

A **special meeting** of the **Integration Joint Board** will be held on  
**Tuesday 11 May 2021 at 2pm,**  
Via Microsoft Teams

Please notify apologies for absence to [fv.clackmannanshirestirling.HSCP@nhs.scot](mailto:fv.clackmannanshirestirling.HSCP@nhs.scot)

## **AGENDA**

1. **NOTIFICATION OF APOLOGIES** For Noting
2. **NOTIFICATION OF SUBSTITUTES** For Noting
3. **DECLARATION(S) OF INTEREST** For Noting
4. **REVENUE BUDGET 2021/22** For Approval  
(Paper presented by Ewan Murray, Chief Finance Officer)
5. **DATE OF NEXT MEETING**  
Wednesday 16 June 2021 at 2pm



# Clackmannanshire & Stirling Integration Joint Board

11 May 2021

Agenda Item 4.0

## Revenue Budget 2021/22

*For Approval*

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

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

<b>Purpose of Report:</b>	To present the Integration Joint Board with a revised 2021/22 Revenue Budget for consideration and approval.
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<b>Recommendations:</b>	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> <li>1) Approve the revision to the IJB Budget Strategy (Section 2.3)</li> <li>2) Approve the 2021/22 Revenue Budget</li> <li>3) Approve the development of a Carers Investment Strategy Proposal for 21/22 (Section 5.8)</li> <li>4) Consider the proposals to accelerate the Transforming Care Programme and approve the proposal to establish and delegate to the Chief Officer a £0.5m leadership fund from the Transformation Earmarked Reserve (Section 6)</li> <li>5) Consider and approve the business cases appended to this report in so far as the proposed investments can be contained within a balanced partnership budget position.</li> <li>6) Delegate authority to the Chief Officer to issue initial directions for 2021/22 (Section 9).</li> </ol>
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## **1. Background & Executive Summary**

1.1. The Integration Joint Board considered an initial indicative 2021/22 Revenue Budget on 24 March 2021 and requested that a special IJB meeting be convened as soon as practicable to further consider the 2021/22 Revenue Budget.

1.2. The revenue budget should be viewed in the context of:

- The ongoing impact of the Covid 19 pandemic
- The improvement in the partnership's financial position, as detailed in the Finance Report to this meeting.
- The IJB Business Case presented to the IJB at its January 2021 meeting within the Budget Update paper.
- Continuing financial pressures across the partnership and Integration Authorities generally, and ongoing challenges in delivering sufficient

savings without compromising key partnership performance objectives, to deliver financial balance.

- The future challenges in respect of increasing demand and complexity, including the impacts and uncertainty that Covid adds in predicting demand, costs and resource availability.
- Partnership performance as demonstrated in the Annual Performance Report and periodic performance reports to the IJB and, in particular, performance on minimising avoidable delays in discharge.
- The need to continue to further partnership arrangements including further progress in response to the consolidated partnership response to the Ministerial Strategic Group (MSG) proposals on Progress on Integration
- The establishment of the Transforming Care Programme and Board.
- The complex legislative and organisational environment the IJB operates within, including the uniqueness of a single NHS Board, 2 Local Authority partnership.
- The requirement for money to lose its identity and investment to be focused on improving outcomes for service users, strategic priorities and achieving best value from scarce public resources.
- The budget strategy agreed as part of the 20/21 Revenue Budget and Medium Term Financial Plan.
- The statutory duty to work collaboratively with the Falkirk Health and Social Care Partnership and wider partners as part of the wider Forth Valley and Regional Health and Social Care Systems.

1.3. The budget process has followed the national guidance on financial planning for Integration Authorities as in previous years. In line with the partnership's consolidated response to the MSG proposals, this process has developed to more closely align to the national guidance and process set out in the Integration Scheme with the production of an IJB Business Case which was considered by the IJB at its January 2021 meeting. Whilst the position reflected within the initial indicative revenue budget presented to the IJB in March 2021 and this revised Revenue Budget is improved from the projected position set out in the IJB Business Case it should be noted that the IJB Business Case was based on best available information at the point of writing. Constituent authorities were provided with the business case and additional information where available to assist in informing budget allocation considerations.

1.4. In order to provide clarity decisions pertaining to the budget required by the Board are incorporated within this paper. It is therefore, to a degree, repetitive to the paper presented in March 2021. The paper also incorporates business cases for the proposed commitments within the context of an overall balanced budget for 2021/22 as requested by the IJB at its March 2021 meeting.

1.5. The paper incorporates by means of updates:

- The IJB payments and set-aside budget for large hospital services from Clackmannanshire Council and NHS Forth Valley
- An updated position for the IJB payment from Stirling Council subject to approval from the Council

- Updated positions in relation to Scottish Government Funding, uplifts for non-residential adult social care and intelligence in relation to the National Care Home Contract (NCHC) negotiations.

1.6. This revised budget paper sets out a revised and balanced 2021/22 IJB Revenue Budget for consideration and approval incorporating

- material updates on issues affecting the financial position of the IJB,
- business cases for proposed investments, and
- an updated assessment of risk in delivery of savings and efficiency plans.

## **2. IJB Budget Strategy**

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2.1. The Budget Update report to the Special IJB meeting in February 2020 set out a proposed budget strategy which formed the basis of the considerations within the 2021/22 Revenue Budget and Medium Term Financial Plan approved in March 2020 on a business as usual basis. To refresh the IJB, the key elements of the budget strategy were as follows:

- I. Achieving net financial balance over 2020/21 and 2021/22 subject to fair and reasonable settlements from the Constituent Authorities and Scottish Government.
- II. Begin to reinvest transformation funding currently offsetting the Partnership financial position in Transformation Programmes from 2021/22 subject to achieving sufficient progress in delivering savings and efficiency programmes to meet element I. This will address the recommendations made in the Strategic Inspection report.
- III. In the later years of the Medium Term Financial Plan (22/23 to 24/25) begin to build a contingency reserve for unforeseen financial risks of up to 0.75% of the Partnership budget thus addressing recommendations in both the Ministerial Strategic Group proposals and the Annual Audit Report.
- IV. Implement the Set Aside arrangements for Large Hospital Services including consideration of the emergent opportunities from the Unscheduled Care Pathways Work and Set Aside project and in line with National Guidance and the Partnerships consolidated response to the Ministerial Strategic Group proposals and future risk sharing arrangements.

2.2. With regard to the impact of the improved projected financial position for 2020/21 financial year, this has a projected impact on the estimated reserves projected to be carried forward into 2021/22. In relation to Covid funding this should be regarded as the first call on Covid expenditure in 2021/22.

2.3. The 20/21 projection now assumes no offset of Transformation Funding is required to balance the Integrated Budget in year. Given previous commentary in the Strategic Inspection Report and Audit reports on this approach, it therefore proposed to revise the budget strategy set out at section 2.1 of this

report to avoid, if possible, reliance on offset from Transformation Funding to balance the Integrated Budget in 2021/22 and future years. This is, of course, contingent upon the ability to manage operational service delivery within budget including delivery of sufficient savings and efficiency programmes. Subject to achieving financial balance on this integrated budget it is proposed that any in year surplus or underspend on Transformation Funding in future years would be used to 'top-up' the Transformation Earmarked reserve.

2.4. The proposed approach to reserves is set out later in this paper.

### **3. Updates Affecting the Funding Position of the Integration Joint Board**

3.1. When the IJB considered the initial indicative budget in March 2021 various issues remained fluid at both local and national levels. Clackmannanshire Council and NHS Forth Valley approved their budgets on 24 March and 30 March respectively. Further discussions continue to be held with Stirling Council with respect to the payment to the IJB and additional funding has been confirmed from Scottish Government in relation to the Scottish Living Wage linked to national uplifts for social care providers and the National Care Home Contract.

#### **Scottish Government Settlement**

3.2. The terms of the Scottish Government Settlements for NHS Boards and Local Government in respect of payment to Integration Authorities were set out in the Draft Scottish Budget published on 28 January 2021.

- For Local Government:
  - Local Authority payments must be a minimum of 2020/21 recurrent budgets plus shares of £72.6m pass-through funding for Integration Authorities.
- For NHS Boards:
  - NHS payments to Integration Authorities must deliver an uplift of at least 1.5% over relevant 2020/21 recurring budgets.
  - Where relevant (i.e. within scope of Integration Authorities) funding in relation to Improving Patient Outcomes will be additional to the 1.5% uplift. The increased improving outcomes allocations within the scope of Integration Authorities are in relation to Primary Care (additional £45m at Scotland level – in line with previous policy commitments and as anticipated for delivery of GP contract and wider Primary Care Reform via Primary Care Improvement Plans) and Drug Related Deaths (additional £50m nationally).

Position in relation to Clackmannanshire Council

- 3.3. Clackmannanshire Council set its budget on 24 March 2021. The resultant payment to the IJB approved as part of those budget considerations was £19.870m per the table below

**Payment from Clackmannanshire Council**

	£m
20/21 Baseline	19.040
Share of £72.6m passthrough funding from Scottish Government	0.613
21/22 Pay Award Funding	0.216
<b>Total Payment to IJB</b>	<b>19.870</b>

The council also approved £0.005m as a contribution to enhanced financial support which technically sits outwith the payment as it is not a delegated function (a cost sharing agreement in place between all partners for this additional capacity). The position set out above is £0.216m in excess of the minimum required payment to comply with the terms of the Scottish Budget.

- 3.4. Clackmannanshire Council have also retained £0.250m earmarked to assist in supporting transformation with access being subject to business case submission and approval by the Be the Future Board.

Payment from Stirling Council

- 3.5. Stirling Council set its budget on 11 March 2021. A payment to IJB of £39.290m was approved in line with minimum requirements of the Scottish Budget.

The basis of the payment is detailed in the table below.

**Payment to IJB from Stirling Council**

	£m
20/21 Baseline	38.020
Share of 72.6m passthrough funding	1.270
<b>Payment to IJB</b>	<b><u>39.290</u></b>

- 3.6. The council also made some provision for a potential revision to the payment to the IJB as part of its budget considerations.
- 3.7. It is understood the Council will consider such revision of the payment at its June 2021 meeting taking account of the issues and proposals detailed in this budget paper and the financial position and affordability consideration for the council as a whole.
- 3.8. The considerations in this paper therefore only assume the minimum payment from the Council at this point but set out how any additional payment would be proposed to be utilised should such approval be made by the council.

Pass-through Funding for Integration Authorities Flowing Through the Local Government Settlement

- 3.9. The payments from Clackmannanshire and Stirling Councils include shares of £72.6m of pass-through funding for Integration Authorities via the local government budget settlement.

This pass through funding did not include any general social care pressures funding as had been the case in previous years. The individual elements of the £72.6m are not, in themselves, ring-fenced however the basis of the allocations is set out in the table below:

<b>Shares of £72.6m Passthrough Funding</b>			
	Scottish Living Wage	Carers Act	Free Personal Care Uprating
<b>£ Scotland Level</b>	£34m	£28.5m	£10.1m
	£m	£m	£m
Clackmannananshire	0.314	0.263	0.037
Stirling	0.545	0.457	0.268
<b>Totals</b>	<b>0.859</b>	<b>0.720</b>	<b>0.305</b>

Analysis undertaken by the IJB Chief Finance Officers section has illustrated the resource allocated for the Scottish Living Wage is insufficient to meet the costs and this has been raised with Scottish Government.

- 3.10. In respect of the allocations for the Carers Act, the amounts are informed by the financial memorandum unpinning the legislation which was in itself informed by the work of a Finance Advisory Group. Based on this, it is assumed just over half or 53% of the resource should be additional new investment to support unpaid carers and the other half is assumed to cover impact on demand and waiving of charges.
- 3.11. In line with this the IJB is asked to approve the development of a Carers Investment Strategy proposal for 21/22 totalling no more than £0.385m by the Carers Strategy Group. This is a slightly increased provision (£0.025m) from that presented in March 2021 after further analysis of the basis of the financial memorandum underpinning the legislation. An urgent initial element of this is the proposal to create a Short Breaks Co-ordinator post from this resource and the business case for this is appended to this paper. This is supported by the Carers Strategy Group.

Minimum Payment and Set Aside Budget for Large Hospital Services from NHS Forth Valley

- 3.12. NHS Forth Valley considered and approved its budget for 2021/22 on 30 March 2021. The payment and set aside budget for large hospital services approved were as set out in the budget paper to the IJB in March and set out in the table below.

Budget Scope	Recurring Budget @ Month 10 £m	Baseline Uplift @ 1.5% £m	21/22 Minimum Baseline £m
Set Aside	22.702	0.340	23.042
Operational	36.877	0.553	37.430
Universal	32.720	0.491	33.211
<b>Sub- Total</b>	<b>92.299</b>	<b>1.384</b>	<b>93.683</b>
<b>Plus</b>			
Universal Outwith Recurrent Baseline (National Contract Arrangements)			43.636
<b>Total Set Aside &amp; Payment For Financial Plan</b>			<b>137.319</b>

Additional resources in relation to Investment in Patient Outcomes (Primary Care Implementation Plan and Drug Related Deaths) will be additional to the figures above and require to be added to the baseline.

Subject specific reports on investment plans in relation to these funding streams will be brought to the Board in due course.

With specific regard to the Primary Care Implementation Plan, there is sufficient funding from allocations from Scottish Government and slippage from 2020/21 to fund required commitments, including beginning to progress community connector posts, in 2021/22 - however there is a recurrent risk should the funding envelope not change in future years. The partnership will continue to work with Scottish Government to inform resource requirements and NHS Forth Valley, Falkirk IJB and the Primary Care professions locally to work to secure a sustainable position and manage financial risk.

In terms of the pay award funding the figures above assume funding based on Public Sector Pay Policy for Scotland. If and when the recent pay award offer for Agenda for Change staffing is agreed Scottish Government have informed NHS Board Directors of Finance and IJB Chief Finance Officers to assume that additional funding will be passed through to match additional costs. This is, therefore, assumed to be neutral to the IJBs budget position.

Scottish Government Funding Update

- 3.13. The budget paper presented to the March 21 IJB reported a shortfall in the passthrough funding from Scottish Government in relation to the costs of the Scottish Living Wage. Further representation and evidence was presented to government via the IJB Chief Finance Officers section and confirmation of additional funding was received from Scottish Government on 26 March 2021 linked to the national uplift of 2.2% for social care services commissioned in

the third and independent sectors outwith the National Care Home Contract and the negotiations at that point in time on the National Care Home Contract.

- 3.14. The additional funding being provided to Clackmannanshire & Stirling totals £0.711m. This has been formally confirmed by Scottish Government letter.

Revised 2021/22 Partnership Budget

- 3.15. The corollary of updated provided above is summarised in the table below resulting in a total partnership budget of £209.225m an increase of £0.928m over the initial indicative budget set out in March 2021.

**Total Revised Partnership Revenue Budget 2021/22**

	£m
Set Aside for Large Hospital Services	23.042
Payment from Clackmannanshire Council	19.870
Payment from Stirling Council	39.290
Payment from NHS Forth Valley	114.277
Scottish Government Integration Fund	8.811
Scottish Government Transformation Fund	3.224
Additional Living Wage Funding	0.711
<b>Total Strategic Plan Budget</b>	<b><u>209.225</u></b>

**4. Budget Considerations, the Transforming Care Programme and Meeting the Budget Gap**

- 4.1. The budget gap estimated within the budget update presented to the January IJB meeting was £2.606m. At the time of the Finance and Performance Committee, taking into account the settlements contained in the draft Scottish Budget and the budget gap had increased to £3.212m. This increase was driven by there being no general social care funding in the initial Scottish Budget settlement as in previous years, level of funding for the Scottish Living Wage and developing detail of cost impacts of the additional proposed commitments and savings and efficiency programmes. As detailed below further funding for the Scottish Living Wage has now been allocated by Scottish Government. It should also be noted that the assessments contained in these reports, although materially different to the position presented here, were based on best information available at those points in time.
- 4.2. Although the IJBs the underlying financial position has improved, it continues to be important to understand there is a significant non-recurrent element to this, particularly in relation to staffing and most acutely within Adult Social Care. It is paramount to safe service delivery and meeting statutory obligations that appropriate staffing levels are maintained, and the workforce is supported, valued and resilient.

- 4.3. The recurrent baseline budget position including estimated provision for the above (£0.650m), non-recurrent savings in 2020/21 (£0.2m) and the recurrent costs of the Heads of Service posts (£0.205m), whose costs have been met from IJB reserves as agreed until March 2021 is illustrated in the table below:

	Set Aside £m	Total Integrated Budget £m	Total Partnership Budget £m
Over/ (Underspend) Per M10 Overview	0.975	(0.376)	0.599
Adjustments to Reflect Estimated Recurrent Position		1.033	1.033
<b>Est Recurrent Baseline into 2021/22</b>	<b>0.975</b>	<b>0.657</b>	<b>1.632</b>

The assessment above is based on the Month 10 position and has not been revised from the indicative budget presented to the IJB for consideration in March 2021.

Although there has been improvement in the underlying financial position in the later part of the year particularly in relation to Prescribing volumes the above is viewed as a prudent position given risk of volatility and challenges in accurately predicting demand and associated costs into the future.

- 4.4. The position presented to the March IJB meeting was summarised as illustrated in the following table.

	Set Aside £m	Integrated Budget £m	Total Partnership Budget £m
Recurrent Over/ Underspend Based on M10 position	0.975	0.657	1.632
Inflation, Cost and Demand Pressures	0.426	5.552	5.978
Additional Commitments Requiring Business Cases	0.000	1.696	1.696
Gross 21/22 Gap Before Additional Resources Through Uplifts	<b>1.401</b>	<b>7.905</b>	<b>9.306</b>
Additional Resources	0.341	2.929	3.270
Gap Before Savings and Other Funding Options	<b>1.060</b>	<b>4.976</b>	<b>6.036</b>
Estimated Savings : Transformation and Efficiency Programme	1.060	3.079	4.139
Potential Funding Options	0.000	0.833	0.833
Gap/ (Surplus) After Transformation & Efficiency Programmes	<b>0.000</b>	<b>1.065</b>	<b>1.065</b>

- 4.5. The IJB requested a revised budget be brought back for consideration with:

- Any updates affecting the funding position of the IJB including any further clarity on Covid consequential funding for 2021/22
- Business Cases for the proposed additional commitments
- Any updated assessments of savings and efficiency programmes
- Any updated assessment of cost and inflationary pressures.
- A balanced budget position

- 4.6. As detailed in section 3 the funding position of the IJB has been improved by £0.987m through the payment from Clackmannanshire Council and additional Scottish Government Funding.

- 4.7. Further assessment of savings delivery has increased the estimated quantum of savings anticipated by £0.150m in relation to the estimated full year effect of actions to address the cost pressures in relation to the Bellfield centre. An update analysis and risk assessment of savings and efficiency programmes can be found at Appendix I to this report.
- 4.8. There are several areas of cost and inflationary pressures where estimates have been updated. These are illustrated in the table below and the net impact is an additional estimated cost of £0.070m. This demonstrates both the fluidity of issues affecting the budget and the thoroughness of the process of further review to present the revised budget.

Revised Cost Estimates	£m
Local Authority Pay Award Estimates in line with Revised Public Sector Pay Policy	0.088
Baseline Adjustment for Clacks Option 1 Uplifts for 20/21 & Care & Support Framework	0.120
Contract Inflation estimated for NCHC inc Agenda for Change pay award impact	0.107
Care Home Assurance from Core Budget rather than Covid	0.100
Self Directed Support Lead Business Case Proposal	0.044
Revised 21/22 Income Estimates (Adult Social Care)	0.062
Revised Cost Estimate for Proposed Investment in Reablement	(0.222)
Estimated Current Year Slippage in Proposed Investments	(0.035)
Estimated Cost of Addressing Pending/ Waiting Lists to be Presented at Later Date	(0.200)
Marginal Additional Cost Impact of Carers Act Implementation	0.025
Revised TEC Officer Provision Based on 6 month post	(0.019)
<b>Sub-Total Revised Cost Estimates</b>	<b>0.070</b>

- 4.9. This position summarised at section 4.10 includes the estimated cost of implementing the IJB business cases appended to this report.

The quantum of proposed investment in these business cases is illustrated in the table below.

Quantum of Cost of Business Cases Presented for Approval	£m
Self Directed Support Lead	0.044
Tech Enabled Care Officer - 6 month Fixed Term Appointment	0.025
Care Home Assurance Team (Net of SG Funding Contribution)	0.100
Carers Act Investment Plan including Short Breaks Co-ordinator	0.385
Investment in Reablement Approaches	0.278
Investment in Service Planner and Policy and Performance Officer Capacity	0.125
<b>Total Proposed Investments Supported by Business Cases</b>	<b>0.957</b>

This excludes the costs of a business case to address the waiting/pending lists for social care across the area. This business case requires further development work and modelling to appropriately inform decision making and it is envisaged this will be completed to allow presentation discussion and scrutiny by the Finance and Performance Committee and presentation to the IJB meeting in June for consideration. In order to address these waiting/pending lists additional investment will be required.

The proposed commitments presented to the March IJB meeting included a proportionate share of investments relating to the Mental Health and Learning Disability remobilisation and recovery plans assumed to be met through Covid consequential funding in 2021/22. This has been superseded by the announcement by Scottish Government of Mental Health Recovery and Renewal funding of £120m nationally. At the time of writing further information and guidance on the use of this funding was awaited from Scottish Government.

The IJB business cases appended to this paper are consistent with the IJB Strategic Plan priorities and meeting statutory obligations in relation to delegated integration functions. Given these are now presented in a balanced budget the full power to consider and approve them is within the full powers of IJB and consistent with the Integration Scheme.

These business case proposals are also complementary to the proposals to create a leadership fund to assist in accelerating the Transforming Care Programme contained in this report and should be seen, along with savings and efficiency plans as a package aimed at supporting pursuance of the priorities of the Strategic Plan and performance in relation to National Health and Wellbeing Outcomes through improved outcomes for the partnership population.

- 4.10. The issues detailed above result in balanced budget being presented to the IJB for approval as summarised below.

<b>Revised Summary</b>	£m
Assessed Gap per March 2021 IJB Initial Indicative Budget	1.065
Additional Funding	(0.987)
Net Revised Cost Estimates	0.070
Revised Savings Estimates	<u>(0.150)</u>
<b>Estimated (Surplus)/Deficit</b>	<b><u>(0.000)</u></b>

- 4.11. Should Stirling Council revise its payment upward from the current level it is proposed that any additional resource would be used to contribute to the business case to address pending and waiting lists for adult social care whilst remaining in a balanced budget position.

**5. Covid Remobilisation Plan and Impact of Covid exceptional costs and Covid consequential funding on the IJB Budget**

- 5.1. The IJB approved the 2021/22 Covid Remobilisation Plan in March 2021 and as previously reported this and a cost estimate were submitted to government in February 2021 as part of whole system remobilisation plan submissions for Health and Social Care. The estimated cost for the partnership modelled using a template provided by Scottish Government was £6.449m.
- 5.2. NHS Forth Valley received initial approval of remobilisation plans from Scottish Government on 2 April it was not possible to publicly report this approval during the pre-election period.
- 5.3. It is understood that financial monitoring returns for Covid exceptional expenditure will be required from Scottish Government on a quarterly basis during 2021/22 and the IJB Chief Finance Officers section will continue to work with government colleagues on the refining the templates used. The first 2021/22 return is anticipated to be required to be submitted to Scottish Government in late July based on Quarter 1 and initial Covid allocations from Scottish Government will be based on this return.
- 5.4. The estimated costs will be subject to fluctuation based on further progress on suppressing infection levels, staffing absence and cover requirements and emergent Scottish Government policy position post Quarter 1 on Social Care Provider Sustainability arrangements.

**6. Accelerating the Transforming Care Programme**

- 6.1. As previously reported to the IJB, whilst the Covid pandemic has had a significant impact on the progress of the Transforming Care Programme, significant work has been progressed on this in relation to items such as the local Review of Frontline Social Care and the Medicines Optimisation Programme.
- 6.2. The Transforming Care Board is now functioning and sequenced with Finance and Performance Committee and IJB meetings.
- 6.3. The work completed over the past few months has illustrated clear gaps in planning and delivery of change at scale and pace. Additional service planning capacity is key to this. The business case appended to this report sets out the case for this investment.
- 6.4. Additionally, as an impact of the improved 2020/21 projected outturn, it is estimated that a Transformation Earmarked Reserve will be established with an initial estimated value of £1.182m (subject to finalisation of the 2020/21 year end financial position and audit).

- 6.5. In order to support the acceleration of the Transforming Care Programme, the IJB is asked to consider delegating a Leadership Fund to the Chief Officer from this reserve of up to £0.5m to sponsor required change identified through the Transforming Care Programme. The Transforming Care Board would have oversight of the use of the fund, and reports on its use would be incorporated in reporting to Finance and Performance Committee and IJB as well as the Transforming Care Board. Appropriate controls and scrutiny will be in place to ensure recurring commitments are not made from non-recurrent funding sources.

It is anticipated that any expenditure proposals in excess of £10,000 from this funding source would initially go through the Transforming Care Board and this will ensure there is alignment with the aims of the accelerating the Transformation Programme and collective visibility across the constituent authorities.

Expenditure decisions from this funding require to be in line with the extant Scheme of Delegation which limits single items of expenditure to £50,000. Any proposed commitments above this amount would require additional specific approval.

The Scheme of Delegation itself requires review and updating. The intention was to review the extant scheme post review of the Integration Scheme however it now suggested a review of scheme of delegation should be undertaken as soon as is practicable. A proposed timeframe for this will be brought forward to the June IJB meeting.

## **7. Set Aside Budget for Large Hospital Services**

- 7.1. IJBs and Health Boards are required to fully implement set aside arrangements in line with the Guidance on Financial Planning for Large Hospital Services and Hosted Services, published by the Scottish Government and the consolidated partnership response to the Ministerial Steering Group proposals. The pandemic has significantly impacted the work to do this. Significant work has been completed in late 2019 / early 2020 and was due to be presented to the both IJBs as part of a development session in March 2020 to agree the next steps.
- 7.2. A Set Aside working group was established and members of this group have continued to meet, albeit infrequently during 2020 and considered wider capacity planning work.
- 7.3. All parties agree the Set Aside work requires completion and the Strategic Improvement Plan reflects a revised timescale for this of September 2021 with reporting to both IJBs and the NHS Board thereafter. Examination of the elements of set aside previously referred to as phase 2 relating to Specialist Mental Health and Learning Disability inpatient services require to be considered as part of this work.

- 7.4. Meantime, it is imperative collegiate whole system working continues to identify opportunities to safely mitigate the financial pressures associated with the set aside budget.
- 7.5. It is critical that energies are focussed on developing whole system solutions to the service and financial challenges around the unscheduled care pathway and set aside budget. The current position is unsustainable in the future. These challenges are complex and multi-factorial, and require considerable collaborative efforts anchored to our Strategic Priorities and National Health and Well Being Outcomes.
- 7.6. The savings requirement to balance the Set Aside budget for 2021/20 is estimated to be £1.060m and has essentially rolled forward from 20/21 to 21/22 as a result of the impacts of Covid.
- 7.7. As the set aside work is reviewed and develops and report's recommendations to inform decision making, it will become more apparent where cost avoidance, through improved patient flow and bed management, can be achieved. However, at this stage, it is currently viewed that financial balance within the Set Aside budget is assessed as high risk.
- 7.8. Risk sharing arrangements the for Set Aside budget also require further discussion and agreement post implementation.

**8. National Care Home Contract (NCHC) Update and Care and Support Framework 2020/21 Onward for Care at Home and Day-care Providers**

*National Care Home Contract (NCHC)*

- 8.1. A settlement letter for the 21/22 NCHC rate was signed by Scotland Excel, Scottish Care and the Coalition of Care & Support Providers in Scotland on 19 April 2021 setting the following rates, effective from 12 April 2021
  - Nursing Care Rate (per person per week) £762.20
  - Residential Care Rate (per person per week) £653.79

The settlement also includes a commitment from Scotland Excel and COSLA to seek an updated position from COSLA leaders in relation to nurses pay when the NHS uplift for 2021/22 has been agreed.

- 8.2. Provision has been made in the cost estimates contained within this budget paper for the estimated impact of the proposed Agenda for Change pay uplift on the cost of care calculator for the NCHC. Changes to rates will be actioned when the pay uplift is agreed and a revised settlement letter is received. The additional resources committed by Scottish Government to support the implementation of the Scottish Living Wage will support these costs.

*Care at Home and Day-care Providers*

- 8.3. The Scotland Excel care and support framework was approved by the IJB in March 2020 and this decision was incorporated within the 2020/21 Directions issued to Stirling and Clackmannanshire Councils. It has been implemented in Stirling but, for various reasons including concerns about not being possible to

implement within the financial parameters agreed by the Board, and workload implications which have been exacerbated by the pandemic, it has not yet been implemented in Clackmannanshire.

- 8.4. Discussions in regard to this have been ongoing with Procurement and Commissioning colleagues, Clackmannanshire Councils Senior Manager (Legal and Governance) and members of the Partnership Senior Leadership Team to find an appropriate way forward to implement the framework in Clackmannanshire considering legal, contractual and financial implications. It was reported to the March IJB meeting that preparations would be made to implement the Care and Support Framework in Clackmannanshire by 1 April 2022. Further discussions have now been taken forward in this regard and it is anticipated the framework will be implemented in Clackmannanshire from 1 October 2021. A provision has been made within the revised budget for potential cost implications though the approach to implementation will seek to minimise these.
- 8.5. This is considered to be pragmatic way forward taking into account the current position ensuring the Council are not placed in a position of not complying with the direction from the IJB through circumstances not fully within their control. It will require a revised 20/21 Direction to be issued to Clackmannanshire Council. Normal practice has been to issue final directions after the year end outturn is formally reported to the IJB. This will therefore be issued after the June 2021 IJB meeting.
- 8.6. With relation to 2021/22 rate uplifts the Scottish Government has agreed a national approach of a 2.2% uplift and the costs of this are provided for within the estimates contained in this paper. Action is being taken to implement this as soon as possible.

## **9. Directions**

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- 9.1. As previously reported to the IJB, updated statutory guidance on directions were published by Scottish Government on 27 January 2020.
- 9.2. It is intended to develop our approach to Directions in line with this and the proposed approach previously agreed by the IJB. However, due to the understandable and continuing focus of managing the impact of the pandemic, it has not yet been possible to focus on this. Therefore, it is proposed that the Chief Officer issues initial high level directions for financial year 2021/22 to the constituent authorities at this point.
- 9.3. This is a pragmatic approach based on current circumstances and the Board is asked to delegate authority to the Chief Officer to issue initial directions.
- 9.4. It is anticipated this issue will be revisited and the Chief Officer intends to facilitate some dedicated work on this topic as soon as is practicable.

## **10. Reserves Strategy & Projected Reserves Position at 31 March 2021**

- 10.1. Given the financial pressures which have faced the Integration Joint Board budget since establishment, the Board does not currently hold any general reserves to assist in managing financial risk or unforeseen circumstances with financial consequence, though it is currently projected that a general reserve will be established at 2020/21 year end based on current projections.
- 10.2. The extant reserves strategy and policy does not set a minimum level of reserves, general or otherwise. The reason for this was at outset it was not envisaged at establishment that the Integration Joint Board would hold significant levels of ongoing reserves but rather reserves would be held to:
- Facilitate change programmes spanning more than one financial year; and
  - Manage timing between receipt and optimal timing of expenditure for maximum impact of resources allocated for specific purposes via Scottish Government e.g. for Primary Care and Mental Health Transformation

This policy was generated by the Finance Workstream set up as part of the planning process for Integration Joint Boards in the Forth Valley area and as such reflected collective professional opinion at that point in time and took due account of the differential financial regimes of NHS Boards and Local Authorities particularly in relation to ability to hold reserves.

- 10.3. The MSG Proposals on Progress on Integration and the IJBs Annual Audit Report (AAR) included recommendations regarding reserves policies and strategy including consideration of a minimum reserves level.
- 10.4. The IJB and its committees have articulated a desire to build a reasonable level of reserves over time taking account of:
- The MSG proposals, and the partnerships consolidated response and recommendations from the IJBs External Auditors
  - The financial operating environment, risk profile and the status of the IJB as a section 106 public body
  - CIPFA (LAAP) Bulletin 55 Guidance Note on Local Authority Reserves and Balances
  - Recently reviewed reserves policies and strategies in other IJBs
- 10.5. Discussions with the Audit and Risk and Finance and Performance Committees have been held in relation to establishing a target and minimum level of reserves even if the target level was viewed at that time as aspirational and required to be built up over time. The Medium Term Financial Plan approved in March 2020 incorporated a plan to build a level of general reserve over the 3 years from 22/23 to 24/25 subject to being able to present a balanced overall budget.
- 10.6. Taking the above into account and it is proposed to establish a revised reserves strategy and policy based on:

- A minimum reserves level of 0.5% of annual budgeted expenditure
- A target reserves level of 2% of annual budgeted expenditure

10.7. As reported to the March IJB it is likely that the reserves position at 31 March 2021 will be temporarily in excess of target. This is predominantly as a result of a balance of Covid funding from 20/21 which will be a first call on Covid exceptional expenditure in 21/22 via a Covid earmarked reserve. The position is acknowledged by Scottish Government and a letter confirming this was received from Richard McCallum, Director of Health Finance and Governance on 14 April 2021 confirming this. A copy of the letter is attached at Appendix 2 to this paper.

10.8. Subject to the IJB's agreement, a revised and updated reserves policy and strategy will be prepared for consideration and recommendation by the Audit and Risk Committee in June 2021 and formal approval by the IJB thereafter.

10.9. At the time of writing the value of the Covid earmarked reserve was not yet finalised however the anticipated value of other IJB reserves is projected as follows:

General Reserve	£2.757m
Transformation Earmarked Reserve	£1.184m
Other Earmarked Reserves	£2.627m
<b>Total Excluding Balance of Covid Funding</b>	<b>£6.568m</b>

The Covid earmarked reserve arises is a result of difference between estimated Local Mobilisation Plan (LMP) per the 15 January submission and LMP recorded expenditure plus remaining Scottish Government Covid policy allocations from financial year 2020/22 e.g. Social Care Winter Funding.

10.10. The other earmarked reserves figure includes resources for Scottish Government policy commitments including Mental Health and Primary Care Transformation of £0.947m which is anticipated to be expended during 2021/22. It also includes resources received from Scottish Government late in 2020/21 in relation to Drug Related Deaths (£0.083m), District Nursing workforce (£0.057m) which will be expended in 2021/22 and a £0.512m Community Living change fund to sponsor change over the 2021/22 and the following 2 years. Therefore, there are multiple short term reasons for reserves to be higher than normal at 31 March 2021 and it is important the IJB understand the full context of this. It is anticipated the reserves position will return to nearer the proposed target level set out at section 10.6 of this paper by the end of financial year 2021/22.

10.11. The re-establishment of a level of general reserves is a significant element of a prudent financial management strategy for the IJB and it is critical through prudent financial management and effective budget management this is maintained in future years.

10.12. A full analysis of reserves at 31 March 2021 will be included in the year-end financial report and the IJBs Annual Accounts.

## **11. Key Risks**

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- 11.1. Financial Resilience is a risk recorded on the IJBs Strategic Risk Register (SRR). It is normal practice that this risk is reviewed both periodically as part of routine review of the SRR and annually based on the risk associated with the review budget.
- 11.2. Covid19 continues to pose a significant risk to our local communities, society, the services we provide, the partnership budget and the wider economy. The economic impact of Covid19 will have a profound impact on the financial environment in both the short and medium to longer term.
- 11.3. The key risks in relation to the considerations set out in this budget are:
- Levels of uncertainty in relation to both service demand, costs and resources. This is the most significant risk facing the partnership in both the short and medium term.
  - The growing demand and complexity of service delivery coupled with ongoing constraints in public expenditure is both a financial and service risk in terms of key partnership performance areas, such as delayed discharge going forward.
  - The risks associated with the ongoing challenges associated with Covid and cost implications of such, including the risk that Covid consequential funding is inadequate to meet cost implications.
  - The risk that planning assumptions made are materially different from outcomes.
  - The risk that demand for and cost of services is materially different from assumptions. As has been discussed with the Board and Finance and Performance Committee predicting future demand has become more challenging as a result of Covid.
  - Risks associated with recruitment, retention and resilience of the workforce. This includes the workforce of commissioned service providers as well as workforce directly employed by the constituent authorities.
  - Ongoing risks associated with Brexit and the supply and cost of products including drugs and other therapeutics.
  - The risk that adequate savings and efficiency programmes cannot be delivered to balance the partnership budget.
  - Risks associated with future policy decisions from Scottish Government.
  - The risk of material error or misstatement and/or unforeseen circumstances with significant cost implications.

## **12. Conclusions**

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- 12.1. This revised Revenue Budget paper is presented to the Board for taking account of issues that were still fluid at the time of the March 2021 as a result of the exceptional circumstances in relation to Covid and knock on effects of

budget setting processes. As a result of the updates detailed in this paper a balanced budget is presented for the IJBs approval.

- 12.2. Gaining and maintain momentum on the Transforming Care Programme and untapping the opportunities of collegiate whole system working is critical at this point. It is likely the future over the medium term will be increasingly challenging in terms of demand, costs and resources and making significant progress over the remainder of 2021/22 is therefore critical.
- 12.3. We will also require to align our plans and keep a watching brief on the policy landscape in response to the Independent Review of Adult Social Care and how this is reflected in political manifestos, economic strategy and the planned review of Scottish Governments Medium Term Financial Framework for Health and Social Care.
- 12.4. It is key that the ways the challenges are addressed include ongoing participation, engagement, co-design and co-production with stakeholders and communities along with progress on locality planning and continued development of the role of the Strategic Planning Group are integral to this.

**13. Appendices**

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Appendix 1 – Savings and Efficiency Programme Risk Assessment  
 Appendix 2 - Letter from Richard McCallum, Director of Health Finance and Governance, Scottish Government in Relation to IJB Reserves  
 Appendix 3 – Business Cases for Proposed Commitments:

- 3.1 Self Directed Support Lead
- 3.2 Technology Enabled Care Officer
- 3.3 Care Home Assurance Team
- 3.4 Short Breaks Co-ordinator
- 3.5 Reablement
- 3.6 Planning & Performance Capacity

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

Implications	
<b>Finance:</b>	Financial Implications are detailed in the body of report.
<b>Other Resources:</b>	Adequate resources are required to effectively manage the Partnership Budget and deliver the Transforming Care Programme. This includes adequacy and effectiveness of support services for integration functions.
<b>Legal:</b>	The IJB has a statutory duty to seek to achieve best value from the resources it deploys.
<b>Risk &amp; mitigation:</b>	Key risks are set out in the body of the report. The financial resilience element of the Boards Strategic Risk Register will be reviewed based on these updated risks.
<b>Equality and Human Rights:</b>	The content of this report <b><u>does not</u></b> require an EQIA. EQIAs will be prepared for significant service change proposals.
<b>Data Protection:</b>	The content of this report <b><u>does not</u></b> require a DPIA
<b>Fairer Duty Scotland</b>	<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: <a href="http://www.gov.scot/Publications/2018/03/6918/2">http://www.gov.scot/Publications/2018/03/6918/2</a></p> <p><b>Please select the appropriate statement below:</b></p> <p>This paper <b><u>does not</u></b> require a Fairer Duty assessment.</p>

## Appendix 1

	Amount Rolled Forward from Unachieved 20/21 Savings £m	Alignment with Strategic Priorities	21/22 Estimated Savings £m	Current Risk Rating R/A/G
<b>Integrated Budget</b>				
Rural Models of Care	0.499	Care Closer to Home, Caring Connected Communities	0.625	
Full Year Effect of Grip and Control Actions at Bellfield	0.200	Care Closer to Home, Supporting People Living with Dementia	0.350	
Full Year Effect of Grip and Control Actions at Menstrie	0.100	Care Closer to Home, Supporting People Living with Dementia	0.100	
Strategic Commissioning Aligned to Strategic Plan Priorities	0.000	All	0.200	
Medicines Optimisation (including PII PII element est @ £0.325m) Further savings anticipated through other strands of work incl. Formulary etc.	0.600	Care Closer to Home, Primary Care Transformation, Supporting People Living with Dementia, Alcohol & Drugs	0.600	
Demand Management Including Review Activity and Reductions in Long Term Care	0.600	Care Closer to Home, Caring Connected Communities, Supporting People Living with Dementia, Alcohol & Drugs	0.600	
Learning Disability/Mental Health Redesign - New Models of Care including Supported Living	0.654	Mental Health, Care Close to Home, Caring Connected Communities	0.654	
Charging and Improving Income Recovery		All	0.100	
<b>Total Integrated Budget</b>	<b>2.653</b>		<b>3.229</b>	
<b>Set Aside Budget for Large Hospital Services</b>				
Integrated Whole System Working Projects	1.060	Care Closer to Home, Mental Health, Supporting People Living with Dementia	1.060	
<b>Total Set Aside Budget</b>	<b>1.060</b>		<b>1.060</b>	



T: 0131-244 3475  
E: [richard.mccallum@gov.scot](mailto:richard.mccallum@gov.scot)

HSCP Chief Finance Officers  
via email

cc  
HSCP Chief Officers  
NHS Board Directors of Finance

14th April, 2021

Colleagues

I am writing further to recent discussion with IJB Chief Finance Officers in relation to additional funding provided to respond to the Covid-19 pandemic.

Following a detailed review of the financial position, £1.7 billion of additional funding has been provided in 2020/21 to the Health and Social Care Sector for Covid-19 pressures. Of this, a total of £561 million has been allocated to Integration Authorities, which includes funding for sustainability payments to meet forecast costs for 2020/21, in addition to wider social care support, such as reducing delayed discharges, and for loss of income and other staff costs. This includes £112 million allocated to Integration Authorities as additional funding committed through Adult Social Care Winter Plan.

It is clearly understood that the impact of Covid-19 will span across financial years, particularly for items such as sustainability payments, which have been agreed will continue until June 2021. There will, for example, be claims received in April and May 2021 that relate to financial year 2020/21. As a result of this, there is likely to be under or overspends against the earmarked Covid-19 funding at year-end within individual Integration Authorities. Where an overspend occurs, you should inform the Scottish Government as soon as possible. This will enable an assessment to be made about additional funding, which may be provided to ensure services are sustained.

Where an underspend occurs, I expect that, in line with usual accounting arrangements for Integration Authorities, this is carried in an earmarked reserve for Covid-19 purposes into 2021/22. My expectation is that this funding would be used before further allocations are made through Local Mobilisation Plan returns. This can be used to support continuation of costs which were funded in 2020/21 as a direct result of Covid. Where this earmarked reserve is used to meet new expenditure that had not been funded in 2020/21, I would expect agreement with the Scottish Government about the proposed use before committing to this expenditure. It is also important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.



As in previous years, earmarked allocations, such as for the Primary Care Improvement Fund (PCIF), Alcohol and Drugs Partnership (ADP) and Mental Health Action 15 Workforce funding, should be used or held in reserve for the purposes agreed with the Scottish Government policy teams.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance

## Business Case

<b>Programme Name</b>	Refreshed approach to Self-Directed Support (SDS)
<b>Date</b>	1 <sup>st</sup> April 2021
<b>Submitted by</b>	Wendy Forrest
<b>Title / role</b>	Head of Strategic Planning and Health Improvement

### **Programme aims & opportunities**

The publication of Audit Scotland - Self-Directed Support 2017 Progress Report provides an insight into implementation of all elements of the legislation across Scotland as well as clear messaging from services users and carer of their experiences. The Audit Scotland Report and the National Review of Adult Social Care reinforce the national commitment to choice and control within a context of SDS.

There is widespread recognition across Clackmannanshire and Stirling that there has made limited progress on SDS since integration in 2014. An Internal Audit report in 2018 recommended attention on SDS progress. In addition, the HSCP's designated lead social worker for SDS left the HSCP in mid-2019 and this post has not yet been replaced. Recent service mapping linked to the local adult social work review suggests that current knowledge and associated practice around SDS is inconsistent across Localities (rural and urban settings), within professionalisms and across care groups.

The HSCP's Transforming Care Board (TCB) agreed to undertake a specific review of SDS as part of the transformation programme of work, in line with these findings and aligned to the 'care close to home' and 'caring and connected communities' themes of the Strategic Improvement Plan.

Clackmannanshire and Stirling HSCP recognises and has stated its committed to supporting those who wish to take advantage of the opportunities that Self-Directed Support provides; we recognise that self-directed support is not a separate entity or service but rather a way of working with individuals and their families.

By creating a dedicated programme of work there will be key actions delivered:

- To support supported people and families to understand the SDS options available;
- To embed Self-Directed Support across the HSCP's assessment process and within the model of care and support across adult services;
- To support and deliver better outcomes for supported people and their families and carers.

A refreshed integrated resource framework will need to support indicative personal budgeting assessments, with the aim of this framework being to support fairness and equality across all individuals eligible for local authority funded support.

There will be a focus on refreshing current practice guidance; review of assessment methodology and tools; development of a Continuous Professional Development programme; up to date public information on SDS and a review of the charging policy and financial framework which will all better inform the HSCP approach and provide better advice and information to those seeking support and services.

### **Current position & background**

The HSCP is committed to the principles of collaborative working and a shared vision for service delivery within a partnership setting; robust communication and engagement methods continue to be applied to assure the effectiveness of our locality arrangements.

As part of our programme of change for our SDS approach, we are seeking to reinforce a whole systems approach to commissioning and monitoring alongside delivering the strategic priorities for SDS in Clackmannanshire and Stirling across our own services, third sector and independent services in partnership with supported people and carers.

HSCP staff have previously had access to training; this provided information on each of the four SDS options as well as support and advice relating to the management and review of direct payments. However this has not been delivered consistently within a rolling programme.

A local review of adult social work is also informing the work, which the HSCP seeks to embark on, to revise and update the existing Self Directed Support arrangements.

The recent Stirling Council internal audit report into individual payments, provides feedback to support more efficient and effective processes and procedures in relation to delivering the principles of SDS.

The joint procurement of a new social care recording system across Clackmannanshire and Stirling will easily support working within the principles and value of SDS; this joint recording system, will ensure joint recording of initial referral discussions and facilitates the sharing and receiving of information from internal services as well as other commissioned partners.

## **Programme approach**

The HSCP has recognised the need to further develop local information on self-directed supports and already has an SDS Development Plan in place and seeks to appoint a dedicated SDS Development Lead to co-ordinate and deliver the plan.

There is a need to establish clear accountability and ownership of SDS acceleration across the HSCP by investing temporarily in a dedicated, full-time lead for SDS activity across Clackmannanshire & Stirling and for all care groups.

The new role would involve coordinating: promotion, training & development, improvement and sustainability of SDS.

Additionally, an SDS Forum that includes relevant stakeholders from staff, providers, supported people and representative groups would be established to support activity.

The HSCP can learn from existing practice in nearby Falkirk and other HSCPs across where these types of arrangements are in place. As well as from reviewing the learning from existing Care Inspectorate SDS Themed Inspection Reports.

The HSCP is already actively involving supported people and carers in the planning and operational development of the refreshed approach to SDS, listening to and responding to them, respecting what matters to them and the support they need.

The HSCP, with partners, seeks to deliver a wide range of services and opportunities; where people are able to impact positively in their communities by providing them with access to opportunities and supports as well as services. In practice, this will be reflected through an SDS centred asset based assessment processes, shared planning arrangements, joint delivery of care and support with third and independent sector as well as effective and appropriate information sharing across partners and carers.

Individual care planning also gives each individual and their carer the opportunity to be involved in making decisions about their care and support within a context of flexibility. We would wish to develop this further to create asset based assessments linking with wider community supports whilst creating innovative solutions led by individuals.

The HSCP along with partners provides information, advice and support about an individual and their carers' options; including the self-directed support and includes information about people's rights in relation to planning their support.

Both Carers Centres have taken on a distinct and clear role to support those seeking advice and information on SDS options and this service is locally promoted as being open to all carers; providing them with an independent advice, support and advocacy service for carers.

In addition, SDS Forth Valley has been commissioned to deliver advice, support

and information within and across our communities and this work is currently being developed to create better joint working.

These programmes of work will support consistent service practice and clarity across strategic accountability and governance; which will review, shape and reform the policy arrangements for SDS to be coherently delivery at all levels of the HSCP.

To deliver this refreshed approach to SDS and to create a clear understanding by operational services of our priorities and vision, we must deliver through our strong approach to joint leadership.

### **Risks & barriers**

There is a clear understanding that Self-Directed Support is based on principle and ethos as much as on practice therefore needs to offer real choice and control to individuals and their carers who are eligible to access social care services and support.

There have been several national audits, inspections and reports on HSCPs' performance on SDS implementation since integration – most of which show these challenges are not unique to CSHSCP.

Most recently. The Independent Review of Adult Social Care in Scotland reported in February 2021 and cites several of the audit reports published and also explicitly recommends that: *“The experience and implementation of Self-Directed Support must be improved, placing people using services’ needs, rights and preferences at the heart of the decision-making process.”*

The risks of not investing in refreshed approach to SDS

- Legislative risk of not being unable to meet the legislative requirements of the SDS (Scotland) Act
- Financial risk – delivery of care and support based on choice and control supports more effective spend and better outcomes for individuals
- Reputational risk for the Councils and HSCP – there is a pending inspection in Clackmannanshire and Stirling focused on SDS

### **Benefits**

This refreshed approach will:

- Create better outcomes for supported people and their carers.
- Support practitioners' learning and development to create a confident workforce able to deliver an SDS approach.
- Offer better value for money focused on outcomes for individuals.
- More transparent spending on individuals' needs.
- Better and more focused carer support.

The HSCP SMT and both Councils have focused energy and commitment into

their own and the wider organisation's development agreeing that commissioning and procurement aligned to SDS approaches are key areas for imminent review, growth and development.

### **Cost and funding source**

There may be some relatively small scale non-recurrent costs to support the work discussed in this business case. It is assumed these will be met through the proposed leadership fund, subject to approval.

The cost of the proposed post is £0.044m per annum and as a key strand of transformation is proposed to be funded through transformation funding. Provision is being made for this as part of the revised 2021/22 IJB Revenue Budget.



## Business Case

<b>Programme Name</b>	Technology Enabled Care (TEC)
<b>Date</b>	1 <sup>st</sup> April 2021
<b>Submitted by</b>	Wendy Forrest
<b>Title / role</b>	Head of Strategic Planning and Health Improvement

### Programme aims & opportunities

Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) seeks to deliver high quality and safe services for our citizens. However this is currently being done within a context of significant and ongoing financial and operational pressures; including an ageing population with significant ill health and issues of co-morbidity; increasing public expectations for flexible and person centred services; and a decreasing budgetary envelope.

As an HSCP, we have committed to an ambitious programme of transformation including a whole system review of how support and care is accessed, managed and delivered within the community. In addition, we are seeking to transform community health and social care services to meet with public expectations within a context of fiscal responsibility.

Whilst care and support is needs led it is also resource bound, as such delivery of all services must be done in the context of Best Value; ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for those accessing care and support.

Technology Enabled Care is one of the key enabling activities, as laid out in the HSCP Strategic Plan 2019 - 2022, and it is recognised that any future service redesign needs to ensure that Technology Enabled Care is embedded across all parts of our newly developing integrated care pathway; and that our community health and social care services are able to adjust and adapt to new patterns of care, demand, and opportunities from new treatments and technologies.

To deliver our commitment to a “TEC First” approach - the proposal is for the creation of a Technology Enabled Care Development Lead for a period of 6 months.

The post will provide capacity to scope out the requirements for fully embedding Technology Enabled Care across all areas of practice. This will be achieved through the mapping of current Technology Enabled Care provision across our communities; the level of staff and public awareness of the scope and opportunities of the use of technology; and undertaking a gap analysis for future developments as applicable to community health and social care.

## **Current position & background**

Technology Enabled Care is defined as the use of telecare, telehealth, video conferencing and mobile health & wellbeing to improve outcomes for individuals through the application of technology as an integral part of cost-effective care and support.

Currently, the HSCP has two Technology Enabled Care teams working across the three Localities; these teams provide telecare which includes a community alarm service (where an emergency response team reacts to people activating alarm sensors).

There is, in addition, a range of other technology available to individuals which includes, but not exclusively, door sensors, falls sensors, pressure sensors for beds and chairs as well as other monitoring systems linked to movement out-with the house or homely setting.

The HSCP is keen to keep up with and learn about the constantly developing technology and how it being utilised across the country – for example support for remote clinical recording and management of long term conditions including diabetes (a key area of priority identified within the HSCP Strategic Needs Assessment). The opportunity to review demand within communities, to review the need for home visits and medicines prompts and to be able to offer less intrusive technological solutions for people in their own homes.

As a society, and as an HSCP, we have been able to better embrace a new digital world over the past year, as a result of the pandemic, and as such, there is now an opportunity to holistically scope out future developments to proper embed a 'TEC First approach'.

Delivery of Technology Enabled Care requires commitment from all practitioners within community health and social care services across all sectors, and with individuals, carers, families and wider stakeholders to help support those living in our communities and to maximise independent living.

The Scottish Government has prioritised and promoted the use of technology and care within a context of community health and care since 2016 across a range of policy drivers and strategies, and as an HSCP we have committed to transform our community services to be future proof and deliver our key strategic commitment of "care closer to home".

- Scottish Governments 2020 vision
  - "technology will play a part in achieving this vision allowing people to manage their health and care as well as their wellbeing"
- eHealth Strategy 2014-2017
  - Reflects on developments since 2011 and includes a perspective out to 2020
- A digital strategy for Scotland published in March 2017
  - Aims to "ensure that Scotland is recognised throughout the world as a

vibrant, inclusive, open and outward looking digital nation”

- Digital Health and Social Care Strategy 2017-2020:
  - Build on what we have and spread what works
  - Create a permissive culture through improved leadership, workforce development and rebalancing our approach to risk
  - Provide individuals with access to digital information, tools and services that are required to help maintain and improve health and wellbeing
- The Active and independent Living Programme in Scotland 2017
  - “need to use technology to support early intervention advice and education”
- Health and Social Care Delivery Plan Dec 16
  - Digital Technology is key to transforming health and social care services so that care can become more person-centred. Empowering people to more actively manage their own health means changing and investing in new technologies and services
- Scotland’s National Dementia Strategy 2017-2020
  - “we want to make technology accessible for people with dementia”
  - “We are working with Alzheimer’s Scotland to develop a programme of transformational change around the use of technology for people living with dementia to ensure mainstreamed approaches to technology”

## **Programme approach**

By creating a Technology Enabled Care Development Lead, the HSCP will have capacity to network with other areas and create scope for learning where HSCP areas have further developed the implementation of a TEC First approach.

The Technology Enabled Care Development Lead post will be based within the HSCP Locality Team to be part of the frontline operational delivery of community health and social care, this will ensure first-hand learning linked to the impact of TEC for staff and wider stakeholder’s experiences.

The Technology Enabled Care Development Lead will undertake key activities over the period of six months, concluding in the production of an end of programme report to the HSCP Senior Leadership Team, outlining key recommendations and next steps for embedding Technology Enabled Care as well as identifying opportunities for funding.

The key activities:

- Scope, develop and build on the existing Technology Enabled Care approaches from across the HSCP
- Increase awareness and learning sessions for staff, individuals, carers, families and stakeholders on the use of technology to improve outcomes and maintain independence
- Increase stakeholder engagement, participation and understanding on the use of Technology Enabled Care, particularly to personalise care and support and improve outcomes for individuals, carers and families
- Strengthen and support strategic and operational partnerships within the HSCP and other stakeholders including Scottish Government TEC Team and eHealth within NHS Forth Valley

- Promote and integrate the effective use of TEC as a sustainable and cost effective component of community health, housing and social care
- Consider innovative use of current and future technology to deliver new models of care and redesign appropriate pathways.

### **Risks & barriers**

There is an ongoing need to reinforce to practitioners, individuals, carers and families that technology supports but does not replace human intervention and may not be suitable for all interventions.

There are established integrated strategic and service delivery arrangements across adult social care services to reflect our ongoing and established duties to function as integrated structures as described within Public Bodies (Joint Working) (Scotland) Act (2014), and the development of a changing inspection regime across all services.

The risks of not investing in refreshed approach to Technology Enabled Care

- Legislative risk – not being able to meet the legislative requirements of above
- Financial risk – prevention and early intervention as a model is more cost effective and produces better outcomes for individuals
- Aligns to the imminent move from analogue to digital and the need to future proof current equipment in people's homes.

### **Benefits**

There is significant evidence Technology Enabled Care can support people to have greater choice, control and confidence in their own care, support and wellbeing.

A range of technology solutions can deliver better outcomes for those using our health, housing, care and support services and to enable them to remain independent and safer at home for longer.

Technology Enabled Care provision creates the environment for more effective reablement and rehabilitation and therefore should support earlier hospital discharge and reduction in bed days as well as avoiding unscheduled care and unnecessary hospital admissions.

The benefit of raising awareness and understanding to shift from the technology itself to care and support facilitated by technology and equipment with a focus on person centred positive outcomes.

### **Costs**

Technology Enabled Care Development Lead - cost for 6 month fixed term appointment is estimated at £0.025m including provision for business travel and other costs such as mobile telephony.

As this is key to transformation it is proposed the costs are funded from Transformation Funding. Provision has been made for this in the revised IJB Revenue Budget.



## Business Case

<b>Programme Name</b>	HSCP Care Home Team
<b>Date</b>	1 <sup>st</sup> April 2021
<b>Submitted by</b>	Carolyn Wyllie
<b>Title / role</b>	Head of Community Health and Care

### Programme aims & opportunities

Clackmannanshire and Stirling Health & Social Care Partnership (HSCP) aims to deliver high quality and safe services for our citizens. A key element in the response to the COVID pandemic was the ability of the HSCP and its partners to demonstrate agility and innovation in making the changes required to meet the needs of the community.

At the request of the Scottish Government, the HSCP and NHS Forth Valley developed a Care Home Assessment and Response Team (CHART) in order to provide assurance and support to care home staff and their residents at a time of utmost vulnerability across both Forth Valley HSCPs.

The actions undertaken by Stirling and Clackmannanshire HSCP in partnership with NHS Forth Valley aimed to ensure all care homes across Forth Valley were to be fully compliant with:

- All Scottish Government Guidelines in relation to COVID 19 in residential settings
- The use and disposal of PPE
- All infection prevention and control measures
- Staff training on these requirements
- The national enhanced testing regime within care homes.

The close collaborative working of CHART has enabled the multi-disciplinary team to have a 360 vision of how all the Care Homes are responding to and supporting their residents during the COVID pandemic.

This integrated community based model has also enabled the multi-disciplinary team to assess and monitor the quality standards within care homes. This has been unprecedented in the local area and has led to better engagement and discussion between community health and care services in the HSCP and providers about shared quality assurance and improvement.

As services recover and re-mobilise, there is a need to consider the benefits of the recent close collaborative and integrated working across the formal statutory services and care homes from the independent sector to formalise the model into a more permanent team. In turn, this will ensure that the supported people and care home residents whom the HSCP's assess as requiring a bed based model of care, are receiving a high quality of care and importantly, quality of life.

### **Current position & background**

The Regulation of Care (Scotland) Act set up the Inspection body (Care Inspectorate) that registers and inspects all Care services regulated under the Act and undertakes a formal inspection process which monitors the quality of a service based on the compliance of the National Care Standards. The standards are a set of principles where they describe what each individual can expect from the service provider focusing on quality of life, dignity, privacy, choice, safety, realising potential and equality & diversity.

Care Inspectorate (CI) grading's for care homes are variable across the area, nine care homes have received adequate, weak and poor gradings on their last inspection, one of these homes has now closed.

The HSCP model is not to replicate that of the formal Care Inspectorate inspection process, but rather create an innovative model of assurance and quality improvement through pro-active engagement and monitoring which is based on regular communication with providers, residents and their legal representative or families.

In addition, the HSCP has a statutory duty to complete annual reviews for every client funded to live in a care home, regardless of geographic location. At the present time, annual reviews have been delayed due to the pandemic, which is why, as services recover this must be seen as priority to meet this statutory function.

Person centred care puts people at the heart of their support and offers them an opportunity to have choice and control in how their care is delivered. Put simply services are commissioned from the independent and third sector to meet shared and agreed outcomes for residents; therefore there is an ongoing need to evaluate if residents' outcomes are being met and providers are achieving their outcomes; and as an HSCP we must be able to challenge inadequate levels of care if they are identified.

Analysis of each individual's outcomes is critical to meet the national Health and Social Care Standards, which set out what the public should expect when accessing health, social care or social work services in Scotland.

Within Clackmannanshire and Stirling, there are 15 care homes within the nursing sector, which are commissioned from the third and independent sector and consist of a total establishment of over 1000 beds.

The residential sector is partly commissioned and consists of five residential care homes equating currently to approximately 100 beds. In addition to Care Homes, the HSCP has short-term assessment beds in the Bellfield Centre, Stirling and Ludgate in Alloa and five resources, which are defined as extra care housing complexes.

Over the last year, there have been five Large Scale Investigations (LSI) of homes in the HSCP area. LSI's are intensive and at times, a distressing process for all of those involved especially residents and their families.

In 2020 no home across Scotland was been inspected on the areas of:

- Care & Support
- Environment
- Staffing
- Management & Leadership

However, all homes have been inspected utilising the Quality Inspection Framework evaluations in 2019 and 2020 with six receiving a follow up evaluation.

Where care homes are assessed as weak or poor by the Care Inspectorate, the proposed HSCP Care Home Team will provide clinical and social work to support the care home and will work with them to develop their improvement plan to ensure care and support of residents improves.

This approach utilises significant resource in supporting the care home involved and will often require significant effort to develop the improvement plan as well as weekly reviews until objectives are achieved, which can be over a number of months.

We are currently collating the number of out of area placements for older people, learning disability, mental health and complex care where the HSCP is also responsible for the statutory annual review. Reviews of this kind will also be the responsibility of the HSCP Care Home Team, with an estimated number of out of area placements in excess of 300.

As such, within the current community health and social care capacity the HSCP will be unable to meet the assurance responsibilities within our care home sector or the statutory requirements of annual review processes.

### **Programme approach**

*The needs of care home residents require co-ordinated input from generalists and specialists of multiple disciplines in partnership with social care professionals and care home staff. Partnerships are essential, built on shared goals, reliable*

*communication and mutual trust*. The British Geriatrics Society - A Call for Leadership, Partnership and Quality Improvement Report (2011).

From a social work perspective, and prior to April 2020, the responsibility for annual reviews of care and support of care home residents was undertaken by the generic Locality teams. Unfortunately, due to a lack of capacity across the operational teams priority was often directed to crisis interventions and the assessment of new clients rather than ongoing care home reviews, with the quality monitoring of care homes falling to commissioning colleagues. The numbers and outcomes of reviews were not reported through any formal process and there was little evidence of a collaborative network across other professional teams.

Therefore, within the HSCP structure, our proposal is to continue to have an HSCP Care Home team which would be separate to the Locality Teams across Clackmannanshire and Stirling.

Based on our experience of the CHART Team, the benefits of the proposed HSCP Care Home Team's multidisciplinary approach would be:

- Improved health outcomes for residents
- The promotion and delivery of person-centred care
- Increased satisfaction for residents, their relatives/representatives and care home staff
- More efficient use of resources
- Enhanced knowledge sharing and education across staff groups.

The HSCP Care Home Team would have a specific remit to meet the current assurance responsibilities as well as statutory review requirements.

The HSCP Care Home Team would:

- Establish link workers who will work to Localities and undertake monthly visits to support care homes and the Care Home managers
- Lead on implementing the Early Indicators of Concern Model<sup>1</sup> to support quality improvement
- Ensuring involvement of multi-disciplinary staff in individual residents' reviews
- Work collaboratively with Care Home liaison nursing & clinical staff; Older People Mental Health Care Home liaison nurses; Infection Prevention and Control staff; and primary care / GP practices
- Ensuring statutory reviews are completed annually and focus on quality of life as well as care
- Support Adult Support and Protection process and aid identification of individuals who may be at risk.

The Early Indicators of Concern Model (University of Hull) research provides a framework for health and social services to work together within a model of prevention in services for older people; through the identification of clear and tangible indicators of concern and using the guidance to inform and support practitioners who visit services for older people. Health and social care practitioners who visit services for older people as part of their professional roles do notice signs or indicators of concern, which are associated with increased risk

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<sup>1</sup> <https://www.gov.scot/publications/early-indicators-concern-care-services/pages/4/>

of harm and neglect. Visiting practitioners are therefore well placed to identify and raise concerns through the proposed HSCP Care Home Team.

This model works to reduce the level of concerns that initiate Large Scale Investigations but will only work when there is consistency from within visiting practitioners who have the appropriate level of training to draw upon.

The team will use the Early Indicators of Harm model in conjunction with the Health and Social Care Standards to ensure standards of care and support are in keeping with individual resident's needs and wishes. On a practical level, there is a matrix that can be used to collect information and reflect on the risks that might be present in a service.

The research project behind this model was published in 2013 and resonated powerfully with professionals practice experience. The HSCP Care Home Team would lead on the implementation of this model in care homes, which will assist in early identification of areas of concern and ultimately ensure the quality of care and life is of a standard we would expect in order to avoid costly and distressing intensive investigations.

### **Risks & barriers**

There is a recognised risk that without investment, we will be unable to meet our statutory obligations and duties.

Across the HSCP, we are currently responsible for the monitoring of over 2000 care home placements, which span the breadth of Scotland although the majority are within the Forth Valley area.

### **Benefits**

The benefits of establishing an HSCP Care Home Team are:

- reducing the risk to residents through close monitoring of standards of care with all our care homes across all sectors
- proactive intervention and monitoring based on the early indicators of harm model
- putting in place measures to support care homes where concerns are identified.

By investing in a dedicated HSCP Care Home team, the team will be able to support the reduction in the number of LSI's occurring which can also be seen as a spend to save programme of work. The Team will achieve this through a programme of ongoing and consistent monitoring of all care homes, collaborative working with the care inspectorate and the introduction of an early identification of concerns programme.

## **Costs & Proposed Funding Source**

The estimated costs associated with this proposal is £0.155m per annum.

Non recurrent funding of £0.093m has been confirmed by Scottish Government in financial year 21/22 to accelerate the review programme. This was confirmed by letter from the Chief Social Work Adviser (CSWA) on 26 March.

The expectation of the CSWA is that reviews be completed within 3 months of the start date. This won't be possible in Clackmannanshire & Stirling however potential options to increase the pace of reviews will continue to be examined. This may come at a marginal cost so it is suggested that £0.055m of the non-recurrent Scottish Government funding supports the recurrent solution set out in this paper bringing the assumed in year marginal cost to the partnership to £0.100m. It is anticipated that the recurrent investment required can be brought within the figure of £0.100m through workforce redesign over the course of the remainder of 2021/22 financial year.

Provision for this is incorporated within the revised IJB budget.

## Business Case

<b>Programme Name</b>	Carer Short Break Service
<b>Date</b>	1 <sup>st</sup> April 2021
<b>Submitted by</b>	Wendy Forrest
<b>Title / role</b>	Head of Strategic Planning and Health Improvement

### **Programme aims & opportunities**

The programme aims to build expertise and capacity to support local carers to meet their agreed outcomes and to allow the HSCP to meet the statutory requirements of the Carers Scotland Act 2014.

The Shared Care Scotland description of Short Breaks: *“A short break is any form of service or assistance which enables carers to have sufficient and regular periods away from their caring routines or responsibilities. It is designed to support the caring relationship and promote the health and wellbeing of the carer, the supported person, and other family members affected by the caring situation.”*

There are a range of short break opportunities that can meet carers’ outcomes. Increasingly, carers are finding creative ways to take a break that don’t necessarily involve statutory services. For example, they might use leisure equipment, computers, gardens, or something else that provides a break from their caring responsibility.

Carers who wish to have a break, may be able to meet their personal outcomes by accessing universal (community) services. These are services which are provided to the public generally (for example, local leisure centres, clubs, or libraries). In such cases, a formal funded break for the carer may not be needed; however, support may be required to allow this to happen.

## **Current position & background**

The HSCP is aware that carers provide a range of informal support to individuals across our communities. The support provided by unpaid carers improves the health and wellbeing of individuals with support needs. It also enables people to live at home and be part of their communities.

The HSCP understands a break from a caring role is vital to maintain the health and wellbeing of any carer. A short break may be needed to deal with other family responsibilities or to attend a doctor or dentist appointment. In other situations, a Short Break such as a break away or holiday may be necessary.

Carers have certain legal rights:

- The Carers (Scotland) Act 2016 places a legislative requirement on the HSCP to provide support to carers, including Short Breaks. The Act also requires the HSCP to publish a statement setting out information about Short Breaks, including what services are available for carers.
- The Social Care (Self-Directed Support) (Scotland) Act 2013 says that the HSCP should provide information and advice about Self-Directed Support (SDS) options. If a carer is eligible, then they must be offered and an explanation of the range of choices for carers and for the person cared for, which can be provided, including access to short breaks.

Carers will be supported to identify the need for and potential benefit of a short break. The outcomes of a short break is personal to each carer and cared-for person, but may include:

- Carers having more opportunities to enjoy a life outside/alongside of their caring role
- Carers feeling better supported
- Improved confidence as a carer
- Increased ability to cope
- Reduced social isolation and loneliness
- Increased ability to support the caring relationship
- Improved health and wellbeing
- Improved quality of life
- Reduced likelihood of breakdown of the caring role

## **Programme approach**

The HSCP, alongside partners and the community, are required to meet these legal responsibilities, including access to the Short Break opportunities which carers need to support them in their caring role.

The HSCP has recognised the need to further develop local information on short breaks and seeks to develop an updated HSCP Short Break Statement. To deliver the programme the HSCP seeks to appoint a dedicated Short Break Co-ordinator to review current processes and procedures as well as delivering effective and person centred access to short breaks locally.

Carers and their representatives have told us that a single point of contact for carers is vital.

- To navigate the complexity of statutory health and care services.
- To offer advice and information on type and scope of short breaks available.
- To create consistency of support and a focus on carers' outcomes.
- To create updated policies and processes for carers accessing short breaks.

For the HSCP, a dedicated short break co-ordinator

- To provide a single operational contact for practitioners for short breaks.
- To provide a single point of contact for providers offering bed based short breaks and community based support.
- To offer more detailed financial and performance data and information on type and usage of short breaks for strategic planning.
- Establish clear accountability for the delivery of this statutory requirement of the Act and ownership of the carers' agenda.

By investing in a dedicated, full-time lead for carers' Short Breaks across Clackmannanshire & Stirling there are benefit for carers and the HSCP as well as for all care groups.

There will be an ability to provide flexible respite not bed based respite through a refreshed approach to short breaks, this approach has already been welcomed by consultees during the consultation on the rural models of care. it is hoped that this will support carers more effectively and minimise carer relationship breakdown.

Falkirk HSCP have had A Respite Bureau in place for a number of years and carers value the investment and approach. The HSCP can learn from existing practice in Falkirk and from other HSCPs across Scotland where these types of arrangements are in place.

The HSCP is already actively involving carers in the planning and operational development of the refreshed approach to the Carers' Planning Group, listening to and responding to them, respecting what matters to them and the support they need. The development of a Short Break Statement would be co-produced with carers by the new Short Break Co-ordinator.

The HSCP along with partners provides information, advice and support about an individual and their carers' options; including the self-directed support and includes information about people's rights in relation to planning their support.

### **Risks & barriers**

The Scottish Government has published guidance to accompany the Carers Act which, among other things, outlines the duty to waive charges for replacement care where the care is provided in order to give the carer a break. As a general rule, charges for supporting carers must be waived, whereas support for the cared-for person may be charged for in some circumstances. Therefore, it is essential to establish whether the support is for the carer, or the cared-for person. This

includes not only support which impacts the carer only, such as counselling or training, but also breaks from caring that enable the carer to meet their personal outcomes.

This may include charges associated with a leisure activity, or replacement care services (i.e. care which is designed to take the place of the usual care provided by the carer). As such, better local management of short breaks makes fiscal sense for the HSCP and being clear who being offered a short break.

The risks of not investing in Carer Short Break Co-ordinator:

- Legislative risk of not being unable to meet the legislative requirements of the Carers (Scotland) Act 2014.
- Financial risk – delivery of short breaks based on choice and control supports more effective spend and better outcomes for individuals.
- Financial risk – dedicated Carers Act monies are to be spend on carers' support require to be reported to Scottish Government as part of financial and performance returns.
- Reputational risk for the Councils and HSCP if carers' needs are not being met within the legislative framework for carers support.

## **Benefits**

This refreshed approach will:

- Create better outcomes for carers.
- Offer better value for funds focused on person centred short breaks for carers.
- Carers able to continue in their caring role and less need for statutory services.
- More transparent spending on carers' needs based on allocation from Carers Scotland Act.
- Better and more consistent practice as well as more focused carer support.
- A more consistent approach to short breaks across Forth Valley for carers.

## **Cost and funding source**

The estimated cost of the short breaks co-ordinator is £51k per annum.

The funding source will be the pass-through funding through the Local Government for ongoing implementation costs associated with the Carers Act.

This will form the first call on the resources proposed to be set aside for a 21/22 Carers Investment Plan which will be brought forward for consideration and approval in due course.

## Business Case

<b>Programme Name</b>	HSCP Reablement
<b>Date</b>	1 <sup>st</sup> April 2021
<b>Submitted by</b>	Carolyn Wyllie
<b>Title / role</b>	Head of Community Health and Care

### **Programme aims & opportunities**

#### **Programme Aim – Increase capacity and Flow in reablement Teams**

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.

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.

In respect of legislative requirements, the Integration Joint Board (IJB) is responsible for effective monitoring and oversight of 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 and 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.

Clackmannanshire and Stirling Health and Social Care Partnerships Strategic Plan underpins the delivery of services in these localities for Health and Social Care of which the Key Priorities are as follows:

Our Strategic Priorities	Our Key Enabling activities
Care closer to home	Technology enabled care
Primary care transformation	Workforce planning and development
Caring and connected communities	Housing and adaptations
Mental health	Infrastructure
Supporting people living with dementia	
Alcohol and drugs	

In 2012, Scottish Government developed a framework in order to help Health and Social Care partnerships design and improve intermediate care services in their locality (*Maximising Recovery, Promoting Independence: an Intermediate Care Framework for Scotland*).

Intermediate Care is concerned with prevention, rehabilitation, reablement and recovery which is built on the principle of self-management by helping to avoid the need for emergency admission to acute hospital (prevention and early intervention); promoting faster recovery and more timely discharge (rehabilitation & recovery); and helping people to re-learn vital life skills (reablement).

### Definition of Reablement

Reablement is a strengths-based, person-centered approach that promotes and maximises independence and wellbeing. It aims to ensure positive change using user-defined goals and is designed to enable people to gain, or regain, their confidence, ability, and necessary skills to live as independently as possible, especially after an illness, deterioration in health or injury.

The reablement approach supports people to do things for themselves. It is a 'doing with' model, in contrast to traditional home care, which tends to be a 'doing for' model. Reablement improves service users' independence, prolongs people's ability to live at home and removes or reduces the need for commissioned care hours.

### Principles of Reablement:

- leads to improved health and wellbeing
- uses a strengths-based, person-centered approach
- may be appropriate to support timely discharge from hospital or enable an individual to remain living at home if, due to illness or disability, they have increasing difficulty with daily life activities
- is non-means-tested, where the person will qualify for reablement if they meet the eligibility criteria, regardless of income or capital
- is time limited, where short-term support is provided, usually for up to six weeks, but possibly for a shorter period depending on progress
- focus should be on achieving outcomes rather than completing care tasks
- goals or outcomes should have meaning to the individual and be aimed at promoting wellbeing, autonomy, independence and choice
- plan should be determined by both the long- and short-term outcomes the person has identified
- Aims to help reduce or eliminate the need for future care services.

## Current position & background

Within Clackmannanshire and Stirling, the Reablement Service encompasses a number of services under its umbrella and operates within the Health and Social Care Partnership. The team provided a range of services including - rehabilitation at home, crisis care, rapid response, end of life support, and support for people living with dementia.

The aim and vision of the service is to maximise recovery and rehabilitation, as well as promote and encourage independence by maximising the person's potential, as well as promoting self-care of long-term medical conditions.

The team actively work across the spectrum of system-wide teams in order to facilitate and support people to be transferred to the right care at the right time and avoid any delays in hospital. The team also help prevent hospital admissions especially during a crisis or episode in the person's life.

The Reablement service provides support with routines, personal care, help with activities of daily living, build confidence to enable people to develop both the confidence and practical skills to carry out these activities themselves and to remain at home within their own communities safety, with the right support, with the right people for as long as possible. It is time-limited support to enable individuals to achieve maximum independence and to reduce dependence on health and social care services.

Operationally, the HSCP Teams:

- Focus on being Person centred and outcome focussed
- Promote active independent living through Rehabilitation, Reablement and Recovery
- Set time scales which involves the supported person
- Aims to enhance quality of life for people and reduce dependence on services
- Enable people to have more choice and control over their life by identifying what is important to the person and supporting them to participate to achieve this
- Has a partnership approach with the person, and if appropriate their family and friends
- Link with local community resources and specialist services that are available to support the person be independent
- Works with people to see how better use of technology can support within their own homes

Weekly review meetings with the supported person, as well as a robust and inclusive handover meeting, underpin communication and engagement when supported people are transitioned to commissioned providers should this be the outcome. The service operates 365 day per year from 7.30 am until 22.00pm

Currently, across the Stirling localities there are currently 79 clients supported in their own homes. Based on this data, Clackmannanshire client numbers are estimated at 39 giving a capacity requirement of 118 clients.

## Programme approach and Recommendation

### Efficiency and Effectiveness of additional Staffing – Case for investment

Every winter brings additional pressures to our health and social care system however, this winter we faced increased demand due to the global pandemic. Therefore, the development of a cross system approach to managing unscheduled care was paramount in order to optimise transfers of patients and avoid admission to hospital.

During 2020, our commissioning partners expressed concern that the recruitment and retention of Social Care staff was fragile and therefore, the HSCP took an active decision to increase capacity within the reablement team by employing an additional five staff across the team in Stirling. Whilst the increased capacity was seen as a response to 'winter planning', it was also a test of change in order to analyse if the additional workforce would deliver long term results both in terms of the HSCP strategic priority of care closer to home but also cost effectiveness and long term efficiency. In this particular model, cost effectiveness and long-term efficiency relate to the hospital bed days saved and the principle that if all people transferred from hospital are transitioned through a reablement programme, there should be an overall reduction in commissioned hours thereafter.

The Stirling Project started late December 2020 with a gradual increase of staff to 5 whole time equivalents. They supported people leaving hospital and those who would otherwise have been admitted to hospital should the reablement service not have available. The table below demonstrates that an increase of 5 WTE staff in Stirling, over a 4-month period, saved 503 bed days

<i>End Date</i>	<i>Beds/Nights saved</i>	<i>Total Hours provided</i>	<i>No of Clients</i>
Dec-20	5	5.5	1
Jan-21	47	101.5	4
Feb-21	59	99.25	7
Mar-21	247	371.25	11
Apr-21	145	242.5	19
<b>Total</b>	<b>503</b>	<b>820</b>	<b>42</b>

The project provided additional capacity to increase the number of referrals from acute and Community beds, which reduced typical lengths of stay, as well as support a number of step up referrals to avoid a hospital admission.

In terms of estimated cost avoidance using NHS Forth Valleys published 19/20 direct cost per day (£401.29) of a general medical bed uplifted by 3% for inflation gives a cost avoidance quantum of £201,848 for the study period.

If we take an average of bed days avoided over January to March 2021 at 118 bed days per month and scaled this over a year, it is likely to give a prudent indication of bed days (1,416) and costs (£568,226) avoided against the set aside budget and acute operational budgets.

Whilst this likely to be prudent as a result of momentum being gained over January and February caution should be applied in interpreting this as it does not necessarily mean savings are realisable on a cash basis.

Additionally, there is also significant evidence that post reablement, ongoing care packages can be reduced by up to 50%. The savings and efficiency programmes within the IJB Revenue Budget include a £0.600m target for impacts of reviews for adults (excluding Learning Disability and Mental Health which are subject to separate targets) including older adults. Agreement to the proposed investment in reablement will increase confidence in delivery of this target and assist in building an evidence base to inform the quantification of potential impact in future years.

An initial analysis of reablement data (out with the Stirling project) and looking more generally at the cost benefits of a reablement service has been difficult to ascertain due to the limitations of current recording systems. However, the Business-matching unit in Stirling has been able to analyse 70 transfers from Reablement to a framework provider, demonstrating that 34 of the transfers were reduced by a total of 118 hours of care per week, which is equivalent to 49% of supported people. Unfortunately the system does not record those packages where there were no on-going needs following a period of reablement so therefore this figure is expected to be higher.

### **Cost of Additional Resource Provision on an Annual Model**

The cost of the Co-ordinator to manage the additional team was absorbed into existing budget but for analysis, the cost of a Co-ordinator is £33,234 in total including employer's costs for National Insurance and Pension contributions.

The total cost of an additional Team to cover the whole partnership area is estimated at **£278,830** per annum (for 7.5 whole time equivalent staff), this estimate includes additional costs of approx. £7.5k per year on phones and vehicle costs.

In comparison, should we commission this service from our Framework providers, the cost for 7.5 full time staff, based on each working 35 hours per week would be £6,809 per week or **£355,021** annually.

The commissioned service would be unable to give flexibility that was demonstrated over the last 4 months in terms of why people were being referred and commissioned services are not based on a reablement model of working where the incentive is to reduce dependency on commissioned support.

### **Risks & barriers**

1. Reablement supports a focus on independence and harnesses the joint input of health and social services with the risk that without investment, we will be unable to meet our statutory obligations and duties to achieve no 'standard delays over 2 weeks'. The reablement service contributed significantly in the improved delayed performance in Stirling

2. Home care services will be overwhelmed unless solutions are found that decrease and mitigate demand.
3. The commissioned service spend for care at home will continue to grow and people will be unable to maximise their personal independence becoming ever more reliant on service provision
4. From a practice perspective, reablement gains part of its power from responding to the wishes of the majority of supported people to retain independence, choice and control, in their own life, including staying at home in line with the ethos of the Self Directed Support Act. Without this opportunity, we reduced the opportunity of choice, maximising independence, and control to the Supported person.

### **Benefits**

1. In considering whether reablement is affordable, the costs (and savings) of the services should be assessed against its potential benefits. We know that access to reablement improves people's quality of life compared with conventional home care services and there is also good evidence nationally, that reablement has significant potential to reduce ongoing care and support costs, despite the higher upfront costs compared with traditional home care.
2. Feedback from local teams –
  - Question to service user "How could we improve our service" - Response *"How can you improve when you deliver a gold standard of service already"*
  - From partners involved and worked closely with team: *Just wanted to say that having the Rapid Response Team to help with delayed discharges and "filling the gap" has made a huge difference to our recorded delays over the past 6 months. The communication from the team in respect of discharges from both Hospital and Bellfield has been great and their expertise in looking at assessments and requesting updates or confirmation on care before discharge, I believe, has meant no failed discharges.*
  - From Senior Officers - *I notice our delayed discharge continues to be one of the best performances in the country. Please pass on my thanks and appreciation to the teams for everything they are doing to maintain such a strong position, which is not at all easy.*

### **Costs, Value for Money & Proposed Funding Source**

Additional staffing across Clacks and Stirling is estimated to cost £278,830 per annum but drive efficiencies in cost avoidance terms of £568,226 through bed days saved.

Caution requires to be applied in understanding the difference between cost avoidance and realisable cash realising savings. However, in simple terms, the proposed investment in reablement generates over twice the original return on investment in terms of costs avoided through bed days saved.

Reablement programmes give people the potential to reach maximum independence instead of relying on care at home services which tends to 'do to' instead of encouraging self management and achievement of personal outcomes.

Further modelling and monitoring is required to estimate any direct impact on future demand and cost curves for social care also. There is positive evidence from elsewhere, particularly in England, however the differing policy landscapes make direct comparisons difficult. Evidence does however suggest that investment in reablement complements the investments made in Intermediate Care in recent years.

The National Institute for Clinical Evidence (NICE) published guidelines on Intermediate Care and Reablement in 2017.

In relation to costs and savings it reported that:

*Implementing the guideline may result in the following additional costs:*

- *costs of providing additional capacity in bed-based intermediate care*
- *costs of providing additional capacity in reablement*

*Implementing the guideline may also result in the following benefits and savings:*

- *reduced hospital admissions or re-admissions*
- *quicker discharge from hospital*
- *reduced requirement for, and cost of, home care*
- *delayed or prevented admissions to care homes*

These benefits are entirely consistent with the IJBs strategic priorities as set out in the extant 2019-2022 Strategic Plan.

Provision has been made for the proposed investments within the revised revenue budget being presented to the IJB for approval.

Further modelling of potential efficiencies over the medium term requires to be completed to inform medium term operational, workforce and financial planning.



## Business Case

<b>Programme Name</b>	Strategic Planning and Performance Analyst Capacity
<b>Date</b>	1 <sup>st</sup> April 2021
<b>Submitted by</b>	Wendy Forrest
<b>Title / role</b>	Head of Strategic Planning and Health Improvement

### **Programme aims & opportunities**

This programme aims to build in extra capacity for service planning and performance expertise for the HSCP for the delivery of key delegated functions and statutory performance requirements.

The Scottish Government programme of work to integrate community health and social care services ensures that people get the right care in the right place at the right time. Historically, there has been a divide between "health" and "social care" services. Increasing numbers of people do not experience neatly segregated "health" and "social care" needs, so our systems to support them need to evolve to reflect complexity of needs and multi-morbidity in the population.

The delivery mechanism for integrated community health and social care services is strategic commissioning – which describes all the activities involved in assessing and forecasting needs through the Strategic Needs Assessment, linking investment to agreed outcomes through an integrated financial framework, considering all options within a shared / co-produced environment through a local Commissioning Consortium, planning the nature, range and quality of future services and working in partnership to put these in place – HSCP Commissioning Plan.

The importance of effective strategic commissioning for the success of integrated community health and social care provision cannot be over-stated. This provides the opportunity to deliver better care for people, and better use of the significant resources invested locally in community health and social care provision.

To deliver this complex programme of strategic commissioning work across three

constituent organisations requires additional specialist planning and performance capacity within the HSCP from practitioners with a knowledge and understanding of developing & implementing joint service planning approach and reporting across an integrated performance framework.

### **Current position & background**

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 complex and 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.

Due to the current financial envelope, frontline services cannot continue to be planned and delivered in the same way; the current situation is not desirable in terms of optimising choice & control, nor is it financially viable. As such our local approach to strategic commissioning needs to deliver better outcomes, particularly for people with multi-morbidities and in terms of improving preventative and anticipatory care, with less inappropriate use of institutional care and better support in communities. The impact is measured against the statutory national outcomes for health and wellbeing and the local and national indicators that underpin them.

As such to demonstrate effectiveness, Best Value and effective use of public funds – there is a requirement for the HSCP to produce quarterly performance reports and a statutory duty to produce a HSCP Annual Performance Report based on national outcomes and locally agreed shared performance targets. In addition, for effective service level planning there is a need for localised performance scorecards and readily available service information for each of the teams delegated across the HSCP. This demonstrates for the IJB how well frontline and operational services are meeting the strategic objectives of the Strategic Plan as well as being able to demonstrate fiscal responsibility.

There is a statutory duty to produce a strategic commissioning plan that sets out how the HSCP will plan and deliver services across the whole area over the medium term, using the integrated budgets under our control. There is a need for all stakeholders to be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable the IJB to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

There are also specific delegated planning functions which require specialist knowledge, capacity and support for example the preparation of the HSCP Housing Contribution Statement; Carers Strategy and additional policy documents; Winter Plan; the Review of Integration Scheme; Climate Change Annual Report; Equality Report; Clinical and Care Governance Annual Report; Learning Disability

Strategy; Locality Planning; and Participation and Engagement Strategy.

In addition, there are joint and whole system planning requirements for example the development of a local Autism Strategy; Dementia Strategy; Suicide Prevention Plan; Transitions Policy and Health Improvement Strategy; NHS Local Delivery Plans; Local Housing Strategies, NHS Clinical Strategies, community plans and other local corporate plans across NHS Forth Valley, Clackmannanshire Council and Stirling Council all of which require appropriate representatives from the HSCP to ensure effective participation and engagement. As well as working closely with specialist colleagues on specific areas for example the development and implementation of Primary Care Improvement Plan.

In addition, the IJB has also committed to an ambitious programme of transformation across the totality of delegated community health and social care services across Clackmannanshire and Stirling, which will require additional planning and performance support and expertise to deliver.

There is an ongoing requirement for support for the preparation and in anticipation of ongoing external scrutiny and inspection for example upcoming Self Directed Support Inspection and Adult Support and Protection Inspection. As part of a programme of self-evaluation and preparation for inspection, there is a requirement for planning and performance capacity to support the small dedicated resource already in place as well as being able to work across both Clackmannanshire and Stirling to create a consistent and clear narrative for the HSCP.

### **Programme approach**

The HSCP is committed to the principles of collaborative working and a shared vision for service delivery within a partnership setting.

As the current position outlines above, the complex requirements of the IJB require additional performance capacity from performance and data analysts who are able to work flexibly across the whole area. Currently there is one Lead Analyst post which has responsibility for all performance analysis and reporting on behalf of the HSCP area for both statutory performance and service led data and information.

The proposal is to recruit two Performance Officers to work alongside the Lead Analyst – the expectation as these are delegated posts would be that they would work within the HSCP and work closely and collaboratively with existing performance staff across NHS Forth Valley and both Council areas. These posts will help define HSCP performance targets / goals with & across all aspects of service delivery and provide a comprehensive picture of our progress to achieve our performance targets. This will support the reporting to Finance and Performance Committee as well as opportunity for “deep dive” into specific performance areas of interest to the IJB.

The wide ranging nature of the service planning requirements of the HSCP, as outlined above, reflect the current statutory requirements and/or are responding to national legislative and policy changes whilst others relate to local policy and

strategy development. Currently there is one HSCP Senior Planning Manager who has responsibility, alongside the Head of Planning, to deliver all planning functions for the HSCP - a sample of which is laid out in the section above. The proposal is for two additional HSCP Service Planners to provide capacity to develop local service plans with local stakeholders; work with performance colleagues to focus not only on how we deliver now, but how we can plan to more effectively deliver in the future; and to support the HSCP Strategic Planning Group – a statutory requirement. Dedicated officer capacity offers specialist HSCP planning support, identification of key issues, ability to set and deliver local priorities, and provides the opportunity for stakeholders to be more supported as a key part of all planning processes. HSCP Service Planners will serve as a resource, providing technical assistance for integrated and joint planning; developing and improving programs and services across the complexity of the landscape of the HSCP.

### **Risks & barriers**

- IJB is not able to deliver statutory Performance Reporting requirements due to the current limited capacity available;
- Legislative risk of not being able to meet the legislative requirements of the Joint Working (Public Bodies) Act in terms of strategic planning and performance reporting;
- Financial risk – not being able to deliver the programme of transformational change and deliver efficiency and savings programmes aimed at achieving best value from available resources across Clackmannanshire and Stirling.

### **Benefits**

The benefits to the IJB and HSCP of additional capacity will be service planning and performance reporting based on the principles of:

- Effective and consistent partnership working
- Co-produced policy and strategies
- Linkage across all statutory, third and independent sectors
- Clear and articulated key issues/shared vision across all statutory, third and independent sectors
- Effective and consistent community engagement
- Coordinated activity.
- Confidence in delivery of savings and efficiency programmes

This additional capacity secures the conditions for continuous improvement in planning and performance whilst maintaining an appropriate balance between service quality and cost.

### **Cost and funding source**

Performance Officer – vacancy in Stirling & one on re-deployment in Clackmannanshire – Estimated net additional cost £0.050m per annum (estimated £0.038m in 21/22 based on 9 months spend). It is proposed the additional post will

be funded from transformation funding reducing the previous level of offset in line with approach within the IJBs extant Medium Term Financial Plan.

Service Planners – 2 additional posts at an estimated cost of £0.105m per annum (estimated £0.087m in 21/22 based on 9 months spend). It is proposed the posts will be funded from transformation funding reducing the previous level of offset in line with approach within the IJBs extant Medium Term Financial Plan.