan will require regular ongoing review as UK and Scottish economic strategies emerge to cope with the impact and recover from the pandemic.

COVID19 and Future Risks

COVID19:

The impact of the Covid19 pandemic is the great risk facing the Integration Joint Board. It will continue to affect the demand for and delivery of Health and Social Care services and the cost of these for a considerable period. It also brings opportunities to accelerate the redesign and transformation of service delivery at significant pace. It will also have a huge impact on the economy at both Scottish and UK level and resultant impact on public expenditure.

To mitigate this risk the IJB will:

- Continue to work closely with Scottish Government to understand and seek support for the direct financial implications arising from the pandemic over both the short and medium to longer term.
- Seek to learn from the positive learning of responding to the challenges of the pandemic and incorporate these into our future planning and delivery of services.
- Evaluate changing demands for services (for example demand for Mental Health Services) and seek to incorporate these into our planning and service responses incorporating public engagement.

Future Risks

Covid19 aside the most significant risks facing the IJB are:

- Continued economic uncertainty, and resultant effect on public spending, in the wake of the result of the UK's decision to leave the European Union(EU), commonly referred to as 'Brexit', and utilisation of the additional financial powers devolved to the Scottish Government through the Scotland Acts 2012 and 2016. There a specific risks in relation to supply and costs of drugs and availability of workforce for the services commissioned by the IJB in relation to Brexit.
- Increasing demand for and cost of health and social care services driven by demographic change including an ageing and increasing population with multiple and complex long term conditions;
- Public sector pay policy, particularly where this deviates from general inflation and/or allocations to the IJB to reflect these costs.
- Price and supply volatility in the markets, at both UK and international levels for prescription drugs and other therapeutic products.
- The health inequalities between the affluent and more deprived areas and the challenges of deprivation, housing and employment;
- The wider financial and economic environment, including the impact of Covid on UK and Scottish economic strategies and public expenditure
- Increasing public expectations from health and social care services:
- The need to maintain and improve the quality of services and improve outcomes for service users, unpaid carers and communities; and
- Workforce challenges including the ageing workforce and issues around recruitment and retention within the health and social care workforce.
- Maintaining performance against key local and national indicators whilst bringing service delivery within resources available.

All of the above risks may have an impact on the partnerships costs in future years and, therefore, add to the financial pressures over the medium to longer term.

Plans for the Future

There continues to be opportunities for the Integration Joint Board to use its combined resources in a more effective, efficient and person-centred ways focusing of place based services to make better use of public resources and improve outcomes for our citizens.

The increasing demand on services continues to exceed available resources and approaches to services design and delivery requires to be focused on better outcomes for citizens and co-produced with our communities through meaningful and ongoing engagement. The Partnership continues to adopt a whole-systems approach to improve health and social care outcomes and will work alongside Community Planning partners to address wider issues in relation to congruence with Local Outcome Improvement Plans,

driving public value through place based services, community empowerment, public health and health improvement.

These approaches will ensure a joint contribution to encouraging, supporting and maintaining the health and wellbeing of people who live in our communities thus assisting the partnership in addressing the challenges faced.

It is recognised that if there are not fundamental changes to the way that services are planned and delivered with partners across all sectors, current service provision will not be sufficient to meet the future health and social care needs of the population. We must therefore continue to embed new ways of working and seek to focus resources away from bed based models of care into community based services. We need to continue to critically appraise and challenge our current models of service delivery to ensure our combined resources are focused on areas of greatest need delivering the best outcomes to our service users and patients, and that crucially we co-produce these harnessing the capacity of local communities to support the wider preventative, health and wellbeing outcomes.

The future planning and commissioning of services is, of course, profoundly affected by the COVID19 pandemic. At time of writing we are still in the response phase to the pandemic but focusing significant energy of recovery and renewal planning. The pandemic will affect both demand for services and public sector funding. Whilst there are significant risks associated with this there are also significant opportunities which require, in consultation with our population to be explored. Lessons learned from the pandemic including rapid service transformation, reduction in delayed discharges, use of technologies, and building on the resilience of communities are key examples.

Moving forward there will increasingly be a requirement to focus investment of available resources on Strategic Commissioning Plan Priorities and meeting statutory requirements in innovative ways including increasing use of assistive technologies and digital solutions. It is paramount these solutions are co-produced with communities through an ongoing commitment to public and service user engagements.

The key elements of this approach are set out in the 'plan on a page' schematic on Page 4 of this document. This approach will be supplemented by development of detailed delivery plans detailing how financially sustainable services will be planned and delivered.

Conclusion

In this fourth year of operations the Partnership has made significant further progress in the planning, commissioning and delivery of the Partnerships' Strategic Commissioning Plan.

Progress in achieving the vision and outcomes of the Strategic Commissioning Plan was reported to the Integration Joint Board in September 2020 via the draft Annual Performance Report. Thereafter the Integration Joint Board will receive regular reports on the Transforming Care Programme as the delivery mechanism for the Strategic Commissioning Plan. This will seek to demonstrate the scale of activities and significant level of progress in relation to the agreed Strategic Commissioning Plan priorities.

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

In order to achieve this we must continue to identify and implement innovative ways of delivering sustainable services to our citizens.

We will continue to work with staff, managers, services, partners (including the third and independent sectors) and our communities to lead and support sustainable service design approaches, identify and implement innovative, cost effective and person centred, outcomes focused and place-based service delivery models and pathways, and contribute to the delivery of the Partnership's Strategic Commissioning Plan 2019-2022 priorities within resources available.

The Integration Joint Board would wish to take this opportunity to thank the staff and volunteers whose work contributes to the provision of services to the populations of Clackmannanshire and Stirling.

Where to Find More Information

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

<https://clacksandstirlinghscp.org/>

The papers and minutes from meeting of the Integration Joint Board can be found here:

<https://clacksandstirlinghscp.org/integration-joint-board-meetings/>

Other publications from the partnership, past and present can be found here:

<https://clacksandstirlinghscp.org/publications/>

Les Sharp
Chair

Annemargaret Black
Chief Officer

Ewan C. Murray
Chief Finance Officer

Statement of Responsibilities

Responsibilities of the Integration Joint Board

The Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature on 23 September 2020.

Signed on behalf of the Clackmannanshire and Stirling Integration Joint Board.

Cllr Les Sharp
Chair

Responsibilities of the Chief Finance Officer

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

In preparing the Annual Accounts, the Chief Finance Officer has:

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Clackmannanshire & Stirling Integration Joint Board as at 31 March 2020 and the transactions for the year then ended.

Ewan C. Murray
Chief Finance Officer

Remuneration Report

Introduction

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

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

Voting Membership of the Integration Joint Board in 2019/20

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

Voting Membership of the Integration Joint Board during 2019/20 was as follows:

Clackmannanshire Council

Councillor Les Sharp (Vice Chair till 31 March 2020, Chair from 1 April 2020)

Councillor Dave Clark

Councillor Bill Mason (till 25 March 2020)

Councillor Martha Benny (from 25 March 2020)

NHS Forth Valley

John Ford, Non Executive (chair till 31 March 2020)

Cathie Cowan, Chief Executive

Alex Linkston, Non Executive (till 28 February 2020 – Vacant from 28 February)

Graham Foster, Director of Public Health and Strategic Planning

Alan Rennie, Non Executive (Vice Chair from September 2020)

Stephen McAllister, Non Executive

Stirling Council

Councillor Scott Farmer

Councillor Graham Houston

Councillor Susan McGill

Remuneration: Integration Joint Board Chair and Vice Chair

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

The Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any remuneration and taxable expenses paid are shown below.

Taxable Expenses 2019/20 £	Salary, Fees and Allowances 2019/20 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2018/19 £	Salary, Fees and Allowances 2018/19 £
Nil	Nil	Mr John Ford	Chair May 2018 to March 2020	NHS Forth Valley	Nil	Nil
Nil	Nil	Councillor Les Sharp	Vice Chair from May 2018 to March 2020	Clackmannanshire Council	Nil	Nil
Nil	Nil	Total			Nil	Nil

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

Remuneration: Officers of the Integration Joint Board

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

Chief Officer

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

The Interim Chief Officer from 1 April to 16 June 2019 was employed by Stirling Council who met the costs of the interim appointment for this period in full.

The permanent Chief Officer took up post on 17 June 2019 and was employed by NHS Forth Valley.

Other Officers

No other staff are appointed by the Integration Joint Board under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

The Chief Finance Officer is employed by NHS Forth Valley.

Total 2018/19 £	Senior Employees	Salary, Fees & Allowances £	Taxable Expenses £	Total 2019/20 £
69,136 (FTE 92,181)	Chief Officer Shiona Strachan Till 31 December 2018	-	-	-
30,816 (FTE 92,448)	Chief Officer (Interim) Ian Aitken 1 December 2018 to 31 March 2019	-	-	-
-	Chief Officer (Interim) M Valente From 1 April to 16 June 2019	17,652 (FTE 85,488)	-	17,652
-	Chief Officer A Black From 17 June 2019	74,279 (FTE £94,156)	-	74,279
71,530	Chief Finance Officer E Murray	74,710	-	74,710
171,482	Total	166,641	-	166,641

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

The Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/19 £	For Year to 31/03/20 £		Difference from 31/03/19 £000	As at 31/03/20 £000
Chief Officer (interim)	n/a	3,884	Pension	4	64
M Valente			Lump sum	-	-
Chief Officer	n/a	15,542	Pension	24	24
A Black			Lump Sum	69	69
Chief Finance Officer	10,658	15,614	Pension	2	29
E Murray			Lump Sum	3	68
Total	10,658	35,040	Pension	30	117
			Lump Sum	72	137

Disclosure by Pay Bands

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

Number of Employees in Band 2018/19	Remuneration Band	Number of Employees in Band 2019/20
2	£65,000 - £69,999	0
1	£70,000 - £74,999	2

Exit Packages

There were no exit packages in relation to Clackmannanshire and Stirling Integration Joint Board in financial year 2019/20.

Clr Les Sharp
Chair

Annemargaret Black
Chief Officer

Annual Governance Statement

Introduction

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

Scope of Responsibility

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

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

Given the Integration Joint Board utilises the systems of internal control within NHS Forth Valley, Clackmannanshire and Stirling Councils the system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

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

The main features of the governance framework in existence during 2019/20 were:

- The Integration Scheme
- Standing Orders
- Scheme of Delegation
- Financial Regulations and Reserves Policy and Strategy
- Code of Conduct and Register of Interests
- Integration Joint Board Audit and Risk Committee
- Integration Joint Board Finance & Performance Committee
- Clinical and Care Governance Framework
- Risk Management Framework and Strategic Risk Register
- Complaints Handling Procedure
- Information Security Policy
- General Data Protection Regulation

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation.

During 2019/20 this included the following:

- Consolidated Partnership Response to the Ministerial Strategic Group Review of Progress with Integration of Health and Social Care
- Development of the Transforming Care Programme and Establishment of the Transforming Care Programme Board
- Provision of regular reports to the IJB including Chief Officers Report, Financial Reports, Performance Reports and specific reports in relation to Strategic Plan Priorities within a structured agenda for each meeting.
- Established budget setting processes in line with the Integration Scheme
- Consideration of Internal Audit Progress Reports
- Direct access to expert advice from the Medical, Nurse and Public Health Directors of NHS Forth Valley and the Chief Social Work Officers of Clackmannanshire and Stirling Councils
- Data sharing agreements
- Complaints Handling Procedures
- Establishment and Approval of Urgent Decision Making Powers in response to challenges of Covid19 pandemic

The urgent decision making powers in response to the challenges of the Covid19 pandemic was approved by the Integration Joint Board in March 2020. The purpose of these was to delegate powers to the Chief Officer to take decisions, which would normally require approval of the Integration Joint Board, to respond to the challenges of the pandemic including seeking agreement with Scottish Government and actioning the Local Mobilisation Plan (LMP). In taking such decisions the Chief Officer is required to consult with the Chair and Vice Chair of the Integration Joint Board and the Chief Executives and Chief Finance Officers of the constituent authorities. Any decision taken under the powers require to be reported to the Integration Joint Board at the next available meeting.

The Integration Joint Board utilises the internal control systems of Clackmannanshire Council, Stirling Council and NHS Forth Valley in the commissioning and delivery of in-scope functions. No significant weaknesses have been identified with the systems of Clackmannanshire, Stirling Council and NHS Forth Valley during 2019/20 though any identified areas for improvement identified within each of the constituent authorities' governance statements will have relevance to the in-scope functions of the Integration Joint Board.

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

From April 2020 the Integration Joint Boards Chief Internal Auditor has been from FTF Internal Audit Service who are an internal audit consortium covering Fife, Tayside and Forth Valley.

Whilst acknowledging the statement was developed in the context of Local Authorities the Integration Joint Board complies, as far as is practicable, with the CIPFA statement on 'The Role of the Chief Financial Officer in Local Government' 2010.

Review of Adequacy and Effectiveness

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

In 2019/20 this review was undertaken the following ways:

- Consideration of the Chief Internal Auditors Annual Report by the Audit and Risk Committee in June 2020 which concluded that ***‘Reliance can be placed on the IJBs governance arrangements and systems of internal control for 2019/20. ‘***
In addition, the Chief Internal Auditor reported that in addition to his conclusion management have not been advised of any concerns around the following:
 - Consistency of the Governance Statement with information that we are aware of from our work;
 - The format and content of the Governance Statement in relation to the relevant guidance;
 - The disclosure of all relevant issues.

The Internal Audit programme for 2019/20 was not fully completed in year with an element of this being deferred into 2020/21. This did not affect the opinion of the Chief Internal Auditor and the Audit and Risk Committee has received a progress report on this.

- Provision of management responses to the recommendations in the Chief Internal Auditors Annual Reports detailing improvements to be made to the IJBs Governance Frameworks during 2020/21
- Approval and Implementation of Internal Audit Sharing Protocol
- Development and Approval of Internal Audit Plan
- Consideration on Progress Reports on Internal Audit Plan
- Establishing the Process for, and Commencement of, the Review of the Integration Scheme
- Consideration of the Ministerial Strategic Group (MSG) Review of Progress with Integration (July 2019)
- A self assessment of the Integration Joint Boards corporate governance arrangements was completed by the Chief Finance Officer in consultation with the Chief Officer and presented to the Audit and Risk Committee in June 2020

The governance work plan, now superceded by the Strategic Improvement Plan, is a regular item on the agenda of the Audit and Risk Committee.

Management of Risk and Significant Governance Issues

The Integration Joint Board monitors and seeks to mitigate significant risk through its Risk Management Framework and Strategic Risk Register. The Audit & Risk Committee provide a scrutiny role for the Integration Joint Board by reviewing, scrutinising and approving the Strategic Risk Register as a standing agenda item at each meeting. High risks on the Strategic Risk Register are reported to the Integration Joint Board through regular Performance Reports.

Financial resilience has been assessed as a high risk from establishment of the Integration Joint Board. Whilst significant challenges remain the approach to management of financial risk is now aided by the development and approval of a Medium Term Financial Plan in March 2020 which will inform the level of financial challenge the Transforming Care Programme will require to address, over time, in order that the service delivery is financially sustainable.

The level of overspend, and reasons for it, associated with service delivery within the Bellfield Centre is a significant governance issue which was highlighted during the year in reports to the Board. Steps have been taken to enhance control and reporting and a report on the issues, associated learning and actions has now been presented to initially the IJB Finance & Performance Committee and thereafter the Integration Joint Board.

The Covid-19 pandemic is the most corporate risk faced by the IJB and the constituent authorities. As such it has a profound impact on the delivery of the Strategic Plan priorities, Transformation Programme and financial position and outlook of the IJB. The COVID19 pandemic was added to the Strategic Risk Register in March 2020 and articulation of the risks posed and mitigation strategies and actions taken refined since that point.

Progress on Areas for Improvement Identified in 2018/19 and 2020/21 Action Plan

The table below details the areas of the IJBs governance arrangements, frameworks and policies identified as requiring review and/or improvement as part of the review of governance arrangements in the 2018/19 accounts and progress on actions during 2019/20.

Given the level of outstanding actions this also essentially forms the 2020/21 Action Plan.

Areas for Improvement Identified	Action Undertaken in 2019/20	Responsible Party(s)	Original Planned Date of Completion	Revised Planned Date of Completion
A comprehensive review of the IJBs Governance Frameworks will be undertaken aligned to changes in operational responsibilities of the Chief Officer	Action outstanding. Not yet progressed due to delays in full operational responsibilities of Chief Officer being agreed and implemented, in part due to impact of Covid pandemic.	Chief Officer and Chief Finance Officer	January 2020	March 2021
Development of Local Code of Corporate Governance, Whistleblowing Policy and Counter Fraud arrangements to strengthen governance.	Action outstanding. Will be considered as part of review of governance frameworks in 2020/21.	Chief Officer and Chief Finance Officer	January 2020	March 2021

Implement Revised Approach to Directions	Action outstanding. Preparations were made to implement revised approach in line with development of Transforming Care Programme and Medium Term Financial Plan but deferred due to Covid-19 pandemic response.	Chief Officer, Head of Service (SP&HI) & Chief Finance Officer	March 2020	March 2021
Development of an Action Plan in response to the Ministerial Strategic Groups (MSG) review of progress on integration	Action Completed during 2020/21. Strategic Improvement Plan Developed and presented to Audit and Risk Committee and IJB.	Chief Officer & Head of Service (SP&HI)	September 2019	Complete (August/September 2020).
Chief Officer and Chief Finance Officer personal development and appraisal arrangements.	Completed. Arrangements now put in place including regular review and supervision arrangements.	Chief Officer and Chief Executives of Constituent Authorities.	March 2020	Arrangements in place but subject to ongoing development.

<p>Review of relationship between IJB and Community Planning Partnerships (CPPs)</p>	<p>Action being progressed. Delayed due to timing of recruitment of Head of Service and impact of COVID pandemic.</p> <p>The IJB and HSCP are integral partners within the Community Planning structures and as such there is a requirement for consolidation of responsibilities and activities.</p> <p>Further development of leadership role for Health Improvement within CPPs will occur over 2020/21.</p>	<p>Head of Service (SP & HI)</p>	<p>March 2020</p>	<p>March 2021</p>
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The partnership senior leadership team (SLT) have reviewed the action plan and there are no further significant improvement actions assessed as being required at this point.

Conclusion and Opinion on Assurance

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

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

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

Cllr Les Sharp

Chair

Annemargaret Black

Chief Officer

Comprehensive Income and Expenditure Statement

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

* Restated Gross Expenditure £000	Gross Income £000	2018/19 Net Expenditure £000		Gross Expenditure £000	Gross Income £000	2019/20 Net Expenditure £000
20,633	0	20,633	Large Hospital Services	22,006	0	22,006
108,032	(8,425)	99,607	Community Health and Social Care Services	111,166	(10,135)	101,031
70,365	0	70,365	Primary Care	76,594	0	76,594
292	0	292	IJB Running Costs	284	0	284
199,322	(8,425)	190,897	Cost of Services	210,050	(10,135)	199,915
	(190,514)	(190,514)	Taxation and Non-Specific Grant Income (Note 6)		(199,634)	(199,634)
199,322	(198,939)	383	(Surplus) or Deficit on Provision of Services	210,050	(209,769)	281
		383	Total Comprehensive Income and Expenditure			281

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

Movement in Reserves Statement

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

Movements in Reserves During 2019/20	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2019	(1,977)	-	(1,977)
Total Comprehensive Income and Expenditure	281	-	281
Decrease in 2019/20	281	-	281
Closing Balance at 31 March 2020	(1,696)	-	(1,696)

Movements in Reserves During 2018/19	General Fund Balance	Unusable Reserves	Total Reserves
	£000	£000	£000
Opening Balance at 31 March 2018	(2,359)	-	(2,359)
Total Comprehensive Income and Expenditure	383	-	383
Increase or Decrease in 2018/19	383	-	383
Closing Balance at 31 March 2019	(1,977)	-	(1,977)

Balance Sheet

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

31 March 2019 £000		Notes	31 March 2020 £000
<u>1,977</u>	Short term Debtors	Note 7	<u>1,696</u>
	Current Assets		
<u>1,977</u>	Net Assets		<u>1,696</u>
1,977	Usable Reserve: General Fund	Note 10	1,696
<u>1,977</u>	Total Reserves		<u>1,696</u>

Ewan C. Murray
Chief Finance Officer

The unaudited accounts were issued on 24 June 2020 and the audited accounts were authorised for issue on 25 November 2020.

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the authority's transactions for the 2019/2020 financial year and its position at the year-end of 31 March 2020.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

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

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

Provisions, Contingent Liabilities and Contingent Assets

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

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

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

Reserves

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

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

The Integration Joint Board has no unusable reserves.

Indemnity Insurance

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

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

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

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

VAT

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

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

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

The Code requires the disclosure of information relating to the impact of an accounting change that will be required by a new standard that has been issued but not yet adopted. This applies to the adoption of the following new or amended standards within the 2019/20 Code:

- IAS28 Investments in Associates and Joint Ventures: Long Term Interests in Associates and Joint Ventures.
- IFRS 3 Business Combinations and IFRS 11 Joint Arrangements. The amendments to these standards apply to cases where the body is a party to a joint arrangement and obtains control. It is unlikely to apply in practice to many bodies.
- IAS 12 Income Taxes. The amendment relates to the recognition of the income tax consequences of dividends. It may impact on the group financial statements but is not expected to be common.
- IAS 23 Borrowing Costs. The amendment affects the specification for calculating borrowing costs which can be capitalised when a weighted average borrowing cost is used. It may have an impact for any body with a body of capitalising borrowing costs.
- Amendments to References to the Conceptual Framework in IFRS Standards. This amendment updates references to the framework in certain accounting standards so they refer to the 2018 version rather than the 2010 one. It may have an effect when bodies use the Conceptual Framework to develop and apply accounting policies when the accounting code or standard does not apply to a transaction.
- Amendment to line item specifications for the net assets statement as detailed in paragraph 6.5.3.6b of the accounting code. This requires pooled investment vehicles to be analysed between equities, bonds, property, hedge funds, diversified growth funds, private equity funds, infrastructure funds and other.
- Annual Improvements to IFRS Standards 2015-2017 Cycle; and
- IAS19 Employee Benefits: Plan Amendment, Curtailment or Settlement

The Code requires implementation from 1 April 2020 and there is therefore no impact on the 2019/20 financial statements. No material impact on the Integration Joint Board accounts is anticipated in future years from implementation of these standards.

3. Critical Judgements in Applying Accounting Policies

Set Aside Budget for Large Hospital Services

Based upon Scottish Government advice for financial year 2019/20 the sum included within the accounts in relation to the Set-Aside budget for Large Hospital services reflects the budget allocated rather than the actual cost of hospital activity. Systems are continuing to be developed to be able to accurately provide this information within the accounts in future financial years.

In terms of risk of misstatement a 10% shift in activity would equate to an estimated £2.200m in costs which would, in turn, be matched by additional income from NHS Forth Valley.

The approach to developing arrangements was detailed in a report to the Integration Joint Board meeting in June 2018 and within the partnerships consolidated response

to the Ministerial Strategic Groups proposals on Progress on Integration. The Integration Joint Board, and its committees, will continue to receive reports on progress of this work.

4. Events After the Reporting Period

The Annual Accounts were authorised for issue by the Chief Finance Officer on 24 June 2020. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2020, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

5. Expenditure and Income Analysis by Nature

2018/19		2019/20
£000		£000
21,484	Services commissioned from Clackmannanshire Council	20,677
38,966	Services commissioned from Stirling Council	43,321
138,580	Services commissioned from NHS Forth Valley	145,769
265	Other IJB Operating Expenditure	254
3	Insurance and Related Expenditure	3
25	Auditor Fee: External Audit Work	27
(4,348)	Service Income: Clackmannanshire Council	(4,547)
(4,077)	Service Income: Stirling Council	(5,588)
(190,514)	Partners Funding Contributions and Non-Specific Grant Income	(199,634)
383	(Surplus) or Deficit on the Provision of Services	281

6. Taxation and Non-Specific Grant Income

2018/19		2019/20
£000		£000
16,704	Funding Contribution from Clackmannanshire Council	17,323
33,835	Funding Contribution from Stirling Council	35,769
139,975	Funding Contribution from NHS Forth Valley	146,542
190,514	Taxation and Non-specific Grant Income	199,634

The funding contribution from the NHS Board shown above includes £22.006m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which currently retains responsibility for managing the costs of providing the services. The Integration Joint Board, however, has strategic responsibility for the consumption of, and level of demand placed on, these resources.

7. Debtors

31 March 2019 £000		31 March 2020 £000
733	Stirling Council	694
1,244	NHS Forth Valley	1,002
<hr/>		
1,977	Debtors	1,696

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

8. Creditors

There are no creditor's balances in the Integration Joint Board accounts.

9. Provisions

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

10. Usable Reserve: General Fund

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

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management and pursuance of best value from available resources.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as an element of the Integration Joint Board's financial resilience framework. The IJB did not hold any contingency fund at 31 March 2020 but plans, per the Medium Term Financial Plan, to do so in future.

The table below shows the movements on the General Fund balance.

2018/19				2019/20			
Balance at 1 April 2018	Transfers Out 2018/19	Transfers In 2018/19	Balance at 31 March 2019		Transfers Out 2019/20	Transfers In 2019/20	Balance at 31 March 2020
£000	£000	£000	£000		£000	£000	£000
		(1)	(1)	Integration Fund	1		(0)
(565)	245		(320)	Transformation Funding		(73)	(393)
(572)	319		(253)	Primary Care and Mental Health Transformation Funds		(87)	(340)
(309)	133		(176)	Transforming Urgent Care	176		(0)
(1)	1		(0)	Pharmacy First Mental Health			0
(100)	100		(0)	Innovation Fund			0
(52)	52		(0)	GP Cluster Model			0
(24)	1		(23)	Autism			(23)
		(100)	(100)	Dementia Friendly National Care	12		(88)
			0	Home Contract			0
(691)	183		(508)	Drug and Alcohol Recovery Support			(508)
(34)	0	(6)	(40)	See Hear			(40)
(11)			(11)	Sensory Impairment			(11)
		(140)	(140)	Primary Care Improvement Fund	140		(0)
		(128)	(128)	GP Out of Hours Fund	92		(36)
		(24)	(24)	Alcohol & Drugs GP Sub	2		(22)
		(21)	(21)	Committee for GP Contract		(57)	(21)
		(57)	(57)	Mental Health Innovation Fund	124		(114)
		(124)	(124)	Unsched. Care			(0)
		(50)	(50)	Independent Travel	27		(23)
				Primary Care Premises		(77)	(77)
(2,359)	1,034	(651)	(1,977)	Total Earmarked	574	(294)	(1,696)
0	0	(0)	0	Contingency	0	0	0
(2,359)	1,034	(651)	(1,977)	General Fund	574	(651)	(1,696)

11. Related Party Transactions

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

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

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

Transactions with NHS Forth Valley

2018/19		2019/20
£000		£000
(139,975)	Funding Contributions received from the NHS Board	(146,542)
138,644	Expenditure on Services Provided by the NHS Board	145,769
114	Key Management Personnel: Non-Voting Board Members	99
(1,217) Net Transactions with NHS Forth Valley		(673)

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

Balances with NHS Forth Valley

31 March 2019		31 March 2020
£000		£000
1,244	Debtor balances: Amounts due from the NHS Board	1,002
1,244	Net Balance with the NHS Forth Valley	1,002

Transactions with Clackmannanshire Council

2018/19		2019/20
£000		£000
(16,704)	Funding Contributions received from the Council	(17,323)
(4,348)	Service Income Received from the Council	(4,547)
21,484	Expenditure on Services Provided by the Council	20,677
57	Key Management Personnel: Non-Voting Board Members	50
489	Net Transactions with Clackmannanshire Council	(1,144)

Balances with Clackmannanshire Council

Nil.

Transactions with Stirling Council

2018/19		2019/20
£000		£000
(33,835)	Funding Contributions received from the Council	(35,769)
(4,077)	Service Income Received from the Council	(5,588)
38,966	Expenditure on Services Provided by the Council	43,321
57	Key Management Personnel: Non-Voting Board Members	50
<hr/>		
1,111	Net Transactions with Stirling Council	2,014
<hr/>		

Balances with Stirling Council

31 March 2019		31 March 2020
£000		£000
733	Debtor balances: Amounts due from the Council	694
<hr/>		
733	Net Balance with Stirling Council	694
<hr/>		

12. Expenditure Analysis

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

EXPENDITURE ANALYSIS

HEALTH SERVICES	2018/19 Expenditure £'000	2019/20 Expenditure £'000
<u>Set Aside</u>		
Accident and Emergency Services	5,596	6,076
In patient Hospital Services Relating to :		
General Medicine	2,742	2,977
Geriatric Medicine	3,967	4,340
Rehabilitation Medicine	1,269	1,397
Respiratory Medicine	1,013	1,069
Psychiatry of learning disability	1,086	1,092
Palliative Care (Hospital Based)	920	939
Mental Health Inpatient Services	5,144	5,433
Subtotal	21,737	23,323
Adjustment to Budget	(1,104)	(1,316)
Subtotal	20,633	22,006
<u>Operational</u>		
District Nursing Services	3,507	3,730
Community Nursing Services	110	197
Community Addiction Services	2,529	2,600
Community Based AHP Services	5,676	6,243
Public Dental Service	997	1,027
Services provided outwith a hospital in relation to geriatric medicine	976	1,075
Palliative Care (delivered in Community)	68	74
Community Learning Disability Services	577	765
Community Mental Health Services	3,259	3,664
Continence Services	143	145
Services Provided to promote public health	1,113	955
Community Hospitals	5,477	5,224
Resource Transfer	8,330	8,465
Joint Partnership Agreements	1,729	1,723
Partnership Funds (ICF/ Delayed Discharge / Bridging)	2,734	2,202
Contingency		
Shared Partnership Costs	168	142
Integration Fund	8,808	8,838
Reserves	1,545	242
Subtotal	47,750	47,312
<u>Universal</u>		
Primary Medical Services (GMS Contract)	23,713	26,406
Primary Dental Services (GDS Contract)	7,888	8,248
Community Ophthalmic Services	2,696	2,686
Community Pharmaceutical Services (inc Prescribing)	34,107	37,067
GP Out of Hours Services	1,961	2,187
Subtotal	70,365	76,594
TOTAL HEALTH SERVICES	138,747	145,911

SOCIAL CARE SERVICES - CLACKMANNANSHIRE

Long Term Care	11,352	10,668
Care at Home	7,749	7,649
Day Care	307	291
Housing with Care	228	279
Respite Care	113	61
Staffing	7,158	6,629
Direct Payments	556	981
Third Party Payments	656	731
Supplies & Services	370	398
Premises	73	34
Transport	55	45
Provisions		
Garden Aid	106	
Housing Aids and Adaptions		149
Income	(4,348)	(4,547)
Resource Transfer	(7,239)	(7,239)
Shared Partnership Costs	50	57
TOTAL SOCIAL CARE SERVICES - CLACKMANNANSHIRE	17,186	16,187

SOCIAL CARE SERVICES - STIRLING

Long Term Care	13,614	14,544
Housing Aids and Adaptions	784	788
Voluntary Organisations / 3rd sector payments	728	1,063
Sensory services	215	168
Daycare	1,561	1,551
JLES	217	327
Equipment	177	201
Respite	1,017	557
Care and support at home	18,256	16,887
Integration Fund	(4,560)	(5,563)
Transport	146	87
Drug and Alcohol services	123	371
Resource Transfer	(5,122)	(5,214)
Mecs/Telecare/Telehealth	979	327
Reablement	1,718	1,601
Bellfield Centre / Care Village	2,602	4,763
Staffing	3,432	4,321
Direct Payments		957
Savings	(1,025)	
Reserves	27	
Shared Partnership Posts	75	85
TOTAL SOCIAL CARE SERVICES - STIRLING	34,963	37,818

PARTNERSHIP TOTAL	190,897	199,916
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Note: Developments in use of management information systems to support future locality reporting and service changes e.g. Opening of Bellfield Centre in Stirling Health and Care Village may affect the comparability of service line expenditure between financial years.

Independent auditor's report to the members of Clackmannanshire and Stirling Integration Joint Board and the Accounts Commission

Report on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Clackmannanshire and Stirling Integration Joint Board for the year ended 31 March 2020 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2019/20 (the 2019/20 Code).

In my opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2019/20 Code of the state of affairs of the Clackmannanshire and Stirling Integration Joint Board as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the 2019/20 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed under arrangements approved by the Accounts Commission on 7 January 2019. The period of total uninterrupted appointment is two years. I am independent of the Clackmannanshire and Stirling Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the Clackmannanshire and Stirling Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have nothing to report in respect of the following matters in relation to which the ISAs (UK) require me to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Chief Finance Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about Clackmannanshire and Stirling Integration Joint Board's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Risks of material misstatement

I report in a separate Annual Audit Report, available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that I identified and my conclusions thereon.

Responsibilities of the Chief Finance Officer and Audit and Risk Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the Clackmannanshire and Stirling Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless deemed inappropriate.

The Audit and Risk Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

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

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved. I therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other information in the annual accounts

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

In connection with my audit of the financial statements, my responsibility is to read all the other information in the annual accounts and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Report on other requirements

Opinions on matters prescribed by the Accounts Commission

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

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

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

Matters on which I am required to report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

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

John Cornett, FCPFA
Audit Director
Audit Scotland, 4th Floor
8 Nelson Mandela Place
Glasgow
G2 1BT

Glossary of Terms

Creditor

Amounts owed by the Integration Joint Board for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the Integration Joint Board for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Defined Benefit Pension Scheme

Pension scheme in which the benefits received by the participants are independent of the contributions paid and are not directly related to the investments of the scheme.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Exceptional Items

Material items which derive from events or transactions that fall within the ordinary activities of the Integration Joint Board and which need to be disclosed separately by virtue of their size or incidence to give a fair presentation of the accounts.

Government Grants

Grants made by the Government towards either revenue or capital expenditure in return for past or future compliance with certain conditions relating to the activities of the IJB. These grants may be specific to a particular scheme or may support the revenue spend of the IJB in general.

IAS

International Accounting Standards.

IFRS

International Financial Reporting Standards.

IRAG

Integration Resources Advisory Group

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the Integration Joint Board owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

Provision

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

PSIAS

Public Sector Internal Audit Standards.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the Integration Joint Board. For the Integration Joint Board's purposes, related parties are deemed to include voting members, the Chief Officer and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses Allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the Integration Joint Board.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 8.2(b)

Clackmannanshire & Stirling Integration Joint
Board - 19/20 Proposed Annual Audit Report

For Noting

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	Not exempt

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	The purpose of this report is to present the Proposed 2019/20 Annual Audit Report for Noting and Discussion
---------------------------	---

Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the proposed Annual Audit Report including the recommendations and management responses. 2) Note that the Audit & Risk Committee will monitor progress against the Action Plan within the report. 3) Note that the final Annual Audit Report will be published on the website
-------------------------	---

1. Background

- 1.1. The report, including the proposed management responses within the Action Plan, was presented to and considered by the Integration Joint Board Audit & Risk Committee on 19 November 2020 alongside the ISA:260: Audit report to those charged with governance and the Controller of Audit.

2. Considerations

- 2.1. The Annual Audit Report provides the Board with assurance on reporting and governance issues and includes commentary on, and recommendations relating to the HSCP's financial performance and significant risks.
- 2.2. The report contains management responses to the recommendations which have been agreed with the Chief Officer and Chief Finance Officer and discussed with the HSCP Senior Management Team.
- 2.3. There is significant commonality between the recommendations in the Annual Audit Report and the Strategic Improvement Plan presented to and approved by the IJB at the September 2020 meeting. Due consideration is being given to aligning monitoring of these plans in an efficient manner to avoid, as far is possible, duplication. The Integration Joint Board may wish to further consider the role of the Audit and Risk Committee in monitoring progress in relation to these plans and how it can receive the required level of assurance.

3. Appendices

Appendix 1 – 2019/20 Proposed Annual Audit Report(AAR)

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>

Implications	
Finance:	The Annual Audit Report provides commentary from the independent auditors on the financial position of the IJB.
Other Resources:	N/A
Legal:	Independent Audit of the IJBs accounts is a statutory requirement.
Risk & mitigation:	The Annual Audit Report provides commentary on the risks, financial and otherwise facing the IJB.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 8.2(b)

Clackmannanshire & Stirling Integration Joint
Board - 19/20 Proposed Annual Audit Report

For Noting

Paper Approved for Submission by:	Ewan Murray, Chief Finance Officer
Paper presented by	Ewan Murray, Chief Finance Officer
Author	Ewan Murray, Chief Finance Officer
Exempt Report	Not exempt

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	The purpose of this report is to present the Proposed 2019/20 Annual Audit Report for Noting and Discussion
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Note the proposed Annual Audit Report including the recommendations and management responses. • Note that the Audit & Risk Committee will monitor progress against the Action Plan within the report. • Note that the final Annual Audit Report will be published on the website
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3. Appendices

Appendix 1 – 2019/20 Proposed Annual Audit Report(AAR)

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Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>

Implications	
Finance:	The Annual Audit Report provides commentary from the independent auditors on the financial position of the IJB.
Other Resources:	N/A
Legal:	Independent Audit of the IJBs accounts is a statutory requirement.
Risk & mitigation:	The Annual Audit Report provides commentary on the risks, financial and otherwise facing the IJB.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA

Integration Joint Board

25 November 2020

Agenda Item 9.1

Integrated Commissioning Arrangements

For Noting & Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Isabel McKnight
Author	Isabel McKnight /Jennifer Baird
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To update Integration Joint Board on the transfer of the Strategic Commissioning function from Stirling Council and Clackmannanshire Council to the Health and Social Care Partnership (HSCP).
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>1) Approve the transfer of the Strategic Commissioning function to the Health and Social Care Partnership in line with the Public Bodies (Joint Working) Scotland Act 2014.</p>
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1. Background

- 1.1. The Public Bodies (Joint Working) Scotland Act 2014 (“the Act”) set out a framework for integrating adult health and social care services. The Act created new public bodies; Integration Joint Boards with a statutory responsibility to commission and co-ordinate local health and social care services.
- 1.2. Commissioning is a set of actions by which the HSCP ensures that services are planned and organised to best meet the needs and demands of local communities and citizens, in order to deliver appropriate and sustainable outcomes for now and future generations. Effective commissioning forms a continuous cycle of challenge, understanding of what is currently in place, knowledge and development of what is available in the community, looking at alternative solutions, stakeholder involvement, action and improvement, monitoring and review of delivery and achievement of outcomes. The stages of commissioning, procuring and contract managing services are interdependent, each stage builds upon and supports the previous one.
- 1.3. At present there is no distinct structure around the Strategic Commissioning functions provided by the constituent Partners to the HSCP. Each Partner has its own procurement, commissioning and Business & Finance sections with discrete processes and procedures. Although some processes, procedures and policies have been aligned, this is currently on an ad-hoc basis and will require to be mainstreamed going forward.
- 1.4. Health & Social Care Partnerships are not legally constituted in such a way as to be able to contract with third parties. Therefore, responsibility for contracting (end to end procurement) will remain with each constituent authority.

- 1.5. The procurement function will be supported through a business partnership arrangement or a service level agreement with each of the Constituent Authorities.

2. Transfer of the Commissioning function

- 2.1. The new leadership structure within the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) provides an opportunity to provide a coordinated single approach to Commissioning across the Partnership by transferring the Strategic Commissioning function from Clackmannanshire Council and Stirling Council into the HSCP. The developing arrangements between NHS Forth Valley and both HSCPs for Health Improvement and Health Promotion will solidify a whole systems community response addressing health inequalities across the spectrum of commissioned services.
- 2.2. The commissioning function will continue to commission services to provide high quality care and support services for people. The HSCP will also have the opportunity through aligned transformation programmes to support the commissioning approach through the developing HSCP commissioning arrangements that will seek to operate seamlessly across the constituent authorities.
- 2.3. The risk of not transferring the resource is the potential for inconsistency in the approach within Clackmannanshire & Stirling which may become apparent during scrutiny and inspection processes.
- 2.4. Development of an integrated strategic commissioning function provides an opportunity to evaluate and redesign the existing service structure to re-align the service to focus on a collaborative approach to commissioning coupled with a demand management approach. The integrated commissioning function, covering the whole HSCP, will determine the services to be provided, how and by whom, setting the commissioning strategies for the HSCP and managing the commissioning of services and outcomes, including both frontline services and externalised enabling services.
- 2.5. Services will continue to be provided by a mixed economy of service providers, utilising a mix of internal service delivery, partnerships and external service delivery, who are “contracted” on a performance basis to deliver the outcomes commissioned by the HSCP.
- 2.6. Customer intelligence and data analytics will provide the market intelligence and data analytics capability to deliver real customer and local insights to support the commissioning function in its development of commissioning strategies and plans, thereby improving outcomes for service users and delivering a financially sustainable HSCP. Customer intelligence and data analytics will also inform the IJB Members’ and SMT’s strategic and policy decision-making, and their role in scrutinising the outcomes that are delivered for service users.

- 2.7. The governance of the Strategic Commissioning function would be via the existing IJB governance structure, and specific reporting requirements will be set out in the agreed Standing Orders. The strength of a business partner arrangement or service level agreement for a strategic commissioning and procurement support service would be a consistent, streamlined approach to commissioning and reporting, with a key accountable Officer.
- 2.8. In order to achieve this aim, Clackmannanshire Council and Stirling Council proposes, on 1 December 2020, to transfer line management responsibility for the roles noted at Appendix 1 and Appendix 3 to the Head of Strategic Planning & Health Improvement.
- 2.9. It should be noted that responsibility for commissioning children's services for Stirling Council will also transfer as part of the existing commissioning function. This is to ensure consistent line management capacity and peer support for the staff members concerned. Service decision-making accountability for this function will remain with Stirling Council's Chief Social Work Officer. Approval for procurement activity will be carried out under Stirling Council's Contact Standing Orders.

3. Resource Implications

- 3.1. Effective partnership with providers is key to ensuring that the development and delivery of high quality, safe and innovative service provision continues. Stirling has a recognised track record of partnership working and continues to engage and support providers through local partnership arrangements. Dedicated commissioning officer support and engagement with national bodies such as Scottish Care, Scotland Excel, Community Care Providers Scotland and Social Work Scotland ensure collaboration and best practice.
- 3.2. The HSCP has continued to develop a co-production approach with key stakeholders (including Providers, Service Users and Operational Staff) in relation to strategic planning, design and the delivery of services that will improve outcomes for those in need of support. Shared learning from experience to date in delivering effective collaboration will inform a culture of continuous improvement.
- 3.3. A critical element of ensuring commissioning has a role to play at the core of service delivery is collaboration with and the direct involvement of people who currently use or have experienced our services. Their engagement in the planning, design and delivery of tenders has influenced, informed and improved the approaches taken and service models delivered. Commissioners play a key role in the facilitation of an engaged culture.

4. Resource Implications

- 4.1. The staffing budget associated to the staffing structure within Appendix 1 will transfer to the HSCP.
- 4.2. The individual procurement functions will remain with Stirling Council respectively as the contracting authority.

5. Conclusions

- 5.1. Clear management arrangements will have to be developed as part of the transfer of resource to the HSCP. Taking account that it is important to ensure and set out from the outset that none of the constituent authorities will benefit unfairly from the advantages or suffer disproportionately from the disadvantages possible from any future arrangement.
- 5.2. Therefore, a further paper will be brought forward to a further meeting of the IJB in 2021 detailing the proposed vision for a refreshed operating model for the integrated commissioning approach for the Clackmannanshire & Stirling HSCP.
- 5.3. Risks and benefits have been tabled at Appendix 2.

6. Appendices

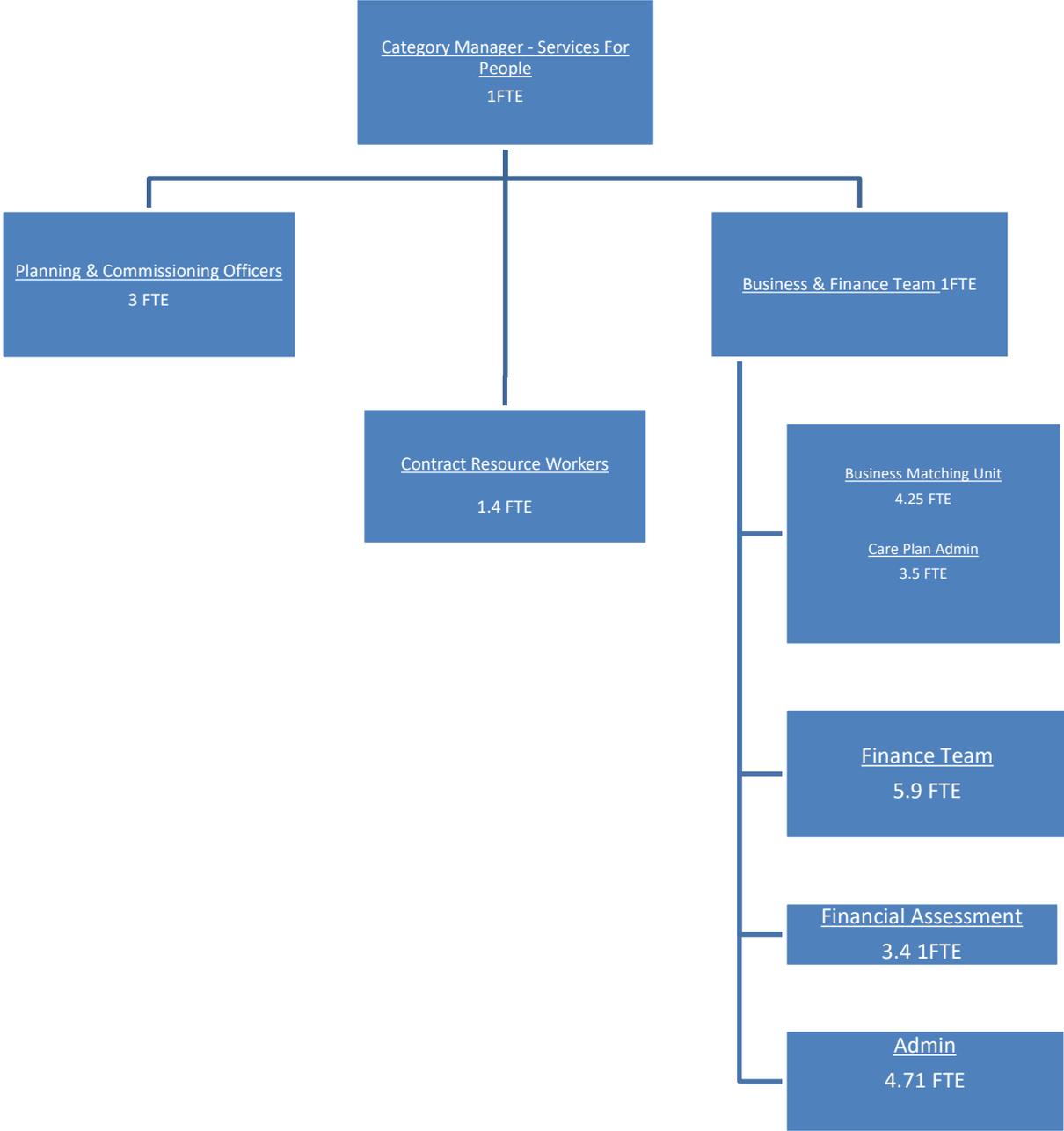
Appendix 1: Stirling Council Commissioning Team Structure

Appendix 2: Risk and Benefits Analysis

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>

Implications	
Finance:	Given that the associated budget is will transfer with staff, there is not expected to be any financial resource implications.
Other Resources:	The staff outlined at Appendices 1 and 3 will transfer to the HSCP.
Legal:	Transfer will align the commissioning function with the requirements of the Public Bodies (Joint Working) Scotland Act 2014.
Risk & mitigation:	See Appendix 2.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA

Appendix 1: Stirling colleagues to transfer



Appendix 2: Risk and Benefits Analysis

Risks	<ol style="list-style-type: none"> 1. No consistent approach to the transfer of functions into the joint Commissioning Hub from Constituent Authorities; 2. Staff training may be required to enable staff to cover different databases and reporting requirements currently in place within the Constituent Authorities; 3. Commissioning Hub operating under the separate Governance structures and Contract Standing Orders remains inconsistent across Constituent Authorities to procurement of Services; 4. Lack of effective staff engagement delays change process; 5. Competing requirements on Commissioning Hub from non-integrated Children & Families services and the Partnership; 6. Impact on capacity of respective Procurement functions.
Benefits	<ol style="list-style-type: none"> 1. Commissioning Hub provides a single approach to commissioning across Constituent Authorities. This reduces duplication and creates efficiencies for the Partnership and Providers; 2. Integrated approach to service delivery, supporting the strategic vision, policy drivers and performance objectives of the Partnership; 3. The Partnership can respond more quickly to emerging demands, making better use of public funds; 4. Performance data, contract monitoring and risk monitoring can be standardised across the Partnership to inform the commissioning cycle; 5. A single Commissioning Hub would be supportive of the principles of Self-Directed Support and the processes involved in supporting choice for service users and unpaid carers. This would simplify the customer journey for service users and unpaid carers; 6. A single Commissioning Hub provides an opportunity for a consistent approach towards charging and contributions for care.
Tasks	<ol style="list-style-type: none"> 1. Develop a draft staff structure for transferring functions that support the commissioning priorities of the Partnership; 2. Consult with staff directly affected by the transfer within Clackmannanshire Council and Stirling Council; 3. Create a process for end to end commissioning and agree a business partnership arrangement or service level agreement between the Partnership and the Constituent Authorities. A business partnering arrangement or service level agreement would be drawn up which to address the adoption of the Contract Standing Orders and the Procurement Strategy of each of the

	<p>Partners. Confirmation of which CSOs, T&Cs, etc. are used for both individual contracts and collaborative contracts;</p> <ol style="list-style-type: none"> 4. There would be a requirement for an information sharing or access protocol to allow the Partnership to analyse data and monitor and review contracts. Personal details may not be required for the purpose of the Strategic Commissioning Support Service, however, they would be required for any related Business Support and Finance functions; 5. Confirm proposals for either commissioning services jointly or in partnership with NHS Forth Valley.
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Clackmannanshire and Stirling Integration Joint Board

25 November 2020

Agenda Item 9.2

Community Planning Wellbeing

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest
Author	Wendy Forrest
Exempt Report	No

Directions	
No Direction Required	X
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To seek approval from the Integration Joint Board for the Health and Social Care Partnership to lead on Wellbeing on behalf of Community Planning Partnerships in Clackmannanshire and Stirling.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the HSCP to take on the leadership role on Wellbeing on behalf of Clackmannanshire and Stirling Community Planning Partnerships. 2) Approve the drafting of a paper outlining the leadership role of the Integration Joint Board to the Community Planning Partnerships' Executive Groups 3) Approve an Integration Joint Board member to chair the new Wellbeing Group.
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1. Background

- 1.1. Led by the University of Glasgow, the study, which is published in the *British Journal of Psychiatry*, found young people, women, individuals from more socially disadvantaged backgrounds and those with pre-existing mental health problems reported the worst mental health outcomes in the initial phase of the national lockdown as a result of the global pandemic.
- 1.2. The study, which is the first publication from a large scale longitudinal research programme in collaboration with, and funded by, Samaritans, SAMH (Scottish Association for Mental Health), and the Mindstep Foundation, is the most detailed examination to date of the mental health and wellbeing of the UK adult population during the first six weeks of the COVID-19 pandemic.
- 1.3. The research, led by the University's Professor Rory O'Connor, Chair in Health Psychology at the University's Institute of Health and Wellbeing, found that suicidal thoughts increased over the first six weeks of the UK's lockdown (one in ten or 9.8% by the end of this period), however other factors related to suicide risk such as symptoms of anxiety, levels of defeat and entrapment decreased across the same period. Depressive symptoms and loneliness remained relatively stable but adversely affected.

- 1.4. Wellbeing may manifest itself positively or negatively and may be linked to the symptoms outlined above; wellbeing refers to the individual person who may need care and support, and for carers who need support. There is a complex list of supports which can be offered from across communities as well as within health and social care, and includes the following:
- Physical and mental health, and emotional wellbeing
 - Protection from abuse and neglect
 - Education, training and recreation
 - Domestic, family and personal relationships
 - Being able to participate and contribute to society
 - Respecting and securing rights and entitlements
 - Achieving social and economic wellbeing
 - Having suitable living accommodation.
- 1.5 Individual's needs are often varied and complex, and this is more complicated by the impact of COVID-19, and may require support and interventions from a range of community supports and organisations at different times in their lives. Therefore, supports available need to be locally integrated and built on partnership working utilising multi-disciplinary and multi-agency responses and where feasible single points of access.
- 1.6 A good example of single access points has been the use of NHS Inform, whilst acknowledging that there is inequality in terms of access to digital technology. Scottish Government used NHS Inform as single point of information access for up to date and factually correct information relating to COVID and the ongoing pandemic, Locally partners agreed to have shared support and service information all within the NHS Inform National Services Directory – where individuals do not have digital access, workers were able to access up to date information and share it.
- 1.7 This joined up approach could be developed across all parts of the system and co-produced with those with lived experience, as such it is worth noting that any approach to wellbeing also requires to be flexible enough to quite simply provide support and care at the time required.
- 1.8 Community supports and health and care services are a whole system and if one part of the system is not working then the people who suffer are the residents of Clackmannanshire and Stirling.

2. Leadership in Wellbeing

- 2.1. People already access a wide range of community supports which are local, flexible and responsive, this has been well-documented throughout the pandemic. Through being able to access these resources people can continue to enjoy good quality lives while maximising their independence.
- 2.2. While the use of community assets is part of a broader approach to prevention, these community responses are important for the quality of people's lives whatever period of life they are in. Some people may volunteer and be part of the provision of them while others may use them once in a while

but still see them as a key part of being part of a wider community and others will make good use of them.

- 2.3. Communities provide a wide network of services which range from very small, very local services provided by volunteers through to faith groups and community groups, national charities and private companies and businesses. They are all part of the wide network of support which provide choice and enable people to engage with others in activities they enjoy, and which add meaning to their lives.
- 2.4. By promoting wellbeing within a context of community health and care, there is an opportunity for the whole system to focus on delaying and preventing the need for care and support to avoid escalation. It follows that appropriate information, advice and assistance must be made available at the right time and in the right place to enable people to retain control over their day-to-day lives and achieve what matters to them.
- 2.5. In order to deliver this approach, the Integration Joint Board is perfectly placed to offer a clear leadership role within a broad corporate approach which ensures there is an emphasis on locality working, within the context of the HSCP Locality Planning and the recently agreed locality working in Stirling and place-based planning in Clackmannanshire.
- 2.6. Initial conversations have already taken place with both Community Planning Executive Boards, and there have been informal discussions with the Chair and Vice of the Integration Joint Board, both of whom have been in broad agreement with the leadership role approach and asked for presentation to the Integration Joint Board for formal agreement.
- 2.7. There are currently two actions for the Integration Joint Board which have already been verbally agreed with the Community Planning Executive Board:
 - To benchmark investment in Early Intervention and Prevention across all partners within community planning
 - To draft a Terms of Reference and reporting arrangements to the CPPs and IJB.
- 2.8. As such, this paper is seeking to formalise these discussions and seek agreement for the Integration Joint Board to undertake the leadership in this important area of work.

3. Conclusions

- 3.1. People need to be able to access prevention and early intervention services quickly and at any time in their lives. It is important to have a comprehensive ongoing strategy for wellbeing and to ensure that organisations in communities, the public sector and in the third sector are joined up in their approaches and maximise the available resources.
- 3.2. If the Integration Joint Board agrees, they may wish to request membership of the Community Planning Partnership Executives.

- 3.3. Much can be done through making every contact count and there are a wider range of partners who are keen to work in this area including Police Scotland and Fire Scotland which builds resilience and capacity across the system so the right support is available from the right place.
- 3.4. This approach creates confidence across the system, so partners feel able to offer support and care within their own area as well as being able to escalate to other partners where there is a clinical or statutory requirement.

4. Appendices

None

Fit with Strategic Priorities:	
Care Closer to Home	X
Primary Care Transformation	X
Caring, Connected Communities	X
Mental Health	X
Supporting people living with Dementia	X
Alcohol and Drugs	X
Enabling Activities	
Technology Enabled Care	X
Workforce Planning and Development	X
Housing and Adaptations	X
Infrastructure	X
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

The Interim Guidance for public bodies can be found at:
<http://www.gov.scot/Publications/2018/03/6918/2>

Please select the appropriate statement below:

This paper **does not** require a Fairer Duty assessment.

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 9.3

ADP Update to Health and Social Care Partnership

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest
Author	Elaine Lawlor ADP Coordinator
Exempt Report	No

Directions	
No Direction Required	X
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To update Integration Joint Board on conclusion of transfer of Alcohol and Drug Partnership to the Health and Social Care Partnership.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve conclusion of transfer of the Alcohol and Drug Partnership to the Health and Social Care Partnership in line with the Public Bodies (Joint Working) Scotland Act 2014. 2) Note ADP progress within ADP Annual Report 2019/20 at next IJB Meeting. 3) Seek updates from officers as to progress against ADP Delivery Plan Objectives at 24 November 2021 Integration Joint Board.
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1. Background

- 1.1. Alcohol and Drug Partnerships (ADPs) were established in 2009 and are responsible for:
 - Strategic planning and commissioning, contract monitoring of drug and alcohol treatment and support services in each local authority area
 - Developing strategies for tackling reducing and preventing problem drug and alcohol use across the whole population.
 - Applying a whole systems approach to deliver sustainable change for the health and wellbeing of the population.
- 1.2. The Public Bodies (Joint Working) Scotland Act 2014 set out a framework for integrating adult health and social care services. The Act created new public bodies; Integration Joint Boards with a statutory responsibility to co-ordinate local health and social care services. Alcohol and Drug Partnerships sit within this structure and report to Integration Joint Boards.
- 1.3. The Alcohol and Drug Partnership contributes to delivering the aims of the Strategic Plan - reducing substance use is one of the key strategic priorities within the Strategic Plan 2019 – 2022.

2. Transfer of the Alcohol and Drug Partnership (ADP)

- 2.1. Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) now fully meets the requirements of the Act by transferring the ADP function for Clackmannanshire and Stirling into the HSCP. Strengthened governance arrangements and aligned performance reporting, will make best use of the collective resource.
- 2.2. The ADP will continue to work with the third and independent sectors, to maximise their role in supporting people affected by drug and alcohol issues, their families and carers.
- 2.3. The ADP will continue to assess population need, commission and monitor services to provide high quality care and support services for people affected by drugs and alcohol, in line with Health and Social Care Standards.
- 2.4. The ADP will continue to contribute to, and where appropriate, lead the wider Community Planning agendas across both Council areas.
- 2.5. The ADP will continue to link with Children's Partnership's, including the Child Protection Committee.
- 2.6. The ADP will continue to work closely with Licensing Boards and licensing Forums in both authority areas.
- 2.7. The ADP will continue to work in partnership with NHS Forth Valley on strategic projects, service improvement, performance and workforce development.
- 2.8. The attached ADP Delivery Plan 2020 – 2023 commits the HSCP and ADP to work jointly to deliver outcomes for local communities and to the relieve the burden of alcohol and drug related harm, together, across the Partnership.
- 2.9. The planned integration of area wide drug and alcohol and mental health services within the HSCP will support improved joint working opportunities within the partnerships.
- 2.10. The Clackmannanshire and Stirling ADP Lead Officer (Post Vacant) has now transferred into the HSCP. Work is underway with the recruitment process to fill this vacancy. Management and accommodation arrangements have been considered as part of the transfer of the post to the HSCP.

3. Conclusions

- 3.1. The transfer of the Clackmannanshire and Stirling Alcohol and Drug Partnership into the HSCP provides enhanced opportunities to align closely with the transforming care agenda, enhancing and improving outcomes for those affected by alcohol and drugs.
- 3.2. This process will enhance opportunities for the ADP to work more closely with carers of those with drug and alcohol issues.

- 3.3. The focus of the ADP will be to deliver on the Scottish Government’s Rights, Respect and Recovery (2019): Drug Strategy, and the Alcohol Framework (2018). Scotland’s key strategies to improve health by preventing and reducing alcohol and drug use, harms.
- 3.4. At local level the ADP Strategic direction comes from the Forth Valley Health Improvement Strategy, this strategy will be revised in 2021. It is expected that substance use will feature in the refresh as substance use has been identified as a national Public Health priority for the next decade.
- 3.5. The transfer will strengthen partnership working across all multi-agency partnerships in the area and increase opportunities for joint planning and improved integrated working practice.
- 3.6. The ADP in Clackmannanshire and Stirling has a proven track record of delivery. The area was recognised as a high performing ADP by the Care Inspectorate (2017), leadership and partnership working being highlighted as two key strengths. There is clear commitment to ensure that the ADP will continue to flourish and develop further under the new arrangements.

4. Appendices

Clackmannanshire and Stirling Alcohol and Drug Partnership Delivery Plan 2020 – 2023

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	x
Caring, Connected Communities	x
Mental Health	x
Supporting people living with Dementia	x
Alcohol and Drugs	X
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	X
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	X

Implications	
Finance:	ADP Budget currently held within Stirling Council will be transferred into the HSCP
Other Resources:	ADP staff (Position Vacant) will be transferred into the HSCP

Legal:	Transfer will align the ADP with the requirements of the Public Bodies (Joint Working) Scotland Act 2014
Risk & mitigation:	There is more risk in not transferring ADP
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>In preparing the contents of this report, in terms of the Fairer Scotland Duty, due regard has been given to reducing inequalities of outcome caused by socio-economic disadvantage, and any such impacts in respect of the proposals set out in this report are contained in the EqIA Relevance Check / Equality Impact Assessment.</p> <p>Or</p> <p>The contents of this report were considered in terms of the Fairer Scotland Duty and were determined not to be of strategic importance.</p>



**CLACKMANNANSHIRE AND STIRLING ALCOHOL
AND DRUG PARTNERSHIP
DELIVERY PLAN
2020 – 2023**

Contents

Item	Page Number
Our Vision	3
ADP Performance	4
Strategic Landscape	5
Community Planning	6
Health and Social Care Integration	6
Our Priorities	7
Prevention and Early Intervention	8
Developing Recovery Oriented Systems of Care	13
Getting It Right For Children, Young People and their Families	17
Public Health Approach in Justice	20
Drug Related Deaths	23
Alcohol Framework	26

Our Vision

The 2020 – 2023 Delivery Plan for the Clackmannanshire and Stirling Alcohol & Drug Partnership (ADP) is a call to action for all services and partnerships who have a role in reducing the harm caused by alcohol and drugs. This plan is for Strategic Planners, Services, individuals and families in need of support and wider communities. The priority actions highlighted are not an exhaustive list and provide a strategic framework in which other areas of activity will be developed and responded to over the life span of the plan.

The Clackmannanshire and Stirling ADP recognises that substance use is intrinsic to society and is very much an issue of inequality. Ultimately, our primary role needs to be about driving action to improve the health and wellbeing outcomes for individuals and families affected by substance use. To do so, the ADP promotes collaborative activities which address the determinants of health and which adopt a whole population and preventative approach where required. Collective action across the Community Planning landscape must address the issues caused by poverty and which often drive inequality and disadvantage.

The Clackmannanshire and Stirling ADP will localise the Scottish Government vision of creating an environment where “we live long, healthy and active lives regardless of where we come from and where individuals, families and communities:

- have the right to health and life – free from the harms of alcohol and drugs;
- are treated with dignity and respect;
- are fully supported with communities to find their own type of recovery.”

(Rights, Respect & Recovery, 2018).

We believe that we have made significant progress over recent years and, as an ADP, have continued to exceed in key performance areas as well as deliver innovative approaches to supporting individuals and families as well as to promote and facilitate recovery. However, it is important to recognise the significant challenges that remain for people and services and, as such, the ADP remains committed to working with our range of partners to plan, invest and deliver the interventions required to reduce the harm caused by alcohol and drugs.

We will continue to ensure that local services are fully compliant with the Health and Social Care Standards. This will provide assurances to Senior Leaders as well Service Users and their families as to the quality of local service provision.

Within this plan, we will outline how we will continue to work in partnership to understand and prevent drug related deaths. Locally, the situation mirrors the national trend in that our drug related deaths continue to increase. This is a key area of activity for the ADP and we commit to remaining close to the work of the National Drug Death Taskforce and to continuing to seek improvements in local processes and provision as appropriate.

We will also remain committed to the children affected by parental substance use agenda (including those bereaved through drug related death) and we will continue to seek service improvements and innovation in this area. The development of the Forth Valley Impact of Parental Substance Use Assessment Tool (IPSU) was led by the ADP and a local substance use service and we will continue to proactively seek full implementation within the relevant services.

Locally, we are extremely proud of the Forth Valley Recovery Community and its significant contribution to promoting and supporting recovery not only within local communities but also across

Scotland. The ADP will continue to support and encourage the FVRC to deliver a message of hope, peer support and encouragement for those individuals and families about to embark on their own recovery journeys. To maximise this impact, we must continue to look beyond traditional public services and reach out to wider community services, groups and community members to fully utilise the recovery capital that we know exists within our local communities.

ADP Performance

The ADP has continued to exceed key performance targets in relation to waiting times for drug and alcohol services, Alcohol Brief Interventions (ABIs) and naloxone distribution. Throughout the course of this revised Delivery Plan, The ADP Support Team will continue to monitor these targets to ensure continued excellent performance.

In addition, the Clackmannanshire and Stirling ADP will undertake the necessary preparatory work in relation to implementation of the national Drug and Alcohol Information System (DAISy) as directed by Scottish Government.

The ADP analyst will support the ADP to monitor performance through the regular updating of a relevant data bank of relevant outcome measures.

Outcomes from commissioned services will be closely scrutinised through contract monitoring processes.

The Strategic Landscape

The Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs (2019) states that ADPs will continue to “lead the development and delivery of a local comprehensive and evidence based strategy to deliver local outcomes”.

The local ADP sits within the local Community Planning Frameworks as well as the Health and Social Care Partnership and also links closely with the Community Justice Partnerships. Work must continue to ensure that clear governance and oversight arrangements are in place locally to enable timely and effective decision making about service planning and delivery.

Through the development of the ADP Delivery Plan, the ADP will be able to deliver against the following national and local strategies and partnerships:

National Policy Drivers

[Rights, Respect and Recovery \(2018\)](#) is Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths. The strategy focusses on prevention with the aim of addressing the individual, family and societal factors that increase the likelihood of alcohol and drug related harm. The strategy endorses an improved Public Health approach as well as a person centred, whole systems approach which responds to individuals and families experiencing difficulties, with a particular focus on those most at risk.

[The Alcohol Framework 2018: Preventing Harm](#) outlines the Scottish Government’s future steps for changing Scotland’s relationship with alcohol. The document highlights three central themes namely:

- Reducing consumption
- Positive attitudes, positive choices
- Supporting families and communities

We will continue to adopt a whole population approach and work with partners such as Licensing Boards to address availability and affordability issues.

Local Landscape

Community Planning - Clackmannanshire

In 2015, Community Planning became a statutory requirement and placed a legislative duty on core partners to work together to improve outcomes and reduce inequality and disadvantage. Through the Community Empowerment (Scotland) Act (2015), partners must work with local communities to address and respond to what are often complex and deep-rooted issues.

In Clackmannanshire, the Alliance Board oversees progress against the [Clackmannanshire Local Outcomes Improvement Plan \(2017 - 2027\)](#). The strategic outcomes for Clackmannanshire have been identified as:

1. Clackmannanshire will be attractive to businesses and people and ensure fair opportunities for all.
2. Our communities will be resilient and empowered so that they can thrive and flourish.

3. Our families, children and young people will have the best possible start in life.
4. Women and girls will be confident and aspirational, and achieve full potential.

Within these strategic outcomes, individuals and families affected by alcohol and/or drug use are seen as a priority group.

Community Planning - Stirling

In Stirling, the [Stirling Plan 2017 - 2027](#) outlines the collective actions required to address the stark inequalities between the most and least deprived citizens and communities. Partnership delivery should be focussed on four cross cutting priority outcomes:

1. Prosperous – people are part of a prosperous economy that promotes inclusive growth opportunities across our communities.
2. Healthy – people are healthy and live active, full and supportive lives within supportive communities.
3. Achieving – people are skilled and supported to make a positive contribution to our communities.
4. Resilient – people are part of safe and caring communities with an attractive and sustainable environment.

Within these, tackling substance use has been identified as a key area for collaborative partnership working. Through the Locality Action Plans, ADP partners have a framework within which priority actions can be agreed that will have maximum impact for our most disadvantaged communities.

Health & Social Care Integration

The vision for the Clackmannanshire & Stirling Health and Social Care Partnership is to enable individuals in the local area to “live full and positive lives within supportive communities”. Within the 2019 – 2022 Health & Social Care Strategic Plan, alcohol and drugs have been identified as a key priority. The ADP and the HSCP will work jointly to deliver outcomes for local communities and to the relieve the burden of alcohol and drug related harm, together, across the Partnership. We will continue to strengthen joint governance arrangements and align performance reporting as well as make best use of our collective resources and ensuring best value principles apply to all our investments.

Community Justice Partnerships

The Clackmannanshire & Stirling ADP will work with the Community Justice Partnerships in both Clackmannanshire and Stirling to help drive change through identifying improvements and challenges in the local community justice systems. Both Partnerships have identified substance use as a key priority area.

NHS Forth Valley

[Health Improvement Strategy \(NHS Forth Valley\) 2017 - 2021](#)

The above strategy sets out the vision for tackling preventable illness, reduce the inequality gap and promoting physical and mental wellbeing. The five priority strategic themes identified in this document are:

1. Children and early years
2. Mental Health and Well Being
3. Worthwhile work
4. Substance use

5. Population wide health improvement programmes.

Our Priorities

In line with Rights, Respect and Recovery (2018), our priority actions will be grouped as follows:

Theme	Outcome
Prevention and Early Intervention	Fewer people will develop problem drug use.
Developing Recovery Oriented Systems of Care	People access and benefit from effective, integrated person centred support to achieve their recovery.
Getting it Right for Children, Young People and Families	Children and families affected by alcohol and drug use will be safe, healthy, included and supported.
Public Health Approach in Justice	Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.
Alcohol Framework 2018	A Scotland where less harm is caused by alcohol.

Our intention is for the plan to proactively address the challenges that face individuals, families, communities and services. However, we recognise that, at times, we will also need to be reactive. On the following pages, we highlight key activity that we need to continue to drive forward in partnership.

RRR Thematic Area: Prevention & Early Intervention					
RRR Outcome: Fewer people develop problem drug use					
	Improvement Action	Team around activity	Timescale	Milestones	RAG
1.1	Deliver a comprehensive workforce development programme which supports both specialist and universal service provision where appropriate.	ADP Support Team	Throughout course of Delivery Plan.	<ul style="list-style-type: none"> • March 2020 - Agree annual programme with Scottish Drugs Forum. • August 2020 - Publicise programme across appropriate partnerships. • Consider requests for bespoke training as appropriate. • April 2021 - Receive annual report from SDF regarding learning outcomes achieved. 	
1.2	By April 2021, embed the Social Influence Prevention Programme within all Secondary Schools across Clackmannanshire and Stirling.	ADP Support Team NHS Forth Valley Education services (Clackmannanshire Council) Education services (Stirling Council)	April 2021	<ul style="list-style-type: none"> • July 2020 - Recruitment of dedicated post within NHS Forth Valley (Health Promotion). • September 2020 – Programme agreed and staff in place to test virtual delivery. • October 2020 - Contact to be made with schools. Pilot schools and timescales agreed and programmes commenced. • April 2021 - Programme reviewed, updated and ready to be implemented on a rolling basis 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
1.3	By August 2021, undertake a review and redesign of the current Curriculum for Excellence substance use framework in Clackmannanshire. Ensure the developed framework aligns with Education Scotland Progression Pathways, Benchmarks, local and national strategy and changes in drugs and alcohol legislation.	Kaye Hills (Clackmannanshire Council) Implementation Group	August 2021	<ul style="list-style-type: none"> • March 2020 - Draft Framework completed. • April 2020 - Framework consultation with Stakeholders. • August 2020 – Launch • Jan 2021 – review (along with Health and Wellbeing strategy review). • August 2021 – on line consultation with parents / pupils / partners. 	
1.4	Provide substance use curriculum support to targeted Clackmannanshire educational establishments who indicated development needs in relation to substance use.	Kaye Hills (Clackmannanshire Council) Implementation Group	October 2020	<ul style="list-style-type: none"> • April 2020 – Test of change to take place to evaluate the improvement expected from the focussed action planning associated with PSE self-evaluation information. • September 2020 – Update GLOW page to include current local resources. • September 2020 – All targeted educational establishments have substance use as a key priority within the Health and Well Being / NIF priorities of School Improvement Planning. 	
1.5	Use ADP locality data and analysis of substance use across Clackmannanshire (particularly during Covid 19) to provide targeted and bespoke support and signposting to establishments.	Kaye Hills (Clackmannanshire Council) ADP members	January 2021	<ul style="list-style-type: none"> • August 2020 Review locality trends and fluctuations in substance use • September 2020-work in partnership with Third Sector and Statutory Partners to provide targeted support • December 2020 Review progress and impact of support. 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
1.6	A Transformation Project in Clackmannanshire considers the approach required to reshape substance use services for children and young people who are at greatest risk.	Kaye Hills (Clackmannanshire Council) Implementation Group	December 2021	<ul style="list-style-type: none"> • Jan 2020 – Project Scoping document required. • October 2020 – Business case completed. • December 2020 – Progress update completed. • April 2021 – Update completed • June 2021 – Close down report completed. • December 2021 – Evaluation report completed. 	
1.7	Ensure all frontline Education staff are aware of, and can refer to, local substance use support services for young people.	Stirling Council Education Services (ASN & Wellbeing)	August 2021	<ul style="list-style-type: none"> • August 2020 - Embed information in Safeguarding GLOW tile, which is accessible to all teaching staff. 	
1.8	Provide professional learning opportunities to Education workforce in line with findings from Stirling audit of approaches to substance use.	Stirling Council Education Services (ASN & Wellbeing) ADP	April 2021	<ul style="list-style-type: none"> • TBC - Promote training opportunities through Education's CLPL e-bulletin. • March 2021 - Monitor participation numbers from Schools, Learning and Education. 	
1.9	Embed the use of the national Relationships, Sexual Health and Parenthood (RSHP) resources with a specific focus on consent and the use of alcohol and/or drugs.	Stirling Council Education Services (ASN & Wellbeing)	June 2021	<ul style="list-style-type: none"> • December 2020 – interim feedback to be gathered from schools regarding use of the resource. • June 2021 – All secondary schools to be using RSHP resource in PSHE programmes. 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
1.10	Ensure robust policies are in place to improve access to BBV testing, treatment and screening.	BBV MCN	June 2021	<ul style="list-style-type: none"> • April 2021 – Introduce dry blood spot testing within Assertive Outreach Service. • June 2021 – increase dry blood spot testing in all ADP services by 10%. 	
1.11	Reduce alcohol and drug use in pregnancy.	ADP NHS Forth Valley – Midwifery Services and Health Promotion	April 2021	<ul style="list-style-type: none"> • August 2020 – Implementation of pre-birth planning pathway. • April 2021 - Increase workforce competency in ABI within midwifery services and Family Nurses Partnership staff through on line and face to face training opportunities. • April 2021 - Increase delivery of alcohol brief intervention within maternity settings by 10%. 	
1.12	Reduce tobacco use and promote smoke free environments.	NHS Forth Valley – Health Promotion	October 2021	<ul style="list-style-type: none"> • December 2020 - Review and develop current tobacco and cannabis training. • March 2021 – increase engagement and referrals into stop smoking service to support to meet NHS FV LDP target • March 2021 - Increase provision of smoking cessation training to support person centred referral pathway to ensure smoking is discussed in all care settings. • March 2021 - Promotion of No Smoking Day 	

				<ul style="list-style-type: none"> • March 2021 - Promote and embed the smoke free school policy in line the ASH Charter. • October 2021 - Delivery of IMPACT advice training on the relationship between smoking and mental health care. • October 2021 - Support implementation of NHS Smoke Free Ground policy following legislation. 	
1.13	Refresh Forth Valley Substance Use Needs Assessment.	ADP Support Team	April 2021	<ul style="list-style-type: none"> • August 2020 - Seek approval to refresh needs assessment. • December 2020 – commission researcher to complete needs assessment. • April 2021 – process complete and update document available for service planning purposes. 	

RRR Thematic Area: Developing Recovery Oriented Systems of Care					
RRR Outcome: People access, and benefit from effective, integrated person-centred support to achieve their potential.					
	Improvement Action	Team around activity	Timescale	Milestones	RAG
2.1	To continue to promote FVRC across community planning networks and to encourage all relevant practitioners to successfully engage with the Community.	Forth Valley Recovery Community ADP Support Team Community Planning Partners	April 2021	<ul style="list-style-type: none"> • August 2020 - promotion of FVRC via Council intranet and internet sites. • December 2020 – Sustain café provision across Forth Valley. • Jan 2021 – Support FVRC to develop more comprehensive evaluation methods to better evidence impact of recovery activity. • April 2021 – increase overall engagement with community based recovery activity. • April 2021 – improve FVRC links with community food initiatives. • April 2021 – enhance FVRC links with employability services and DWP. 	
2.2	Develop inclusive methods for ensuring that individuals and families with lived / living experience are able to influence the ADP strategic agenda.	ADP partners Forth Valley Recovery Community Health and Social Care Partnership Barnardo's	April 2021	<ul style="list-style-type: none"> • October 2020 – establish an open forum to engage with young people and learn from their experiences of services (led by Barnardo's). • DATE TBC – identify effectiveness of current methods and research good practice models if gaps are identified. 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
2.3	Work with partners to ensure language used in policies and documents is non-stigmatising and person centred. This will include patient / client literature and relevant signage.	ADP Community Planning Partnerships	April 2021	<ul style="list-style-type: none"> • Feb 2020 – Presentation to Community Planning Executive Board (Stirling). • April 2021 – work with Community Planning partners to develop / refresh appropriate policies and documentation. 	
2.4	Strengthen and further develop the alcohol pathway to ensure that Social Care, Primary Care and Health are more proactive in initiating referral for those with alcohol concerns.	ADP Support Team NHS Forth Valley	April 2021	<ul style="list-style-type: none"> • December 2020 - promote revised pathway to key staff groups within the Health & Social Care Partnership. • April 2021- Workforce Development relating to older peoples drinking awareness sessions to be delivered, to ensure that all are familiar with the revised pathway. • April 2022 – Increased alcohol treatment ratio achieved due to increase in referrals. 	
2.5	Further develop the knowledge and competence of Housing staff to identify opportunities for early referral to substance use services to maximise access to specialist advice and support people to sustain their housing.	Stirling Council Housing Services. ADP Support Team	April 2021	<ul style="list-style-type: none"> • September 2020 – Housing management to identify training needs for appropriate staff. • December 2020 – improve referral pathways to specialist substance services when Housing identify substance use issues during any formal action (e.g. ASB or rent arrears). 	

				<ul style="list-style-type: none"> • April 2021 – review impact and consider if referrals from Housing department have increased. • April 2021 – ensure Housing staff are appropriately trained to be able to signpost tenants to substance use services if alcohol / drug concerns are identified through annual tenancy visits. 	
2.6	Ensure that staff from relevant services (including Adult Care Social Work, Acute Hospital and Housing settings) make timely referrals to the Alcohol Related Brain Injury Team (ARBI) to ensure that the opportunities for recovery are maximised.	ARBI Team ADP Health and Social Care Partnership	April 2021	<ul style="list-style-type: none"> • April 2021– ARBI team to regularly promote service to relevant staff teams. • April 2021 – continue to increased referrals to ARBI team. 	
2.7	Complete the development of the Young People’s Pathway to support the transition between young people’s and adult substance services.	ADP Support Team NHS Forth Valley	December 2020	<ul style="list-style-type: none"> • August 2020 – Formalise pathway. • December 2020 - Resource a specialist nursing post that will provide in reach to young people’s substance use services for vulnerable young people with high-risk substance use and mental health concerns. • June 2021 – audit impact of nursing post on treatment outcomes 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
2.8	By April 2021, increase the referrals between substance use services and adult mental health services for those who experience co-morbid mental health and substance use difficulties.			<ul style="list-style-type: none"> • November 2020 - acute referral pathway to community substance services be revisited and refreshed. • June 2021 - Workforce Development to be undertaken by Adult Mental Health Teams Acute and Community – Substance Use. 	
2.9	In line with Scottish Government timescales, implement the new national drug and alcohol information system (DAISy) and utilise the date to track performance and outcomes.	Scottish Government ADP Support Team	December 2020 (Scottish Government target)	<ul style="list-style-type: none"> • August 2020 - Local ISA to be finalised and signed off by Information Governance in each Local Authority area. • September 2020 – Revise local implementation plan including workforce development and training. 	

RRR Thematic Area: Getting It Right for Children, Young People and their families					
RRR Outcome: Children and families affected by alcohol and drug use will be safe, healthy, included and supported.					
	Improvement Action	Team around activity	Timescale	Milestones	RAG
3.1	Fully embed refreshed Forth Valley Getting Our Priorities Right guidance within services.	Agency Leads	June 2020	<ul style="list-style-type: none"> • May 2020 – all agency leads to ensure that GOPR document is circulated to all staff members. • May 2020 - all agency leads to consider workforce development needs in relation to GOPR. • April 2021 – additional sessions to be delivered to Community Pharmacy and Police Scotland colleagues. • April 2021 – all agencies to report progress to the ADP. 	
3.2	Fully embed the Impact of Parental Substance Use (IPSU) tool across Social Care, Health and Third Sector Services.	Agency Leads	December 2020	<ul style="list-style-type: none"> • Feb 2020 – IPSU challenges to be discussed at CPC. • August 2020 – complete staff survey to identify IPSU opportunities and challenges. • August 2020 – CGL to have agreed electronic IPSU available for staff use. • August 2020 – Resolve all IT issues across agencies including the NHS. • May 2021 – Audit impact of IPSU implementation. 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
3.3	Consider additional methods and approaches to support adults accessing the Time 4 Us service to develop and enhance their parenting skills.	Time 4 Us	August 2021	<ul style="list-style-type: none"> • October 2020 – Consultation with Parents & Carers. • January 2021 – Terms of Reference developed and agreed. • March 2021 – Funding Applications submitted. • June 2021 – Group space set up. • August 2021 – Group established. 	
3.4	Raise awareness of and increase referrals to the Forth Valley Family Support Service.	ADP Partners SFAD	August 2020	<ul style="list-style-type: none"> • April 2020 – establish agreed procurement route with colleagues from the three Local Authorities. • December 2020 – Family Support Service to present at ADP to promote greater engagement and increased referral. • Throughout 2020 – promote family support across relevant groups and partnerships. • Throughout 2020 – monitor uptake of service through contract monitoring process. 	
3.5	Contribute to relevant activity across the identified Public Protection thematic areas.	ADP Public Protection Lead Officers	April 2021	<ul style="list-style-type: none"> • May 2020 – support the CPC to develop refreshed strategic plan outlining substance use as a priority area. • April 2021 – support relevant developments within the Adult Support and Protection Committee. • April 2021 - Continue to build relationship with the COG. 	

				<ul style="list-style-type: none"> • April 2021 – ADP to be an active member of the Public Protection Learning & Development subgroup. • 	
3.6	Further consider the specific needs of women and girls affected by substance use.	CGL GBV Partnerships ADP Partners	April 2021	<ul style="list-style-type: none"> • April 2021 - Consider process and service developments that may reduce barriers for women to access substance use services. • April 2021 – ADP to continue to be represented on local Violence Against Women Partnerships. 	

RRR Thematic Area: Public Health Approach in Justice					
RRR Outcome: Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.					
	Improvement Action	Team around activity	Timescale	Milestones	RAG
4.1	Work in partnership with Police Scotland to enhance the support available within Police Custody settings.	Police Scotland ADP Support Team	April 2021	<ul style="list-style-type: none"> • September 2020 - Increase visibility of recovery in custody setting through presence of FVRC members. • April 2021 - Increase arrest referral numbers from custody settings - data to be monitored quarterly. • April 2021 - Continue to facilitate and promote the presence of relevant external partners in custody settings including Families Outside. • April 2021 - Continue to attend the Forth Valley Custody meeting to monitor improvements. • April 2021 - Continue to provide ADP resources for individuals and families attending custody suites. • April 2021 - Encourage Police Scotland to undertake appropriate WFD including ABI and MI. 	
4.2	Continue to deliver substance use and recovery support within local Prison establishments.	ADP Change, Grow, Live	Throughout course of delivery plan.	<ul style="list-style-type: none"> • December 2020 – support Glenochil Governor to identify workforce development needs. 	

				<ul style="list-style-type: none"> • April 2021 - Continue to work with Prisoner Healthcare on workforce development and compliance with waiting times targets. 	
4.3	<p>Develop a Justice Pathway in partnership with Clackmannanshire Community Justice Partnership and Stirling Community Justice Partnership. This will include:</p> <ol style="list-style-type: none"> Substance Treatment Services, in partnership with others, provide support for people who have been arrested, to access their services. Substance Treatment Services, in partnership with others, to support those subject to Diversion interventions, to access their services. Substance Treatment Services, in partnership with others, to support those subject to Bail Supervision Services for Stirling & Alloa Sheriff Courts, to access their services. Substance Treatment Services, in partnership with others, to support those subject to Community Sentences (including DTTOs), to access their services. 	<p>Stirling & Clackmannanshire Councils</p> <p>NHS Forth Valley</p> <p>Health & Social Care Partnership</p> <p>Police Scotland</p> <p>Scottish Prison Service</p> <p>Scottish Courts and Tribunals Service</p>	April 2020 - 2023	<ul style="list-style-type: none"> • November 2020 – establish working group who will determine specific actions and timescales. Activity will include how people experiencing difficulties with alcohol or drug can be supported at all stages of the justice pathway. 	

	e. Substance Treatment Services, in partnership with others, to support those subject to Prison Throughcare Support (Voluntary & Statutory), to access their services.				
4.4	Support the Community Justice Partnerships to improve the effectiveness of transition support between the community to custody and custody to the community. This would include the development of more effective procedures to assist with the provision of housing advice pre liberation from prison.	<p>Stirling Community Justice Board</p> <p>Clackmannanshire Community Justice Partnership</p> <p>Stirling Council Housing Services</p> <p>Clackmannanshire Council Housing Services</p> <p>ADP Partners.</p>	March 2021	<ul style="list-style-type: none"> • March 2021 – Community Justice Workforce conference to be held with a focus on improvement of transitions. • October 2020 – Establish framework to support information sharing and effective utilisation of prison admissions and liberations data. • April 2020 – Appoint Homeless Prevention co-ordinator to progress action in this area. • June 2020 – Make initial contact with SPS to agree protocols/processes. • December 2020 – alongside launch of new Allocations Policy, launch new Housing Advice service (which will include pre-liberation advice). • March 2021 – Developed outcome reporting. • June 2021 – review effectiveness of protocol in reducing homelessness upon liberation. 	

Thematic Area: Drug Related Deaths – National Drug Death Taskforce Recommendations					
Outcome: Prevention of alcohol and drug related deaths					
	Improvement Action	Team around activity	Timescale	Milestones	RAG
5.1	Ensure the targeted distribution of naloxone to individuals most at risk and to those services who may be supporting vulnerable individuals.	ADP Support Team ADP partners (including Community Planning partners).	April 2021	<ul style="list-style-type: none"> • May 2020 – review policy for naloxone provision within Stirling Council homelessness settings. • September 2020 – full implementation of Corporate Naloxone Policy in Clackmannanshire Council and Stirling Council. • December 2020 – ADP support offered to any relevant partner where naloxone may be appropriate for their setting (for emergency use). • December 2020 – Naloxone to be distributed widely within NHS acute settings. • April 2021 – Increase local naloxone provision by 20% • April 2021 – increase naloxone distribution within prisoner healthcare settings. 	
5.2	Ensure that there is an immediate response for non-fatal overdose. This will include maintaining the protocol with the Scottish Ambulance Service.	ADP Support Team Scottish Ambulance Service	April 2021	<ul style="list-style-type: none"> • April 2021 - Ensure appropriate pathways are in place from the Hospital Addiction Team to Community Service. • April 2021 - Develop assertive outreach referral pathways from the Emergency Department. 	

		Substance use services.		<ul style="list-style-type: none"> • Maintain protocol with Scottish Ambulance service 	
5.3	Optimising opiate substitute treatment (OST).	NHS Forth Valley ADP Partners	April 2022	<ul style="list-style-type: none"> • April 2022 - Implement Taskforce recommendations and improvements required locally. This should be detailed in QIFB work plan. 	
5.4	Targeting people most at risk from drug related death.	ADP Partners Community Planning Partners National Task Force	Throughout course of delivery plan	<ul style="list-style-type: none"> • December 2020 - implement Acute Hospital Assertive Outreach process. • Increase flu vaccination and BBV testing. • Increase referral rates to services and improve treatment ratios. • Promote and increase support available to families through SFAD Bereavement Service. • Deliver appropriate workforce development to all relevant partners including naloxone and overdose awareness. • Link with Housing First approaches in each LA area to ensure that they promote recovery and reduce risks around drug related deaths. 	
5.5	Optimising public health surveillance and improve the timeliness of the review of alcohol and drug related deaths.	National Task Force ADP Partners	April 2021	<ul style="list-style-type: none"> • June 2020 – submit bid to National Taskforce to support improvement in Hospital Addiction Team capacity and the timely surveillance and review of drug related deaths and suicide. 	

				<ul style="list-style-type: none"> • April 2021 – continue to support the Drug Trend Monitoring group to maximise intelligence in an attempt to reduce harm. 	
5.6	Ensuring equivalence of support for people in the criminal justice system.	ADP Partners Community Justice Partnerships	April 2021	<ul style="list-style-type: none"> • September 2020 - Ensure synergy between Community Justice Plans and ADP Plans to maximise outcomes for individuals involved in the Community Justice System. • December 2020 - Improve pathways and transition from Prison to Community Services to reduce risk to individuals. • April 2021 - Increase referrals from CJSW to substance use services by 20%. • April 2021 – support Community Justice Partnerships to explore barriers to services for those involved in the community justice system. 	
5.7	Increase the uptake of bereavement support offered to family members by Scottish Families Affected by Alcohol and Drug Use (SFAD).	ADP Support Team SFAD	April 2021	<ul style="list-style-type: none"> • December 2020 – promotion of family support service via partner intranet and internet sites as well as social media outlets. • December 2020 – cascade promotional material throughout relevant partnerships including those working directly with communities. 	

RRR Thematic Area: Alcohol Framework					
RRR Ambition A Scotland where less harm is caused by inactivity.					
	Improvement Action	Team around activity	Timescale	Milestones	RAG
6.1	Work with partners to deliver a Whole Population approach as part of the ADP prevention strategy.	NHS Forth Valley Health Promotion ADP Support Team	April 2021	<ul style="list-style-type: none"> • July 2020 – promote “Rethink Your Drink” Summer Campaign across partnership networks. Local campaigns will maximise the marketing message of the national Count 14 programme. • December 2020 – promote “Rethink Your Drink” Festive campaign across partnership networks. Local campaigns will maximise the marketing message of the national Count 14 programme. • December 2020 – maximise the messages from Count 14 national campaign. 	
6.2	Continue to deliver Alcohol Brief Interventions in line with HEAT Standards	ABI Priority Settings. ADP Partners	April 2021	<ul style="list-style-type: none"> • September 2020- develop ABI training for post COVID environment including virtual delivery and LEARNPRO. • April 2021- increase ABI Training by 10% • December 2020 – consider additional settings where ABI may be appropriate. • April 2021 – continue to meet targets within HEAT Standard guidance. 	

	Improvement Action	Team around activity	Timescale	Milestones	RAG
6.3	Continue to support the Licensing agenda across Clackmannanshire and Stirling.	ADP Partners	April 2021	<ul style="list-style-type: none"> • April 2021 – maximise opportunities for ADP to support and influence licensing frameworks in each Local Authority area. 	
6.4	Consider the potential for operating Safe Base at other busy times throughout the year.	Stirling Council	December 2020	<ul style="list-style-type: none"> • June 2020 – scope feasibility of providing Safe Base Support during Fresher’s Week and Halloween. • December 2020 – provide Safe Base 2020 throughout the month of December. 	

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 9.4

Update on Transforming Care Board

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest
Author	Wendy Forrest
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide an update on progress made with establishing the HSCP Transforming Care Portfolio Board & priorities by sharing the Portfolio Definition Document attached as an appendix to this report.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the progress made to the establishment of HSCP Transforming Care Board 2) Support the progress made at the inaugural meeting of the HSCP Transforming Care Board and the programmes of work already underway 3) Seek for officers to continue to provide detailed updates at each Integration Joint Board to ensure progress and provide scrutiny.
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1. Background

- 1.1. Health and social care integration, as laid out in the Public Bodies (Joint Working) Act 2014, sets out the framework for integrating adult health and social care, to ensure a consistent provision of quality, sustainable care services for the increasing numbers of individuals across Scotland who need joined-up support and care.
- 1.2. Members will remember that the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) agreed at September to establish Transforming Care Board HSCP with a Portfolio Managed approach to delivering a transforming care agenda across community health and social care services delegated to the Health and Social Care Partnership.
- 1.3. A portfolio management approach is where the totality of significant change initiatives within the organisation are managed centrally, to ensure that scarce resource is allocated efficiently and that the projects and programmes, which sit within the portfolio, are managed effectively to deliver the expected benefits.
- 1.4. Due to impact of the COVID-19 pandemic, the establishment of the Transforming Care Board was initially delayed due to lockdown and the emergency response of community health and social care services. Subsequent delays were due to the ongoing emergency operational response

to working within a changed daily working environment and the ongoing management of local outbreaks, as such creating more challenge in bringing partners together.

- 1.5. Eventually, the inaugural meeting took place on 12 November with the agreed programme of work being presented to the group members, covering a number of the transforming care priorities previously agreed by the Board including the development of Hospital at Home model, focus on specialist housing across Clackmannanshire and Stirling and Strathendrick care home. Additionally, updates were provided on the Review of Adult Social Care, Best Value Review of Care at Home, establishment of HSCP Commissioning Hub, Integration of community health and care services and the review of the model of care within the Bellfield.

2. Context

- 2.1. There is transformation and service improvement support from each of the three consistent organisations; two dedicated officers from Stirling Council to support and enable the portfolio management approach at the HSCP. NHS Forth Valley is recruiting additional improvement leads to work to support both HSCPs in NHS Forth Valley and links have already been made by the HSCP with the Transformational lead in Clackmannanshire Council.
- 2.2. In addition, the HSCP has a dedicated Service Improvement lead aligned to strategic planning to support service improvement and change across integrated services; this work is separate from Transformation Portfolio however the outcomes and impact will be co-dependent.
- 2.3. The first tranche of priority programmes and projects within the portfolio and these are detailed in the Portfolio document attached alongside each project sponsor from across the HSCP. The programme clearly represents a significant and complex amount of work already underway which cannot be seen as isolated work streams, but rather as a mutual collection of activity which dovetails into a multi-faceted programme of transformation.

3. Recommendations

- 3.1. The Integration Joint Board is asked to note the progress to establish, currently virtual HSCP Transforming Care Board and the reporting process agreed for each of the project sponsors and leads across the priorities described.
- 3.2. The Integration Joint Board is asked to continue to support the purpose of the HSCP Transforming Care Board, the approach to be used during its operation, and the initial priorities of the Board are detailed within the action plan that is attached as an appendix to this report.

4. Conclusions

- 4.1. The Transforming Care Portfolio Board is an exciting development for the HSCP and represents the culmination of significant change for the HSCP over the past few years.
- 4.2. Members are asked to support officers in the delivering this dynamic approach and seek regular updates on progress.

5. Appendices

Appendix 1 – Agenda for inaugural Meeting 12 November Clackmannanshire and Stirling Health and Social Care Partnership Transforming Care Board

Appendix 2 – Clackmannanshire and Stirling Health and Social Care Partnership Transforming Care Board Action Plan

Appendix 3 – Clackmannanshire and Stirling Health and Social Care Partnership Transforming Care Board Terms of Reference

Fit with Strategic Priorities:	
Care Closer to Home	X
Primary Care Transformation	X
Caring, Connected Communities	X
Mental Health	X
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	X
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input type="checkbox"/>

Implications	
Finance:	This report does not have an effect on finance
Other Resources:	This report does not have an effect on other resources
Legal:	This report does not have an effect on legal
Risk & mitigation:	This report notes efforts that will be made within the operation of the Transforming Care Portfolio Board that will improve risk

	management of projects and programmes.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below: In preparing the contents of this report, in terms of the Fairer Scotland Duty, due regard has been given to reducing inequalities of outcome caused by socio-economic disadvantage, and any such impacts in respect of the proposals set out in this report are contained in the EqIA Relevance Check / Equality Impact Assessment.</p> <p>Or</p> <p>The contents of this report were considered in terms of the Fairer Scotland Duty and were determined not to be of strategic importance.</p>

**A meeting of Clackmannanshire & Stirling Health & Social Care Partnership
TRANSFORMING CARE BOARD will be held on
Thursday 12 November 2020, 2pm – 4pm
Via Microsoft Teams**

Please notify apologies for absence to:
fv.clackmannanshirestirling.hscp@nhs.scot

DRAFT AGENDA

- | | | |
|----|--|----------------------------------|
| 1 | Welcome & Introduction | Annemargaret Black |
| 2 | Scene Setting | Annemargaret Black |
| 3 | Finance & Governance | Ewan Murray |
| 4 | Purpose & Terms of Reference | Wendy Forrest |
| 5 | Transformation Plan & Status Reporting | David Niven |
| 6 | Hospital at Home Presentation | Claire Copeland / Carolyn Wyllie |
| 7 | Specialist Housing Presentation | Wendy Forrest |
| 8 | Strathendrick House Verbal Update | Carolyn Wyllie |
| 9 | Next Steps | Annemargaret Black |
| 10 | Date of Next Meeting | |

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress @June 2020	Priority	Timescale	Lead	SRO – (Senior Responsible Owner)
Care closer to home	Adult Social Work review	Review of adult social care to create outcomes focus and modernisation of assessment and care management	Initial report completed and out for comment Implementation Group established Work plan being developed	High	December 2020	Carolyn Wyllie	Bob Barr (David Welch)
		Establish HSCP Commissioning Team	Delegation to HSCP agreed at IJB June 18 Transformation Portfolio lead identified. Team transfer to HSCP in July '20. Following this there will be a further significant piece of work to align the team to the HSCP's operating model.	High	July 2020 April 2021	Isabel McKnight & Lorraine Sanda	Wendy Forrest
	Care Homes and integrated Housing Programme	Re-provision of Menstrie House	Steering Group established Programme of work agreed Unable to proceed due to pandemic	High	April 2021 – April 2022	Wendy Forrest	Linda Melville

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress @June 2020	Priority	Timescale	Lead	SRO – (Senior Responsible Owner)
		Re-provision of Strathendrick	Steering Group established Programme of work agreed Unable to proceed due to pandemic	High	February 2021	Carolyn Wyllie	Linda Melville
		Re-provision / de-commission of Beech Gardens and Allan Lodge	Unable to proceed due to pandemic	Medium	December 2020	Carolyn Wyllie (Stephen Clark for Future Work)	Linda Melville
		Provision of Extra Care Housing Provision	Initial discussions Housing & HSCP underway to identify clear work streams	Medium	April 2021 – April 2023	Wendy Forrest	Stephen Clark
		Housing Adaptation Project	Identified as an additional project at end of June'20. Private sector housing grants are very underspent.	Medium	April 2021 – April 2023	Wendy Forrest	Stephen Clark
		Care Homes Assessment and Review Team (CHART)	Team established during the emergency response to the pandemic – analysis of impact underway	High	June 2020	Carolyn Wyllie	Caroline Robertson

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress @June 2020	Priority	Timescale	Lead	SRO – (Senior Responsible Owner)
		Enhanced Medical Care Team in the Community; integrated community team focused on prevention of admission	Team enhanced with additional resource - including geriatricians -during the emergency response to the pandemic – analysis of impact underway	High	June 2020	Carolyn Wyllie	Carolyn Wyllie
Caring and connected communities	Systems, TEC, & e-Health Programme	Re-provision of Social Care Recording System	Steering Group established Programme of work agreed Work delayed by three months due to pandemic	Medium	April 2022	Kevin Kelman	Carolyn Wyllie
		Increased use of TEC (Technology Enabled Care) and e-Health	HSCP Lead identified to scope activity and seek Scottish Government funding to support delivery	Medium	April 2021	Carolyn Wyllie	Susan McConachie
		JLES Equipment Programme Re-provision of JLES (Joint Loan Equipment Store) Equipment Store	Transformation Portfolio lead identified	High	April 2021	Wendy Forrest	Sophie Coles (need desk top review of current provision and contract) leading to status report and options appraisal across Clacks&Stirling.

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress @June 2020	Priority	Timescale	Lead	SRO – (Senior Responsible Owner)
	Effective demand management and signposting within the community	Establish effective early intervention model linking people with third sector and community supports	Community response has been significant during the pandemic Continued work with TSI and Carers Centres to create ongoing community capacity	High	December 2020	Wendy Forrest	Stephanie McNairney
	Intermediate Care, Care at Home, and Reablement Programme	Best Value Review of Care at Home	Steering Group established Transformation Portfolio lead identified Programme of work agreed	High	August 2021	Annemargaret Black	Scott Ross
		Bellfield review of model of care	Steering Group established iHub support in place HSCP Service Improvement Lead undertaking desk top analysis	High	October 2020	Carolyn Wyllie	Judy Stein
Primary care transformation		Test the use of Community Links Workers in GP practices		Medium	April 2021	Wendy Forrest	Stephanie McNairney

Transforming Care Board

Terms of Reference

CHAIR	Annemargaret Black, Chief Officer, Clackmannanshire & Stirling HSCP
VICE CHAIR	Ewan Murray, Chief Finance Officer, Clackmannanshire & Stirling HSCP
MEMBERS ATTENDING	<p>Carol Beattie, Chief Executive, Stirling Council Nikki Bridle, Chief Executive, Clackmannanshire Council Cathie Cowan, Chief Executive, NHS Forth Valley Jim Boyle, Chief Finance Officer, Stirling Council Lindsay Sim, Chief Finance Officer, Clackmannanshire Council Scott Urquhart, Director of Finance, NHS Forth Valley Susan Bishop, Head of Efficiency, Improvement and Innovation, NHS Forth Valley Wendy Forrest, Head of Strategic Planning & Health Improvement, Clackmannanshire & Stirling HSCP Carolyn Wyllie, Head of Community Health & Care, Clackmannanshire & Stirling HSCP Bob Barr, Locality Manager, Clackmannanshire & Stirling HSCP Caroline Robertson, Locality Manager, Clackmannanshire & Stirling HSCP Judy Stein, Locality Manager, Clackmannanshire & Stirling HSCP Natalie Masterson, Chief Executive, SVE Anthea Coulter, Chief Executive, Clackmannanshire CTSI Paul Smith, Quality & Safety Lead, NHS Forth Valley Dave Hunt, Programme Manager – Transformation, Clackmannanshire Council Stephanie McNairney, Service Development Manager, Clackmannanshire & Stirling HSCP David Niven, Adult Social Care Portfolio Lead, Stirling Council Programme and Project Manager/s (as requested)</p>

The meeting shall be deemed to be quorate where each Constituent Partner is represented by a minimum of either the Chief Executive or Director of Finance / Chief Finance Officer.

STRATEGIC SPONSORS	Chief Executives - Clackmannanshire Council, NHS Forth Valley, and Stirling Council.
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PURPOSE

To provide appropriate governance and ensure delivery of the Health & Social Care Partnership's (HSCP) Transformational Objectives as directed and/or delegated by the Integration Joint Board / Finance & Performance Committee;

To provide advice, feedback, and approval on transformational opportunities that will achieve improved service user outcomes and quality improvement as either quick wins, medium and/or long term opportunities which are anchored back to the Strategic Plan;

To successfully manage and prioritise change activity with particular focus on transformation delivery, ICT supply, risk management, personnel, budgetary and performance issues as delegated by the Integration Joint Board / Finance & Performance Committee;

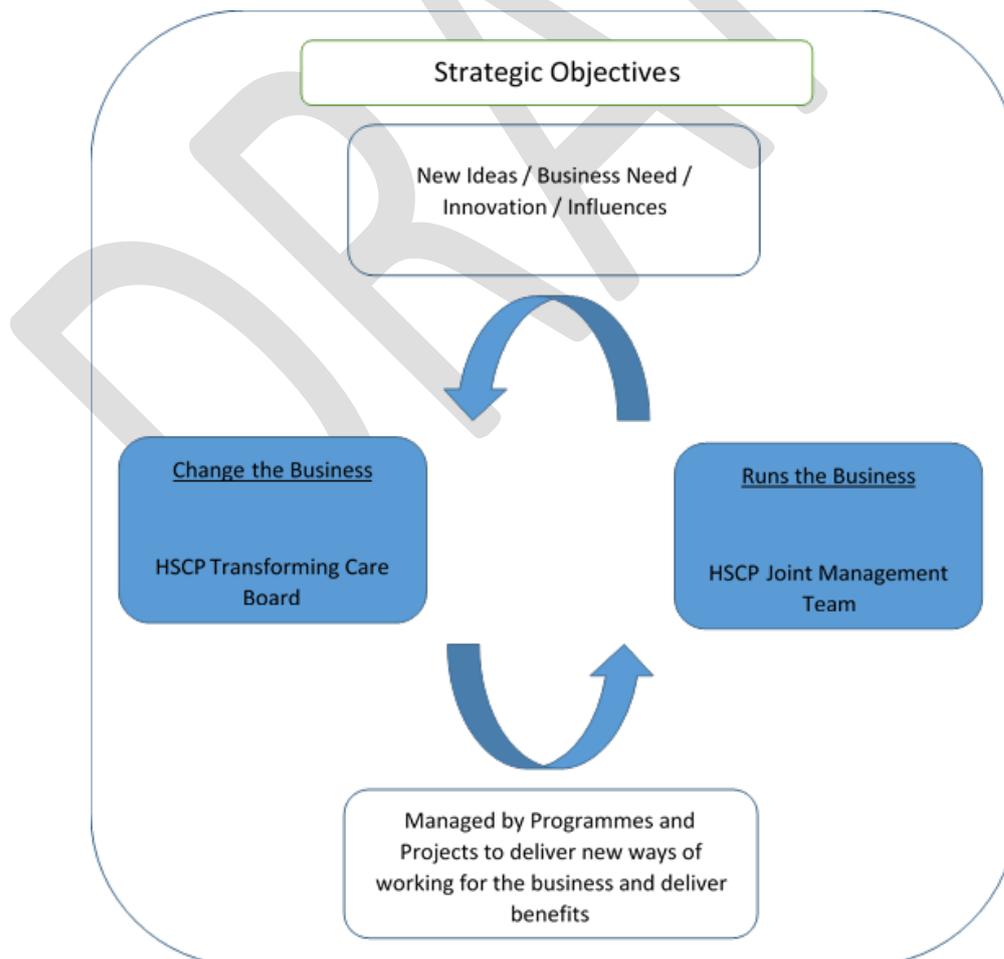
To ensure benefits realisation is maximised and delivered successfully;

To ensure all regulatory and internal/external audit requirements are met in terms of the transformation portfolio, programmes and projects (i.e. Audit Scotland Transformation reviews, Gateway Reviews from Scottish Government/Centres of Excellence etc).

REMIT

- Primarily this Board is to operationally manage the totality of change across the HSCP, report progress and apply direction sought from the Integration Joint Board and associated committee/s;
- Ensure progress is reported to the Integration Joint Board and/or associated committee/s (as appropriate);
- Ensure actions issued by the Integration Joint Board and/or associated committee/s (as appropriate) are implemented;
- Accountable for ensuring that all change activity within the Portfolio aligns to HSCP strategy and delivers projected benefits whilst maintaining operational performance;
- Accountable for ensuring that the Portfolio of Change is striving to achieve our areas of focus, is aligned to our collective commitments and Transformational Objectives;
- Support Senior Responsible Owners by ensuring enabling functions are providing the necessary support (i.e. Finance, ICT, HR, and Organisational Development).
- Monitor and/or provide decisions on new or emerging issues relating to the Change Portfolio as required.
- Monitor, review and/or provide decisions on emerging risks to the Change Portfolio.
- Maintain visibility of the financial management of the overall Portfolio, including allocation of new monies as per approved Governance process for Business Cases.
- Maintain visibility of the overall Portfolio performance, with a particular focus on interdependencies and projected benefits (both financial and non-financial).
- Provide approval for the implementation of programmes in the Change Portfolio within agreed timescales, as required, for those within delegated authority.
- Support and Guide projects and programmes of change to secure all of the necessary approvals within both the HSCP governance framework and where appropriate via the governance routes within the necessary constituent body/bodies. The TCB will act as the Hub for coordinating all of the necessary approvals across the constituent bodies and will provide the final confirmation that all governance approvals are in place before HSCP projects and programmes may be initiated.
- Provide scrutiny and ensure accountability is being maintained by Senior Responsible Owners.
- To establish a regular forum and mechanism to manage and co-ordinate the prioritisation of 'in flight' change activity (programmes and projects).

- Accountable for ensuring that the ongoing Change Portfolio is regularly assessed and Programmes/Projects are stopped if deemed to no longer align with the strategy and/or are no longer going to be providing the agreed expected benefits.
- Ensure that we continue to consider and implement, where appropriate, public sector best practice change processes.
- This board will also focus on the business change aspects of transformation, focusing on how we work and ensure that we deliver and embed new ways of working and a different culture across the Health & Social Care Partnership. (i.e. manage and govern organisational change).
- This board will also help to define and design the Target Operating Model for the HSCP and then scrutinise the delivery of this vision.
- Ensure compliance with Scottish Government's Centre of Excellence for Portfolio, Programme and Project Management. This includes the commissioning and initiation of periodic reviews into the functioning of the TCB itself to ensure that good practice is being developed and that all available lessons are being learned as this new, integrated, and complex, governance environment beds in. A review of the functioning of the TCB should be carried out within approximately 18 months from the date of the first meeting.
- Manage all escalation from Constituent Body Programme Boards.
- The Transforming Care Board focuses on the transformation of the HSCP including Target Operating Model, Programmes and Projects. This neatly ties in with and compliments the Joint Management Team which runs the business. The link between these two boards can be seen in the diagram below:-



LEVELS OF APPROVAL Decisions on Portfolio, Programme and Project Management, finance, savings issues, performance management, and risk management.

SECRETARIAT TBC

FREQUENCY Meetings held every 3 months, prior to IJB Finance & Performance Committee.

ESCALATION ROUTE From Transforming Care Board to Finance & Performance Committee and on to Integration Joint Board as appropriate.

On certain occasions where escalation requires action from outwith the Delegated Authority of the IJB, escalation routes via the appropriate portfolio boards within the constituent bodies and on through constituent body governance/escalation routes may also be required. In such circumstances it is likely to be appropriate that the Transforming Care Board acts as a hub where all of the necessary escalation and approval activity is coordinated with the aim of getting to the point where issues are resolved to the satisfaction of all parties or all of the approvals required to enable progress are proven to be in place.

DELEGATES TO Senior Responsible Owners, Heads of Service, Locality and Service Managers.

Version	0.3
Status	Draft
Date	September 2020
Approved

Integration Joint Board

25 November 2020

Agenda Item 9.5

Clackmannanshire and Stirling HCSP Strategic Planning Group

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest
Author	Wendy Forrest
Exempt Report	No

Directions	
No Direction Required	X
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To update and seek agreement from the Integration Joint Board on a programme of activity for the Strategic Planning Group and delivery of the Strategic Improvement Plan.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> • Approve the programme of activity for HSCP Strategic Planning Group for the coming year • Approve a reporting process of activity for the HSCP Strategic Planning Group • Seek regular updates from the Strategic Planning Group into the Integration Joint Board.
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1. Background

- 1.1. Section 32 of the Joint Bodies (Joint Working) Act 2014 lays out that each Integration Authority must establish a Strategic Planning Group to better understand the perspectives of the strategic planning stakeholders as specified by the Act. At the heart of this approach to strategic planning is the provision of services and support across sectors, including the third and independent sectors, in a way that meets the needs of particular individuals, communities and localities.
- 1.2. The Act sets out the membership, role and function of the Strategic Planning Group – a representative group that includes representation from the public, people who use services, their families and carers and organisations that deliver, or have an interest in, adult health and social care. There must also be on-going engagement with citizens and service users, reflecting the cyclical commissioning process for the review of services.
- 1.3. Members will remember agreement at September 2020 IJB of a refreshed approach to widening the current membership of the Strategic Planning Group which utilises newly emerging forms of communication whilst building on the experience and expertise of current members.

2. Context – HSCP Strategic Commissioning Plan 2019- 2022

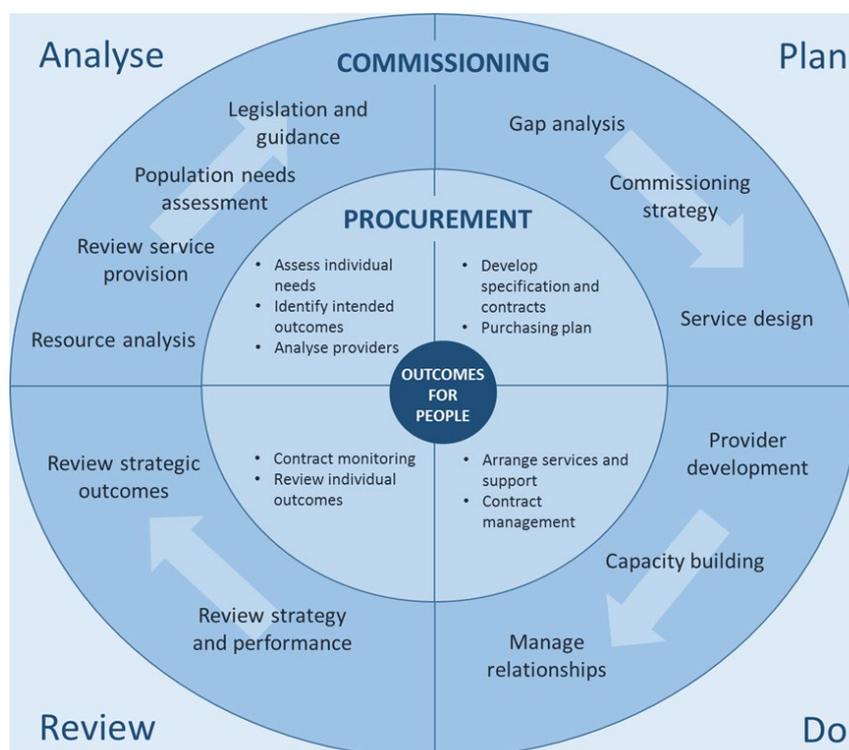
- 2.1. The Health and Social Care Partnership Strategic Commissioning Plan 2019-2022 reflects the six key priorities of the HSCP as informed by the work of the Strategic Planning Group:
- Care closer to home
 - Primary care transformation
 - Caring and connected communities
 - Mental health
 - Supporting people living with dementia
 - Alcohol and drugs
- 2.2. The Strategic Planning Group and agreed Strategic Improvement Plan create the conditions for effective HSCP strategic commissioning based on the key priorities as laid out above. The delegation of the commissioning function from Clackmannanshire and Stirling Councils, already discussed within this Board meeting, enables the HSCP to plan within the context of the commissioning cycle. In addition, the HSCP will be able to review progress against the statutory outcomes for health and wellbeing, and associated indicators within the context of local need and demand.
- 2.3. A key principle of the HSCP's strategic commissioning planning process is a co-productive approach that is equitable and transparent, and therefore open to influence from all stakeholders via an on-going dialogue with people who use services, their carers, citizens and providers.
- 2.4. The proposal, therefore, is that the work of the Strategic Planning Group will be driven by meeting the national outcomes, delivering on local priorities and planning on the basis of the commissioning cycle.
- 2.5. With a continued emphasis on joining up services and focussing on anticipatory and preventative care and developing a new model of care based on home first, our approach to integration aims to continue to improve care and support for people who use services, their carers and their families alongside our partners.

3. Programme of work for HSCP Strategic Planning Group

- 3.1. Strategic commissioning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population.
- 3.2. Each part of the sector will be asked to bring their knowledge and experience both in relation to communities and the sector itself; ensuring that the Strategic Planning Group, as a collective understands how services and supports “feel” for those using them.
- 3.3. The Institute of Public Care's model describes both commissioning and associated procurement and contract management activities – thereby making the links between asking ‘what do we want?’ and ‘how do we get it?’. This will

form the basis of our strategic commissioning work over the next year within the context of the Strategic Planning Group.

3.4.



3.5. The proposed programme of activity for the next four meetings will be:

3.5.1. Proposed Agenda December 2020 – **Strategic Commissioning**. There is a need to create the conditions across all partners and stakeholders for strategic commissioning focusing on current commitments, the programme of transformational change and how service users, patients, carers and communities can be involved, influence and direct change.

The following are key areas of focus for the meeting:

- Strategic Improvement Plan and Transformation Plan which sets the scene for the direction of travel for the refreshed meeting.
- Participation & engagement & Localities Planning outlining the approach to working closely with communities – this will be a standing item on the agenda to support good dialogue between the Strategic Planning Group and the localities across Clackmannanshire and Stirling.
- Review of the Integration Scheme.
- Financial context and pressures – services are needs led but resource bound.
- Performance data – how well is the HSCP performing against key indicators and from where else could performance be drawn e.g. third sector commissioned services.

- Review of Strategic Improvement Plan activity and actions

3.3.2 Proposed Agenda February 2021 – **Analyse**

- Present and review the HSCP Strategic Needs Assessment and newly developed Locality Profiles – what does our population look like now and predictions of future need within the context of the Burden of Disease data and projected incidence and prevalence of clinical disease.
- Alongside partners and stakeholders identify gaps within and across the whole system including community supports.
- Feedback from the three Localities and wider community planning partners on gaps and priorities.
- Resource analysis – Financial context and pressures.
- Performance focusing on locality-based NHS data from SOURCE around disease and updates from Scotpho alongside an opportunity to analyse social care data by care group to identify changing trends of those coming out of unscheduled care and into community services.
- Review of Strategic Improvement Plan activity and actions.

3.3.3 Proposed Agenda May 2020 – **Plan & Do**

- Create a co-produced Commissioning Plan.
- Present a model for a Commissioning Hub/Consortium approach across the sector.
- Co-present with providers on a Market Facilitation & market development based on need and predictive analysis.
- Create context for commissioning based on available financial spend and cost pressures.
- Performance and data analysis focusing on data by provider/care group with comparisons over time of waiting times and delays to create an improved model of commissioning.
- Case studies of commissioned services presented from across community health and care – to be agreed closer to the meeting.
- Review of Strategic Improvement Plan activity and actions

3.3.4 Proposed Agenda August 2020 – **Review**

- Focus on services and the new model of care – are we meeting individuals' outcomes and offering choice and control?
- In context of COVID and ongoing well-being across communities – are we providing support to those with mild and moderate mental health?
- Refreshed Carers' Strategy and local delivery plan – co-presented with carers' representatives and based on local feedback through carers' forums.
- Financial review of spend against key priorities
- Performance and data analysis focused on mental health data from adult care, PDS in NHS, carers data from carers centres for local context alongside anecdotal feedback.
- Review of Strategic Improvement Plan activity and actions.

- 3.4 By creating the Strategic Planning Group programme of work, the HSCP and key partners are creating the conditions for understanding, planning and delivering better health and wellbeing outcomes, but it must be recognised that a substantial amount of work from across partners will be needed to deliver this process effectively. There is also flexibility to allow for new actions and activity to be addressed within each meeting and to become part of the ongoing work streams of the group.
- 3.5 The review of the Strategic Improvement Plan will be a standing item at every Strategic Planning Group meeting ensuring that partners can scrutinise progress as well as monitor and review the activity throughout the year.

4. Conclusion

- 4.1. The development and delivery of strategic commissioning within the Strategic Planning Group must be an organic process which is informed by as broad a church of participants. This programme of work creates an opportunity for co-producing a commissioning plan and ensuring people led services based on choice and control, with a direct advisory role into the Integration Joint Board.
- 4.2. Progress will continue to be reported to the Integration Joint Board through presentation of papers from the Strategic Planning Group as part of the business of the Integration Joint Board. This will include updates on the Strategic Improvement Plan and progress made against actions.

5. Appendices

Appendix 1 - Clackmannanshire and Stirling HSCP Strategic Planning Group Strategic Improvement Plan

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒

Implications	
Finance:	Participation in priority setting for model of care which meets individual needs and ongoing budgetary review and impact within a strategic planning and commissioning context
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA



Health and Social Care Partnership Strategic Improvement Plan

Our vision is to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities

Clackmannanshire and Stirling Health and Social Care Partnership is the delivery vehicle for all community health and care services delegated by the three constituent authorities of Clackmannanshire Council, Stirling Council and NHS Forth Valley. This is a unique partnership in Scotland as there are two local authority areas and one health board all of whom have voting members on the Integrated Joint Board alongside representatives of the wider partnership including third sector, carers and community representatives.

This Plan describes legacy commitments for the HSCP as well as COVID-19 specific activities which have been accelerated during the pandemic and as such the Plan reflects rapid change and transformations progressed over the past few months.

Our Strategic Priorities

Care closer to home
Primary care transformation
Caring and connected communities
Mental health
Supporting people living with dementia
Alcohol and drugs

Our Key Enabling activities

Technology enabled care
Workforce planning and development
Housing and adaptations
Infrastructure

Collaborative working

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
Delegation of services and operational control of resources	Leadership structure established	Annemargaret Black	Leadership and management structure	January 2020	Strategic Inspection Plan – Care Inspectorate
HSCP Integration Joint Board	IJB effectiveness review	Lindsay Thomson	Review process underway with IJB members	December 2020	Integration Joint Board & NHS Forth Valley & Council Committees
HSCP Integration Scheme	Review of Integration Scheme with partners	Wendy Forrest	Re-drafted Scheme refreshed and out for consultation	December 2020	Integration Joint Board & NHS Forth Valley & Council Committees
Learning sessions with IJB members	Establish informal pre-IJB sessions with members – set aside / directions / performance	Wendy Forrest	Awaiting recruitment of Organisational Development post to support the development of the programme	January 2021	Strategic Inspection Plan – Care Inspectorate
HSCP Clinical and Care Governance Forum	Establish group across Clacks and Stirling	Scott Williams	Terms of reference agreed Programme of work drafted First meeting agreed for May 2020	May 2020 Completed	Strategic Inspection Plan – Care Inspectorate

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
HSCP Transforming Care Board	Establish group across Clackmannanshire and Stirling	Annemargaret Black	Terms of reference agreed Programme of work drafted First meeting agreed for October 2020	October 2020 Completed	Transforming Care Board
HSCP Unscheduled Care Board	Establish group across Clackmannanshire and Stirling	Wendy Forrest	Ongoing engagement with NHS Forth Valley about future planning on scheduled and unscheduled care	December 2020	Transforming Care Board
HSCP Recovery and Renewal	Collaborate with partners to create joint recovery plan In partnership with NHS Forth Valley, Clacks Council and Stirling deliver recovery approach for HSCP taking into account of second COVID-19 wave, winter pressures, flu and EU withdrawal	Wendy Forrest	Plans developed and agreed at HSCP Finance and Performance Committee Renewal Plan and Recovery Plan developed to reflect COVID-19 Work underway with partners to ensure a state of readiness for winter	August 2020 Completed	HSCP Finance and Performance Committee
HSCP Engagement and Participation	Develop the foundations for participation and engagement across all stakeholders as a requirement of the Public Bodies (Joint Working) Act	Wendy Forrest	Activities planned to work with communities across Clackmannanshire and Stirling, staff groups, providers and communities of interest	March 2021	Strategic Planning Group
CPP Health and Well-being Group	Establish group across Clackmannanshire and Stirling	Wendy Forrest	Terms of reference agreed Programme of work drafted First meeting of NHS Forth Valley agreed for July 2020	July 2020 Group established	Local Resilience Partnership
HSCP Property and Asset Management	Establish with partners property assets for services	Wendy Forrest	Development of Asset Strategy underway by the HSCP	April 2021	Integration Joint Board

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
	and staff across HSCP Develop Property and Asset Management Strategy				
HSCP Medium Term Financial Plan (MTFP)	Create medium term financial plan to support whole systems finance and decision making	Ewan Murray	Review of reserves policy and strategy required linked to MTFP Review of 20/21 Budget Impact of Covid and effect on MTFP Based on Q1 Financial Performance Periodic Update of MTFP	September 2020 Ongoing Six Monthly	Integration Joint Board IJB Audit and Risk Committee and IJB Financial and Performance Committee
HSCP Set aside	Establish pan-Forth Valley Set-aside Group to improve links between activity and financial planning	Ewan Murray	Phase 1 project complete Review of Phase 1 linked to post covid recovery and renewal planning	March 2020 Completed September 2020	IJB Finance and Performance Committee and IJBs

1. Care close to home

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
HSCP commissioning approach for Clackmannanshire and Stirling	Develop single commissioning service for Clackmannanshire and Stirling	Wendy Forrest	Delegation to HSCP agreed at IJB June 18 Transformation Portfolio lead identified to progress	December 2020	Integration Joint Board
Adult Social Work Review	Review of adult social care to create outcomes focus and modernisation of assessment and care management	Carolyn Wyllie / Chief Social Work Officers	Initial report completed and out for comment Implementation Group established Work plan being developed	January 2021	Transforming Care Board
Housing Contribution Statement	Review Housing Contribution statement	Wendy Forrest	HSCP joined the Strategic Housing Forum HSCP and Housing Services have established a Specialist Housing Group to create joint approach	March 2021	Strategic Planning Group
	Re-provision of Menstrie House	Wendy Forrest	Steering Group established Programme of work agreed Unable to proceed due to pandemic	April 2021 – April 2022	Integration Joint Board
	Scoping of options for Extra Care Housing Provision	Wendy Forrest	Initial discussions Housing & HSCP underway to identify clear work streams	April 2021 – April 2023	IJB and Council Housing Committees
	Re-provision of Strathendrick	Carolyn Wyllie	Steering Group established Programme of work agreed Unable to proceed due to pandemic	March 2021	Integration Joint Board
	Re-provision / de-commission of Beech Gardens and Allan Lodge	Carolyn Wyllie	Unable to proceed due to pandemic	December 2020	Stirling Council

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
Systems, TEC, & e-Health Programme	Re-provision of Social Care Recording System	Carolyn Wyllie (Kevin Kelman)	Steering Group established Programme of work agreed Work delayed by three months due to pandemic	April 2022	Integration Joint Board Stirling Council Clackmannanshire Council
	Increased use of TEC (Technology Enabled Care) and e-Health	Carolyn Wyllie	HSCP Lead identified to scope activity and seek Scottish Government funding to support delivery	April 2021	
	JLES Equipment Programme Re-provision of JLES (Joint Loan Equipment Store) Equipment Store	Wendy Forrest	Transformation Portfolio lead identified	April 2021	Transforming Care Board

2. Localities and primary care transformation

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Locality planning	Create and deliver an effective model of locality planning	Wendy Forrest	HSCP Service Improvement Lead undertaking desk top analysis Locality Plan being developed for IJB in September	October 2020 Completed	Strategic Planning Group
Integrated community teams	Care Homes Assessment and Review Team (CHART)	Carolyn Wyllie	Team established during the emergency response to the pandemic – analysis of impact underway	June 2020 Team established	Transforming Care Board
	Enhanced Care Team in the Community; integrated community team focused on prevention of admission	Carolyn Wyllie	Team established during the emergency response to the pandemic Analysis of impact underway	June 2020 Team established	Transforming Care Board
	Test the use of Community Links Workers in GP practices across Clackmannanshire & Stirling	Wendy Forrest	Finance identified to test Link Workers within communities	April 2021	Strategic Planning Group
Intermediate Care, Care at Home, and Reablement Programme	Best Value Review of Care at Home	Scott Ross	Steering Group established Transformation Portfolio lead identified Programme of work agreed Initial progress report circulated to partners	August 2020	Transforming Care Board
	Review of model of care within the Bellfield	Carolyn Wyllie	Steering Group established iHub support in place iHub agreed programme of support with HSCP	November 2020 Underway – delayed	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
				due to pandemic	
	Review opportunities for expansion of acute into community e.g. cardiology	Carolyn Wyllie	Discussions underway with acute and allied health professionals to create re-ablement and rehabilitation	November 2020 Underway – delayed due to pandemic	Transforming Care Board
	Seek opportunities for staff co-location across Clackmannanshire and Stirling	Carolyn Wyllie	Locality Managers reviewing across all teams in Clackmannanshire and Stirling	November 2020 Underway – delayed due to pandemic	HSCP Senior Management Team
Palliative and end of life care	Review current pathways	Carolyn Wyllie	Agreement across HSCPs and NHS Forth Valley to review approach to palliative and end of life care	March 2020 Review underway	Integration Joint Board
Programme of engagement with all staff groups across the HSCP	Create a programme of meet and greet sessions with SLT (every 4 months)	Wendy Forrest	Awaiting recruitment of Organisational Development post to support the development of the programme Staff engagement sessions (every 6 months). Sessions will involve cross section of teams across HSCP in order to promote communication, integration and understanding of diverse roles/responsibilities.	October 2020 Post out to recruitment	HSCP Senior Management Team

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Participatory Budgeting	Seek opportunities across Clackmannanshire and Stirling to support participatory budgeting	Wendy Forrest	Discussions underway with Councils to ensure approaches align and are undertaken in partnership	March 2021	Integration Joint Board

November 2020

3. Caring and connected communities

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Effective demand management and signposting within the community	Establish effective early intervention model linking people with third sector and community supports	Wendy Forrest	Community response has been significant during the pandemic Continued work with TSI and Carers Centres to create ongoing community capacity	December 2020 Ongoing	Strategic Planning Group
Programme of engagement across all communities in Clackmannanshire and Stirling	Deliver continuous programme of engagement with all providers working with the HSCP & create opportunities for joint working with independent sector	Carolyn Wyllie	Providers forums for care at home and care homes well established	March 2020 – April 2021	Strategic Planning Group
Support to Carers	Review HSCP Carers Strategy and priorities	Wendy Forrest	Carers Strategy Group re-established for August Draft work plan circulated	March 2021	Strategic Planning Group
	Review HSCP Short Breaks Policy	Wendy Forrest	Carers Strategy Group re-established for August Draft work plan circulated	March 2021	Strategic Planning Group
Self-Directed Support	Review and Refresh approach to SDS across Clackmannanshire and Stirling	Carolyn Wyllie	Operational Lead identified to progress Desktop review of current status underway	March 2021	Transforming Care Board
Co-production and participation	Review Participation and Engagement Strategy	Wendy Forrest	Draft Strategy developed and will be presented to Integration Joint Board in September	September 2020 Completed	Integration Joint Board

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
	Develop Localities Plan for community participation	Wendy Forrest	Work is underway to develop a Plan alongside Community Planning partners	March 2021	Strategic Planning Group
	Develop models of self-care and self-management with third sector partners	Wendy Forrest		June 2021	Transforming Care Board Strategic Planning Group
Public reporting	Create public facing format for quarterly performance reports and annual performance report	Wendy Forrest	Review of quarterly performance report underway	December 2020	Strategic Planning Group

November 2020

4. Mental health

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Integrated community mental health services	Delegation of Community Mental Health Services to the HSCP	Annemargaret Black	Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infra-structure	March 2021	Integration Joint Board
Community Mental Health Strategy	Develop a co-produced Mental Health Strategy for Clackmannanshire and Stirling	TBC	Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infra-structure	March 2021	Integration Joint Board
Self-Evaluation of Adult Support and Protection	Undertake a programme of self-evaluation of processes linked to adult support and protection	Carolyn Wyllie	Discussions underway with ASP Co-ordinators and Chief Social Work Officers	March 2021	Integration Joint Board

5. Supporting people living with dementia

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Create person centred services	Review commissioning arrangements for dementia support	Wendy Forrest	Awaiting Commissioning Teams delegation	March 2021 – March 2022	Integration Joint Board
Dementia Friendly Communities	Continue to support approach to Dementia Friendly Communities	Wendy Forrest	Steering Group and funding in place for two years	March 2022	Integration Joint Board

November 2022

6. Alcohol and drugs

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
Meet priorities of Scottish Government Strategy - Rights, Response and Recovery	Delegate ADP function to the HSCP in line with the Public Bodies (Joint Bodies) Act 2014	Wendy Forrest	Paper will be presented to September Integration Joint Board	September 2020 Completed	Integration Joint Board
Co-produced response to alcohol and drug use	Clackmannanshire and Stirling ADP will localise the Scottish Government vision of creating an environment where “we live long, healthy and active lives regardless of where we come from and where individuals, families and communities	TBC	ADP Development Plan lays out the approach	2020 – 2023	Integration Joint Board
Engage with those affected by issues of drugs and alcohol misuse	ADP continues to work with third sector organisations and with recovery cafes to ensure co-produced services delivery	Wendy Forrest	ADP Development Plan lays out the approach Work ongoing within the ADP to be continued within the HSCP	2020 – 2023	Integration Joint Board

Workforce planning and development

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP Workforce Plan in line with new guidance	Review and update current plan	Elaine Bell	Workforce Plan 2019 – 2022 will need to be reviewed to reflect the impact of the pandemic	March 2022	
	Monitor PDPs and PRDs across HSCP staff establishment	SLT	SLT access to HR systems in NHS and both Councils to support completion of PDPs and PRDs	March 2021	
Learning opportunities for HSCP services and managers	Establish learning and development forum for HSCP	Wendy Forrest	OD Lead post recruitment process underway	September 2020	
	Programme of engagement with all staff groups across the HSCP for delegated staff groups	Wendy Forrest	Awaiting recruitment of Organisational Development post to support the development of the programme	September 2020	
	Seek opportunities for mentoring, shadowing and leadership exchange across NHS and local authority partners for delegated staff	Wendy Forrest	Awaiting recruitment of Organisational Development post to support the development of the programme	September 2020	
	Development of professional forum for Social Workers	Carolyn Wyllie/ Chief Social Work Officers	Awaiting recruitment of Organisational Development post to support the development of the programme	September 2020	
HSCP identity	Review staff/public facing information e.g. website	Wendy Forrest	A review of website underway	March 2021	

November 2020

Integration Joint Board

25 November 2020

Agenda Item 10.1

Performance Management Framework

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest
Author	Carol Johnson
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	Present the updated Health and Social Care Partnership's Performance Management Framework for approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the updated Integrated Performance Management Framework for the Health and Social Care Partnership. 2) Task the Finance and Performance Committee to review quarterly performance information and analysis on behalf of the Integration Joint Board. 3) Seek quarterly updates on performance from officers following scrutiny at Finance and Performance Committee.
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1. Background

- 1.1. The Integration Joint Board (IJB) is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in the Strategic Commissioning Plan. This framework puts in place a process to do this.
- 1.2. The first iteration of this integrated performance management framework was approved by the Integration Joint Board on 30 March 2016. Following changes in management, as increased number of delegated community health and care services and refreshed services priorities; the previous framework was reviewed and has been updated to reflect the current situation. Members are asked to review the updated version which reflects a more integrated performance approach across community health and care services which are managed and delivered from within the HSCP.

2. Requirements

- 2.1. In respect of legislative requirements the Integration Joint Board is responsible for the effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in Strategic Commissioning Plan 2019 - 2022.
- 2.2. The lists of the Integration Functions performance targets and the Non-Integration Functions performance targets as laid out in Appendix 2 of the

Framework require to be reviewed. This work is already underway with operational and strategic Heads of Service to ensure that the HSCP is recording, measuring and reporting relevant and appropriate performance. The Lead Analyst now attends monthly performance meetings with operational managers for regular review of performance targets.

- 2.3. The Scottish Government has developed National Health and Wellbeing Outcomes as outlined in Appendix 3, detailed in regulation supported by a Core Indicator Set as set out in Appendix 4 to provide a framework for HSCPs to develop their performance management arrangements. These can be seen in Appendices 2 and 3.
- 2.4. HSCPs are expected to include additional relevant information beyond the minimum prescribed, in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities, and to ensure that this is presented in a way that is clear for service users and carers.

3. Framework

3.1. Review of the existing framework takes into consideration the following:

- publication of the HSCP second Strategic Plan 2019 - 2022
- the current HSCP management structure
- further delegation of services to the HSCP
- the change to quarterly reporting of performance to the Finance and Performance Committee and then Integration Joint Board

3.2. In order to align reporting schedules, the Quarter 2 Performance Report (July-September) will therefore not be presented at this meeting of the IJB but will come in January 2021 following presentation at the December Finance and Performance Committee.

4. Conclusions

- 4.1. In order to fulfil the requirements and functions described it is essential that the Performance Management Framework is reviewed and updated to ensure clarity and consistency of approach.
- 4.2. The Performance Management Framework will ensure an effective and efficient process and structure is put in place for the management and reporting of performance for the HSCP and the IJB. This will assist to direct the management of resources, and lead to increased accountability for delivery of outcomes and improved decision making across the HSCP.

5. Appendices

Appendix 1 – Performance Management Framework

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Health and Social Care Partnership

Performance Management Framework

Date of First Issue:	30 March 2016		
Approved by :	Clackmannanshire & Stirling Integration Joint Board	On:	30 March 2016
Current Issue Date:	30 October 2020		
Review Date:	30 October 2021		

1.0 Context and Introduction

Legislation¹, supporting statutory and non statutory guidance, and the Integration Scheme for the Partnership set out a number of provisions relating to good governance, proportionate to the legislative changes required to implement adult health and social care both operationally and financially. One of these is in respect to the performance management arrangements which are required to be in place.

The main purpose of the integration of health, and social care services in Scotland is to improve the wellbeing of people who use such services, in particular those whose needs are complex and who require services and support from both health and social care.

The Integration Scheme, is therefore to arrange services that can deliver better results for the people of the Clackmannanshire & Stirling Health and Social Care Partnership area. It is essential that there is a process put in place to manage and report performance.

2.0 Requirements

In respect of **legislative requirements** the Integration Joint Board (IJB) will be responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions and as set out in Strategic Commissioning Plan. The Integration Joint Board is also required to prepare and publish an Annual Performance Report, the contents of which are laid down in Regulations of the aforementioned Act, the detail of which is noted in Appendix 1. This includes such aspects as, delivery of the national health and wellbeing outcomes, cognisance of the integration delivery principles, best value, performance in respect of localities, strategic plan review as appropriate.

Lists of the Integration Functions Performance Targets and the **Non-Integration Functions Performance Targets** have been prepared (appendix 2) and will be reviewed annually.

The Scottish Government has developed National Health and Wellbeing Outcomes (appendix 3) detailed in regulation supported by a **Core Indicator Set** (appendix 4) to provide a framework for partnerships to develop their performance management arrangements. These can be seen in Appendices 2 & 3. Partnerships are expected to include additional relevant information beyond the minimum prescribed in order to build as full and accurate an assessment as possible as to how the integration of health and social care is delivering for people and communities, and that this be presented in a way that is clear for service users and carers.

Fundamentally it will be the **Strategic Commissioning Plans** that will drive the vision and priorities of the partnerships with the role of performance management key to assessing delivery of service change and improvements to the local communities. Performance management requires therefore to be closely aligned to the cycle of needs assessment and strategic planning.

In order to fulfil these functions it is essential that a specific Performance Management Framework is created to ensure clarity and consistency of approach.

¹ The Public Bodies (Joint Working)(Scotland) Act 2014

3.0 Purpose of a Performance Management Framework

The role of performance management is to ensure that efforts are **clearly targeted**, that measures are smart and that desired **outcomes and improvements** are achieved. It is **fundamental** to ensuring delivery of improved health and social care, and ensuring the **best experience focusing on person centred care**.



Through a Performance Management Framework it is essential to ensure an **effective and efficient process and structure** is put in place for the **management and reporting of performance** for the Partnership and the IJB. This will assist to direct the management of resources, and lead to increased accountability for delivery of outcomes and improved decision making across the Partnership.

4.0 Principles of a Performance Management Framework

Performance requires to be measured against the outcomes and indicators designed to deliver the priorities outlined by the IJB through the Strategic Plan.

Key points that drive effective performance management include:

- **Clarity of vision**, objectives, and desired outcomes expected.
- **Communication** of the vision and priorities to those operationally delivering the agenda.
- A **culture** whereby performance management is seen as key to improvement with an understanding and ownership at all levels of the importance of managing performance.
- There is a **line of sight** from strategy to operational delivery with a cycle of feedback at all levels.
- **Collect information once** and use many times ensuring a co-ordinated approach and minimise duplication of time and reporting.

5.0 Approach

In order to ensure that the Partnership can implement the above principles it is important to understand and define the overall approach to performance and the detail by which reporting will be undertaken. The following points are key aspects to consider:

- Indicators and measurement – rationale, linkage, consistency
- Formats and frequency of reporting periods
- Levels of reporting and escalation
- Concepts and tools e.g. Scorecards, Dashboards, Pentana, PowerBI etc.

5.1 Indicators and context

The focus for the Performance Management Framework is the delivery of the priorities set out in the **Strategic Commissioning Plan**, national outcomes, statutory requirements, and operational efficiency. This will form the basis of performance reporting to the Integration Joint Board and the Annual Performance Report.

As noted, the Scottish Government has developed **National Health and Wellbeing Outcomes** supported by a **Core Indicator Set** to provide a framework for Partnerships to develop their performance management arrangements.

Existing measures and targets from the service plans of the respective parties making up the Partnership, other national measures and agreed **Community Planning** measurements will provide a further basis for development over time. Relevant information and measures in respect of **Clinical and Care Governance** will also require inclusion (Appendix 7).

However it will be important to focus on the desired outcomes on what partnerships are actually trying to achieve and not be skewed by what is measurable or currently being collected.

5.2 Formats and Frequency

The Framework requires to cover:

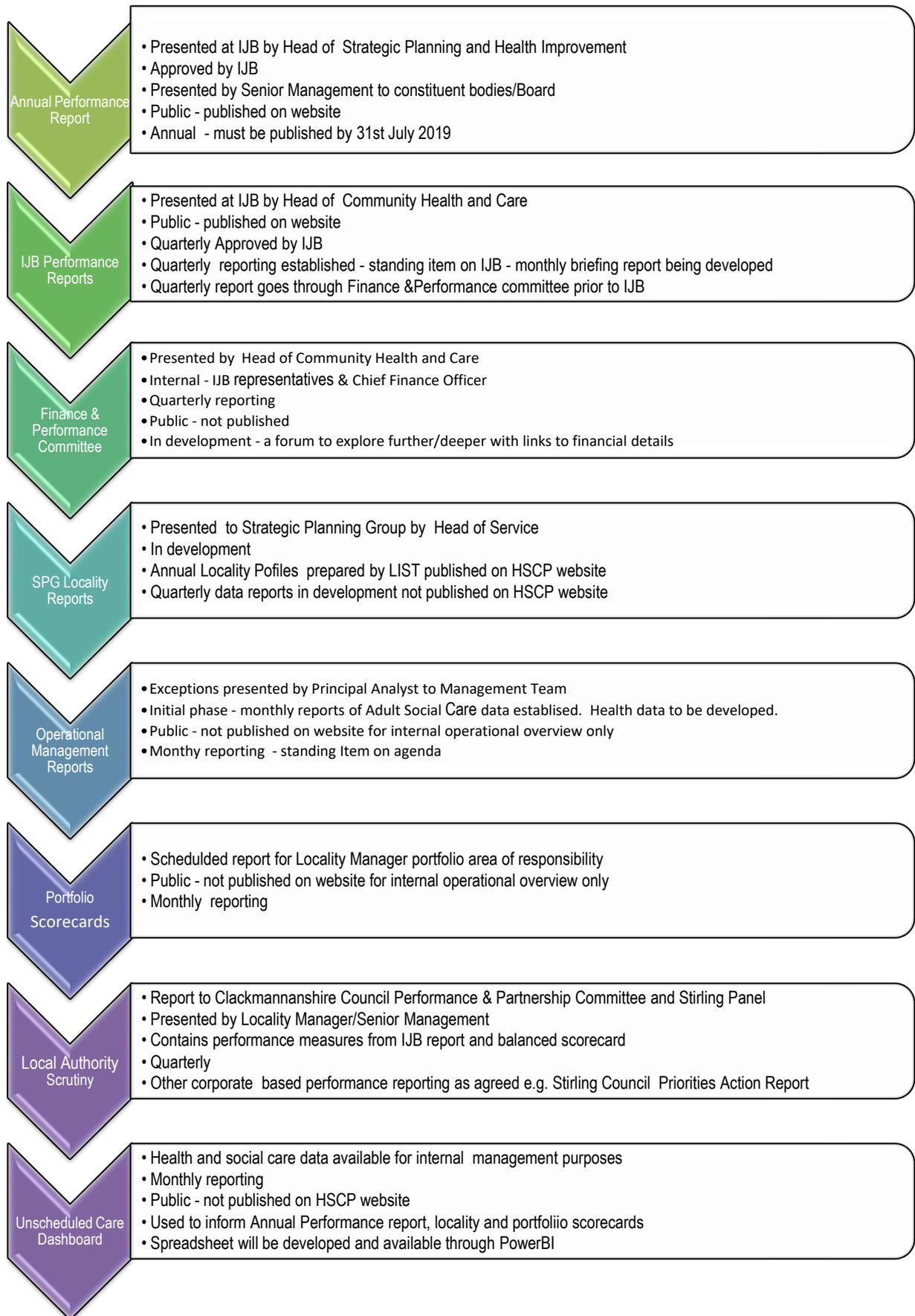
- IJB reporting and sub-committees
- Minimum requirements of the Annual Performance reporting for governance and assurance
- Reporting at the varying strategic and operational levels of the Partnership e.g. Management Team, Localities, Portfolios, etc.

In terms of reporting, performance can be complex and it will therefore be important to ensure that data, information and narrative updates are provided in understandable formats.

5.3 Levels of Reporting and Escalation

Processes for ensuring **appropriate escalation** of issues are key, along with a focus on improvement and a recognition of success. The **balanced approach to measurement** is an approach that facilitates focus on the right issue and level of detail at the right time - see Figure 1 below.

Figure 1



This is **designed** for best use dependent on level and purpose and to ensure **performance reporting is proportionate**. Appropriate **tolerances against a RAG** status (Red/Amber/Green) are required to ensure effective alerts at each level. This includes core operational plans and objectives as well as national strategic targets, local targets and improvement goals.

All parties within the Partnership use the Pentana Performance Management System. The system has been designed to ensure the required data and information is available against relevant Key Performance Indicators (KPIs) at the right level.

5.4 Concepts and tools

5.4.1 Balanced Scorecards

The approach to levels of reporting and escalation is complemented by the use of Balanced Scorecards with linkages being made across various systems to ensure consistency and sharing of information. Scorecards are now widely used in many organisations designed to give managers a more 'balanced' view of performance.

Scorecards are structured around the National Outcomes. The Partnership's strategy maps links national outcomes with the strategic priorities of the partnership. The aim is to ensure a coherent overview. Operational scorecards will be provided for all services within the Partnership at a range of levels.

5.4.2 Pentana Performance Management System

The web based Pentana Performance Management system holds indicator level data for all three constituent authorities and it is from this system that scorecards are developed and scheduled to run. Work is ongoing to ensure that all data reported is captured in this system, to allow transparency and access performance information. This is a manual process within local authorities but the aim is to move to more automated input when both local authorities update their existing client management systems. There are currently three Pentana systems, but work to create reports and scorecards is hosted on the Clackmannanshire system.

5.4.3 PowerBI

The Partnership has recently purchased a licence to use this resource which will introduce "one click" web based access to performance reports and data visualization via email or hyperlink. This will use data collected across the three constituent Pentana systems and other relevant data.

5.4.4 Piktochart

The Partnership is working to improve understanding of performance and data through the use of infographics, by engaging better with visual learners. The science of story telling explains that the brain processes images 60X faster than words. This resource is used in the Annual Performance Report and Quarterly Performance reports to the IJB. It is also used in management dashboards such as Unscheduled Care Dashboard highlighting information visually that otherwise would have been described in narrative.

5.5 Performance Management Structure

The landscape of governance and assurance across Local Authorities, Clinical and Care Governance, the NHS Board and the Integration Joint Board is complex considering the overlap and linkages of services and indeed targets and measures that could require to be reported.

Proportionality and co-ordination in a systematic way will be essential to ensure information is consistent and coherent. Working within a 'report once share many times' principle, to ensure a prioritisation of effort on analysing and reporting not duplicating.

6.0 Framework Implementation

Performance reports are routinely provided to frontline services for improvement and a regular report is presented to the Integration Joint Board for assurance on an exception basis.

Recent work has sought to review this framework and strengthen our approach to performance measurement.

The framework takes into consideration recommendations from audit and inspections as outlined in Appendix 6.

Appendix 1 – Legal Context

SCOTTISH STATUTORY INSTRUMENTS

2014 No. 326

PUBLIC HEALTH

SOCIAL CARE

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

Made - - - - 19th November 2014

Laid before the Scottish Parliament 21st November 2014

Coming into force - - - 20th December 2014

The Scottish Ministers make the following Regulations in exercise of the powers conferred by sections 42(3) and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014^(a) and all other powers enabling them to do so.

Citation, commencement and interpretation

1.—(1) These Regulations may be cited as the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014 and come into force on 20th December 2014.

(2) In these Regulations—

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014; and

“service users” has the same meaning as in section 4(2) of the Act.

Prescribed content

2. The following regulations set out the prescribed content of a performance report prepared by an integration authority in terms of section 42 of the Act.

Service planning

3. A performance report must include—

(a) an assessment of performance in relation to the national health and wellbeing outcomes including—

(i) a description of the extent to which the arrangements set out in the strategic plan and the expenditure allocated in the financial statement have achieved, or contributed to achieving, the national health and wellbeing outcomes;

(ii) information about the integration authority’s performance against key indicators or measures in relation to the national health and wellbeing outcomes; and

^(a) 2014 asp 9.

- (iii) in respect of the information included in the performance report by virtue of sub paragraph (ii), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any);
- (b) an assessment of performance in relation to the integration delivery principles including information about the way in which the arrangements set out in the strategic plan, and expenditure allocated in the financial statement, have contributed to the provision of services in pursuance of integration functions in accordance with the integration delivery principles; and
- (c) an assessment of performance in relation to strategic planning including, where applicable, information about the number of significant decisions that have been made by the integration authority to which section 36 of the Act (significant decisions outside strategic plan: public involvement) applies and the reasons for making each such decision.

Financial planning and performance

4.—(1) A performance report must include information about financial performance including—

- (a) the total amount spent by, or under the direction of, the integration authority on each of the matters listed in paragraph (2);
- (b) the proportion of the total amount paid to or set aside for use by the integration authority spent on each matter listed in paragraph (2); and
- (c) if there has been an underspend or overspend against the planned spending set out in the annual financial statement, the amount of underspend or overspend and an assessment of the reasons for this.

(2) The matters referred to in paragraphs (1)(a) and (1)(b) are—

- (a) health care services provided in pursuance of integration functions to hospital inpatients;
- (b) health care services provided in pursuance of integration functions other than those provided to hospital inpatients;
- (c) social care services provided in pursuance of integration functions to service users who are provided with a care home service or adult placement service;
- (d) social care services provided in pursuance of integration functions to support unpaid carers in relation to needs arising from their caring role;
- (e) social care services provided in pursuance of integration functions not mentioned in subparagraphs (c) or (d); and
- (f) where one or more key care group has been identified in relation to the local authority area, health care services and social care services provided in pursuance of integration functions to service users within each of those key care groups.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (1)(b) and (c), a comparison between the reporting year and at least the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

(4) In this regulation—

“adult placement service” and “care home service” have the same meaning as in schedule 12 to the Public Services Reform (Scotland) Act 2010(a);

“annual financial statement” means an annual financial statement published under section 39 of the Act (strategic plan: annual financial statement) which relates to the reporting year;

“inpatient” means a patient whose treatment requires the patient to be admitted to, and remain in, the place of treatment overnight; and

(a) 2010 asp 8.

“key care group” means a group of service users with a shared characteristic or having similar care needs.

Best value in planning and carrying out integration functions

5.—(1) A performance report must include an assessment of performance in relation to best value, including information about how the planning and delivery of services in pursuance of integration functions have contributed to securing best value.

(2) In paragraph (1), the reference to ‘securing best value’ is a reference to—

(a) the duty to which that integration authority is subject by virtue of Part 1 of the Local Government in Scotland Act 2003(a); or

(b) any similar duty contained in guidance issued by the Scottish Ministers, on which the auditor may make findings in respect of the accounts of that integration authority by virtue of section 22(1)(c) of the Public Finance and Accountability (Scotland) Act 2000(b),

as the case may be.

Performance in respect of localities

6.—(1) A performance report must include an assessment of performance in planning and carrying out functions in localities, including—

(a) a description of the arrangements made for the consultation and involvement of groups in decisions about localities to which section 41 of the Act (carrying out of integration functions: localities) applies; and

(b) an assessment of how the arrangements described in sub-paragraph (a) have contributed to provision of services in pursuance of integration functions in accordance with the integration delivery principles in each locality.

(2) A performance report must set out, for of each locality identified in the strategic plan, the proportion of the total amount paid to, or set aside for use by, the integration authority spent during the reporting year in relation to the locality.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (2), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

Inspection of services

7.—(1) If during the reporting year a scrutiny body has made recommendations as a result of carrying out an inspection of the planning or delivery of a service provided in pursuance of integration functions in the area of the local authority, the performance report must include —

(a) a list of the recommendations; and

(b) in relation to each recommendation, details of the action taken by the integration authority to implement the recommendation.

(2) In this Regulation, “scrutiny body” means Healthcare Improvement Scotland, Social Care and Social Work Improvement Scotland, Audit Scotland and the Accounts Commission.

(a) 2003 asp 1.

(b) 2000 asp 1.

Review of strategic plan

8. If during the reporting year the integration authority has carried out a review of the strategic plan, the performance report must include—

- (a) a statement of the reasons for carrying out the review;
- (b) a statement as to whether, following the review, a revised strategic plan was prepared by the integration authority; and
- (c) where a revised strategic plan was prepared, a description of the changes made in revising the strategic plan.

Integration joint monitoring committee recommendations

9. If during the reporting year a report prepared by an integration joint monitoring committee under section 43 of the Act (reports) has included a recommendation as to how integration functions should be carried out, the performance report must include a list of all such recommendations and the integration authority's response to each recommendation.

Further provision

10. A performance report may include such other information related to assessing performance during the reporting year in planning and carrying out integration functions as the integration authority thinks fit.

St Andrew's House,
Edinburgh
19th November 2014

ALEX NEIL
A member of the Scottish Government

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations set out prescribed content that is to be included in performance reports prepared by integration authorities under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014. Regulations 3 to 6 set out matters that must be included in every performance report prepared by an integration authority, including performance against the outcomes and principles established in the Public Bodies (Joint Working) (Scotland) Act 2014, and financial performance in relation to the planning and carrying out of integrated functions.

Regulation 7 sets out matters that must be included in a performance report when the planning or carrying out of health or social care services in the area of the local authority has been inspected by a health, social care or finance scrutiny body during the reporting year, and recommendations have been made as a result of any such inspection. Regulation 8 sets out matters that must be included in a performance report in the circumstances where an integration authority has carried out a review of its strategic plan during the reporting year. Regulation 9 sets out matters that must be included in a performance report in the circumstances where an integration joint monitoring committee has made a recommendation to an integration authority during the reporting year.

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Appendix 2 – List of Performance Targets

List of Integration Functions Performance Targets

<i>Area</i>	<i>Type</i>	<i>Target</i>	<i>Current Arrangements</i>	<i>Future Arrangements</i>	<i>Rationale</i>
Dementia PDS	HEAT Target	To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan.	NHS Forth Valley	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services.
Drug & Alcohol Treatment Waiting Times	HEAT Target	90 per cent of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery.	NHS Forth Valley	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services.
Smoking Cessation	HEAT Target	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards).	NHS Forth Valley	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services.
18WRTT Psychological Therapies	HEAT Target	Deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological Therapies by December 2014	NHS Forth Valley	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services.
Adult Social Work	Statutory Performance Indicators	Home Care costs per hour for people aged 65 or over	Local Authority Performance Report	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services. However the Council retains responsibility for Statutory Returns.

Area	Type	Target	Current Arrangements	Future Arrangements	Rationale
Adult Social Work	Statutory Performance Indicators	% of people aged 65 or over with intensive needs receiving care at home	Local Authority Performance Report	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services. However the Council retains responsibility for Statutory Returns.
Adult Social Work	Statutory Performance Indicators	Self Directed Support spend on people aged 18 or over as a % of total social work spend on adults	Local Authority Performance Report	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services. However the Council retains responsibility for Statutory Returns.
Adult Social Work	Statutory Performance Indicators	% of adults satisfied with social care or social work services	Local Authority Performance Report	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services. However the Council retains responsibility for Statutory Returns.
Adult Social Work	Statutory Performance Indicators	Residential costs per week per resident for people aged 65 or over	Local Authority Performance Report	IJB	The IJB will be strategically & operationally responsible for services and performance monitoring of those services. However the Council retains responsibility for Statutory Returns.

A list of Non Integration Performance Targets

All targets that are shared and a statement as to the degree of responsibility and accountability of each party.

Area	Type	Target	Current Arrangements	Shared Arrangements	Rationale
Delayed Discharge	HEAT Target	No people will wait more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete from April 2015.	NHS Forth Valley	NHS Forth Valley & IJB	The IJB will be responsible for strategic planning for acute & community services while being responsible for operationally delivery of community services therefore they should be held to account in partnership with NHS Forth Valley
Detect Cancer Early	HEAT Target	Increase the proportion of people diagnosed and treated in the first stage of breast, colorectal and lung cancer by 25 per cent.	NHS Forth Valley	TBC	TBC
Cancer Waiting Times	HEAT Target	95 per cent of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95 per cent of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	NHS Forth Valley	TBC	TBC
Clostridium Difficile Infections	HEAT Target	NHS Boards' rate of CDI (clostridium difficile infections) in patients aged 15 and over is 0.32 cases or less per 1,000 total occupied bed days.	NHS Forth Valley	TBC	TBC
SAB (MRSA / MSSA)	HEAT Target	NHS Boards' rate of SAB (staphylococcus aureus bacteraemia (including MRSA)) cases are 0.24 or less per 1,000 acute occupied bed days.	NHS Forth Valley	TBC	TBC

Area	Type	Target	Current Arrangements	Shared Arrangements	Rationale
Accident & Emergency Waiting Times	HEAT Target	95 per cent of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98 per cent.	NHS Forth Valley	TBC	TBC
Alcohol Brief Interventions	HEAT Target	NHS Boards to sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings.	Partnership across ADPs	TBC	TBC
12 Weeks first outpatient appointment	HEAT Target	95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census). Boards to work towards 100 per cent.	NHS Forth Valley	TBC	TBC

Appendix 3 - National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected
4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used effectively in the provision of health and social care services, without waste.

Appendix 4 - Core Indicator Set

Outcome indicators are based on survey feedback, to emphasise the importance of a personal outcomes approach and the key role of user feedback in improving quality.

While national user feedback will only be available every 2 years, it is expected that Integration Authorities' performance reports will be supplemented each year with related information that is collected more often.

- 1) Percentage of adults able to look after their health very well or quite well.
- 2) Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- 3) Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- 4) Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- 5) Percentage of adults receiving any care or support who rate it as excellent or good
- 6) Percentage of people with positive experience of care at their GP practice.
- 7) Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- 8) Percentage of carers who feel supported to continue in their caring role.
- 9) Percentage of adults supported at home who agree they felt safe.
- 10) Percentage of staff who say they would recommend their workplace as a good place to work.*

Indicators derived from organisational/system data primarily collected for other reasons. These indicators will be available annually or more often.

- 11) Premature mortality rate.
- 12) Rate of emergency admissions for adults.*
- 13) Rate of emergency bed days for adults.*
- 14) Readmissions to hospital within 28 days of discharge.*
- 15) Proportion of last 6 months of life spent at home or in community setting.
- 16) Falls rate per 1,000 population in over 65s.*
- 17) Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
- 18) Percentage of adults with intensive needs receiving care at home.
- 19) Number of days people spend in hospital when they are ready to be discharged.
- 20) Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
- 21) Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
- 22) Percentage of people who are discharged from hospital within 72 hours of being ready.*
- 23) Expenditure on end of life care.*

* Indicator under development

Appendix 5 – Strategy Map

National Health & Wellbeing Outcomes	Strategic Plan Priorities					
	Care closer to home	Primary Care Transformation	Caring, connected communities	Mental Health	Supporting people living with Dementia	Alcohol and Drugs
People are able to look after and improve their own health and wellbeing and live in good health for longer.					✓	
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	✓					
People who use health and social care services have positive experiences of those services, and have their dignity respected.	✓	✓	✓	✓	✓	✓
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓	✓	✓	✓	✓	✓
Health and social care services contribute to reducing health inequalities.	✓	✓	✓	✓	✓	✓
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.	✓	✓		✓	✓	
People who use health and social care services are safe from harm.	✓	✓	✓	✓	✓	✓
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.		✓		✓		
Resources are used effectively and efficiently in the provision of health and social care services.	✓	✓	✓	✓	✓	✓

Appendix 6 – Audit and Inspection

Internal Audit - 2018

<https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2018/11/Wednesday-21-February-2018.pdf>

Page 61, Item 8

JOINT INSPECTION (ADULTS) The effectiveness of strategic planning in the Clackmannanshire and Stirling Partnership NOVEMBER 2018

<https://clacksandstirlinghscp.org/wp-content/uploads/sites/10/2018/11/Wednesday-28-November-2018.pdf>

Page 79, Item 8.2

Appendix 7 Clinical and Care Governance

Framework - <https://clacksandstirlinghsc.org/wp-content/uploads/sites/10/2018/11/Clinical-Care-Governance-Framework.pdf>

CLINICAL AND CARE GOVERNANCE MONTHLY REPORT			
SUBJECT AREA	SERVICE AREA	ITEM OF SIGNIFICANCE/NOTE	RAG
PERFORMANCE	Referrals		
	Assessments		
	Reviews		
RESOURCE/STAFF MANAGEMENT	Absence		
	Vacancies		
	Recruitment in progress		
	Performance (staff)		
FINANCE MANAGEMENT	Staff Budget		
	Resource budget		
	Financial overview		
ASSURANCE	Statutory		
	Inspections		
	Audits		
QUALITY	Complaints		
	Compliments		
	Good Practice to prompt		
LEADERSHIP	Induction		
	Training		
	Supervision/PRD		
	Other		
INVOLVEMENT AND COLLABORATION	Joint working		
	Trade Unions		
	Other		
RISKS AND HAZARDS	Health and Safety		
	Waiting times		
	Others		
IN-MONTH PRIORITIES			
TEAM LEADER SUMMARY			
GENERAL MANAGER SUMMARY			

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 13.1

Equality Duty Progress Report

For Noting & Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Lesley Fulford
Author	Lesley Fulford
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To advise the Board on its statutory duties in relation to the Equality Act 2010 (Specific Duties) (Scotland) Regulations, progress made and approve recommendations.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements. 2) Approve Equalities and Mainstreaming Outcomes Report 2016/2017 – 2019/2020. 3) Approve the proposal to roll forward the equality outcomes for April 2020 – March 2021 (same outcomes as previously agreed for April 2016 to March 2020) and 4) Approve the proposal to review and align outcomes with Constituent Authorities in the next cycle which will be April 2021 to March 2025.
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1. Background

- 1.1. The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act restated and simplified 116 separate pieces of earlier equality legislation into one Act, the majority of which came into force in October 2010.
- 1.2. The Scottish Government added Integration Joint Board's (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and specific duties therein.

2. Equality Legislation

- 2.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions, but public bodies have additional duties.
- 2.2. The Integration Joint Board is a public body subject to these duties. Significant obligations arise firstly from the public sector equality duty and, secondly, from the specific duties arising from regulations made by the Scottish Ministers.

- 2.3. The public sector equality duty set out in s149 of the Equality Act 2010 places an obligation on public bodies, in the exercise of their functions, to 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.
- 2.4. The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public bodies. The duty requires organisations to consider how they could positively contribute to the advancement of equality and good relations. It requires equality considerations be reflected in the design of policies, the planning and delivery of services and is a crucial consideration when changes which may impact on groups who share protected characteristics are made to services.
- 2.5. In the main this duty has been met by public bodies developing means to assess the impact of proposals in relation to the public sector equality duty and then having regard to the outcome of that assessment in its decision making.

3. Equality and Human Rights Commission Scotland Guidance

- 3.1. The Equality and Human Rights Commission Scotland published [technical guidance](#) in September 2016 providing support to public bodies on who the legislation applied to and duties required.
- 3.2. In August 2015 the Equality and Human Rights Commission Scotland) wrote to IJB Chief Officers. In this letter the it was noted “IJBs do not currently have any employees of their own and are not therefore required to meet the various employee reporting regulations, which only apply to listed authorities once they have 150 or more employees.”

4. Equality Mainstreaming & Outcomes

- 4.1. Mainstreaming means that equality is built into the way the Partnership will work; the way decisions are made; the way people who work for and on behalf of the Board behave; our performance and how we can improve. In other words, equality should be a component of everything the Integration Joint Board does. Mainstreaming the equality duty has a number of benefits including:
- equality becomes part of the structures, behaviours and culture of an authority;
 - an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality; and
 - mainstreaming equality contributes to continuous improvement and better performance.

- 4.2. Reliance on partner bodies to record equalities data within clinical and care systems in delivery of service provision supports the IJB to meet its statutory duties in mainstreaming equality outcomes; as reporting can be provided on the makeup of people accessing services. The Board is asked to note the need for all services to continue to record equality data within clinical and care systems and contribute to meeting the reporting requirements.

5. Integration Joint Board Responsibilities and Progress

- 5.1. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place specific equality duties on public authorities, including this Board. The specific duties which are relevant to note in this report are:
- reporting on the mainstreaming of the equality duty; and
 - agreeing and publishing equality outcomes.

Period April 2016 to March 2020

- 5.2. At the 22 March 2016 meeting of the IJB, members approved:
- impact assessment tool; this has recently been amended and is available on the HSCP website [here](#);
 - The Strategic Plan 2016 – 2019 equality impact assessment; and
 - The adoption of outcomes based on the local outcomes within the Integration Scheme and Strategic Plan. These were:
 - **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;
 - **Community Focused Supports** – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
 - **Safety** - Health and social care support systems help to keep people safe and live well for longer;
 - **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
 - **Experience** – Individuals will have a fair and positive experience of health and social care
- 5.3. The outcomes for April 2016 to March 2020 were then published on the HSCP web page [here](#). By publishing in 2016 there was a requirement to produce and publish a progress report in 2018, no progress report was presented for approval to the Board in March 2018.
- 5.4. The Integration Joint Board is required to assess the impact on equality of their policies and practices, including the Strategic Plan 2019 – 2022. However, at the 27 March 2019 IJB the decision was taken that equality impact assessments would be undertaken on specific policies, projects and programmes of work as opposed to the plan itself.

- 5.5. This Equalities and Mainstreaming Outcomes Report 2016/2017 – 2019/2020 (appendix 1) sets out progress made over April 2016 to March 2020. The Board is asked to approve this report.

Period April 2020 to March 2021

- 5.6. After the initial (April 2016) reporting date, newly listed authorities can bring forward their subsequent reporting dates (but not move them back) so long as they then report as frequently as the Regulations stipulate. This was confirmed by colleagues within Equalities and Human Rights Commission Scotland (EHRC).
- 5.7. With respect to partner outcomes: Clackmannanshire Council, NHS Forth Valley and Stirling Council have all set outcomes for 2017 – 2021. It is proposed to bring the IJB in line with our partners equality outcomes cycles. This will ensure alignment of equality outcomes for the communities we serve and support more effective reporting.
- 5.8. The Board are asked to approve the proposal to roll forward the equality outcomes for April 2020 – March 2021 (same outcomes as previously agreed for April 2016 to March 2020, listed below) and this would enable a review to be undertaken ahead of March 2021 and the Board to align outcomes with Constituent Authorities in the next cycle which will be April 2021 to March 2025.
- **Self Management** - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;
 - **Community Focused Supports** – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;
 - **Safety** - Health and social care support systems help to keep people safe and live well for longer;
 - **Decision Making** - Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;
 - **Experience** – Individuals will have a fair and positive experience of health and social care
- 5.9. This would then correspond to the following reporting:
- Update on progress in March 2021
 - Proposal for new outcomes in line with Partners to be approved by the Board in March 2021 for the period April 2021 to March 2025.
 - Report on progress for March 2023
 - Report on Progress for March 2025

6. Conclusions

- 6.1. The Equality Act 2010 provides the legislative framework for preventing discrimination and advancing equality of treatment. All organisations are bound by its provisions, but public bodies have additional duties.
- 6.2. Mainstreaming means that equality is built into the way the Partnership will work; the way decisions are made; the way people who work for and on behalf of the Board behave; our performance and how we can improve. In other words, equality should be a component of everything the Integration Joint Board does. Mainstreaming the equality duty has a number of benefits including:
- equality becomes part of the structures, behaviours and culture of an authority;
 - an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality; and
 - mainstreaming equality contributes to continuous improvement and better performance.
- 6.3. The Board are asked to approve the recommendations set out within this report.

7. Appendices

Appendix 1 – Progress Report April 2016 to March 2020

Appendix 2 – Equality Outcomes

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	There is no financial impact.

Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling

Integration Joint Board

Equality Mainstreaming & Outcomes Report

April 2016 to March 2020

Contents Page

1.0 Introduction	3
1.1 Purpose of the Equality Report	3
1.2 Legislative Context	3
1.3 Health and Social Care Integration Context	4
2.0 Benefits of Mainstreaming Equality and Diversity	4
3.0 Clackmannanshire & Stirling Integration Joint Board	4
4.0 Strategic Vision	4
5.0 Profile of Clackmannanshire & Stirling	6
6.0 Engagement on Development of Plans	6
7.0 Mainstreaming	7
7.1 Board Membership	7
7.2 Board Papers.....	7
7.3 Partnership Working.....	7
7.4 Monitoring and recording.....	8
7.4.1 <i>Monitoring within community involvement exercises</i>	8
7.4.2 <i>Service delivery</i>	9
7.4.3 <i>Existing equality data collection within Clackmannanshire & Stirling Partnership</i>	9
7.4.4 <i>Participation and Engagement</i>	9
7.5 Mainstreaming Duty and Employment.....	9
7.6 Procurement.....	9
8.0 Equality Impact Assessments	10
8.1 What do we have in place?	10
9.0 Identifying Equality Outcomes	10
9.1 Progress with Equality Outcomes	11
<i>Annual Performance Report 2019 / 2020</i>	11
10.0 Appendices	14
Appendix 1 – Equalities Monitoring Form	14
Appendix 2 – Equality and Diversity Impact Assessment.....	19
Appendix 3 – Agreed Equality Outcomes.....	25

1.0 Introduction

1.1 Purpose of the Equality Report

The Equality & Outcomes report sets out the progress Clackmannanshire & Stirling Integration Joint Board has made to meet the needs of the General Equality Duty by integrating the equality Duty into Board functions.

The Mainstreaming Report is designed to ensure:

- our organisation has an understanding of the issues in relation to diversity, including, but not limited to:
 - Equality, equity, and fairness
 - Prejudice & discrimination
 - Direct and indirect discrimination, victimisation, harassment, and reasonable adjustments
 - Positive action
 - Cultural competence in relation to the issues affecting people belonging to one or more of the protected groups
 - We promote “best practice” in relation to diversity within Clackmannanshire & Stirling Integration Joint Board, with our partners, service users and unpaid carers
 - We promote and foster good relations and understanding between different groups.
- we do not discriminate as a service provider or in our exercising of public functions.
- Equality and Diversity considerations are taken into account in all decision making.

1.2 Legislative Context

The public sector equality duty set out in s149 of the Equality Act 2010 places an obligation on public authorities, in the exercise of their functions, to 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.

The Scottish Government added Integration Joint Boards (IJB) to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (Specific Duties) (Scotland) Regulations. This means that all Integration Joint Boards are subject to the equality legislation and Specific Duties.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 place specific equality duties on public authorities, including the Integration Joint Board. Not all of the duties are relevant as the Integration Joint Board is not an employer. The specific duties which are relevant to note include:

- reporting on the mainstreaming of the equality duty;
- agreeing and publishing equality outcomes; and
- assessing and review policies and practices

1.3 Health and Social Care Integration Context

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate functions to an Integration Joint Board where that partnership has agreed to utilise a body corporate model.

Clackmannanshire Council, Stirling Council and NHS Forth Valley have formed the Clackmannanshire & Stirling Health and Social Care Partnership, the only multi authority partnership in Scotland.

2.0 Benefits of Mainstreaming Equality and Diversity

The Equality and Human Rights Mainstreaming Guidance identifies that mainstreaming the equality duty has several benefits including:

- Equality becomes part of everything we do, within our structures, behaviours and culture
- We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality
- Mainstreaming equality contributes to continuous improvement and better performance

3.0 Clackmannanshire & Stirling Integration Joint Board

There is already a foundation of existing good practice relating to equalities established by our partners. We have built upon and strengthened these foundations, embedding them further within our existing priorities.

Our equality mainstreaming agenda is aligned with existing Council, Health Board, Scottish Government policy priorities, Local Delivery Plans and Single Outcome Agreements and integrates within current performance management systems where relevant.

As an Integration Joint Board, we have a role to work in partnership with service users, unpaid carers, the public, staff, third and independent sector. This will provide a coherent approach to implementation, minimise duplication and support the ongoing mainstreaming of equality into policy and practice.

4.0 Strategic Vision

The Clackmannanshire & Stirling Health and Social Care Partnerships Strategic Commissioning Plan 2019 - 2022 set out the vision and objectives for the period. The strategic vision was in line with the Scottish Government's 20:20 vision and the objectives and values were as follows:

Vision: enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities.

Vision	Priorities	Enabling Activities			Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Intermediate Care Strategy
	Primary Care Transformation				Primary Care Improvement Plan
	Caring, Connected Communities				Carers (Scotland) Act 2016 Community Empowerment (Scotland) Act 2015 Free Personal Care for under 65's 'A Connected Scotland: our strategy for tackling isolation and loneliness and building stronger social connections' Public Health Priorities for Scotland
	Mental Health				Mental Health Strategy
	Supporting people living with Dementia				Dementia Strategy
	Alcohol and drugs				Forth Valley ADP Strategy
	Infrastructure				

Local Outcomes:

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

5.0 Profile of Clackmannanshire & Stirling

Clackmannanshire & Stirling Integration Joint Board is made up of 32 members and advisory members and these are listed on the [Integration web pages](#). The Integration Joint Board controls an annual budget of approximately £190million and is responsible for providing adult health and social services for the population of Clackmannanshire & Stirling.

The Integration Joint Board does not employ any staff, although they are required to appoint a Chief Officer and Chief Finance Officer, employed through one of the partners.

Clackmannanshire & Stirling has a population of approximately 142,770 and covers a large rural area in Stirling.

The Strategic Commissioning Plan, Strategic Needs Assessment, Locality Profiles, Market Position Statement and Engagement Report provide further information on the profile of population and evidence used they can be found [here](#).

6.0 Engagement on Development of Plans

The consultation and engagement report and staff engagement report provide evidence of the range of work carried out over 2014, 2015 and early 2016 to engage with stakeholders to build the Strategic Plan 2016 - 2019 then consult with interested parties. These can be found here <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

In relation to the [Strategic Commissioning Plan 2019 – 2022](#) whilst specific reports were not drafted on consultation and engagement; the consultation undertaken included:

- An online consultation survey from February 2019
- Further co-production session with Strategic Planning Group – January 2019
- Public engagement events in each locality - January/February 2019
- Staff engagement via Toolbox Talks
- Engagement with Provider Forums – January/February 2019
- A focused session with people living with dementia led by Third Sector colleagues and the Connected Neighbourhoods Project
- Attendance at user and unpaid carer groups already established
- Further consultation with the Public Partnership Forum – February 2019
- A Strategic Planning Group workshop on Workforce Planning in February 2019

This was outlined in the report to the IJB on [27 March 2019](#), where the Board approved the Strategic Plan 2019 – 2022.

7.0 Mainstreaming

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty 2010. It requires the integration of equality into day-to-day working, taking equality into account in the way we exercise our functions.

The following sections confirm how the IJB has mainstreamed equalities into its activities to date.

7.1 Board Membership

Professional Board members were approached to join by virtue of the position of the office they hold such as Chief Social Work Officer, Chief Officer, Elected Member, Health Board non-executive director.

Other members were elected to the Board through a nomination and voting process designed in partnership with organisations such as: Stirling Carers Centre, Falkirk and Clackmannanshire Carers Centre, Public Partnership Forum, Clackmannanshire Third Sector Interface and Stirling Voluntary Enterprise.

7.2 Board Papers

The Clackmannanshire & Stirling Integration Joint Board has been meeting regularly and further information is available [online](#).

To ensure that the needs of the general equality duty are considered in exercising our business functions and processes, including budget setting and project planning we have set as mandatory within the papers submitted to the Integration Joint Board an "Equality and Human Rights Impact Assessment" section which identifies if the papers have been assessed for equality and diversity and what the outcome has been.

Equality Impact Assessments will be published online with relevant Board papers and will be available [here](#).

7.3 Partnership Working

We have a commitment to working in partnership with other agencies and organisations from the public, third and independent sector as well as with our staff and service users, to plan and deliver services.

Our aim is to ensure that our services meet the needs of the whole community in the most effective way.

Through our partnership work we have been able to look at creative ways of involving communities in consultation and dialogue, as well as allowing us to actively promote the 3 principles of the General Duty.

The consultation and engagement report along with the staff engagement report highlights some of the work completed and how it represents the principles of the General Duty.

Extract from the consultation and engagement report in 2019 - 2019:

The reports demonstrate broad engagement with a wide variety of stakeholders: approximately 700 people attended over 30 face to face sessions, whilst 56 individuals provided comment on the draft Strategic Plan and 27 sessions provided written group feedback.

7.4 Monitoring and recording

7.4.1 Monitoring within community involvement exercises

Processes are available within partner bodies which enables monitoring and recording of the profile of people attending general involvement exercises.

Equalities monitoring data has been collected at most engagement events held by the Partnership. The consultation and engagement report for the 2016 – 2019 Strategic Plan provides more detail. These engagement events have been supported by Public Partnership Forum, Scottish Health Council and others.

To maintain and develop our understanding of the local population we utilised an equality monitoring form at engagement events and we will continue to use this for engagement work ([Appendix 1](#)).

The table below summarises the equalities data collected on individuals we engaged with through the consultation and engagement work for the 2016 – 2019 Strategic Plan; in total there were 36 completed forms.

Equality Dimension	
Area	26 Respondents lived in Clackmannanshire, 9 in Stirling and 1 in Falkirk.
Individual / Group	30 were responding as individuals, 3 as a group, 1 as an individual and group and 2 were left blank
Stakeholder Group	The majority of respondents were users of services as well as providers of unpaid care
Gender	27 Respondents were female, 6 male and 3 declined to answer.
Ethnic Group	Scottish 17 Polish 14 English 2 British 1 Scottish & English 1
Religion	Church of Scotland 10 Roman Catholic 8 Budhist 1 Church of England 1

	Episcopalian 1 Other Christian 3 None 5
Sexual Orientation	Heterosexual / straight 30 Prefer not to answer / blank 6
Age	The average age of respondents who completed the equalities information was 49, with the oldest being 76 and youngest 19.

This was not always completed by people attending engagement events; therefore we recognise additional work is required to inform the people as to the reasons why we are asking these questions and the benefits that can occur with the results identified from it.

7.4.2 Service delivery

Understanding how different people use our services is an important step in mainstreaming the equality duty in our service delivery functions. We are aware that gathering and using evidence is crucial to gaining this understanding. This information is currently collated by partner bodies and will continue to be so.

7.4.3 Existing equality data collection within Clackmannanshire & Stirling Partnership

The Strategic Needs Assessment and Locality Profiles provide information on the Partnerships population and the protected characteristics. These are available here <https://clacksandstirlinghscp.org/about-us/strategic-plan/>

7.4.4 Participation and Engagement

The Partnership has developed and approved a [Participation and Engagement Strategy](#) which sets out the principles to be followed when any participate and engagement work is being taken forward.

As mentioned above, to maintain and develop our understanding of the local population we utilised an equality monitoring form at engagement events and we will continue to use this for engagement work ([Appendix 1](#)).

7.5 Mainstreaming Duty and Employment

The Integration Joint Board is not an employing body and therefore is not subject to this duty.

7.6 Procurement

Procurement will be undertaken by each of the three partner bodies in line with their procurement strategy / policy. More information can be found on the partners web sites.

www.nhsforthvalley.com
www.clacksweb.org.uk/
www.stirling.gov.uk/home

8.0 Equality Impact Assessments

As a public body HSCP is required to assess the effectiveness of its policies, strategies, services, functions and business plans that could impact on those with protected characteristics.

The equality impact assessment process is a way of examining new and existing policies, strategies, and changes or developments in service provision and functions to assess what impact, if any, they are likely to have.

Our legal requirement to do this covers only those individual characteristics identified in the Equality Act.

In Clackmannanshire & Stirling, we recognise that these categories are only one element of the inter-related determinants of health, social care and life experience. We have reflected this in our impact assessment process by including categories to reflect the cross-cutting issues which may affect people including poverty, homelessness, carers etc.

The aim of the Equality Impact Assessment process is to anticipate whether the proposed policy, strategy, service or function has the potential to affect groups differently and to identify any likely positive or negative impact(s) that may be experienced. By following this process, we can ensure that we are better able to take advantage of every opportunity to promote equality and can embed plans to avoid disadvantage and discrimination.

8.1 What do we have in place?

The Partnership utilises an agreed equality impact assessment tool ([Appendix 2](#)) covering all protected characteristics and other factors in relation to inequalities.

Support can be provided on a need led basis.

Previous assessments completed are available on the integration web pages alongside relevant Board papers.

9.0 Identifying Equality Outcomes

Equality Outcomes ([Appendix 3](#)) are distinct to each organisation and need to reflect its functions, responsibilities, priorities and methods of working. The Integration Joint Board has adopted outcomes based on the local outcomes already identified in the preparation of the [Integration Scheme](#) and the [Strategic Plan](#).

These are:

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

These outcomes were developed in consultation with a broad range of stakeholders in 2014/15.

[Appendix 3](#) sets out how these outcomes align with the National Health and Wellbeing Outcomes, which part of the Duty and which protected characteristic they address.

9.1 Progress with Equality Outcomes

The Strategic Commissioning Plan priorities and outcomes align well with the National health and Wellbeing Outcomes as well as National Health and Care Standards.

HSCPs are measures on the Health Wellbeing Outcomes nationally by Public Health Scotland (PHS); information on this can be found here:

<https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/core-suite-of-integration-indicators/>

These have demonstrated progress towards our Equality Outcomes and feature in all our Annual Performance Reports which be found here:

<https://clacksandstirlinghscp.org/about-us/annual-performance-report/>

The indicators below are normally reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. Data relating to these indicators for 2019/20 was originally due to be published in April 2020 but, due to staff redeployment during the COVID19 pandemic, the publication was delayed and so the most recent survey results were not available for inclusion within this report. The survey results will be published later in 2020.

	Indicator	Title	Partnership		
			15/16	17/18	19/20
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95%	94%	No Data
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	No Data
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	74%	No Data
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	73%	76%	No Data
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	78%	78%	No Data
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	87%	87%	No Data
	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%	79%	No Data
	NI - 8	Total combined % carers who feel supported to continue in their caring role	32%	38%	No Data
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82%	86%	No Data
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	no data	no data	No Data

The Core Suite of Integration Indicators are based on Standardised Mortality Ratio (SMR) returns from the Health Board. In July 2019 SMR01 completeness fell to almost 0% due to resource issues and Trakcare transition. PHS has therefore estimated the indicators for Clackmannanshire & Stirling HSCP based on previous years. This means HSCP cannot utilise the Core Suite of Integration Indicators to measure progress against the National Health and Wellbeing Outcomes, compare against other Partnerships or Nationally.

NHS Forth Valley have devised and implemented an action plan to address SMR completeness; significant improvement has been achieved in recent months and coding throughput has now increased to more than 3000 episodes per week and this will be followed up by two bulk correction/submission proposals that if approved will result in a significant reduction in the backlog.

Indicator	Title	Partnership				
		Baseline 15/16	Current			
			16 / 17	17 / 18	18 / 19	2019 ⁸
NI - 11	Premature mortality rate per 100,000 persons aged under 75 years	425	389	379	371	429
NI - 12	Emergency admission rate (per 100,000 adult population)	10,373	10,011	10,685	10,447	10,881
NI - 13	Emergency bed day rate (per 100,000 population)	118,800	112,450	111,813	113,106	113,106
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	104	105	107	108 ^e	108
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	86%	87%	87%	88%	88%
NI - 16	Falls rate per 1,000 population aged 65+	18	16	20	21	21
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	82%	88%	96%	93%	91% ⁹
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	68%	67%	67%	No Data ¹⁰
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	640	723	503	579	686
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	21%	23%	24%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	No Data	No Data	No Data	No Data	No Data
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	No Data	No Data	No Data	No Data	No Data
NI - 23	Expenditure on end of life care, cost in last 6 months per death	No Data	No Data	No Data	No Data	No Data

Data indicators

10.0 Appendices

Appendix 1 – Equalities Monitoring Form

Health and Social Care Integration

Why are we asking you to complete this form?

We want to ensure that we receive feedback on health and social care integration for the diverse range of people within our local communities.

By filling in this form you will be helping us to:

- Find out who is and who isn't involved in consultation
- Find out why some people are not able to consult
- Take steps to ensure our consultation is more inclusive of the people within the Partnership

Who will see this information?

- Your reply cannot be linked back to you
- We will group the replies together and only present the overall results
- We follow strict laws to ensure your personal details are protected

Do I have to answer every question?

No. There is a 'prefer not to answer' box for each question. However, we hope you will.

Your answers will help us to gain the best possible description of people who attend our events or provide feedback.

The information we gather from this anonymous form will help us to ensure the diverse range of the people in our local communities are able to consult and engage with us as partners.

Thank you for your help

Monitoring Form

Please identify where you are from (please put X in **ONE** box only)

Clackmannanshire	
Falkirk	
Stirling	

Are you responding as an individual or an organisation?

Individual	
Organisation, please state organisation name:	

Please tell us which stakeholder group(s) you most identify with by marking an X the box(es):

User of health or social care	
Carer of user of health or social care	
Health professional	
Social care professional	
Staff of the Health Board and Local Authority who are not health professionals or social care professionals	
Third sector bodies carrying out activities related to health or social care	
Commercial provider of health care	
Non-commercial provider of health care	
Commercial provider of social care	
Non-commercial provider of social care	
Non- commercial provider of social housing	
Prefer not to answer	
Other, please specify:	

Please tell us the first 4 or 5 digits of your postcode, e.g. FK10 5

F	K	1	0		5

1. Are you male or female? (Please put X in **ONE** box only)

Male	
Female	
Prefer not to answer	

2. Is your gender identity the same as the gender you were assigned at birth? (Please put X in **ONE** box only)

Yes	
No	
Prefer not to answer	

3. Do you have any of the following conditions which have lasted, or are expected to last at least 12 months? (Please put X in all that apply)

The Equality Act 2010 protects disabled people. The Act defines a person as disabled if they have a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

Deafness or severe hearing impairment	
Blindness or severe vision impairment	
Physical disability	
Learning disability (for example, Down's Syndrome)	
Learning difficulty (for example, dyslexia)	
Mental health condition (for example, depression or schizophrenia)	
Long-term illness (for example, diabetes, cancer, HIV, heart disease or epilepsy)	
None of the above	
Prefer not to answer	
Other condition, please specify	

4. What is your ethnic group? (Choose **ONE** section from A to E then X **ONE** box which best describes your ethnic group or background)

A. White			
Scottish		Welsh	
English		Gypsy/Traveller	
Irish		Polish	
Northern Irish		Any other white ethnic group, please specify:	
B. Mixed or multiple ethnic groups			
Any mixed or multiple ethnic groups, please specify:			
C. Asian			
Pakistani, Pakistani Scottish or Pakistani British		Bangladeshi, Bangladeshi Scottish or Bangladeshi British	
Indian, Indian Scottish or Indian British		Chinese, Chinese Scottish or Chinese British	
Other, please specify			
D. African, Caribbean or Black			
African, African Scottish or African British		Black, Black Scottish or Black British	
Caribbean, Caribbean Scottish or Caribbean British		Other, please specify:	
E. Other ethnic group			
Arab, Arab Scottish or Arab British			
Other, please specify:			
Prefer not to answer			

5. What religion, religious denomination or body do you belong to? (Please put X in **ONE** box only)

None		Buddhist	
Church of Scotland		Sikh	
Roman Catholic		Jewish	
Other Christian		Hindu	
Muslim		Pagan	
Prefer not to answer			
Other, please specify			

6. How would you describe your sexual orientation? (Please put X in **ONE** box only)

Heterosexual/straight		Gay Man	
Bisexual		Gay Woman/Lesbian	
Prefer not to answer		Other:	

7. What was your age last birthday?

Age at your last birthday?	_____years
Prefer not to answer	

Thank you for taking time to complete this form

Please return to:

XXXXXX

Appendix 2 – Equality and Diversity Impact Assessment

Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

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

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

Q2: What is the scope of this SIA

Service Discipline Other (Please
Specific Specific 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)

Q6: Main person completing EQIA's contact details

Name:

Telephone
Number:

Department:

Email:

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?

--

(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:

--

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				
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)				
Gender Reassignment				
Marriage and Civil partnership				
Pregnancy and Maternity				
Race/Ethnicity				
Religion/Faith				
Sex/Gender (male/female)				
Sexual orientation				
Staff (This could include details of staff training completed or required in relation to service delivery)				

Cross cutting issues: Included are some areas for consideration. Please **delete** or **add** fields as appropriate. Further areas to consider in Appendix B

Unpaid Carers				
Homeless				
Language/ Social Origins				
Literacy				
Low income/poverty				
Mental Health Problems				
Rural Areas				
Armed Services Veterans, Reservists and former Members of the Reserve Forces				
Third Sector				
Independent Sector				

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

Yes

No

Q11: Is a detailed EQIA required?

Yes

No

Please state your reason for choices made in Question 11.

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**

DD / MM / YYYY

**Date of next EQIA
Review**

DD / MM / YYYY

Signature

Print Name

**Department or
Service**

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:
fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity 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:

Appendix 3 – Agreed Equality Outcomes

National Health & Wellbeing Outcomes	Partnership Specific Outcomes OR Potential Action Area	Component Duty	“Protected Characteristic”	Sources of evidence justifying identification as a priority
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Self-Management - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;	Advance equality of opportunity	All (Age, Disability, Gender Reassignment, Pregnancy & Maternity, Race, Religion & belief) Sex , Sexual Orientation), particularly elderly and disabled - Age and Disability	Evidence / data may also assist in identifying delivery targets and performance measurement
People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;	Advance equality of opportunity Foster good relations	All - as above, particularly elderly and disabled - Age and Disability.	
People who use health and social care services have positive experiences of those services, and have their dignity respected.	Experience – Individuals will have a fair and positive experience of health and social care	Advance equality of opportunity. Eliminate discrimination, harassment and victimisation	All - as above, particularly elderly, disabled and LGBTI – Age, Disability, Gender Reassignment and Sexual Orientation.	User satisfaction survey results. Complaints
Health and social care services are centred on helping to maintain or improve the quality of life of service users	Decision Making Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;	Advance equality of opportunity Eliminate discrimination, harassment and victimisation	All – as above, particularly elderly, disabled and carers - Age and Disability	
Health and social care services contribute to reducing health inequalities	Safety Health and social care support systems help to keep people safe and live well for longer	Advance equality of opportunity	All – as above, particularly vulnerable elderly and disabled - Age and Disability	

Equality Outcomes

National Health & Wellbeing Outcomes	Partnership Specific Outcomes OR Potential Action Area	Component Duty	“Protected Characteristic”	Sources of evidence justifying identification as a priority
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Self-Management - Individuals, their carers and families are enabled to manage their own health, care and wellbeing;	Advance equality of opportunity	All (Age, Disability, Gender Reassignment, Pregnancy & Maternity, Race, Religion & belief) Sex , Sexual Orientation), particularly elderly and disabled - Age and Disability	Evidence / data may also assist in identifying delivery targets and performance measurement
People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Community Focused Supports – Supports are in place, accessible and enable people, where possible, to live well for longer at home or in homely settings within their community;	Advance equality of opportunity Foster good relations	All - as above, particularly elderly and disabled - Age and Disability.	
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Health and social care services are centred on helping to maintain or improve the quality of life of service users	Decision Making Individuals, their carers and families are involved in and are supported to manage decisions about their care and wellbeing;	Advance equality of opportunity Eliminate discrimination, harassment and victimisation	All – as above, particularly elderly, disabled and carers - Age and Disability	
Health and social care services contribute to reducing health inequalities	Safety Health and social care support systems help to keep people safe and live well for longer	Advance equality of opportunity	All – as above, particularly vulnerable elderly and disabled - Age and Disability	

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 13.2

Programme of Meeting Dates

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Lesley Fulford
Author	Lesley Fulford
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To request Board approval of the Programme of Meeting Dates for the Integration Joint Board for 2021 / 2022.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the proposed Integration Joint Board programme of meeting dates for 2021 / 2022 set out in paragraph 2.1 2) Approve March 2022 meeting is focussed on budget, associated directions and delivery plan only. 3) Approve the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2021 / 2022 set out in paragraph 4.1. 4) Approve the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2021 / 2022 set out in paragraph 5.1. 5) Note the Transforming Care Board programme of meeting dates for 2021 set out in paragraph 6.1. 6) Note the Strategic Planning Group programme of meeting dates for 2021 / 2022 set out in paragraph 7.1.
-------------------------	--

1. Background

- 1.1. Section 7 paragraph number 7.1 in the Clackmannanshire & Stirling Integration Joint Boards Standing Orders states “the IJB will operate a quarterly cycle of meetings and will keep its meeting frequency under review. All meetings will be held on days, at the times and in the places fixed by the IJB and then published in its Programme of Meetings. These are published here <https://clacksandstirlinghscp.org/about-us/meeting-schedule/>
- 1.2. Section 22 of the Standing Orders allows for Committees to be established and there are currently two in place:
 - Audit and Risk Committee
 - Finance and Performance Committee
- 1.3. Due to the COVID-19 pandemic meetings have been held virtually by Microsoft Teams since March 2020 and in line with Scottish Government guidance to reduce social contact this may continue for some time. To support Board members to attend a protocol for Virtual Meetings was developed

(available here <https://clacksandstirlinghscp.org/about-us/meeting-schedule/>) and training offered for those who wished to test Microsoft Teams ahead of the Board meeting.

2. Proposed 2021 / 2022 IJB Meeting Dates

2.1. Due to the uniqueness of the Clackmannanshire and Stirling Health and Social Care Partnership there are a significant number of commitments to consider. For example:

- Clackmannanshire Council and CMT meetings
- Stirling Council and CMT meetings
- NHS Forth Valley Health Board and SLT meetings
- Falkirk Integration Joint Board
- Summer recess

It is important to note this does not include any Locality Planning activity.

2.2. With the addition of a Transforming Care Board the Partnership is operating in an increasingly complex landscape, which the HSCP team support.

2.3. Planning of dates has actively tried to avoid the above commitments (paragraph 2.1) to enable the attendance of Integration Joint Board & Committee members.

2.4. Details of meetings held previously by the Clackmannanshire & Stirling Integration Joint Board and Committees are set out below:

Table 1 – Previous year's meetings

Financial Year	Integration Joint Board	Audit & Risk Committee	Finance & Performance Committee
2016 / 2017	6	3	N/A
2017 / 2018	6	3	N/A
2018 / 2019	4	4	4
2019 / 2020	6 ¹	4	5
2020 / 2021	5	4	5
2021 / 2022	5	4	5

3. Proposed 2021 / 2022 IJB Meeting Dates

3.1. The Integration Joint Board is asked to approve the proposed IJB meeting dates in table 2 for the year 2021 / 2022. Venues (or MS Teams links) will be sought after confirmation of the dates.

¹ This includes two special IJB's

Table 2 – Proposed Programme of Meeting Dates

Date	Time	Venue
Wednesday 16 June 2021	1400 – 1600	TBC
Wednesday 22 September 2021	1400 – 1600	TBC
Wednesday 24 November 2021	1400 – 1600	TBC
Wednesday 26 January 2022	1400 – 1600	TBC
Wednesday 23 March 2022	1400 – 1600	TBC

- 3.2. These meeting dates align with the proposed Committee dates listed in sections 4 and 5 of this report and will allow scrutinised papers to be brought forward for the Board's decision.
- 3.3. It is proposed the March meeting is a focussed meeting on the budget, associated Directions and delivery plan only. Board members are asked to approve this proposal.

4. Proposed 2020 / 2021 Audit and Risk Committee Dates

- 4.1. The Integration Joint Board is asked to approve the proposed Audit and Risk Committee meeting dates in table 3 for the year 2021 / 2022. Venues (or MS Teams links) will be sought after confirmation of the dates.

Table 3 – Proposed Audit and Risk Committee Meeting Dates

Date	Time	Venue
Wednesday 23 June 2021	1400 – 1600	TBC
Wednesday 15 September 2021	1400 – 1600	TBC
Wednesday 8 December 2021	1400 – 1600	TBC
Wednesday 9 February 2022	1400 – 1600	TBC

5. Proposed 2020 / 2021 Finance and Performance Committee Dates

- 5.1. The Integration Joint Board is asked to approve the proposed Finance and Performance Committee dates in table 4 for the year 2021 / 2022. Venues (or MS teams links) will be sought after confirmation of the dates.

Table 4 – Proposed Finance and Performance Committee Meeting Dates

Date	Time	Venue
Wednesday 19 May 2021	1400 – 1600	TBC
Wednesday 18 August 2021	1400 – 1600	TBC
Wednesday 20 October 202	1400 – 1600	TBC
Wednesday 22 December 2021	1400 – 1600	TBC
Wednesday 23 Feb 2022	1400 – 1600	TBC

6. Transforming Care Board

- 6.1. The Integration Joint Board is note proposed Transforming Care Board meeting dates in table 5 for the year 2021 / 2022. Venues (or MS teams links) will be confirmed nearer the time of the meetings.

Table 5 – Proposed Transformation Programme Board Meeting Dates

Date	Time	Venue
Wednesday 3 February 2021	1400 – 1600	TBC
Thursday 13 May 2021	1400 – 1600	TBC
Thursday 12 August 2021	1400 – 1600	TBC
Thursday 11 November 2021	1400 – 1600	TBC

7. Strategic Planning Group Dates

- 7.1. The Integration Joint Board is asked to note the proposed Strategic Planning Group meeting dates in table 6 for the year 2021 / 2022. Venues (or MS teams links) will be confirmed nearer the time of the meetings.

Table 6 – Proposed Strategic Planning Group Meeting Dates

Date	Time	Venue
Wednesday 26 May 2021	1400 – 1600	TBC
Wednesday 25 August 2021	1400 – 1600	TBC
Wednesday 27 October 2021	1400 – 1600	TBC
Wednesday 15 December 2021	1400 – 1600	TBC
Wednesday 16 February 2022	1400 – 1600	TBC

8. Conclusions

- 8.1. The above proposals will allow Integration Joint Board and Committee members to robustly discuss business, take decisions and agree directions.
- 8.2. The paper also sets out the uniqueness and complexity the HSCP operates within.

9. Appendices

None to note

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>

Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	Financial and performance reporting as well as reporting on the transformation programme will be key features of the reporting to the IJB and Committees.
Other Resources:	Time commitment from Board members to prepare for and attend the meetings. Officer and support services resources in preparation and consultation on business brought forward.
Legal:	Will provide the IJB and Committees with an opportunity to discuss business, take decisions and agree directions (where required).
Risk & mitigation:	The proposed schedule is significantly more comprehensive and complex than has been previously in place, particularly when also taking account of the Transforming Care Board. This will be challenging to deliver within existing, albeit enhanced capacity. If the Integration Joint Board wish to meet more regularly: <ul style="list-style-type: none"> • This will place additional work on officers, operational staff and professional advisors. • There will be a risk that key people will not be available to input to development of Board agenda items or attend the Board, due to other commitments. <ul style="list-style-type: none"> ○ There will be additional costs in terms of; officers, operational staff and professional advisors and members time and potentially venue hire. <p>To mitigate these risks consideration of further additional resource will be required.</p>
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2

	<p>The content of this report <u>does not</u> require Fairer Duty Scotland Assessment</p>
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Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 13.3

Standing Orders

For Approval

Paper Approved for Submission by:	Lindsay Thomson
Paper presented by	Lindsay Thomson
Author(s)	Lindsay Thomson
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To seek Board approval to amend Standing Orders.
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Recommendations:	The Integration Joint Board is asked to approve the amended Standing Orders set out at appendix 1.
-------------------------	--

1. Background

- 1.1. In March 2020 the Integrated Joint Board (IJB) agreed a single change to Standing Orders in relation to membership. The March paper did not replicate the full set of Standing Orders for this change. Officers undertook to circulate the updated version following some further discussion on the change with non-voting members. This discussion has now taken place and the agreed change has been incorporated into Standing Orders.
- 1.2. During the process of making that single amendment some other small amendments were identified and these are set out in the consideration section below. In addition there have been changes made to take into account meetings being held virtually for the foreseeable future, given the impact of coronavirus.

2. Considerations

- 2.1. The following changes are proposed in the draft Standing Orders.

2.2. Notice of meetings

Paragraph 8.1 has been revised as the Chair of the IJB has not historically signed the agenda. In addition paragraph 8.4 now reflects that the programme of meetings of the IJB and its committees is published on the Health and Social Care Partnership's (HSCP) webpage rather than the constituent authorities'.

2.3. Public access

Similarly, Paragraph 9.4 has been amended to reflect that agendas and reports are available on the HSCP's web page.

2.4. Attendance

Paragraph 10.2 has been amended to remove the reference to named deputies as this is not reflective of current practice.

2.5. Order of business

Paragraph 14.1 has been amended slightly to reflect the Chairperson's request to move items for noting to the end of the agenda.

2.6. Virtual Board meetings

There have been minor amendments made throughout Standing Orders to allow for the meeting to be held by video conferencing. In addition there is an explicit power to record the meeting for the administrator only. The revised Standing Orders continue to reflect the ability to return to physical meetings in due course.

2.7. Chairing Arrangements

The current arrangement, in accordance with the Integration Scheme, is that the Chairperson and Vice-Chairperson of the Board rotate every two years. When the chair falls to a local authority two year period, Standing Orders provided that a Clackmannanshire Council's member holds the chair for one of those years and a Stirling Council member holds the chair for the other year. It is recognised that it may be preferable for the same local authority member to hold the chair for the full two years period and this is now proposed in the draft Standing Orders at paragraph 6.2. The Standing Orders continue to provide that a different arrangement can be agreed upon.

3. Conclusions

- 3.1. It is good practice to regularly review Standing Orders to ensure that they support the operation of the IJB. These proposed changes make minor improvements to reflect developing practice and to improve the governance process. They also ensure that meetings will run as smoothly as possible if held by video conference.

4. Appendices

Appendix 1 – draft Standing Orders with track changes

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input checked="" type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	None directly arising however financial implications.
Other Resources:	None
Legal:	The proposed changes comply with legislative requirements and the Integration Scheme
Risk & mitigation:	None
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report does not require Fairer Duty Scotland Assessment</p>

STANDING ORDERS

1. TITLE AND INTERPRETATION

- 1.1. These are the Standing Orders of the Clackmannanshire and Stirling Health and Social Care Integration Joint Board (hereinafter called "the IJB").
- 1.2. The Interpretation Act 1978 will apply to the interpretation of these Standing Orders as it applies to the interpretation of an Act of Parliament.

2. COMMENCEMENT

- 2.1. These Standing Orders will apply from and including [25 November 2020](#) ~~44 December 2017~~.

3. INTRODUCTION AND GENERAL PRINCIPLES

- 3.1. The IJB has been established by order made under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014. These Standing Orders regulate the procedure and business of the IJB and its committees. All meetings of the IJB and its committees will be conducted in accordance with these Standing Orders.
- 3.2. The following general principles will be given effect to in the application of these Standing Orders:-
 - 3.2.1. that the role of the Chairperson is to ensure that the business of the meeting is properly dealt with and that clear decisions are reached
 - 3.2.2. that the Chairperson will seek to promote and identify consensus among the voting members of the IJB
 - 3.2.3. that the Chairperson has a responsibility to ensure that the view of all participants are expressed including the advice of officers when this is necessary to inform the decision, and
 - 3.2.4. that meetings are conducted in a proper and timely manner with all members sharing responsibility for the proper and expeditious discharge of business.

4. DEFINITIONS

- 4.1. "Confidential Information" means –
 - 4.1.1. (a) information provided to the IJB or any of the Constituent Authorities by a Government department upon terms (however expressed) which forbid the disclosure of the information to the public; and

- 4.2. (b) information, the disclosure of which to the public is prohibited by or under any enactment or by the order of a court.
- 4.3. "Constituent Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET and Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW or any of them as the context admits.
- 4.4. "Exempt Information" has the meaning ascribed to it in Appendix 1.
- 4.5. "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 as amended or substituted from time to time.
- 4.6. "Local Authorities" means Clackmannanshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Kilncraigs, Alloa FK10 1EB, and Stirling Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Viewforth Stirling FK8 2ET or either of them as the context admits.
- 4.7. "NHS FV" means Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "NHS Forth Valley") and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW.
- 4.8. "Professional Members" means the non-voting members of the IJB as defined in Standing Order 5.2.
- 4.9. "Stakeholder Members" means the non-voting members of the IJB as defined in Standing Order 5.3.

5. MEMBERSHIP

- 5.1. The voting members of the IJB are:
- 5.1.1. three Councillors appointed by Clackmannanshire Council,
- 5.1.2. three Councillors appointed by Stirling Council,
- 5.1.3. six Directors of NHS FV of whom four shall be non-Executive Directors and two shall be Executive Directors, subject always to Standing Order 10.
- 5.2. The non-voting members of the IJB are

- 5.2.1. the Chief Social Work Officer for one of the Local Authorities,
- 5.2.2. the Chief Officer of the IJB,
- 5.2.3. the Proper Officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973,
- 5.2.4. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS FV in accordance with regulations made under section 17P of the National Health Service (Scotland) Act 1978,
- 5.2.5. a registered nurse who is employed by NHS FV or by a person or body with whom NHS FV has entered into a general medical services contract,
- 5.2.6. a registered medical practitioner employed by NHS FV and who is not providing primary medical services.
- 5.3. The additional members, also non-voting, are such additional members as the IJB have seen fit to appoint (not being a Councillor of either of the Local Authorities or a Non-Executive Director of NHS FV) and at least one member appointed by the IJB in respect of each of the following groups:-
 - 5.3.1. a representative of staff of the parties engaged in the provision of services provided under the Integration Functions,
 - 5.3.2. Third Sector Bodies carrying out activities related to health and social care for the areas of the Constituent Authorities,
 - 5.3.3. Service Users residing in the areas of the Local Authorities,
 - 5.3.4. persons providing unpaid care in the areas of the Local Authorities, together with:-
 - 5.3.5. the Chief Social Work Officer for one of the Local Authorities. –
- 5.4. Subject to Standing Orders 5.5 all members of the IJB are appointed to serve for a period of three years and may be reappointed for one further term of office.
- 5.5. Members will be removed from the IJB In accordance with Article 10 of the Integration Joint Board Order.

Voting members will be deemed to have their appointment to the IJB withdrawn if they no longer meet the criteria set out in Standing Order 5.1.

If a voting member resigns from the IJB, the appointing party will be entitled to appoint another representative to the IJB pursuant to Standing Order 5.1.

6. CHAIRPERSON AND VICE-CHAIRPERSON

- 6.1. The Chairperson appointed to serve from 1 April 2016 for a period of two years shall be appointed by the Local Authorities and the Vice-Chairperson shall be appointed by NHS FV to serve for the same period.
- 6.2. The appointment of subsequent Chairpersons and Vice-Chairpersons must alternate between NHS FV and the Local Authorities in accordance with Article 6 of the Integrated Joint Board Order and the IJB's Integration Scheme. In each respective Local Authority appointing period, which the Integration Scheme provides shall last for two years, the Local Authorities will ~~alternate in each~~ appointing a Chairperson for ~~the full two year period one year of each respective two year local authority Chairperson appointing period~~, subject to any alternative arrangement reached by the Local Authorities as to how the Chairperson appointment should be ~~arranged~~~~shared~~ in any Local Authority appointing period. The Local Authorities will ~~alternate in~~ appointing a Vice-Chairperson for ~~the full two period one year of each respective two year local authority Vice Chairperson appointing period~~, subject to any alternative arrangement reached by the Local Authorities as to how the Vice-Chairperson appointment should be ~~arranged~~ ~~shared~~ in any Local Authority appointing period.
- 6.3. NHS FV and the Local Authorities may only appoint the Chairperson and Vice-Chairperson from the voting members of the IJB subject to the further proviso that NHS FV may only appoint a voting member who is a Non-Executive Director to these positions.
- 6.4. Subject to Standing Order 6.3, any Constituent Authority may change the person appointed by them as Chairperson or Vice-Chairperson during their term of office. The relevant Constituent Authority will provide written notice to the Chief Officer and to the Chief Executives of each of the other two Constituent Authorities confirming the name and position of the new appointment of Chairperson or Vice-Chairperson and confirmation of when that individual's appointment as Chairperson or Vice-Chairperson will take effect. Such notice is to be provided 21 days before that appointment of Chairperson or Vice-Chairperson takes effect, any such appointment may take effect earlier than 21 days from any such notice if by agreement of all the Constituent Authorities. The same notification procedure shall be followed when the Local Authority ~~reach an alternative agreement on the appointment of the who did not appoint the~~ Chairperson or Vice-Chairperson ~~_at the start of the local authority Chairperson or Vice-Chairperson appointing period, appoints the Chairperson or Vice-Chairperson after one year of any local authority Chairperson or Vice-Chairperson appointing period or otherwise,~~ in accordance with Standing Order 6.2.
- 6.5. The Chairperson shall have discretion, with or without discussion, to determine all questions of procedure where no specific provision is made under these Standing Orders.

7. CALLING MEETINGS

Ordinary meetings

- 7.1. The IJB will operate a quarterly cycle of meetings and will keep its meeting frequency under review. All meetings will be held on the days, at the times and in the places fixed by the IJB and as then published in its Programme of Meetings.

Special meetings

- 7.2. The Chairperson may call a meeting of the IJB at such other times as he or she sees fit.
- 7.3. A request for a meeting of the IJB to be called may be made in the form of a requisition specifying the business proposed to be transacted at the meeting and signed by at least two thirds of the voting members, presented to the Chairperson.
- 7.4. If a request is made under Standing Order 7.3 and the Chairperson refuses to call a meeting, or does not call a meeting within 7 days after the making of the request, the members who signed the requisition may call a meeting.
- 7.5. The business which may be transacted at a meeting called under Standing Order 7.3 is limited to the business specified in the requisition.

8. NOTICE OF MEETINGS

- 8.1. Before each meeting of the IJB, or a committee of the IJB, a notice of the meeting specifying the time, place and business to be transacted at it signed by ~~the Chairperson, or a member~~ an officer authorised by the Chairperson ~~to sign on the Chairperson's behalf~~, together with a copy of the agenda and any reports to that meeting, is to be sent electronically to every member of the IJB or sent to the usual place of residence of every member of the IJB so as to be available to them at least five clear working days before the meeting.
- 8.2. A failure to serve notice of a meeting, or any reports to that meeting, on a member in accordance with Standing Order 8.1 shall not affect the validity of anything done at that meeting.
- 8.3. In the case of a meeting of the IJB called by members the notice is to be signed by the members who requisitioned the meeting in accordance with Standing Order 7.3.
- 8.4. Public notice of the time and place of meetings, listing the business to be transacted, will be intimated on the websites of the Clackmannanshire and

~~Stirling Health and Social Care Partnership each of the Constituent Authorities~~ at least three clear working days before the meeting. Where a special meeting is arranged less than three clear working days before the meeting convenes, the public notice will be published as soon as practicable.

9. PUBLIC ACCESS

- 9.1. Every meeting of the IJB will be open to the public, except in special circumstances which are set out below:-
 - 9.1.1. the public will be excluded from a meeting of the IJB where it is likely, because of the business itself or what might be said, that Confidential Information would be given to members of the public; and/or
 - 9.1.2. the IJB may decide, by passing a resolution at any meeting, to exclude the public when it is considering an item of business if it is likely because of the business itself or what might be said, that Exempt Information would be given to members of the public. The resolution to exclude the public will make clear which part of the proceedings of the meeting it applies to and explain why the information is exempt.
- 9.2. If the Chief Officer or the Proper Officer believes that it is likely that Exempt Information or Confidential Information will be given to members of the public they may exclude the whole of a report (or any part of a report) from public viewing. Every copy of any report in that category (or part of that report) will be marked "Not for Publication" and either marked "Exempt" or "Confidential".
- 9.3. No member will use or disclose to any person exempt or confidential information that comes into their possession or knowledge as a result of their membership of the IJB.
- 9.4. Copies of agendas and reports for meetings of the IJB will be available for the public from the ~~Clackmannanshire and Stirling Health and Social Care Partnership IJB's website page as hosted by, or available via, the Constituent Authorities own websites, during normal office hours~~ for three clear working days before meetings. Minutes of meetings of the IJB will also be published on the same website.
- 9.5. Except at the discretion of the Chairperson or where arrangements have been made to allow remote attendance at, or for the webcasting of, the meeting, the IJB will not allow the taking of photographs, use of mobile telephones, or music players during meetings, or the internet, radio or television broadcasting or tape or digital recording of meetings.
- 9.6. Members of the public will not be permitted to speak or take part in a meeting of the IJB. Members of the public may, at the discretion of the

Chairperson, be denied access to any meeting of the IJB if they arrive after the designated meeting start time when the meeting is in session.

- 9.7. The Chairperson has power to exclude any member of the public from a meeting in order to prevent or suppress disorder or other behaviour which is impeding or is likely to impede the proceedings of the IJB.

10. ATTENDANCE, QUORUM AND REMOTE ATTENDANCE

- 10.1. If a voting member is unable to attend a meeting of the IJB, the Constituent Authority which nominated the member, is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting in place of the voting member.

- 10.2. ~~Professional Members will have a named, appointed deputy who is suitably qualified to attend a meeting of the IJB in that Professional Member's absence.~~ If a Professional Member is unable to attend a meeting of the IJB that member will arrange for a their named deputy to attend the meeting. ~~On appointment, a Professional Member will identify their named deputy.~~ It will be for the IJB to determine whether the deputy who attends the meeting at person is suitable to attend the meeting as a substitute. ~~for appointment as the Professional Member's deputy.~~

- 10.3. If a Stakeholder Member is unable to attend a meeting of the IJB that member may arrange for a suitably experienced proxy to attend the meeting. On appointment, a Stakeholder Member will identify the substitute or substitutes whom they wish to nominate to attend in their absence. It will be for the IJB to determine whether those persons are suitably experienced.

- 10.4. A substitute attending a meeting of the IJB by virtue of Standing Order 10.1 may vote on decisions put to that meeting.

The IJB quorum is one half of the voting members. No business is to be transacted at a meeting of the IJB unless it is quorate.

- 10.5. If there is no quorum within 15 minutes from the designated start time for a meeting of the IJB, the Chairperson will adjourn the meeting to another date and time. If the Chairperson is among those absent, the minute will record that no business was transacted because of the lack of the necessary quorum.

- 10.6. If during any meeting the attention of the Chairperson is called to the number of voting members present, the roll will be called and, if a quorum is not present, the meeting will immediately be adjourned.

- 10.7. If less than a quorum is entitled to vote on an item because of declarations of interest, that item cannot be dealt with at that meeting.

- 10.8. Where proper facilities are available, and at the direction of the Chairperson, a member may be regarded as being present at a meeting if he or she is able to participate from a remote location by a video or other communication link.
- 10.9. A voting member participating in a meeting from a remote location will be counted for the purposes of deciding if a quorum is present in accordance with Standing Order 10.8.
- 10.10. At the discretion of the Chairperson, a member participating in a meeting from a remote location will be excluded from the meeting when an item of business is being considered and it is likely that Confidential Information or Exempt Information would be disclosed.

11. CONDUCT OF MEETINGS

- 11.1. At each meeting of the IJB, or a committee of the IJB, the Chairperson, if attending the meeting, is to preside.
- 11.2. If the Chairperson is absent from a meeting of the IJB or a committee of the IJB, the Vice-Chairperson is to preside.
- 11.3. If the Chairperson and Vice-Chairperson are both absent from a meeting of the IJB or a committee of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting is to preside.
- 11.4. A substitute appointed in terms of Standing Order 10 may not preside.
- 11.5. If it is necessary or expedient to do so a meeting of the IJB, or of a committee of the IJB, may be adjourned to another date, time or place.

12. URGENT BUSINESS

- 12.1. Urgent business may be considered at a meeting of the IJB if the Chairperson rules that there is a special reason why the business is a matter of urgency. The reason(s) will be stated at the meeting and recorded in the minutes.

13. AGENDA SETTING

- 13.1. The IJB agenda will be set by the Chief Officer in advance of any meeting of the IJB and in accordance with the IJB's programme of business.
- 13.2. The Chief Officer will approve all meeting papers and reports to the IJB for release before they are issued to IJB members.

- 13.3. Voting members of the IJB may request the inclusion of an item on any IJB meeting agenda, provided such a request is made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall decide whether the item is to be included within the agenda for any IJB meeting.
- 13.4. Professional Members and Stakeholder Members may submit items for inclusion in any IJB meeting agenda if the item pertains to their particular area of operation and they consider it appropriate that it be included in any such agenda. Any such requests must be made in writing to the Chief Officer at least ten clear working days before any notice is provided to members of the IJB under Standing Order 8.1 in relation to any meeting of the IJB. The Chief Officer shall decide whether the item is to be included within the agenda for any IJB meeting.

14. ORDER OF BUSINESS

- 14.1. The business of the IJB will proceed in the order specified in the notice calling the meeting which will be as follows, unless circumstances dictate otherwise:-
- 14.1.1. Notification of Apologies
- 14.1.2. Notification of Substitutes
- 14.1.3. Declarations of Interest
- 14.1.4. Urgent Business brought forward by the Chairperson in terms of Standing Order 12. Any such business will be intimated at the start of the meeting and discussed in the order determined by the Chairperson.

14.1.5. Minutes and Matters Arising

~~14.1.5.~~ 14.1.6. Matters for noting will appear at the end of the Agenda.

- 14.2. After the IJB has been sitting for two hours and not longer than two and a half hours, there will be an automatic break of at least 10 minutes. At the discretion of the Chairperson the break may be extended to not more than 30 minutes.

15. CONFLICT OF INTEREST

- 15.1. A member must declare at the earliest possible stage or opportunities in the proceedings, any direct financial or non-financial interest where that interest arises in relation to an item of business to be transacted at a meeting of the IJB, or a committee of the IJB.

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- 15.2. Where a financial or non financial interest is disclosed under Standing Order 15.1 a member must apply the proper test for conflict of interest. If the member applies the test and determines that they have an interest which is so substantial that it would be likely, in the view of a member of the public with knowledge of the facts, to prejudice that member's discussion or decision making on the matter under consideration, the member declaring that interest must leave the meeting when the matter is being discussed. If a member does not leave the meeting other members present at the meeting in question must decide whether the member declaring the interest is to be prohibited from taking part in discussion of or voting on the item of business.
- 15.3. When considering whether an interest falls to be disclosed under Standing Order 15.1, any member (including any substitute member) must have regard to the Code of Conduct for Members of the IJB and in particular Sections 4 and 5 of the Code and if required seek the advice of the Chairperson or the Standards Officer.

16. Deputations

- 16.1. Deputation requests must be submitted to the Chief Officer by 5pm at least 2 clear working days before the meeting of the IJB or Committee takes place
- 16.2. Deputations must only be from an office bearer or spokesperson of an organisation or group, unless the chairperson exercises discretion to allow a deputation which does not meet this standing order
- 16.3. Deputations can only concern an item on the agenda of the forthcoming meeting and the deputation request must specify the agenda item it concerns
- 16.4. The chairperson will ask the IJB or committee to decide whether they wish to hear the deputation. The decision will be taken in accordance with Standing order 18.
- 16.5. Deputations should be allowed up to 15 minutes to present their case to the IJB or committee, although this can be reduced by the chairperson. Members will be entitled to question the deputation subject to the general principles of these standing orders
- 16.6. At the end of the deputation process the deputation will return to the public seating area and will not take part in any debate, discussion or vote.

17. RECORDS

- 17.1. A record must be kept of the names of the members attending every meeting of the IJB or of a committee of the IJB.

- 17.2. Minutes of the proceedings of each meeting of the IJB or a committee of the IJB, including any decision made at that meeting, are to be drawn up and submitted to the next ensuing meeting of the IJB or the committee of the IJB for agreement after which they must be signed by the person presiding at that meeting.

18. DECISION MAKING

- 18.1. Where the IJB is to take a decision, the Chairperson will determine whether there is consensus among members on the proposed decision. In the absence of consensus, the question will be determined by a majority of votes of the voting members attending.
- 18.2. Where the proposed decision consists of a recommendation in a report submitted to the IJB, the recommendation may be moved and seconded by a voting member. Where no amendment to that recommendation is moved and seconded, the Chairperson following discussion will put the matter to the vote for or against the motion. Where an amendment is moved and seconded the Chairperson following discussion will put the matter to a vote for the amendment or the motion.
- 18.3. Any motion relevant to the item of business under discussion may be moved by a voting member. If seconded, the motion will be dealt with in accordance with Standing Order 18.2 above.
- 18.4. In the event of an equality of votes, no decision may be made on that item of business at the meeting and Standing Order 18 will apply.

19. DISPUTE RESOLUTION

- 19.1. In the event of an equality of votes, the matter will be remitted to the Chief Officer to carry out such further work and to provide such further information as may be required to enable the IJB to reconsider the matter at a future meeting and reach a majority decision.

20. REVOCATION OF PREVIOUS RESOLUTIONS

- 20.1. No motion which seeks to alter or revoke a decision of the IJB, or has that effect, will be considered or passed until at least six months after the decision was taken originally, unless no less than two thirds of members present and entitled to vote at any IJB meeting agree to reconsider the decision.

21. ALTERATIONS TO STANDING ORDERS

- 21.1. The IJB shall have the power to alter these Standing Orders at any of its meetings or at a special meeting convened for such purpose provided due intimation of such proposed alterations shall have been sent to each member at least three clear working days before such meeting. All such alterations require to be approved by a two thirds majority of those present and voting.

22. ESTABLISHMENT OF COMMITTEES

- 22.1. The IJB may establish committees of its members for the purpose of carrying out such of its functions as the IJB may determine. If the IJB establishes such a committee, it will:
- 22.1.1. determine the membership of that committee;
 - 22.1.2. determine the terms of reference of that committee;
 - 22.1.3. determine who will act as Chairperson of that committee;
 - 22.1.4. prepare and adopt a Scheme of Delegation setting out the role and remit of the committee; and
 - 22.1.5. set out, amongst other things, the composition, quorum, programme of meetings and all other relevant matters governing the operation of the committee.

23. APPLICATION OF STANDING ORDERS

- 23.1. In the event that there is any inconsistency between these Standing Orders and the IJB's Integration Scheme, the IJB's Integration Scheme shall prevail.

Exempt Information

For the purpose of these Standing Orders exempt information is defined as information which is exempt from disclosure to the public and which falls under one of the categories listed in the table below.

No	Description of Exempt Information	Qualifications
1	Information relating to a particular employee, former employee or applicant to become an employee of, or a particular office holder, former office-holder or applicant to become an office-holder under, the IJB or any of the Constituent Authorities.	Information relating to a person of a description specified in any of paragraphs 1 to 4 is not exempt information by virtue of that paragraph unless it relates to a person of that description in the capacity indicated by the description.
2	Information relating to any particular occupier or former occupier of, or applicant for, accommodation provided by or at the expense of the IJB or any of the Constituent Authorities.	
3	Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the IJB or any of the Constituent Authorities.	
4	Information relating to any particular applicant for, or recipient or former recipient of, any financial assistance provided by the IJB or any of the Constituent Authorities.	
5	Information relating to the adoption, care, fostering or education of any particular child or relating to the supervision or residence of any particular child in accordance with a supervision requirement made in respect of that child under the Social Work (Scotland) Act 1968.	None
6	Information relating to the financial or business affairs of any particular person (other than the IJB or any of the Constituent Authorities).	Information falling within paragraph 6 is not exempt information by virtue of that paragraph if it is required to be registered under— (a) the Companies Acts (as defined in section 2(1) of the Companies Act 2006); b) the Friendly Societies

No	Description of Exempt Information	Qualifications
		Act 1974; (c) the Industrial and Provident Societies Act 1965 to 1978; or (d) the Building Societies Act 1962.
7	Information relating to anything done or to be done in respect of any particular person for the purposes of any of the matters referred to in section 27(1) of the Social Work(Scotland) Act 1968 (providing reports on and supervision of certain persons).	None
8	The amount of any expenditure proposed to be incurred by the IJB or any Constituent Authority under any particular contract for the acquisition of property or the supply of goods or services.	Information falling within paragraph 8 is exempt information if and so long as disclosure to the public of the amount there referred to would be likely to give an advantage to a person entering into, or seeking to enter into, a contract with the IJB or any Constituent Authority in respect of the property, goods or services, whether the advantage would arise as against the IJB or any Constituent Authority or as against such other persons.
9	Any terms proposed or to be proposed by or to the IJB or any Constituent Authority in the course of negotiations for a contract for the acquisition or disposal of property or the supply of goods or services.	Information falling within paragraph 9 is exempt information if and so long as disclosure to the public of the terms would prejudice the IJB or any Constituent Authority in those for any other negotiations concerning the property or goods or services.
10	The identity of the IJB or any Constituent Authority (as well as of any other person, by virtue of paragraph 6 above) as the person offering any particular tender for a contract for the supply of goods or services.	None

No	Description of Exempt Information	Qualifications
11	Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the IJB or any of the Constituent Authorities or a Minister of the Crown and employees of, or office-holders under, the IJB or any of the Constituent Authorities.	Information falling within paragraph 11 is exempt information if and so long as disclosure to the public of the information would prejudice the IJB or any Constituent Authority in those or any other consultations or negotiations in connection with a labour relations matter arising as mentioned in that paragraph.
12	Any instructions to counsel and any opinion of counsel (whether or not in connection with any proceedings) and any advice received, information obtained or action to be taken in connection with— (a) any legal proceedings by or against the IJB or any of the Constituent Authorities, or (b) the determination of any matter affecting the IJB or any of the Constituent Authorities, (whether, in either case, proceedings have been commenced or are in contemplation).	None
13	Information which, if disclosed to the public, would reveal that the IJB or any Constituent Authority proposes— (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or (b) to make an order or direction under any enactment.	Information falling within paragraph 13 is exempt information if and so long as disclosure to the public might afford an opportunity to a person affected by the notice, order or direction to defeat the purpose or one of the purposes for which the notice, order or direction is to be given or made.
14	Any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.	None
15	The identity of a protected informant.	None

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 15.1

COVID-19 Update

For Noting

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Carolyn Wylie
Author	Lesley Fulford
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide the Integration Joint Board with an update on the operational and strategic response to the COVID-19 pandemic
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the integrated response from the HSCP to the COVID-19 pandemic 2) Support the HSCP in the continuing response to circumstances and the impact of COVID-19 may be continuing to have on the workforce and population 3) Note the financial impact of COVID-19 on HSCP.
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1. Background

- 1.1. The purpose of this report is to continue to ensure that the Integrated Joint Board is aware of and has confidence in the supports put in place by the Health and Social Care Partnership regarding the current pandemic.
- 1.2. Due to the continuing risk of COVID-19 as an extremely infectious disease, there is an ongoing risk of outbreaks within the community which continues to place unprecedented pressure on the provision of community health and social care services & NHS acute care across the country. The management of the pandemic continues to be a priority across the full range of service provision across statutory, third and independent sectors. In response, the HSCP, third and independent sectors have continued to work tirelessly and collaboratively across boundaries within our communities and alongside acute clinical services within NHS Forth Valley.
- 1.3. A report was previously issued to the Board meeting on 23 September 2020 for noting.

2. Health and Social Care Partnership Re-Mobilisation and Renewal Planning

- 2.1. The HSCP Mobilisation Plan was presented at the Integration Joint Board meeting on 17th June and members of the Board had the opportunity to

review the actions and activity associated with the emergency response across community health and care services.

- 2.2. As all non-essential HSCP services were stood down at the start of the pandemic, in contrast, all statutory services have been maintained and some services have been delivered in a different way, e.g. Near Me, telephone appointments, virtual appointments, and socially distanced visits to a person's garden. This blended approach to support service users will continue for some time to meet the changing circumstances / outbreaks and restrictions as a result of COVID-19.
- 2.3. This report reflects a point in time and current approaches act as a bridge between the emergency response to the pandemic and the continuation of review and management of community health and care services across our communities. The pandemic has created the conditions for change, as laid out in the Scottish Government lessons learned piece, and the HSCP has been able to capitalise on this transformational environment.

3. HSCP Mobilisation Plan Costs Update and Impact on the Budget

- 3.1 The Scottish Government currently requires cost and expenditure approvals submissions on a broadly monthly basis. Guidance on compiling the returns is provided by Scottish Government and is updated regularly.
- 3.2 The submissions are made on a consolidated NHS Board wide basis with individual tabs relating to the Health and Social Care Partnership specific returns. Cost estimates are made using the best available information alongside management judgement. The process is managed by the Chief Finance Officer and discussed with the HSCP Senior Leadership Team regularly.
- 3.3 The latest return was made week of 26 October 2020 and detailed Quarter 1 actual costs and projected costs for the remainder of the financial year based on best information currently available. This reflected estimated cost impact for 2020/21 of £12.745m. Further detail is contained within the Financial Report.
- 3.4 The costs also include the estimated costs of financial support to social care providers in line with national procurement advice, the Convention of Scottish Local Authorities (COSLA) guidance on commissioned services and principles agreed by COSLA leaders.
- 3.6 Further work continues to be required to ensure exceptional costs related to COVID19 are captured and quantified and the impact of whole system activity, performance and finance is monitored. Operational grip and control meetings will be used to assist this process.
- 3.7 There continues to be a need to closely interlink financial planning to work on recovery / renewal including the shape of the future transformation

programme, review of strategic needs assessments, medium term delivery and financial planning.

4. Workforce issues

- 4.1 The issues of workforce availability and confidence continue to be closely monitored and managed. Clackmannanshire Council, Stirling Council and NHS Forth Valley HR teams alongside the HSCP managers have been reviewing workforce statistics, illness/absence rates and working from home rates throughout the period of lockdown. This information is being collated at a national level and is helping to inform discussions between senior leaders in SOLACE, COSLA and the Scottish Government regarding the impact of COVID-19 on service provision, and the key staffing issues that require some form of national consideration.
- 4.2 Locally, employee attendance information is being gathered daily by managers across the employing agencies to allow managers to assess resource implications for delivering essential services and also to maintain contact and support those unable to attend work.
- 4.3 The flu vaccination programme will require to be delivered over the next few months across all staff groups within community health and social care, including independent sector providers in care homes and care at home. If a COVID-19 vaccination becomes available, then a further programme of vaccination will be required to be organised and delivered.

5. National Developments

- 4.1 A National report by Public Health Scotland was published in the same week as a tiered approach to managing the COVID-19 pandemic

Public Health Scotland Report

- 4.1 On 28 October Public Health Scotland published [Discharges from NHSScotland Hospitals to Care Homes between 1 March to 31 May 2020](#).
- 4.2 During this time all hospital discharges to care homes were undertaken in line with Scottish Government guidance. Some of the main points from the report are outlined below:
- Between 1 March and 31 May 2020, there were 5,204 discharges from NHS hospitals to care homes (4,807 individuals), this accounted for 5.3% of all hospital discharges during the same period. Of these discharges to care homes, 49.1% were discharged in the month of March, with a further 26.8% discharged in April, and 24.1% in May.
 - There were 3,599 discharges from hospital to a care home between 1 March and 21 April. The majority (81.9%) in this earlier period were not tested for COVID-19, in-keeping with clinical guidance which restricted

testing to those with symptoms of infection. Of the 650 who were tested, 78 received a positive result while in hospital.

- There were 1,605 discharges from hospital to a care home between 22 April and 31 May. The majority (1,493, 93%) in this later period were tested for COVID-19, in line with the changes in clinical guidance. Of these, 1,215 tested negative and 278 tested positive. Of those who tested positive, 233 had a later negative test result before discharge.
- It is important to note that there are valid clinical reasons for individuals not to be tested before discharge, relating to their capacity to consent to testing and appropriateness of testing, e.g. in end of life care situations.
- The analysis does not find statistical evidence that hospital discharges of any kind were associated with care home outbreaks. However, our certainty about the three types of hospital discharge defined by testing status varies. (Three types are person discharged was known to have a negative COVID-19 test before discharge, was untested before discharge, or whose last test before discharge was positive.).

4.3 Guidance from Scottish Government changed during the time period of 1 March to 31 May 2020 (21 April 20); this meant a person must have two negative COVID tests prior to discharge to a care home.

4.4 Earlier in April 2020, prior to receipt of the amended Scottish Government guidance, the Partnership implemented this standard.

Coronavirus (COVID-19): Scotland's Strategic Framework

4.5 In an update in response to a parliamentary question at Holyrood the Cabinet Secretary for Health and Sport, Jeanne Freeman state

"I am mindful of the challenges that winter is likely to bring over the coming months, including seasonal flu and bad weather.

I want to ensure that our health and care services are fully supported across winter, so NHS Scotland will remain on an emergency footing until at least March 31 2021, at which point I will review the situation again."

Scottish Government have confirmed the NHS will remain on an emergency footing until at least 31 March 2021.

4.6 On 23 October the Scottish Government published [Coronavirus \(COVID-19\): Scotland's Strategic Framework](#) which set out the strategic approach to suppress the virus to the lowest possible level and keep it there, while we strive to return to a more normal life for as many people as possible. The Framework sets out an approach based on levels of protection, each with graduated packages of measures designed to reduce transmission of the virus, that can be applied nationally or to different areas of the country according to the evolving patterns of infection and transmission. Appendix 1 sets out the restrictions in this framework relevant to this Board.

- 4.7 The Framework indicates that the measures are most likely to be applied at the level of local authorities, which is the basis of the initial allocation of levels set out in this document. There is however discretion to apply levels in future to whichever geography is most likely to be effective in suppressing the virus.
- 4.8 The Framework, including the design of the proposed levels, follows the “four harms” approach set out in the Scottish Government’s COVID-19 Framework for Decision Making. This explicitly recognises that action taken to suppress the virus can itself cause harm to wider health and to the social and economic well-being of the nation. While the levels are intended to provide a more consistent basis for public understanding their content will be kept under review to ensure as far as possible, they are adequately mitigating wider harms while having sufficient impact on suppressing the virus.
- 4.9 Given the risk of harm from action intended to suppress the virus, decisions taken based on this Framework and the consequent actions must be justified, necessary and proportionate.
- 4.10 On 29 October the First Minister announced which tier each of the areas in Scotland will be placed. Both Clackmannanshire & Stirling were placed in tier 3 along with Falkirk. This will take effect from Monday 2 November 2020. Further information on others areas is available here:
<https://www.gov.scot/publications/coronavirus-covid-19-protection-levels/>
- 4.11 The decision for Clackmannanshire and Stirling to be placed in Tier 3 will have an impact on service provision to the people of our communities. For example:
- Public Services (health following NHS remobilisation plan) should provide essential face-to-face services only (online where possible)
 - Support services (mental health, counselling, day services, child contact centres) Permitted/online where possible
 - Offices and call centres - Essential only/work from home (WFH)
 - Travel - no non-essential travel into or out of the level 3 area, exemptions apply, for example essential travel for work.
 - Transport - Active travel (walk, run, cycle, wheel) where possible. Avoid car sharing with people outside extended household wherever possible. Avoid non-essential use of public transport
- 4.12 These decisions were informed by referring to the Coronavirus (COVID-19): Scotland’s Strategic Framework, the current position with the R number (The reproduction number (R) is the average number of secondary infections produced by a single infected person) and expert advice.

6. COVID-19: Cases, Day Services and Care Homes

- 6.1 Weekly meetings of the Scientific and Technical Advisory Group (STAC) are hosted by NHS Forth Valley to review data and analyse patterns of spread of the virus.
- 6.2 Weekly reports on staff absence are provided by each employing organisation to the HSCP to help manage continuation of service delivery.

Cases

- 6.3 There are COVID-19 outbreaks at two care homes within the HSCP area, as well as low numbers of positive cases in several other sites, which currently appear to be isolated. Additional support from the HSCP has been deployed to the two affected care homes, to complement their capacity and strengthen processes. Unfortunately, there have now been 7 deaths linked to COVID-19 within our care homes.
- 6.4 Care homes are undertaking enhanced testing for residents and staff twice a week.

Scottish Government Daily update for Scotland

- 6.5 Scottish Government provide a daily update¹. As at 11 November:
- 1,261 new cases of COVID
 - 64 new reported death(s) of people who have tested positive
 - 93 people were in intensive care yesterday with recently confirmed COVID-19
 - 1,235 people were in hospital yesterday with recently confirmed COVID-19
 - 22,096 new tests for COVID-19 that reported results – 6.5% of these were positive

Care Homes

- as at 04 November, 137 (13%) adult care homes had a current case of suspected COVID-19
- in the week 26 October - 01 November there were 330 new confirmed positive COVID-19 cases among care home residents
- there have been 4,892 confirmed cases of COVID-19 amongst residents of care homes for all ages since 9 March
- in the week 2 November – 8 November at least 8,288 individual care home staff, and 3,123 residents were tested in care homes with a confirmed case of COVID-19.
- in the week 2 November – 8 November at least 33,281 individual care home staff were tested in care homes with no confirmed cases of COVID-19.

¹ <https://www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland/>

National Records Scotland (NRS)

- 6.6 National Records Scotland (NRS) report weekly provisional figures on deaths registered where COVID-19 was mentioned on the death certificate.
- 6.7 As at week 45 (2 November 2020) there have been 4,856 deaths across Scotland where COVID-19 was mentioned on the death certificate. 52 within Clackmannanshire Council area and 59 in Stirling Council area.

Public Health Scotland (PHS)

- 6.8 Public Health Scotland (PHS) produce and looks at where death, as a result of COVID-19, has been confirmed. Up to 6 November 2020 reports:
- 2,405,741 tests undertaken;
 - 76,448 positive tests;
 - 3,143 deaths;
 - 9,918 hospital admissions and
 - 828 intensive care unit (ICU) admissions.

Day Services

- 6.9 Day services were stepped down during lockdown in line with Scottish Government guidance. During this time outreach work has been undertaken to ensure support was provided to clients who attended day services; this was achieved through for example social distanced visits in client's gardens.
- 6.10 Risk assessments have been undertaken to support the safe and phased reopening of day services. Social distancing requirements, in line with Scottish Government guidance, will mean reduced capacity within day services. This will ensure services are safe for clients and staff. Plans are for outreach work to continue.
- 6.11 On 13 October Cabinet Secretary for Health and Sport, Jeanne Freeman wrote to Local Authority Chief Executives, Chief Officers, Chief Social Workers and Directors of Public Health along with a range of other organisations regarding day service for adults.
- 6.12 The [letter](#) reiterated the guidance to [support the safe reopening and delivery of building based day services for adults](#) published on 31 August. Recognising that risk-assessments and decisions on re-opening of services will be balancing the public health need to keep people safe from infection with the benefits for supported people and carers outlined above. The guidance therefore notes the need for these decisions to be made locally and on a multi-disciplinary basis.
- 6.13 Reopening of day services will be conducted, with due regard to risk assessments and Scottish Government guidance, in a multidisciplinary way. However, given the announcement placing Clackmannanshire and Stirling in Tier 3, this will be delayed.

Care Homes

- 6.14 A rolling programme of mass testing of all care home staff and residents commenced during May and continues; subsequent rounds of testing are progressing within a planned testing regime led by public health.
- 6.15 Through the support from commissioning services within Stirling Council and Clackmannanshire Council care at home and care home providers have been able to continue to deliver care and packages of support through the pandemic. The requirements for reporting from the care homes have been well organised by both Councils' staff ensuring that providers feel supported and that this is a reciprocal relationship.
- 6.16 The 23 September 2020 report to the Board set out detail on a Large-Scale Investigation (LSI) to investigate "totality of adult concerns and provision of care within Mauricare Ltd care homes in Stirlingshire. This investigation is ongoing.
- 6.17 A [letter](#) noting proposal to cancel registration dated 29 September was issued to Mauricare Ascot Care Limited regarding Ashwood House in Callander. The HSCP is supporting residents placed there to move to other care providers.

7. Urgent Decisions

- 7.1. The Board approved at the 23 September 2020 meeting to extend emergency decision making powers until at least 25 November 2020. Please see paper 4.1 regarding extending these powers until at least 24 March 2021.
- 7.2. Decisions taken under these powers since 23 September 2020 are:
- Chief Officer approval to submit an exception report to Clackmannanshire Council Governance Board to extend current Care and Support Framework for a further 6 months in the first instance. There are no additional financial consequences of this decision.

8. Conclusions

- 8.1. The HSCP continues to deliver high quality support and care to communities across Clackmannanshire and Stirling within these unprecedented times; this paper provides an overview of some of the key activity being undertaken across the sector but in no way reflects the totality of the hard work of officers and staff across the HSCP and wider partners.
- 8.2. Whilst the HSCP, operationally, continues to respond to the emergency situation of the pandemic, is also delivering a planned approach to renewal and recovery as well as progressing the transformation and strategic planning commitments as agreed within the Integration Joint Board.

9. Appendices

9.1 Appendix 1 – Coronavirus (COVID-19): Scotland’s Strategic Framework

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	Finance implications are set out in section 3 of this report and in the Finance Report to the Board (agenda item 8.1).
Other Resources:	
Legal:	No legal implications to note.
Risk & mitigation:	Financial risks associated with Local Mobilisation Plan in response to COVID are detailed in the Finance Report to the Board. Mitigation is included in section 3 of this report.
Equality and Human Rights:	The content of this report <u>does not</u> require an EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider (‘pay due regard’ to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2 Please select the appropriate statement below: This paper <u>does not</u> require a Fairer Duty assessment.

Appendix 1 – Coronavirus (COVID-19): Scotland’s Strategic Framework

Strategic Framework



Scottish Government
Riaghaltas na h-Alba
gov.scot

	Level 0	Level 1	Level 2	Level 3	Level 4
Visitor Attractions	Open	Open	Open	All open or outdoor only open, depending on circumstances	Closed
Public Services (Health following NHS remobilisation plan)	Open	Open	Open but reduced face-to-face services	Essential face-to-face services only (online where possible)	Essential face-to-face services only (online where possible)
Unregulated (children’s) activities (incl. youth clubs, children’s groups)	Permitted	Permitted	Differentiated restrictions apply	Differentiated restrictions apply	Indoor activities not permitted
Support services (mental health, counselling, day services, respite care)	Permitted	Permitted	Permitted	Permitted/online where possible	Essential only/online where possible
Offices & Call Centres	Working From Home still advised	Essential only/WFH	Essential only/WFH	Essential only/WFH	Essential only/WFH

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 15.2

Information Governance Assurance Report 2019/2020

For Noting

Paper Approved for Submission by:	
Paper presented by	
Author	Deirdre Coyle Head of Information Governance NHS Forth Valley
Exempt Report	[Yes / No]
Directions	
No Direction Required	<input type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	<p>This report is to provide assurance to the Board regarding the arrangements for information governance that are applicable to the Board as a public body, along with the information governance arrangements in place within its partners, Stirling and Clackmannanshire (Councils) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Board.</p> <p>Good information governance ensures that organisations handle information legally, securely, efficiently and effectively in order to support delivery of the best possible care. The 3 information governance areas in which the Board, and its partners, have statutory responsibilities are:</p> <ul style="list-style-type: none"> • Freedom of Information • Data Protection • Records Management
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <p>1) Note the Information Governance activity for the year 2019/2020</p>
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1. Background

- 1.1 The Integration Joint Board holds a range of information and records; about its business, its members and any operational matters which come to its attention (such as complaints and information requests under freedom of information and data protection legislation). Its partners hold a far broader range of information (particularly personal information) about services and those using those services.
- 1.2 The Board is supported in its information governance responsibilities by information governance specialists in NHS FV and the Councils. The Head of Information Governance in NHS Forth Valley is the nominated Data Protection Officer for the Board. NHS Forth Valley administers information requests on behalf of the Board.
- 1.3 The Partners have their own information governance teams. NHS FV has recently increased the size of its Information Governance Team to cope with the increased demands of the Data Protection legislation, including the General Data Protection Regulation 2018.

2. Information Governance Assurance Report 2019/2020

- 2.1 This section of the report provides the Board with an overview of their requirements as a public body. It sets out the activity over the reporting period for the following areas.

Freedom of Information

- 2.2 The Board is subject to the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, as are its partners. The Board itself receives very few FOI requests, and most of these relate to information held by one of the partners, which means the requests needs to be refused. Requesters are advised to contact the relevant partner for the information.
- 2.3 Freedom of Information Requests

Number of Requests	Exemption Applied
11	Section 17 Information not held
2	Section 25 Information available elsewhere
1 review	

- 2.4 The partners receive FOI requests in their own right which relate to integrated services.
- 2.5 The Board received no requests for environmental information in the relevant period. This is to be expected as the Board does not generally hold environmental information.

- 2.6 The Board makes information available to the public on a proactive basis by publishing a Guide to Information, based on a Model Publication Scheme issued by the Scottish Information Commissioner. This was last reviewed in December 2018 and will be reviewed again when there any changes to the Model Publication Scheme.

Data Protection

- 2.7 The Board is subject to data protection legislation (the General Data Protection Regulation and the Data Protection Act 2018), as are its partners. The Board pays a small annual fee to the Information Commissioner's Office by way of notification that it is a data controller. However, the Board processes minimal personal data (primarily information about its members, and details of anyone making information requests or complaints). By contrast, its partners hold a huge amount of personal data about employees and service users.
- 2.8 The Board received no Subject Access Requests (i.e. requests by individuals for their personal information) in the relevant period. This is to be expected given the Board holds limited personal data. The partners receive Subject Access Requests in their own right which relate to integrated services.
- 2.9 One of the data protection principles is that data controllers must have appropriate security measures in place to protect personal data. NHS FV and the Councils have information security policies and procedures in place to protect personal data, including data incident management, for the assurance of the Board. There were no data breaches involving Board information in the relevant period. Again, this is to be expected given the Board holds limited personal data. The partners have their own processes in place to deal with any data breaches relating to integrated services and to ensure that all staff who handle personal data undertake appropriate training.
- 2.10 A key element of the 2018 data protection legislation was a new principle of "accountability". Data controllers must be able to evidence compliance with the legislation. The Information Commissioner has recently issued an Accountability Framework to assist data controllers with compliance.

Linked to this, data controllers must take a "data protection by design and default" approach to new projects with privacy implications, including ensuring data protection impact assessments are carried out and information sharing agreements are in place. This is of limited direct impact to the Board but has resulted in considerably more information governance work for its partners.

Work is underway between the partners, with the support of the Forth Valley Information Governance Group, to review existing agreements, and any gaps, to ensure these are in place. Regular monitoring will be established and reports to the respective HSCP management teams.

Records Management

- 2.11 The Board is subject to the Public Records (Scotland) Act 2011, as are its partners. The Act requires certain public authorities to prepare and implement a records management plan which must set out proper arrangements for management of its records. The plan must be broken down into 14 key elements and must be submitted to the Keeper of the Records of Scotland (**Keeper**). The Board holds limited records in its own right but has

an interest in ensuring its partners are properly managing their records relating to integrated services in line with their approved plans. The partners' records management arrangements therefore impact on the Board's plan. The Board submitted its first plan to the Keeper in June 2019. The plan is available on the National Records of Scotland website.

<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-clackmannanshire-and-stirling-integration-joint-board.pdf>

The assessment looked for improvement in the following areas:

1. Business classification – the records of the delivery of the integrated services (as opposed to the records of the operational administration of the Board) are held under the business classification scheme of the partners. The plans of both of the partners were agreed by the Keeper under “improvement model” terms for this element, and accordingly the Board plan was approved on the same basis.
2. Retention schedule – the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
3. Archiving and Transfer - the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
4. Destruction arrangements - the plans of both of the partners were agreed by the Keeper under “improvement model” terms for this element, and accordingly the Board plan is approved on the same basis. The issue is primarily around destruction of electronic records, in common with many Scottish public authorities.
5. Business continuity and vital records - the plan for the Council was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
6. Audit trail - the plan for the Council was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the Board plan was approved on the same basis.
7. Assessment and review – the Act requires an authority to keep its plan under review. At the time of submission of the plan to the Keeper there was no agreed mechanism for review. However, discussions are underway with a records manager at another Council to carry out reciprocal review of the Councils' and Boards' plans by way of review. The Keeper has agreed to this element under “improvement model” terms.

3. Conclusions

- 3.1 There are appropriate arrangements in place to ensure the Board’s compliance with its information governance responsibilities.
- 3.2 In relation to data protection responsibilities, the partners need to ensure that information sharing agreements are in place for any operational data sharing relating to integrated services.
- 3.3 In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plan. This will assist the Board to ensure it can demonstrate improvement on its own plan.

4. Appendices

None

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	
Other Resources:	The Board relies on specialists from its partner organisations in relation to information governance. There is no formal agreement in place for these support services.
Legal:	See below
Risk & mitigation:	The Forth Valley Information Governance Group meets regularly and oversees the information governance requirements of the Board and will support the Leadership Team to comply with legal and risk implications.
Equality and Human Rights:	The content of this report does / does not require a EQIA

<p>Data Protection:</p>	<p>The content of this report <u>does / does not</u> require a DPIA</p>
<p>Fairer Duty Scotland</p>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does / does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 15.3

Accessibility Regulations 2018

For Noting

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	N/A
Author	Sonia Kavanagh
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	<p>To advise the Integration Joint Board on statutory requirements of the Public Sector Bodies (Website and Mobile Applications) (No. 2) Accessibility Regulations 2018; which came into force on 23 September 2018.</p> <p>To update on progress made and provide assurance of adherence to the Public Sector Bodies (Website and Mobile Applications) (No. 2) Accessibility Regulations 2018.</p>
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the Public Sector Bodies (Website and Mobile Applications) (No. 2) Accessibility Regulations 2018 statutory requirements on the Integration Joint Board and impact for the HSCP website 2) Note the link on the Clackmannanshire and Stirling HSCP website to the NHS Forth Valley Accessibility Statement as required to ensure all our citizens can access our website.
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1. Background

- 1.1. The Public Sector Bodies (Website and Mobile Applications) (No. 2) Accessibility Regulations 2018 came into force on 23 September 2018. Guidance on understanding accessibility requirements for public sector bodies can be found [here](#). It aims to ensure public sector websites and mobile applications are accessible to all users, especially those with disabilities.
- 1.2. Websites and their design, code and content required to be reviewed and amended where necessary to meet the accessibility guidelines with a statement of accessibility to be added to sites by September 2020. The statement clarifies the level of accessibility across the site or application and will enable users to contact the website owner if they identify any accessibility issues or barriers.
- 1.3. Accessibility requirements for mobile applications apply in the same way, however, the deadline for meeting them is 23 June 2021.

2. Website for Clackmannanshire and Stirling HSCP

- 2.1. The website for Clackmannanshire and Stirling HSCP is hosted on the main NHS Forth Valley platform for their website and managed together in a single system.
- 2.2. Confirmation has been received from the NHS Forth Valley Webmaster that all their public sites are compliant. As such a link to the NHS Forth Valley Statement of Accessibility is available on the Clackmannanshire and Stirling HSCP webpage and confirms conformance status and the ability to provide relevant feedback on the accessibility of the websites.
- 2.3. Compliance will also be monitored and enforced by the Government Digital Service (GDS) on behalf of the Minister for the Cabinet Officer, with a sample of public sector websites to be reviewed annually.

3. Conclusion

- 3.1. The requirements of the Public Sector Bodies (Website and Mobile Applications) (No. 2) Accessibility Regulations 2018 are in place with appropriate the Accessibility Statement to confirm. The Integration Joint Board is asked to:
 - Note the Public Sector Bodies (Website and Mobile Applications) (No. 2) Accessibility Regulations 2018 statutory requirements on the Integration Joint board and impact for the HSCP website
 - Note the link on the Clackmannanshire and Stirling HSCP website to the NHS Forth Valley Accessibility Statement as required to ensure all our citizens can access our website.

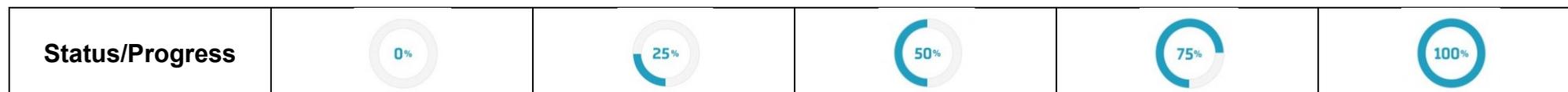
4. Appendices

None

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>

Infrastructure	X
Implications	
Finance:	This report does not have an effect on finance
Other Resources:	This report does not have an effect on other resources
Legal:	N/A
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report does not require Fairer Duty Scotland Assessment</p>

Agenda Item 15.2 - Integration Joint Board Action Log



The action log documents actions not covered by IJB report recommendations. Once completed actions are noted at the Board meeting they will be removed and outstanding actions will be rolled forward to the next meeting.

Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
27 November 2019	7.1 Financial Report	Regarding care/NH capacity, Stirling Council to report on position to next meeting.	PS to contact Judy Stein	January 2020	Report on current position. Information in weekly Delayed Discharge report. Care home vacancies as of 5 March 2020, Clacks = 13 and Stirling = 18	Not started
27 November 2019	8.1 Performance Report	Presentation of report to be made more user friendly.	Carol Johnson / Lesley Fulford	January 2021	Format and content of Performance Report being reviewed as part of the Board Effectiveness and Governance Review.	In progress

Agenda Item 15.2 - Integration Joint Board Action Log



Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
31 March 2020	8.2 2020 / 2021 REVENUE BUDGET & MEDIUM TERM FINANCIAL PLAN	Ewan Murray and Annemargaret Black discuss the Boards concerns further with Stirling Council and report back to the Board.	Annemargaret Black / Ewan Murray	September 2020		Not started 
17 June 2020	7.2 Mobilisation Plan	Paper come forward in the future to capture the good work & practices that have emerged from the pandemic.	Carolyn Wylie	TBC		Not started 
17 June 2020	10.1 Integration Scheme	Integration Scheme review Board development session	Lesley Fulford Lindsay Thomson	April 2021 June 2021		In progress 
23 September 2020	4.3 Standing Orders	This paper is to be brought to the November meeting of the Board, to allow for consideration of recording of virtual meetings.	Lesley Fulford	November 2020		Not started 



Draft Minute of the Clackmannanshire & Stirling IJB Audit and Risk Committee
held on **Wednesday 24 June 2020 at 2.00pm**
via Microsoft Teams

Present:

Voting Members Allan Rennie (AR), Non-Executive Board Member, NHS Forth Valley (Chair)
Councillor Graham Houston, Stirling Council
Councillor Martha Benny, Clackmannanshire Council

Non-Voting Members Natalie Masterson (NM), Third Sector Representative for Stirling

In Attendance:

Annemargaret Black, Chief Officer, HSCP
Ewan Murray (EM), Chief Finance Officer, HSCP
John Cornett (JC), Audit Director, Audit Scotland
Andrew Wallace (AW), Senior Auditor, Audit Scotland
Tony Gaskin, Chief Internal Auditor
Sonia Kavanagh, Business Manager (Minutes)

The Chair welcomed everyone to the meeting which was taking place via Microsoft Teams due to Covid-19.

1. APOLOGIES

Apologies for absence were intimated on behalf of Mr Gordon Johnston, Forth Valley NHS Non Executive Board member and Morag Mason, Service User Representative for Stirling.

2. DECLARATION(S) OF INTEREST

There were no declarations of interest noted.

3. MATTERS ARISING/URGENT BUSINESS BROUGHT FORWARD BY CHAIR

3.1 Extension of External Auditor Appointment to Clackmannanshire and Stirling IJB

The Audit and Risk Committee:

- Noted the extension for the External Auditor to the Clackmannanshire and Stirling IJB
- Noted the Code of the Audit Practice was due to be finalised in early 2021

3.2 Annual Accounts and External Auditors Timetable

Mr Cornett provided a brief update on Audit Scotland's current position and the resulting proposed revised accounts and audit timescales for the 2019/20 financial statement in light of the current COVID-19 emergency.

Following the Scottish Government interpretation of provisions within the Coronavirus (Scotland) Act 2020 the administrative deadlines for local government accounts had been extended by 2 months.

Therefore the IJB was required to prepare its unaudited 2019/20 accounts by the end of August 2020 and submit audited accounts by 30 November.

Mr Murray noted the continuing discussions with Audit Scotland to ensure the revised timescales were met and advised that if any significant challenges arose these would be raised with the Chair as appropriate. The Audit and Risk Committee discussed the impact of these changes and due to the timescales involved the potential need for an extraordinary meeting.

The Audit and Risk Committee:

- Noted the updated timescales provided.
- Agreed to hold an extraordinary meeting to consider the annual accounts if required, prior to formal approval by the IJB.

4. MINUTE OF MEETING HELD ON 24 MARCH 2020

The minute of the meeting held on 24 March 2020 was approved as a correct record subject to a few minor spelling mistakes.

Although usual protocol was for Items 5 and 6 to be considered prior to the Annual Accounts to provide assurance of process, the Audit and Risk Committee agreed to take Item 8 at this point in the agenda, following Mr Gaskin's confirmation that no concerns had been highlighted.

8. 2019/20 Draft Integration Joint Board Annual Accounts

The Audit and Risk Committee considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The annual accounts, prepared in line with current accounting regulations and guidance, provided comprehensive details of the IJB's financial position for 2019/20. Mr Murray noted that due to COVID-19 and the availability of information it had not been possible to include an overview of performance. This would also mean the Annual Performance report would be prepared and approved by the IJB on a delayed timescale.

Mr Murray drew attention to challenging financial position set out within the accounts and the additional contributions agreed by the constituent authorities.

The lack of available performance information was discussed and Mr Murray advised that an update on the situation would be provided to the Finance and Performance Committee in August.

The Audit and Risk Committee:

- Considered the 2019/20 Draft IJB Annual Accounts and approved them for issue.

5. ANNUAL GOVERNANCE SELF ASSESSMENT CHECKLIST 2019/20

The Audit and Risk Committee considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The annual self assessment of governance provided the opportunity to analyse and improve the quality and effectiveness of governance. Mr Murray noted a number of areas which required further work including the review of the Integration Scheme and the consolidation of various action plans to ensure actions raised through the Ministerial Strategic Group (MSG) and audits were clear and easily monitored for completion through one improvement plan.

The Audit and Risk Committee discussed the challenges faced and complex legislative environment. While the spirit of the legislation was acknowledged, to work collaboratively and ensure the necessary outcomes for people were met, there was a need to develop and enhance the governance arrangements/approaches further across the partnership. It was noted that further development sessions were also being planned to underpin and strengthen the role of IJB members and ensure they were able to continue to perform the strategic oversight required.

In response to a question from Councillor Benny regarding whether the Standing Orders and Scheme of Delegation supported the governance framework, Mr Murray advised that further review of the Scheme of Delegation was required to ensure it was fit for purpose and set out clearly and effectively the responsibilities and accountabilities involved.

The Audit and Risk Committee:

- Noted the Annual Governance Self Assessment Checklist 2019/20.

6. ANNUAL INTERNAL AUDIT REPORT 2019/20

The Audit and Risk Committee considered the paper presented by Mr Tony Gaskin, Chief Internal Auditor.

Mr Gaskin outlined some of the key area for improvement from the 2019/20 IJB Internal Audit Plan. This included the MSG Improvement Plan, as previously highlighted, and the need to utilise the dedicated resource now in place with the recent Heads of Service appointments to drive the progress of actions from this and the recommendations from both external and internal audits. Progress would need to be monitored in light of COVID, to ensure these actions were effective and continued to contribute to the priorities of the Strategic Plan and the transformational change required.

It was noted that work in relation to Risk Management arrangements and Clinical Care Governance continued to ensure appropriate assurances were provided and received across the partnership.

Mr Murray highlighted that due to the current situation with COVID and timing of the report it had not been possible to provide the management response, however he confirmed preliminary consideration had been undertaken. The enormous pressure on all staff was recognised and while an update report would be presented to the next meeting, the Chair would be kept informed of progress in the interim.

The Audit and Risk Committee:

- Noted Annual Internal Audit Report 2019/20

7. STRATEGIC RISK REGISTER

The Audit and Risk Committee considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The Strategic Risk Register continued to be reviewed by the Senior Leadership Team along with Clinical Leads and updated as necessary. Mr Murray advised that although COVID had been included in the Strategic Risk Register, considered at the March meeting, the full extent of its affect was still to be realised.

The Audit and Risk Committee:

- Reviewed and approved the Strategic Risk Register

8. DATES OF FUTURE MEETINGS

- 16 September 2020 2pm – 4pm
- 9 December 2020 2pm – 4pm
- 10 February 2020 2pm – 4pm

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 15.5e1

Minute of the Clinical and Governance Group Meeting held on 12 June 2020

For Approval

Approved for Submission by	
Author	
Date	
List of Background Papers / Appendices	

Minute of the Clinical and Care Governance Group meeting held on Friday 12 June 2020, at 2.30pm, via Microsoft Teams

Present: Scott Williams, Deputy Medical Director (Chair)
Carolyn Wyllie, Head of Community Health and Care
Marie Valente, Chief Social Worker, Stirling Council
Fiona Duncan, Chief Social Worker, Clackmannanshire Council
Bob Barr, Locality Manager
Judy Stein, Locality Manager
Caroline Robertson, Locality Manager
Jim Robb, Service Manager
Diane Sharp, Clinical Nurse Manager
Olwyn Lamont, Clinical Governance Manager, NHS FV (on behalf of Lynda Bennie)

In Attendance: Sonia Kavanagh, Business Manager

1. WELCOME AND APOLOGIES FOR ABSENCE

Dr Scott Williams welcomed everyone and introductions were made.

Apologies for absence were noted on behalf of Lorraine Robertson, Shiona Hogg, Graeme Hendry and Lynda Bennie.

2. DECLARATIONS OF INTEREST

There no declarations of interest.

3. MINUTE OF THE CLINICAL AND CARE GOVERNANCE COVID-19 MEETING HELD ON 24 APRIL 2020

The Clinical and Care Governance Group:

- Approved the draft minute as a correct record, subject to the removal of the last action for Ms Duncan.

4. MATTERS ARISING FROM THE MINUTE/ACTION LOG

There were no matters arising.

5. TERMS OF REFERENCE/ MEMBERSHIP

The Clinical and Care Governance Group considered the paper led by Carolyn Wyllie, Head of Community Health and Social Care.

Membership was discussed in detail and the need to clarify and confirm the proposed members to ensure appropriate representation.

Action: Carolyn Wyllie

The remit and responsibility was to provide oversight of services' methods and processes and ensure good practice was shared across the partnership. Although meetings would be held every 2 months initially, once the assurance process was strengthened and solidified it was anticipated that meetings could then move to quarterly. The Clinical and Care Governance also discussed the importance of a summary paper when the minute was presented to the IJB, to highlight particular areas and good practice/concern.

Dr Scott Williams highlighted a recent meeting regarding Clinical Care and Governance for HSCPs held in Glasgow and whether the output and any resulting conclusions would impact the role of the Group. The output would be shared with the Group.

Action: Marie Valente

The Clinical and Care Governance Group:

- **Agreed the Terms of Reference would be updated and endorsed prior to being presented to the IJB meeting in September 2020 for formal approval.**
- **Agreed the approved minute would be supported by a summary paper and presented by the Chair when submitted to the IJB to provide further assurance**
- **Agreed an Annual Report should be submitted to the IJB to demonstrate the Group's effectiveness and the assurance provided.**

6. SERVICE PERFORMANCE AND ASSURANCE

The Clinical and Care Governance Group considered the service summary reports provided by Carolyn Wyllie, Head of Community Health and Social Care.

Carolyn Wyllie advised that the considerable number of reports under this agenda item highlighted the detail and range of information now collated by all service Team Leaders monthly. Locality/Service Managers would then use this information to submit an exception summary report every 2 months. This template would be circulated to members and a meeting would be arranged for late July to consider the format and confirm it met the needs of the Clinical and Care Governance Group.

Action: Carolyn Wyllie

In response to Marie Valente's query regarding the red and amber RAG status noted in the Mental Health report, Jim Robb provided a brief update on the main issues and how these differed between Clackmannanshire and Stirling. These included reasons for staff absence and the opportunities available to improve team capacity and stability. Judy Stein highlighted the fantastic and

ongoing work of all teams during the COVID pandemic, who had worked together to deal with the demands and challenges faced.

Carolyn Wyllie highlighted that to ensure appropriate 'grip and control' regarding the pooled budget, monthly Finance meetings, Chaired by the Chief Finance Officer were being introduced. This would include Locality/Service Managers and Finance colleagues from NHS Forth Valley, Clackmannanshire Council and Stirling Council.

The Clinical and Care Governance Group also discussed the need for appropriate system reports from across the partnership to ensure data was accurate and up to date. It was noted that ongoing discussions were taking place between both Clackmannanshire and Stirling Councils regarding the procurement process for a suitable system.

The importance of building relationships across wider partners including police when involved with Initial Referral Discussions (IRDs) and case conferences was noted and the opportunity to ensure processes were fit for purpose, adhered to and provided appropriate oversight.

The Clinical and Care Governance Group

- **Agreed a specific meeting would be set up to consider the Exception Summary report template**
- **Noted the scope of information collated in Team Leader reports to provide assurance on performance and highlight any particular areas of challenge/ concern.**

13 DATE OF NEXT MEETING

Date to be arranged for end of July 2020

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 15.5e2

Minute of the Clinical and Governance Group Meeting held on 24 July 2020

For Approval

Approved for Submission by	Dr Scott Williams
Author	Sonia Kavanagh
Date	

List of Background Papers / Appendices

Minute of the Clinical and Care Governance Group meeting held on Friday 24 July 2020, at 2.30pm, via Microsoft Teams

Present: Scott Williams, Deputy Medical Director (Chair)
Carolyn Wyllie, Head of Community Health and Care
Wendy Forrest, Head of Strategic Planning and Health Improvement
Marie Valente, Chief Social Worker Officer, Stirling Council
Fiona Duncan, Chief Social Worker Officer, Clackmannanshire Council
Judy Stein, Locality Manager
Caroline Robertson, Locality Manager
Linda Melville, Service Manager
Diane Sharp, Clinical Nurse Manager
Graeme Hendry, ASP Coordinator

In Attendance: Sonia Kavanagh, Business Manager

1. WELCOME AND APOLOGIES FOR ABSENCE

Dr Scott Williams welcomed everyone to the meeting.

Apologies for absence were noted on behalf of Bob Barr, Jim Robb, Lorraine Robertson, and Shiona Hogg.

2. DECLARATIONS OF INTEREST

There no declarations of interest.

3. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 12 JUNE 2020

The Clinical and Care Governance Group:

- Approved the draft minute as a correct record.

4. MATTERS ARISING FROM THE MINUTE/ACTION LOG

The National Clinical and Care Governance workshops were discussed and the benefits of any feedback/outcomes to inform the remit of the Clinical and Care Governance Group and ensure it not only met its responsibilities but also received/provided the necessary assurances. One of the facilitators from the workshops would be contacted to establish if feedback had been collated to provide a consistent assurance approach.

5. TERMS OF REFERENCE

The Clinical and Care Governance Group considered the paper led by Carolyn Wyllie, Head of Community Health and Social Care.

As agreed at the previous meeting, Carolyn Wyllie had updated the Terms of Reference. Once these were formally approved by the IJB they would continue to be reviewed on a regular basis to ensure that as the group evolved the Terms of Reference fully reflected the role and remit of the group.

Some minor points were raised including headings to provide further clarity, possible additional members and whether Scott Williams would remain as Chair if no longer a member of the IJB. These would be considered and the Terms of Reference amended as necessary.

The Clinical and Care Governance Group:

- **Noted that once further discussions took place the Terms of Reference would be updated and circulated for virtual approval prior to formal approval at the IJB meeting in September 2020**

6. CLINICAL AND CARE GOVERNANCE REPORTS

The Clinical and Care Governance Group considered the Clinical and Care Governance report templates provided by Carolyn Wyllie, Head of Community Health and Social Care.

Carolyn Wyllie outlined the format of the report template and the consistent approach to provide the relevant, oversight and assurance regarding the quality of service performance and delivery. She noted that similar reports would also be developed for the Community Nursing and Older People Mental Health Teams although the format and content may differ slightly to reflect the work and nature of the teams.

Caroline Robertson presented the report on Adult Social Care performance for the Clackmannanshire Locality areas. This included the impact of COVID-19, actions to mitigate the risks involved and the work to establish a baseline for where the service was now and identify the areas to build and focus on. While the challenges were recognised she highlighted and acknowledged the good work which had already taken place and the need to capture this.

Judy Stein provided a summary of the key areas from Hospital and Reablement Services. The challenges in Bellfield were noted and the need for a comprehensive financial report providing appropriate information from NHS Forth Valley and both councils to fully understand the budgetary impact. Monthly finance meetings had now been set up to provide scrutiny and ensure appropriate focus and action to address. A similar comprehensive joint HR report was also necessary to monitor and assess levels of and reasons for absence.

A similar update on Community Nursing was provided by Diane Sharp, noting in particular the impact due to a lack of IT equipment for remote working. Scott

Williams highlighted that a report was due to be considered by the Primary Care IT Programme Board in August regarding this issue and the Community Nursing concerns/issues could also be included.

While it was agreed that the format and content of the reports provided the necessary oversight and assurance required, the structure of the meetings were discussed and how to ensure sufficient scrutiny of concerns and risks. Various suggestions were made including tracking areas ragged as red to show the actions taken to mitigate/address them and the resulting improvements. These would be considered and the agenda updated to reflect.

A report on Adult Support and Protection (ASP) had not been submitted and Carolyn Wyllie highlighted the current review of ASP controls and processes across Forth Valley and the opportunities to improve on.

The Clinical and Care Governance Group

- **Approved the format of the templates which provided the necessary assurances and oversight.**

13 PROPOSED DATES

The Clinical and Care Governance Group

- **Approved the proposed dates, noting that meetings would eventually move to quarterly once confident the appropriate controls and assurances were in place.**

Clackmannanshire & Stirling Integration Joint Board

25 November 2020

Agenda Item 4.2

CTSI Annual Review and Strategic Plan 2020-2023 & TSI Scotland Network Manifesto for Change

For Noting

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Anthea Coulter
Author	Anthea Coulter
Exempt Report	No

Directions	
No Direction Required	<input checked="" type="checkbox"/>
Clackmannanshire Council	<input type="checkbox"/>
Stirling Council	<input type="checkbox"/>
NHS Forth Valley	<input type="checkbox"/>

Purpose of Report:	To provide an update on the performance of CTSI over the last year and an outline of the strategic goals set out by its third sector members for 2020-2023, and provide a wider context of the TSI Scotland Network's learning from Covid-19 through its Manifesto for Change.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the work of CTSI and the third sector. 2) Note the Strategic Plan and its goals developed by CTSI's third sector members. 3) Note the TSI Scotland Network's Manifesto for Change.
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1. Background

- 1.1. During 2019 and the early part of 2020, CTSI engaged with its members on their key priorities for the future. Reflecting on the wider backdrop of NPF and the TSI Scotland Network Outcomes Framework, a new set of strategic goals form the basis of CTSI's next three years' work.
- 1.2. In addition, the TSI Scotland Network has seen particular issues emerge across Scotland through Covid-19 and is calling for Scottish Government to make changes and invest in new ways, outlined in its first Manifesto for Change.

2. CTSI Strategic Goals 2020-2023 & TSI Scotland Network Manifesto for Change

- 2.1. The Board is asked to note the new strategic goals that the membership of third sector organisations in Clackmannanshire have agreed are their priorities to deliver on over the next three years. These take account of a range of local strategic plans including the CSHSCP Strategic Plan. The goals are:
 - Community wealth-building for Clackmannanshire
 - Volunteering is critical to improving our society, environment and lives
 - Create caring, connected Clackmannanshire
 - Collectively bring strong voice to the sector
 - Building resilience

- 2.2. The TSI Scotland Network has drawn its experiences together from across Scotland through the Covid-19 pandemic and a significant survey carried out by them across the third sector. The Manifesto for Change sets out five areas for improvement which focus around: place, community, connection, volunteering and fair work.

3. Conclusions

- 3.1. CTSI aims to work closely with key partners including CSHSCP to achieve its strategic goals and meet shared local outcomes. It asks that the third sector is recognised by the Board across the region for its critical role in meeting local needs within communities and communities of interest and that the innovative approaches and increased investment it continues to attract demonstrates it is thriving and prepared for the future.

4. Appendices

App 1 – CTSI Annual Review 2019-2020

App 2 – TSI Scotland Network Manifesto for Change

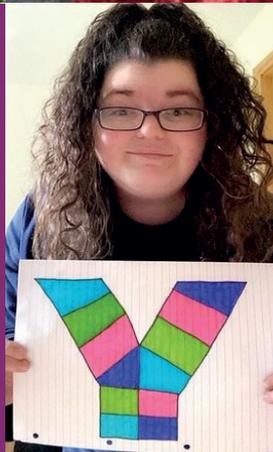
Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report does not require a EQIA

<p>Data Protection:</p>	<p>The content of this report <u>does not</u> require a DPIA</p>
<p>Fairer Duty Scotland</p>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does / does not</u> require a Fairer Duty assessment.</p>

Annual Review 2019-2020



- Third Sector Overview
- Strategic Plan 2020-2023
- Covid-19 & Third Sector Role
- Performance Report
- Case Studies



Third Sector Overview

Over the last year, the third sector in Clackmannanshire has continued to develop, build capacity and deliver high-quality professional services and meet communities' needs. This came to be tested in an unprecedented way from March onwards when the global Covid-19 pandemic threw local residents lives, businesses and communities into turmoil.

Vision:

Clackmannanshire has a vibrant and successful third sector that will help build wealth and health within communities through greater collaboration and partnership across sectors.

Mission:

Clackmannanshire Third Sector Interface will enable our members to help improve people's lives through thoughtful integrated service delivery and outcomes; a confident skilled workforce and voluntary management, and empowered places with increased active participation in our communities.

The local third sector and volunteers demonstrated their resourcefulness and ability to be quick-footed, collaborative and compassionate to meet the crisis head-on.

Pop-up food banks, new volunteers, and neighbourhood responses were in place within days, ready to help and protect the most vulnerable in our communities, and CTSI working with our partners in the statutory sector, collated and helped ensure all calls for support were met. CTSI played a leading role in supporting the work of the sector but without such incredible third sector organisations and leaders in place, it would not have been possible. We recommend and thank them for the part they played.

Now as we move forward, CTSI can confirm that the sector remains ready and committed to meet changing and challenging times ahead. The diversification of services and significant funding that has been brought into the county by our members is helping them to continue to support vulnerable people with health and financial issues as well as re-open and bring new types of service delivery forward.

Public recognition of the work of local groups and the third sector has grown and we believe that through a wider national lens, the protection of its work and funding for the future will be ensured.

We are delighted that the TSI Scotland Network has played a significant role working with Scottish Government and leading funders in meeting the needs of communities and people across Scotland. The Network's *Manifesto for Change* will be a critical document in shaping and creating policies to achieve a fairer future for Scotland.

This has also helped shape our new local Strategic Plan which we outline in this publication, led and produced by our members, and we look forward to setting out to achieve together its outcomes over the next three years.

Best regards

Nick Morris, Chair

Anthea Coulter, Chief Officer & Business Manager

Creating a Fairer Future for Clackmannanshire

CTSI Strategic Plan 2020-2023

After three years of development and investment work, it was the right time for CTSI to assess its strategic direction and the role that our members and partners need and expect from us, to meet our shared aspirations for the future.



Over the period, we have seen the number of charities, community anchor organisations, voluntary groups and social enterprises grow, as well as the number of volunteers and youth volunteers. We have met the needs of the sector by investing in dedicated new staff roles, in new premises and a range of supports. The third sector in Clackmannanshire is thriving - forward-thinking, innovative and collaborative.

We spent the earlier part of 2020 talking to our members in-depth; looking at the shared agendas they have and discussing their visions for their own organisations and communities. Through this process, we have revised our framework of new local outcomes aligning concurrently with the national TSI Outcomes Framework and Local Outcome Improvement Plan.

All of this we hope to see continue, but we also felt that it was important to reflect on our work through a wider lens including meeting the UN Sustainable Development Goals and the Scottish National Performance Framework (NPF).

This would include meeting national policy outcomes and ambitions

around reducing poverty, health inequalities and carbon emissions. But it also reflects on how our members want to play a greater role within community planning and alongside supporting our health and social care colleagues, capturing and meeting the ambitions underway of public service reform and local governance review.

In addition, reflections from the recent pandemic have seen the value of community responses being critical - and there is a call for national investment to continue to support community-led anchor organisations and third sector organisations in activity on the ground to 'build back better'.

Noted references:

Community Empowerment Act, Social Enterprise Scotland Strategy, Volunteering for All and No One Left Behind as well as Clackmannanshire Council - Be the Future, Clackmannanshire Health and Social Care Partnership Strategic Plan and Stirling and Clackmannanshire City Deal.



Strategic goals

- Community wealth-building for Clackmannanshire
- Volunteering is critical to improving our society, environment and lives
- Create caring, connected Clackmannanshire
- Collectively bring strong voice to the sector
- Building resilience

Caring Clackmannanshire through Covid – Our Sector Response



CTSI help support a new Food & Financial Support Network, working with Clackmannanshire Council to meet the needs of local people.



Over 700 volunteers signed up to CTSI or to local third sector organisations to help – volunteers became critical in supporting people on the shielding list and isolated at home.



CTSI established a new Techshare scheme to provide donated re-conditioned digital devices and partnered with the Council to provide Connecting Scotland devices to local people.



CTSI's Community Care Guide was used by many statutory groups and the Council's Contact Centre as a point of reference for referrals.



CTSI worked closely with Clackmannanshire Health and Social Care Partnership senior management team in responding to need and together formed a Clacks Aid delivery plan with the Council.

Across Scotland lives and communities have been forever affected by Covid-19 and Clackmannanshire has shared its brunt of that. Despite the ever-shifting complex nature of the pandemic, from the outset, the third sector responded in the most compassionate way – with organisations taking on new roles, delivering adapted services and taking on volunteers in their hundreds. We have been overwhelmed by the response and care that has been shown and hope that this will continue into the future.



New partnerships sprung up to provide aid including pop-up community larders, online social activities and care boxes to support wellbeing and home-schooling.



Over £1million of funding was received by third sector organisations via a range of grants, funnelled partly through CTSI to help communities.



Comprehensive range of recovery support provided including help with assessing risk, PPE and safe opening toolkit as well as distributing a small grants programme to ensure groups opened safely.



CTSI is part of the new Clackmannanshire Business Support Partnership which provided critical information weekly to businesses and third sector employers across the county through the height of the pandemic and continues to meet to plan for recovery.



CTSI worked with local communities and Scotland's Town Partnership to produce 'Welcome Back' and 'Shop Safely' banners and has helped fund two promotional videos to encourage people to visit Clackmannanshire.



TSI Scotland Network carried out a survey of third sector organisations. Over one third of local groups in Clackmannanshire submitted responses.



Case Studies through Covid



Volunteering

Littlejohn family – A Family Affair

When lockdown was introduced, many of us struggled with it, and found the whole family being under the same roof 24 hours a day, every day stressful. However, the Littlejohn family of Tillicoultry made the most of this extra family time – even making their volunteering a family affair!

The family used lockdown as their chance to get more involved in their community; assisting with their local Community Council and Tilly Tearoom project to deliver soup and

engage with other local delivery volunteers.

When asked about their efforts the family said: “We are happy to volunteer as a family to deliver delicious soup and cake to some of the elderly and vulnerable. It is nice to have a chat and check everyone is doing okay in the current Coronavirus pandemic. We have all been affected by it in some way and it is lovely to give something back to the community where we have lived for most, if not all of our lives.”

Partnership meeting need Stay Connected

With funding from the Scottish Government Wellbeing Fund, elderly local people who were shielding or self isolating, including those referred by the local GP surgery, have been kept active and involved through the Dollar Community Development Trust (DCDT) ‘Stay Connected’ programme. This ensures that people can access a range of services normally delivered at The Hive (the former CAP in Dollar now operated by the charity, DCDT). This includes yoga, pilates, book deliveries, group activities and a ‘Lunch Club at Home’ provided by a local social enterprise, The Playpen Cafe twice a week. The lunches were also provided in Muckhart and Tillicoultry and rural parts of Perth and Kinross also.

Technology support was also provided, with devices and training given for people to connect to activities online offering huge opportunities for the future. Around 150 lunches a week are being prepared, in partnership with Dollar Academy who offered their catering kitchen for this community project. Volunteers are involved in cooking and delivering food and also buddying local people to ensure health, contact, activity and nutrition is maintained.



Techshare

When Clackmannanshire Works client, Cindy found herself unable to continue with her online studies and job searching because her home computer equipment had stopped working, her key worker turned to CTSI's innovative Techshare scheme for help. Cindy was provided with a refurbished 23" HP Touch, and as a result has been able to continue her childcare course, keep in touch with her keyworker and job search.

Funded by Corra and National Lottery Supporting Communities grants, the Techshare Scheme started through the pandemic to help compensate for the closed libraries and community centres and took donated items and wiped them back to factory settings and gave them out to people in need. In addition, CTSI worked with the Council to receive Connecting Scotland devices including iPads and Chromebooks. In total 45 devices have been given out with help, training and ongoing support provided.

Community Response Menstrie Community Council

Since the beginning of April 2020, volunteers from Menstrie Community Council responded to Covid and to those most in need. They worked in partnership with Scotmid, Morrisons in Stirling, Holm Chemists and CTSI to offer soup bags, shopping support, prescription collections, and by dropping leaflets through doors with community helpline and support details. The volunteers were on call to respond to any need. Menstrie has an active well-attended lunch club for elderly, but due to shielding the Community Council did not want the members missing out in celebrating VE DAY so they delivered 130 afternoon tea packages over two days. The volunteer team were delivering 160 food parcels a week and just over 3000 parcels have been delivered to the elderly and vulnerable



throughout the village. Due to their fantastic response they were nominated and recognised at the CTSI Wee County, Big Heroes Third Sector Awards, the Central FM

Covid Community Awards. Recently Chair of the Community Council, Dave Sharp was awarded British Empire Medal (BEM) for his work in supporting the whole community.

Performance report 2019-2020



Regional collaboration by the Forth Valley TSIs led to a consultation for OSCR and Scottish Parliament Outreach team for the Equalities and Human Rights Committee as well as planning for Third Sector Conference and successful continuation of Forth Valley Social Enterprise Network.



New Digital Communications Officer provided development of our social media platforms to communicate better to the sector and provided training to groups in using social media.



22 new start social entrepreneurs and social enterprises bringing the number to over 60 members with 54 actively based and trading in Clackmannanshire currently. This represents 4.8% of the registered business community in Clackmannanshire with an aim over the next five years to increase this number to 8%.



New five-year Social Enterprise Strategy produced with partners and launched through the Festival of Social Enterprise in September 2019 with the #BuytheGoodStuff map and branding used in conjunction with Edinburgh SEN to promote social enterprises in Clackmannanshire and across Forth Valley.



Clacks Connect and Funders' Fayre event attended by 70 people with 18 stall holders taking part.



New Communities Development Officer started to support the new organisations formed to take over the former Community Access Points including Tullibody Development Trust, Dollar Community Development Trust, Menstrie Local Action Group, Alva Development Trust and Clackmannan Town Hall Trust. Other community groups also now supported are Wimpy Park Community Group and Coalsnaughton Hall.



422 new volunteer registrations with 2 organisations receiving the Queen's Award for Volunteering- Breathe Easy Clackmannanshire and Forth Valley Welcome.

The pandemic hit at the end of March 2020 just as we concluded a three year period where the charity had focused on key strategic themes: participation, empowerment, enterprise and co-production. Although it is hard to remember back to a time where Covid-19 wasn't the main focus of our thoughts, it is important to highlight the huge strides that have been taken to strengthen our communities and increase voluntary participation. This includes seeing the further development of the new community-led anchor organisations, social enterprises and continued increase in the number of people taking part in volunteering, especially young people. Here are just some of the key outcomes achieved:

CTSI Clackmannanshire Community Benefits Needed Feb 2020

CTSI has been working hard with community groups, charities, voluntary and other third sector organisations based in communities across Clackmannanshire to identify benefit which could be delivered to local people through the use of community benefit clauses in public sector contracts.

Below is a list of things that local groups and communities need which bidding companies can use to help them develop a community benefit offer for their bids.

If you would like any assistance or have any queries about using this list please contact Sara on 07779 111176.

Organisation	What they do and who they support	What they need help with
All Cleaned Up (Apex Scotland)	Commercial cleaning company working towards Supported Business accreditation. Delivers services through employment of people from disadvantaged backgrounds, primarily criminal convictions. Also offers training and work experience opportunities.	Give us the opportunity to bid on short term and long term cleaning projects and consider contracting your cleaning needs to us.
Alloa Community Enterprises	Alloa Community Enterprises is a registered charity, diverting of pre loved furniture from landfill by re	Replacement vehicle for uplifts and deliveries

First iteration of a new Community Benefits Wish List developed in partnership with Clackmannanshire Council and experts, Samtaler to improve the circular economy and use of community benefit clauses in procurement.



New Volunteering Clackmannanshire facebook page launched in January 2020 to help promote wide range of volunteer roles.



CTSI has formed five new volunteer stitching groups to start the production of the new Clackmannanshire Tapestries designed to be part of the Great Tapestry of Scotland.



Youth volunteer numbers continue to grow overall with 101% increase in Saltire Award registrations. Youth Volunteering program in conjunction with Education CLD successfully helped another five young people gain SQA in Volunteering.



Leading campaign work in partnership with community planning partners on 16 Days of Action, Challenge Poverty Week and Knowing Clackmannanshire.



Digital Champions have helped 110 people in the last year in Alloa, Alva, Sauchie and Tullibody. 6 Volunteer Champions delivered these sessions with 5 assisting these sessions with 5 assisting the IT & Employability Officer. 72 people have been supported with IT training through the Fair Start contract.

Case Studies

Co-production

Co-producing campaigns: 16 Days of Action, Challenge Poverty Week & Knowing Clackmannanshire

CTSI has taken a leading coordinating role over the last year, in conjunction with community planning partners on national and local campaigns – to improve awareness of the range of local services delivered by sector organisations. Last October, CTSI helped launch the first Challenge Poverty Week for the County and repeated that in October 2020; this was followed by 16 Days of Action in November 2019 which involved over 30 agencies and partners holding events which highlighted the new Domestic Abuse Act, the NHS Meadows facility and other local initiatives to tackle gender-based violence. In January 2020, the first Knowing Clackmannanshire event was held, supported



by Community Justice Partnership where statutory workforce learnt more about community and third sector services around the county.

Empowerment & Enterprise

Wimpy Park Community Group

Wimpy Park Community Group was formed in March 2017 with the aim to bring back to life the valuable unused community asset, the Walled Garden in the Pinegrove area.

The group formed as a SCIO and have been committed, well organised and worked hard to engage with the community to provide a range of events and activities that have attracted strong community attendance including RSPB Big Bird Watch, Zombie walk, Fun Days, Easter Egg Hunts and Christmas parties. They have made significant improvements to the garden also including new paths, putting course, vegetable beds, orchard and bedded areas, and held a number of community consultation events.

Now they are in the final stages of taking over the lease and the group has been given some technical and legal support and advice from Sencot Legal and the Community Ownership Support Service (part of DTAS), as well as local support from CTSI.

The group has big plans once the lease has been signed to enhance the site amenities and these include improved on-site facilities for volunteers with the provision of portable office and storage space, portable toilets, 2 small sided football pitches, volleyball court, tennis court and improved play area. Progress has been delayed somewhat with the impact of Covid 19 but the group rallied round to provide valuable community support during this time to vulnerable people and this was recognised at the recent CTSI Awards with Scott Mitchell winning the Sandy's Choice Award and the group being runners up in the Outstanding Team of the Year Award.



Participation Summit Awards

The Saltire Awards are a national recognition scheme for young volunteers aged 12 to 25. CTSI promote and administer these awards for local organisations and young people living in Clackmannanshire. The Summit Award recognises the highest achievements by young people and typically is aimed towards volunteers who have achieved at least 200 volunteering hours. At CTSI we believe that a young person's achievements can't be measured in hours, so we focus on volunteers who have made a fantastic contribution to volunteering at any level.

2020 was the first year that CTSI has ever given out the Summit Awards and there were nine awardees – it was fantastic to see the great lengths these young people went to to contribute to our community. The nominees were from a wide range of organisations in Clackmannanshire, including café assistants and helpers at Clax1400 Community Café, Connect Alloa, The Scottish Youth Parliament sitting, an archive and records volunteer within the Speirs Centre, IT/sound/lighting volunteer for school shows and concerts at Lornshill Academy, and a youth volunteer at Play Alloa who is now working towards their qualification in Childcare.

One of this year's Youth Summit Award recipients was Russell, who has been volunteering with Braveheart Association. During his time at Braveheart he has progressed tremendously gaining both his Walk Leader Achievement and First Aid Certificate and described in glowing terms - 'He is kind, he is caring and friendly towards all our walkers and volunteers.'



Community Health Sporty Seniors at the Hive: Dollar Community Development Trust and Active Clacks

Dollar Community Development Trust (DCDT) is a volunteer-led charity aimed at making Dollar a better place to live, work, study and visit and provides services to support Dollar's community, such as the Library and the volunteer driver service. DCDT also runs the town's community centre – The Hive (formally the Civic Centre).

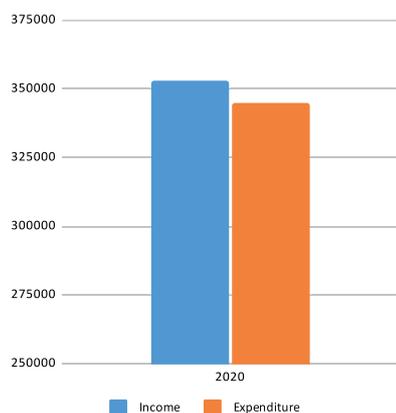
One of the most popular activities at the Hive is the Sporty Seniors are run by Active Clacks. Sporty Seniors is a class involving gentle exercises to help improve strength, balance and overall health and wellbeing. It runs weekly on



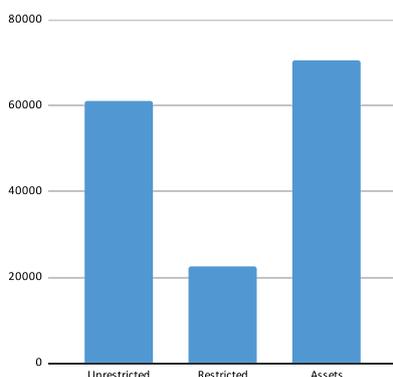
Tuesday mornings, costs £2.60 and includes tea/ coffee and a chance to socialise. There are 20 regular participants and 41 people on the register. The youngest is 61 and the oldest is 96 years of age and it helps participants to maintain a healthy lifestyle, meet new people and enjoy a fun-filled session.

The Multi-Disciplinary Team (NHS, Health and Social Care Partnership and Third Sector), that is part of the Frailty Collaborative prescribe and refer regularly to the support offered at the Hive and the Sporty Seniors group in particular. It is a much-valued resource, supported by the community and professionals alike.

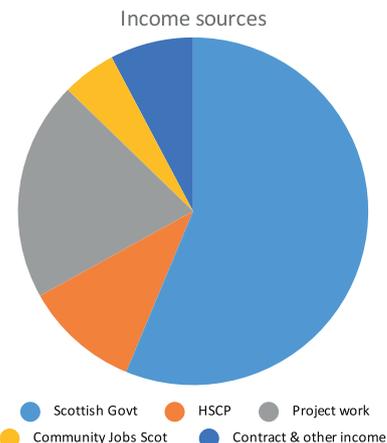
Financial Summary



Income £352,779
Expenditure £344,156



Unrestricted £61,067
Restricted £22,531
Assets £70,701



Scottish Govt £198,400
HSCP £37,681
Project work £71,903
Community Jobs Scot £17,640
Contract & other income £27,155

Partners

- Clackmannanshire Council
- Clackmannanshire & Stirling Health and Social Care Partnership
- Community Justice Strategic Partnership
- Children & Families Strategic Partnership
- Violence Against Women Partnership
- Forth Valley & Local Employability Partnership & Education CLD
- Clackmannanshire & Stirling City Deal Commission
- Alloa First, Business Gateway & Discover Clackmannanshire
- TSI Scotland Network & Scottish Volunteering Forum

Our thanks to our Funders

- Scottish Government
- NHS Clackmannanshire & Stirling Health and Social Care Partnership
- SCVO & SCVO Digital
- School for Social Entrepreneurs
- Clackmannanshire Community Justice Partnership
- National Lottery Community Fund
- National Lottery Heritage Fund
- Fair Start Forth Valley
- Alliance Scotland

Current Staff and Volunteers

Chief Officer & Business Manager

Anthea Coulter

Team Leader Membership, Enterprise & Community Capacity

Julie Haslam

Team Leader Volunteering & Routes to Work

Louise Orr

Community Health & Integration Officer

Elizabeth Rowlett

Enterprise Development Officer

Katrina MacPherson

Volunteer Development Assistant

Louise Walker

IT, Research & Employability Officer

Brian Weaver

Digital Communication Officer

Eilidh Nimmo

Communities Development Officer

Colin Melville

Office Manager

Lesley Jack

Finance Officer

Fraser Kennedy

Office Staff

Kirsteen McGinn, Adrienne Lynch & Karen D'Arcy-Kernan

Board of Directors

Nick Morris, Graham Reece, Val Rose, Margaret Starkie, Nicola Green, Jessica Barrass-Sykes, Martin Fotheringham & Karen Wilson

Accounting services:

Community Accounting Scotland CIC

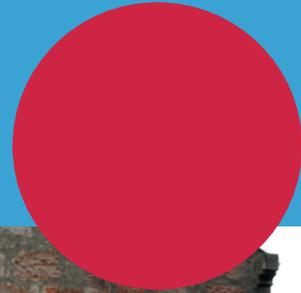
We would like to thank all the volunteers and organisations who helped with this publication

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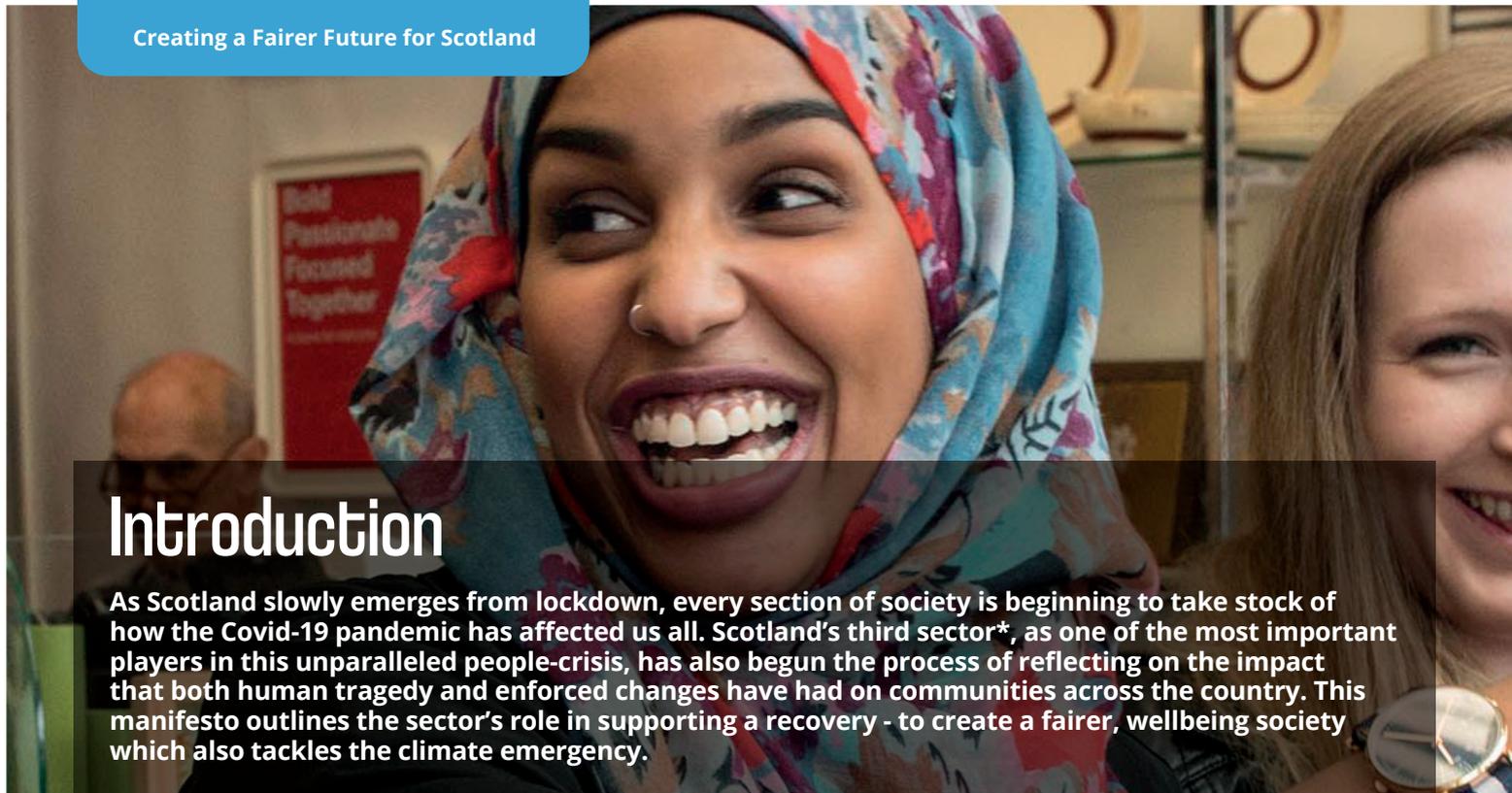
TSI SCOTLAND NETWORK



Manifesto for Change

Third Sector Interface Scotland Network -
Creating a Fairer Future for Scotland





Introduction

As Scotland slowly emerges from lockdown, every section of society is beginning to take stock of how the Covid-19 pandemic has affected us all. Scotland's third sector*, as one of the most important players in this unparalleled people-crisis, has also begun the process of reflecting on the impact that both human tragedy and enforced changes have had on communities across the country. This manifesto outlines the sector's role in supporting a recovery - to create a fairer, wellbeing society which also tackles the climate emergency.

As the third sector continues to support communities to pick up the pieces - some with residents left destitute by the effects of the pandemic - its central role has never been more important.

Given that the crisis is by no means over, the third sector must continue to be at the heart of recovery planning, just as it was at its peak, working alongside the very brightest and best of

Scotland's diverse communities. The Third Sector Interface (TSI) Scotland Network*, working together across Scotland, is proud to have played a vital role in this nationwide lifeline work. We believe that the crisis demonstrated what we already knew - Scotland depends upon a thriving third sector in every local area. We also believe that the aftermath of the Covid-19 crisis presents an unparalleled opportunity for the third sector to

cement its role as a critical player as we work towards becoming a fairer, more equal Scotland. Indeed the achievement of many of the ambitions of the National Performance Framework* depends on third sector involvement.

In this document the TSI Scotland Network sets out its manifesto to drive forward positive change for greater equality, under four main headings:-

1. An enhanced role for the third sector

Despite the ever-shifting, complex nature of the Covid-19 crisis, the third sector stepped up rapidly to address immediate needs. Our sector is highly experienced when it comes to lifeline support, meeting the prevention and early intervention needs of the most vulnerable and promoting equalities and sustainability.

The third sector has had representation by national organisations for some time, but if the pandemic has proven anything at all, it's that a post-Covid Scotland also needs the representation and presence of grassroots third sector organisations as central critical partners at the top table, ensuring decisions made reflect on-the-ground realities. Without deep localised knowledge of what's actually happening in communities across the length and breadth of Scotland, there can be no fairer, more equal society for our country. The TSI Scotland Network see this partnership as a win-win relationship - our local presence helping to implement national and local government policy on the ground and government benefitting from our insight, knowledge, experience and expertise.

2. Implementation of place-based approaches

Despite the wonderful efforts of individuals, families, workers and volunteers, the pandemic has come at a huge cost to Scotland. The impact of the disease itself plus the ongoing socio-economic ripples have spread into every corner of communities across the country, affecting them in many ways. It is crucial that the third sector - which works collaboratively with statutory and business partners and understands local context is helped to implement place-based approaches for a fair and green recovery which supports wellbeing and sustainability. This strategy must be deeply embedded in all levels of planning for Scotland's future recovery.

The TSI Scotland Network supports the national ambition to adopt the Place Principle* and devolving more power to local levels. We also fully support the need to take a more collaborative and ambitious approach to harnessing a place's assets - the people, the capital and environmental assets, to achieve the best outcomes for communities.



3. Volunteering and the empowerment of people

As the crisis unfolded, a new wave of neighbourhood volunteers stepped up to the numerous and complex challenges of Covid-19, and they did so at pace. That demonstrable willingness to rally together, to contribute time, skills and experience to support others during the crisis chimes with TSI Scotland Network's vision of a Scotland where individuals are empowered to participate in the creation of a fairer, sustainable society that promotes wellbeing.

These volunteering* responses have been outstanding and have served to illustrate the fundamental importance of people's unpaid contributions to communities and the wider economy not just during the emergency, but always. Our vision is of a Scotland where each of us is empowered to participate and contribute in different ways: through properly rewarded paid work but also through a variety of appropriate, unpaid roles - that are often undervalued - including the distinct roles of unpaid family care and volunteering.

80% of all volunteering is local. The TSI Scotland Network is therefore uniquely placed to build on our decades of experience of nurturing volunteering policy and programmes across Scotland. There are clear opportunities to further develop our partnerships to deliver the Government's vision of a Scotland "where everyone can volunteer, more often, and throughout their lives" [Volunteering for All (2019)].

The TSI Scotland Network is ambitious to maximise the social and economic benefits of people's volunteering responses and specifically empower more people to volunteer more often by further developing successful digital services, recognition and awards programmes, employer-supported volunteering, inclusion support activities, and volunteer management training.

4. A fairer wellbeing society

The pandemic has laid bare the fragility of our health and social care systems - and the extent of poverty and digital exclusion has been exposed like never before. The lengthy suspension of our normal daily lives has resulted in a huge increase in isolation, stress and mental health problems. Already we are seeing warning signs of tremendously challenging economic hardship to come, with unemployment already rising rapidly and prospects for young people looking particularly bleak.

The third sector is already playing a major contribution to narrowing Scotland's stubborn inequalities gap - we already know that a fairer sustainable economy and society depends on it - but now it's more crucial than ever that our knowledge and experience is heard, and acted upon. The pandemic has accelerated the appetite to think differently about what we value as a nation. Wealth and economic growth are increasingly being seen as only one measurement of success. Despite the inevitable economic fragility of the coming months and years, the third sector is ideally placed to support local communities to grow and thrive through innovation, local initiatives, employability supports and ethical, sustainable enterprise models.



*Notes

Third Sector - includes charities, community groups, development trusts, social enterprises and the volunteering sector. Its combined annual value is estimated at £6.06 billion employing 108,000 people (SCVO 2018).

TSI Scotland Network - there are 32 TSIs in Scotland one for each local authority areas - some are partnerships working across large urban and geographical areas, some combine all the functions of the TSIs' work under one roof.

National Performance Framework - measures and reports on progress of government in Scotland against a range of economic, social and environmental indicators and targets.

Volunteering - refers to both formal i.e. through a third party (such as a third sector or public sector organisation) and informal i.e. helping someone without the involvement of any organisation. TSIs continue to support and develop volunteering in each local authority area. In 2015, the Bank of England estimated the economic value of volunteering to the UK to be equivalent to the UK education budget.

Place Principle - aims to help overcome organisational and sectoral boundaries, to encourage better collaboration and community involvement, and improve the impact of combined energy, resources and investment.





Our Manifesto for Change

The case for change is strong but we know that every penny has to count now as we move towards recovery. The TSI Scotland Network supports thousands of charities, community

organisations and a growing network of social enterprises across Scotland all ambitious to play their role in creating a fairer future for Scotland.

The TSI Scotland Network calls for:

1. Place

A decisive shift of emphasis and resources to help support and ensure community delivery of place-based services – where the wellbeing of people, places and the environment come before profit to protect the communities and most vulnerable in our societies.

2. Community

Increased investment to build capacity and resilience by the TSI Scotland Network to ensure that every community in Scotland maintains robust, representative and resourced community-led organisations or partnerships that serve local needs.

3. Connected

Clear connection between TSI Scotland Network with Scottish Government directorates to inform the necessary policy changes to ensure implementation of localised place-based strategies for economic renewal.

4. Volunteering

Recognition that the TSI Scotland Network can make a unique contribution to empower inclusive volunteering and maximise the social and community action that emerged through Covid-19.

5. Fair work

Employment schemes that are linked to community wealth-building and creating fair, inclusive and sustainable economies, to maximise community benefit, reduce poverty and inequalities and tackle the climate emergency.

How did we arrive at our Manifesto?



This Manifesto for Change has been developed with knowledge, insight, care and compassion at its heart. But more than that, it has been grounded on good information coming straight from our sector – the localities many of you are working in across Scotland. These are our members who we support day-in, day-out and who rely on working in partnership with us to ensure they are successful in the delivery of services and meet their aspirations.

Through Covid-19, the TSI Scotland Network carried out an influential study and that has shaped our 'asks'. The survey was carried out over a two-month period with community groups, voluntary organisations, social enterprises, as well as the people and communities in which they support.

A total of 1,184 organisations took part, from local neighbourhoods to national level organisations across

Scotland's 32 Local Authorities. 25% of participants self-defined as community groups, 61% as voluntary organisations and 14% as social enterprises. This report highlights the main survey findings on a national level.

Each TSI has also produced their own local version of this report, please contact your local TSI for more local information – details of which are on the last page.

Key Findings

- A key pinch point in the financial recovery of all organisations will be the cessation of the Job Retention Scheme. 58% of social enterprises and 39% of voluntary organisations with staff have furloughed staff and support will be required to avoid job losses.
- Organisations have been entrepreneurial and adaptive during this period. Half of all organisations have changed what they do, or have modified delivery support to their community/service users. 9% of social enterprises have started online trading during this time.
- Organisations are seeing first-hand the impact of Covid-19 on people's mental health and are very concerned about the impact now and the future. 9 out of 10 organisations are concerned about the effect of ongoing social distancing and shielding on mental health.
- It is clear that community has flourished and risen to the challenge of supporting each other. A significant majority of organisations (84%) report that people are looking out for each other and 50% of organisations believe that there has been improved collaboration.
- The financial situation of social enterprises as a consequence of Covid-19 is perilous, and without urgent financial support, many will not recover. 81% of social enterprises are experiencing a reduction in income from trading and 86% of social enterprises expect their financial position to worsen.
- Reduction in income from fundraising is threatening the future of voluntary organisations large and small, with half of these organisations experiencing a reduction in income from fundraising.

Access to the full results of the survey can be found here: www.tsi.scot/surveycovid

Why else is the TSI Scotland Network best placed to drive an agenda of renewal?

Both before and through the pandemic, we have worked together as a Network but also with our partners within communities including our local authority colleagues, NHS, health and social care partnerships and friends within the business communities.

economy partnerships. We also have the ear of funders – they know we understand and have the knowledge of our local areas, but more than that, we also can help resolve sometimes complex and difficult governance issues and help them achieve their outcomes.

The third sector is in an enviable position to enable collaborations and development of social

Here are some of the important pieces of work currently lead by this Network:



The TSI Scotland Network has the National Performance Framework at the heart of its work both nationally and locally. TSIs are working with local partners on recovery planning and are well-placed within wider networks linked to community, business and health and social care planning to inform and advise on steps to renewal.



TSI Scotland Network Chief Officers have met weekly through the crisis period both at a national and regional level and continue to meet monthly. The leaders have been organised, resourceful and shaped responses collectively.



@TSIScotNet Spotlight twitter feature through Covid-19 ensured that best practice from across the Network was shared – now @TSIScotNet SpotlightRecovery is again ensuring critical information is being viewed by national partners.



A new online training system is being developed with partners the Robertson Trust to provide skills development of TSI staff and aims to cascade training to the wider third sector workforce and voluntary management throughout Scotland.

Scottish
Volunteering
Forum

TSI Scotland Network continues to take an active role in the Scottish Volunteering Forum to work with partners on developing an effective 'Volunteering for All' delivery plan.



The Network is using innovative digitally-assisted ways to share information and knowledge across the Network and externally with funders and partners to ensure the most effective, impactful distribution of funding.

Who are your TSI Scotland Network contacts - please find below:

Aberdeen

Aberdeen Council of Voluntary Organisations (ACVO)
www.acvo.org.uk

Aberdeenshire

Aberdeenshire Voluntary Action
www.avashire.org.uk

Angus

Voluntary Action Angus
www.voluntaryactionangus.org.uk

Argyll and Bute

Argyll and Bute Third Sector Interface
www.argylltsi.org

Clackmannanshire

Clackmannanshire Third Sector Interface
www.ctsi.org.uk

Dumfries and Galloway

Third Sector Dumfries and Galloway
www.thirdsectordumgal.org.uk

Dundee

Dundee Volunteer and Voluntary Action
www.dvva.scot

Dundee Social Enterprise Network (DSEN)
www.dundeesen.org

East Ayrshire

CVO East Ayrshire
www.cvoea.co.uk

Volunteer Centre East Ayrshire
www.volunteer@eav.org.uk

East Dunbartonshire

East Dunbartonshire Voluntary Action
www.edva.org

East Lothian

Volunteer Centre East Lothian (VCEL)
www.volunteereastlothian.org.uk

East Renfrewshire

Voluntary Action East Renfrewshire
www.va-er.org.uk

Edinburgh

Edinburgh Voluntary Organisations' Council (EVOC)
www.evoc.org.uk

Volunteer Edinburgh
www.volunteeredinburgh.org.uk

Edinburgh Social Enterprise
www.edinburghsocialenterprise.co.uk

Falkirk

Council for Voluntary Sector (CVS) Falkirk
www.cvsfalkirk.org.uk

Fife

Fife Voluntary Action
www.fivevoluntaryaction.org.uk

Glasgow

Glasgow Council for the Voluntary Sector (GCVS)
www.gcvss.org.uk

Glasgow Social Enterprise Network (GSEN)
www.gsen.org.uk

Volunteer Glasgow
www.volunteerglasgow.org

Highland

Highland Third Sector Interface Partnership
www.highlandtsi.org.uk

Inverclyde

CVS Inverclyde
www.cvsinverclyde.org.uk

Midlothian

Midlothian Voluntary Action Volunteer Midlothian
www.thirdsectormidlothian.org.uk

Moray

TSI Moray
www.tsimoray.org.uk

North Ayrshire

Arran Community and Voluntary Service (CVS)
www.arrancvs.org.uk

Ayrshire Community Trust
www.theayrshirecommunitytrust.co.uk

North Lanarkshire

Voluntary Action North Lanarkshire
www.voluntaryactionnorthlanarkshire.org

Orkney

Voluntary Action Orkney
www.vaorkney.org.uk

Perth and Kinross

Perth and Kinross Association of Voluntary Services
www.thirdsectorpk.org.uk

Renfrewshire

Engage Renfrewshire
www.engagerenfrewshire.org

Scottish Borders

The Bridge
onlineborders.org.uk/community/thebridge

Berwickshire Association for Voluntary Service (BAVS)
www.bavs.org.uk

Volunteer Centre Borders
www.vcborders.org.uk

Scottish Borders Social Enterprise Chamber
www.sbsec.org.uk

Shetland

Voluntary Action Shetland
www.shetland-communities.org.uk/vas

South Ayrshire

Voluntary Action South Ayrshire
www.voluntaryactionsouthayrshire.org.uk

South Lanarkshire

Voluntary Action South Lanarkshire
www.vaslan.org.uk

Stirlingshire

Stirlingshire Voluntary Enterprise
www.sventerprise.org.uk

West Dunbartonshire

West Dunbartonshire CVS
www.wdcvs.com

Western Isles

Third Sector Interface - Western Isles
www.tsiwi.org

West Lothian

Voluntary Sector Gateway West Lothian
www.voluntarysectorgateway.org

TSI Scotland Network is supported and funded by: Third Sector Unit
Public Service Reform Directorate
Scottish Government

For more information, please go to: www.gov.scot/policies/third-sector/third-sector-interfaces

