



A meeting of the **Strategic Planning Group**
focus on Strategic Planning Cycle – Plan
will be held on Wednesday 26 May 2021 at 2pm
via MS Teams

Please notify apologies for absence to:
ClackmannanshireStirling.HSCP@nhs.scot

AGENDA

1. Welcome from Chair & apologies for absence 2.00pm
2. Declarations of Interest
3. Minute of meeting held on 17 February 2021 2.05pm
4. Matters Arising 2.10pm
5. Forth Valley Quality Strategy (Paul Smith) 2.15pm
6. HSCP Commissioning Consortium (Wendy Forrest/Natalie/Anthea) 2.30pm
 - a. Commissioning the right care and support based in strategic needs assessment
 - b. Commissioning to support early intervention and prevention
 - c. Commissioning based on current spend – needs led & resource bound
7. HSCP Commissioning spend
8. Commissioning Discussion (Jennifer Baird & Louise Johnson) 2.50pm
9. Rural Model of Care (David Niven & Gary Howden) 3.20pm
10. Forth Valley Health Improvement Strategy (Hazel Meechan) 3.40pm
11. HSCP Strategic Improvement Plan update for noting (Wendy Forrest) 3.55pm
12. Date of Next Meeting 25th August 2021 2pm – 4pm

Strategic Planning Group

Minute of meeting held on 17 February 2021 via MS Teams

Attendees present:

Cllr Les Sharp (Chair)	Elizabeth Ramsay	Caroline Robertson
Louise Johnston	Agnes McMillan	Sarah Erskine
Pamela Robertson	Wendy Forrest	Ross Lawrie
Shubhanna Hussein-Ahmed	Jennifer Baird	Abigail Robertson
Liz Rowlett	Annabelle Cameron	Lynda McDonald
Sheila McGhee	Crawford Bell	Kate Fleming
Carolynne Hunter	Debbie Laing (minutes)	

1. Welcome from Chair - Cllr Les Sharp

Cllr Sharp welcomed everyone to the meeting and reminded colleagues of the protocols of using MS Teams.

2. Apologies & Declarations of Interest

Apologies were noted from Stephen Clark, Bob Barr, Louise Johnston (Annabelle Cameron substituting), Jim Robb, Shiona Hogg, Isabel McKnight (Crawford Bell substituting), Susan Bishop, Elaine Lawlor, Mandy Paterson and Marie Valente.

No declarations of interest were noted.

3. Draft Minute of meeting held on 16 December 2020

The minute of the meeting was agreed subject to the following minor amendments:

Joanne Osuilleabhain, Annemargaret Black, and Lesley Fulford were in attendance.

4. Matters Arising

There were no matters arising.

5. HSCP Strategic Improvement Plan

Wendy Forrest, Head of Strategic Planning and Health Improvement, went through the actions, progress and timelines within the Strategic Improvement Plan to the group.

Ms Forrest reiterated that the work of the SPG would be planned around the commissioning cycle.

Following protracted discussion between the Group, Ms Forrest suggested that since the upcoming presentations would cover the bulk of the questions raised in discussion, it would be prudent to revisit the Improvement plan at the end of each meeting.

The next meeting will be focused on planning.

6. Strategic Needs Assessment and Burden of Disease

The Group received a presentation from Lesley Fulford, Strategic Planning Manager, and Ross Lawrie, Principal Information Analyst, Public Health Scotland.

The presentation provided an update on the 2016 Strategic Needs Assessment, which was created to understand the demographic makeup as well as the specific health challenges faced by the population of the three locality areas which make up Stirling and Clackmannanshire; Rural Stirling, Urban Stirling, and Clackmannanshire as a whole.

The findings of the assessment indicated that the older population of the three locality areas will more than double over the next 10 years, which then brings a complexity of need when looking at future care considerations.

With the advent of Covid-19 over the past year, there would be an observable impact on the health and wellbeing of the population in a number of ways:

- Increased demand for mental health services
- Increased drug and alcohol consumption
- Decreased physical activity
- Impacts on the wellbeing of unpaid carers

The Chair thanked Ms Fulford and Mr Lawrie for their presentation, which clearly pulled together complex data from many disparate sources.

The Group discussed the impacts and consequences of an ageing population, such as future recruitment challenges, and post-Covid mental health impacts.

7. Individual Journey

Carol Johnston, Principal Information Analyst for the Clacks and Stirling HSCP, took the Group through a detailed individual case study to illustrate the complexity of navigating access to health and social care support.

The profile provided anonymised background on the individual, details of their condition and living arrangements, then showed a timeline of contacts with services between February 2018 and March 2020. The profile showed the steady decline in the individual's physical and mental condition, alongside the increasing pressures on unpaid carers and increased need for intervention by medical and social work staff.

The Group thanked Ms Johnston for the presentation, which was found to be very moving and impactful. There was agreement that the profile really illustrated the complexity of need in many cases, and several members commented on the length of time it took for the individual's unpaid carers to recognise that they were struggling to cope.

8. Performance Reporting

Due to time constraints and technical issues, this presentation was not considered at the meeting.

9. Finance

Ewan Murray, Chief Finance Officer, provided an update on the current financial position of the HSCP.

He recapped the 20/21 financial projections, including assumptions regarding Covid-19 costs, then provided the Group with an overview of expectations and priorities for the 2021/22 financial position.

As previously reported to the Group, following the later than usual announcement of the Scottish Draft Budget at the end of January 2021, there would be a knock on effect to the budget allocation announcements of the three constituent organisations and therefore on the budget setting for the Integration Joint Board, expected to be towards the end of March 2021.

The chair thanked Ewan for his detailed input on the financial pressures.

10. NHS Forth Valley Quality Strategy

The Group agreed that this presentation would be moved to the top of the agenda for the next meeting on 26 May 2021, to ensure full consideration and discussion could take place.

11. AOCB

There was no other business.

12. Closing remarks from Chair

Cllr Sharp thanked members of the group for their participation and the presenters for their work.

Ms Forrest, Ms Black and Cllr Sharp agreed to meet and discuss the overall format of future meetings, to ensure that outcomes were being best achieved.

The next meeting was due to take place on 26 May 2021, and Cllr Sharp looked forward to seeing everyone then.

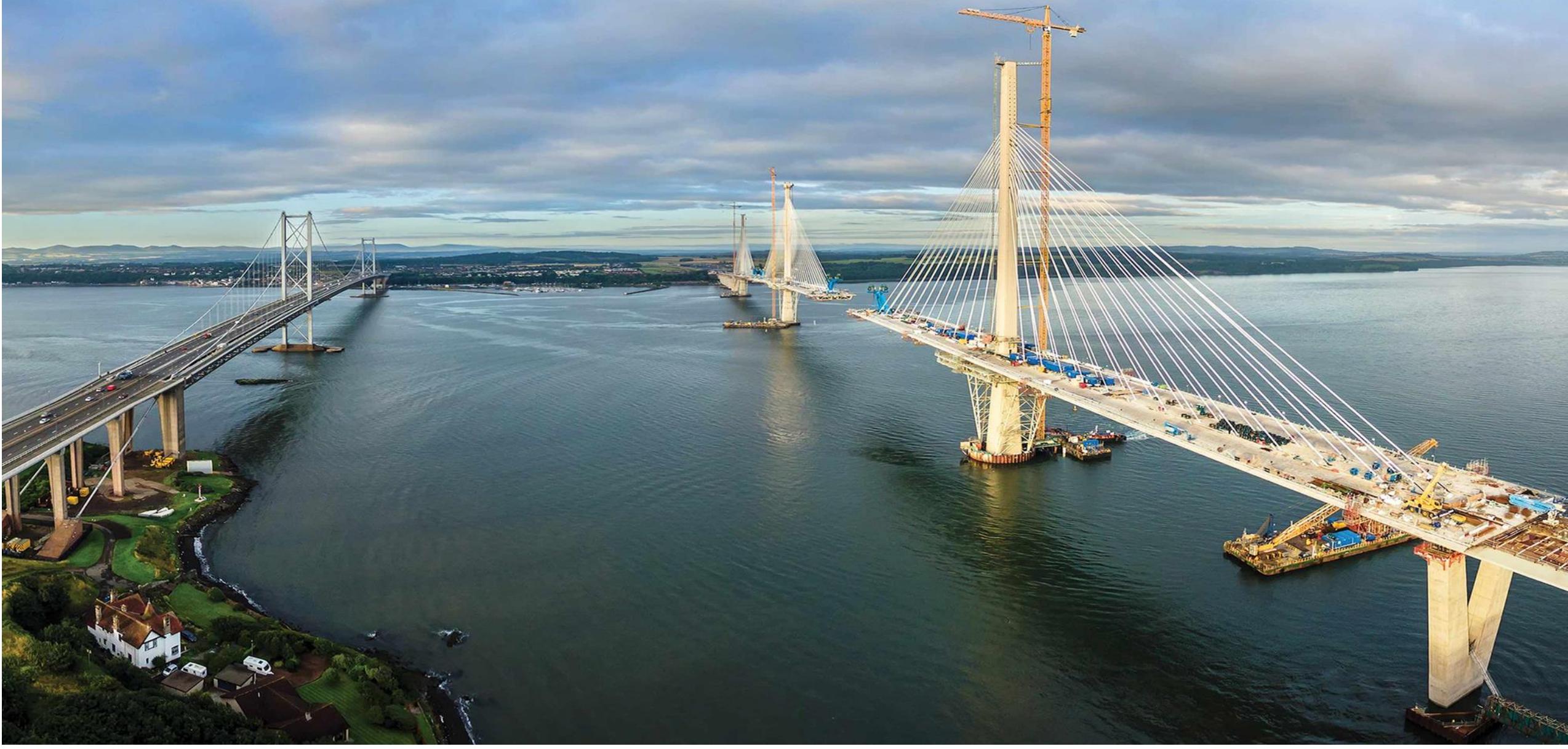
Developing the Quality Strategy

What does this mean for us?

Session Aim

- Quality Strategy – key messages
- What matters to you when delivering care and support services?
- 3 take home questions for you to explore further

The Challenge



Developing the Quality Strategy

SCOPE

Board's Priorities

- Organisational commitment to quality
- Building a team improvement culture
- Improve performance through being a learning organisation

What matters to me

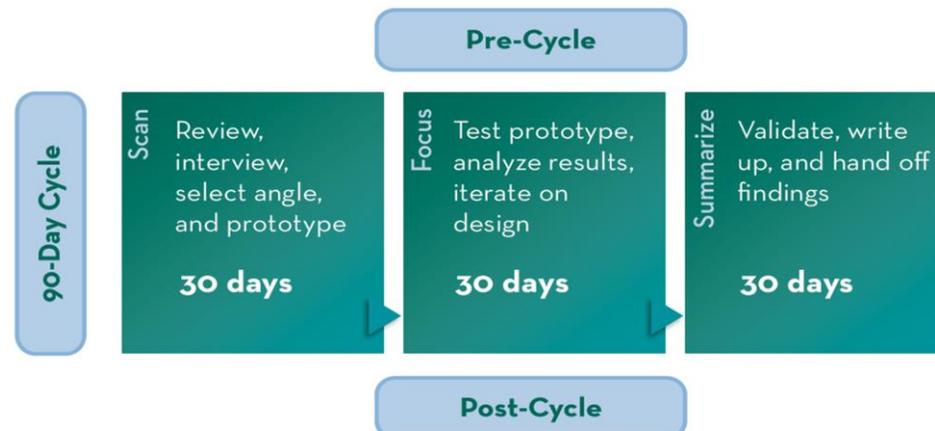
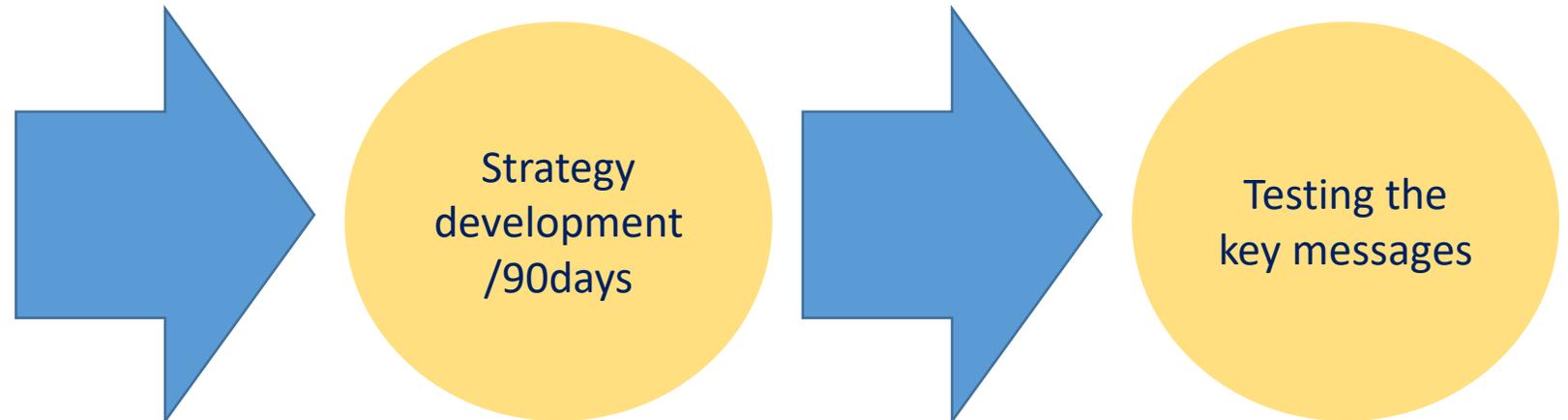
- Safe care
- Person centred
- Valued
- Service users and patients are engaged

Guiding coalition

- Have clear direction
- Wide stakeholder engagement
- Describe QI capacity
- Strategically aligned
- Describe IT infrastructure
- Learning organisation
- Invested in

Reviewed the evidence base

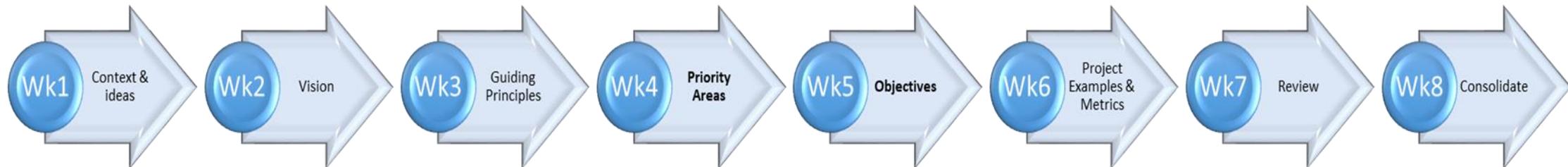
- Quality management
- Connected to strategy
- What does good look like?



T.I.G.E.R. Team



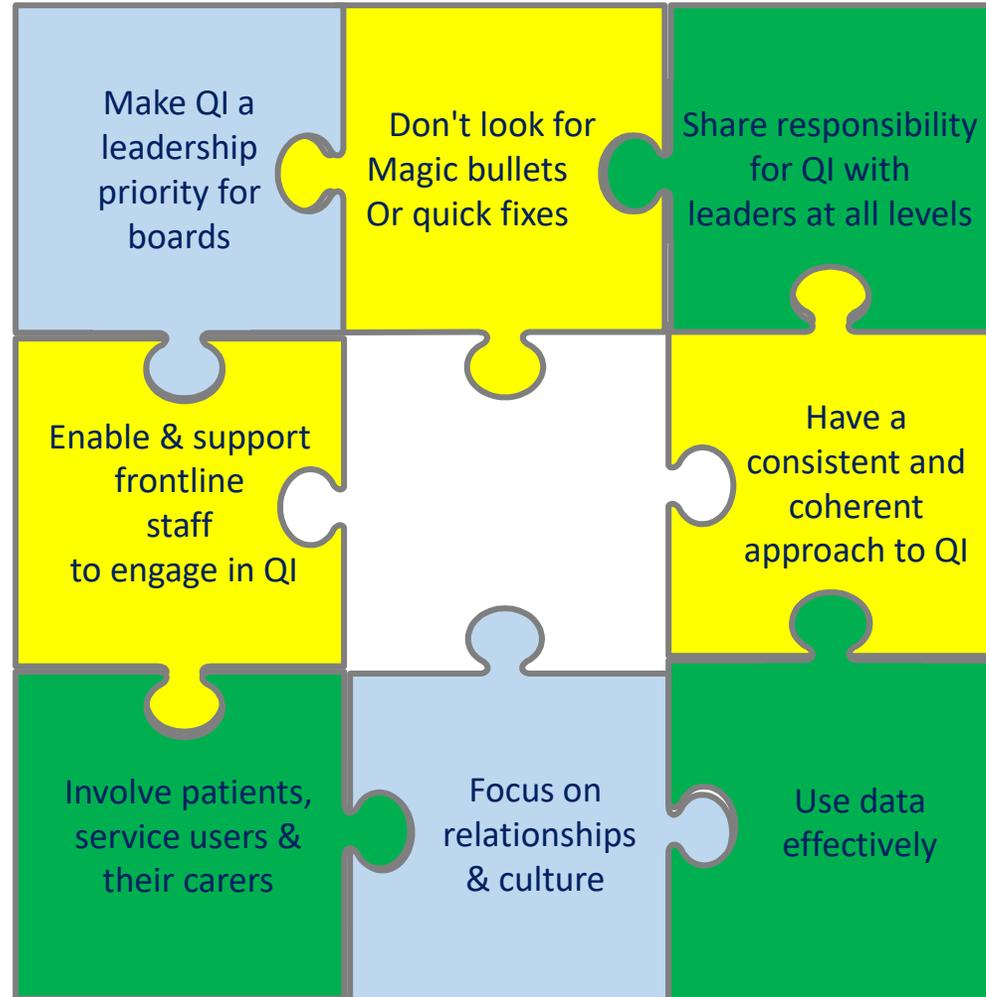
A screenshot of a Microsoft Teams meeting titled "Meeting in 'TIGER Team'". The meeting is in progress at 10:39. The interface shows a grid of video feeds for participants: Prakash Shankar, Paul Smith, margobiggs (Guest), Stephanie McNairney, Susan Bishop, Pamela O'hare, Wendy Nimmo, Lesley Middlemiss, and Elaine Thomson. Two participants, Lesley Middlemiss (LM) and Elaine Thomson (ET), are shown as large pink circles with their initials. The bottom of the screen shows a taskbar with various application icons and a system tray with the time 10:01 and date 02/11/2020. A meeting chat window is open on the right, showing messages from Paul Smith, Susan Bishop, and Wendy Nimmo. A "Take control" button is visible at the top of the meeting interface.



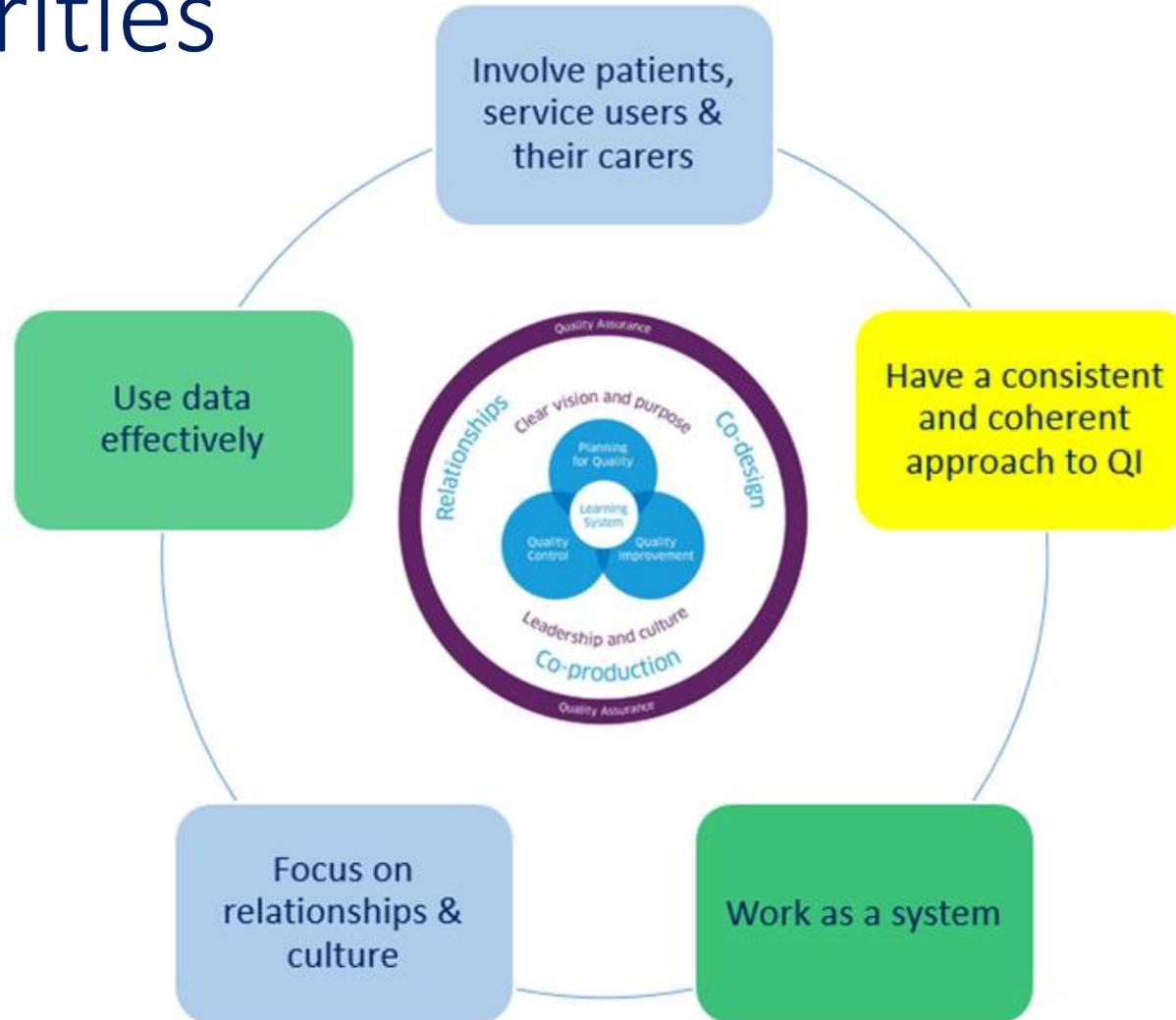
Quality Vision

‘To improve the experiences of health & care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful’

Making the case for quality improvement: lessons for NHS boards & leaders:
The King's Fund & The Health Foundation Oct 2017



5 key priorities



Our QMS

- Clear clinical and care governance structures are in place reflecting organisational restructuring, Health & Social Care integration and COVID-19 to support robust **quality control and assurance**.
- Quality control processes are clearly defined to help staff continuously assess, interpret and respond to variation in the system
- Further development of new and existing dashboards will ensure improvements are driven by quality and understood at all levels

Quality Planning is evident at all levels from organisational to service applying a consistent approach. Population, service user, patient and staff and control & assurance data is used to inform quality plans with a focus on improving experiences, outcomes and value.

Collaboration & networking particularly at interfaces & interdependencies to achieve best outcomes
People have the confidence, skills and opportunities to co-design & coproduce improvement priorities

Teams are supported to apply consistently, **Quality Improvement** methods tailored to them.

Individual – Learning for improvement

Team coaching – Value management principles

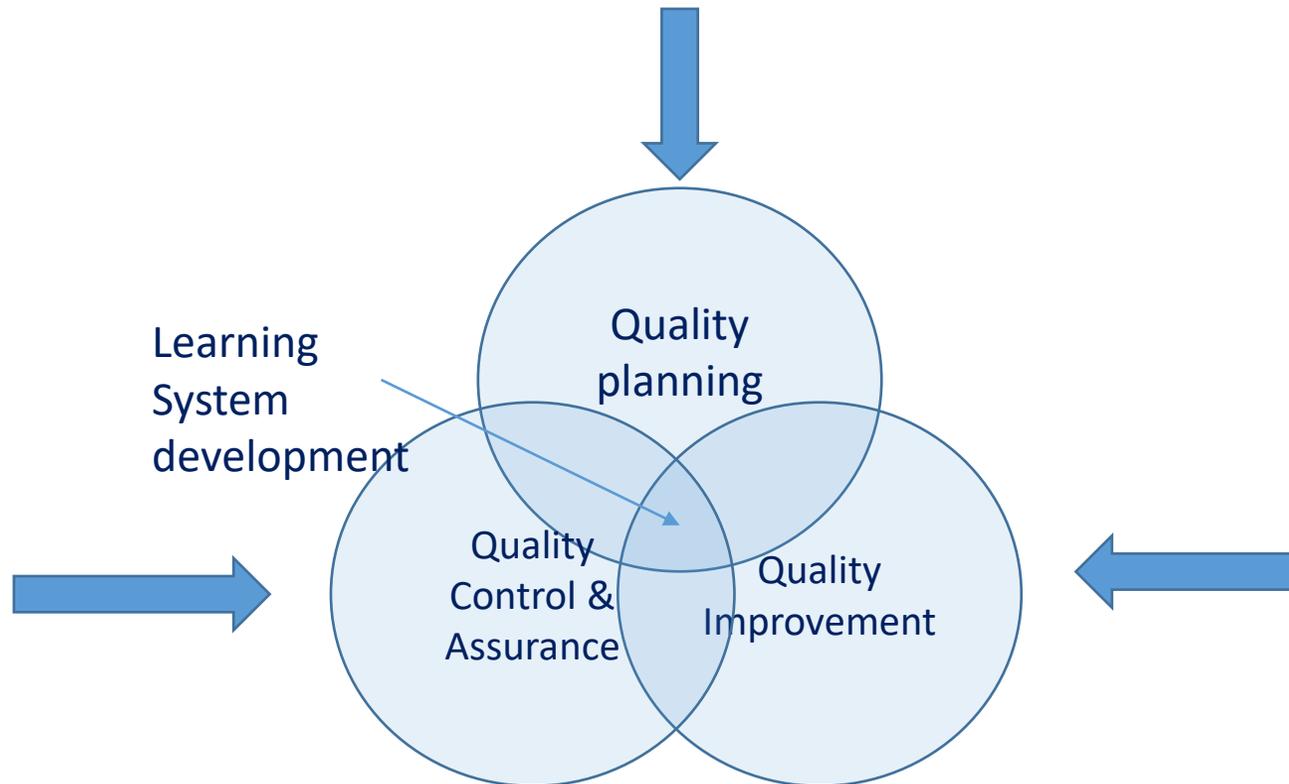
Pathways coaching – Flow coaching principles

Introduction to leadership training

Scottish Service Design

Improvement & innovation internship opportunities are available for individuals to develop QI skills and experience within their present roles

Corporate support from FVQ, USC and CPMO are aligned to organisational priorities defined through mobilisation planning and transforming care boards
External funded programmes and projects will continue to be sourced to develop staff to improve quality



Return on Investment

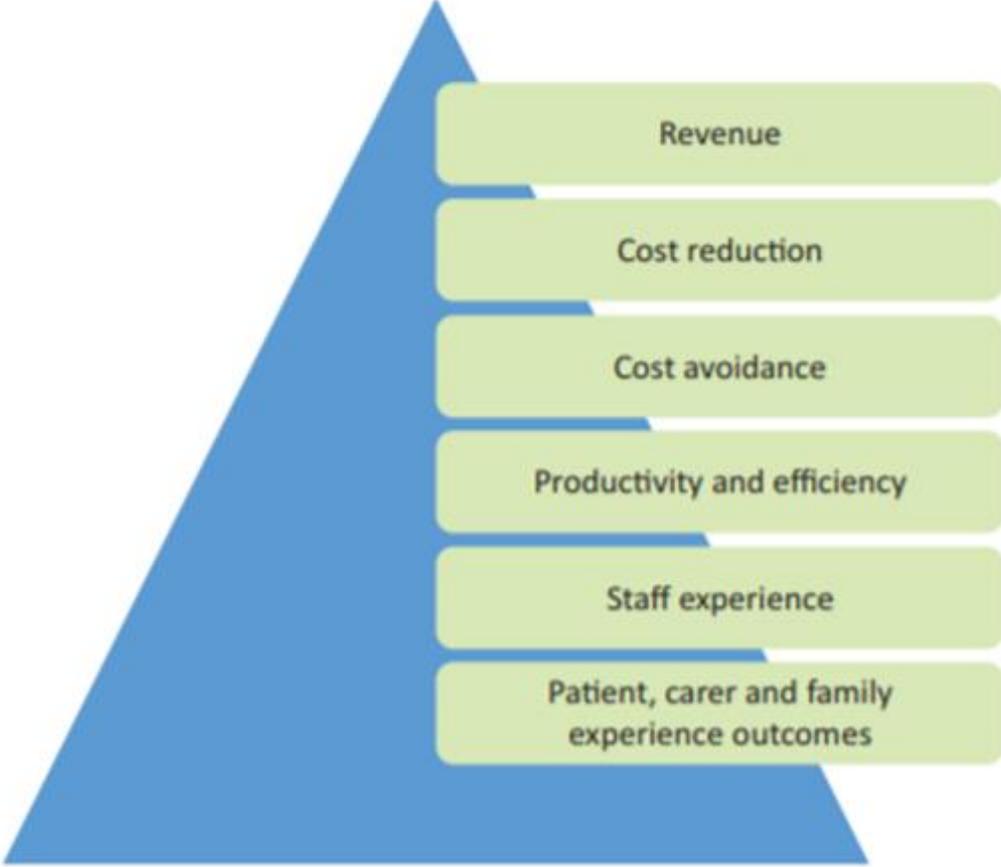
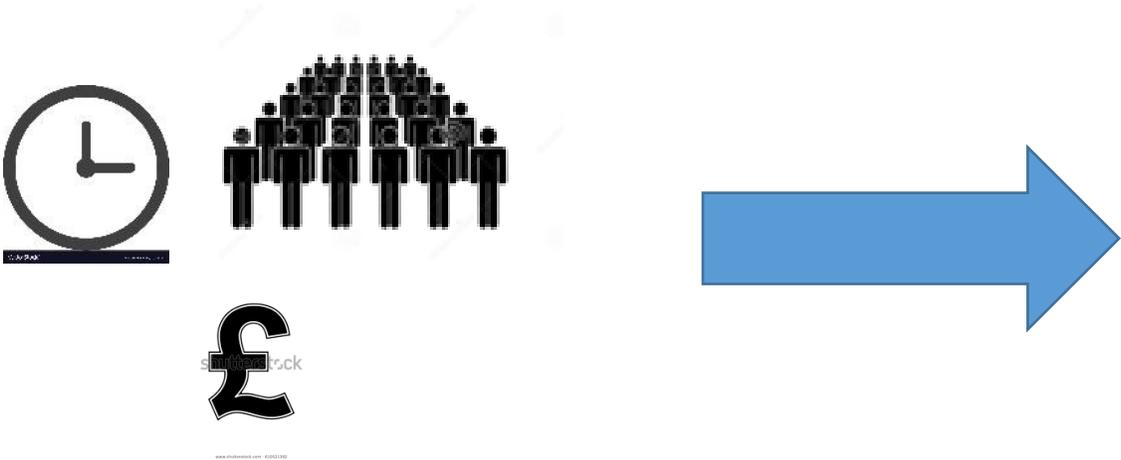


Fig 1. The ELFT framework for evaluating return on investment from quality improvement. ELFT = East London NHS Foundation Trust.

What are the benefits to me?

- Better care and experience for service users and patients,
- Feeling confident and capable to lead your team to make improvements using a clear approach.
- Quality leadership development opportunities.
- Permission to invest time in quality, stopping the things that don't add value and driving access to meaningful data for your services and teams

What matters to you when delivering care and support services?

Discussion

How do you see yourself using the quality strategy to achieve excellence with your organisation, service or team?



How can you be involved in implementing this so it is meaningful for services, teams and individuals?

What would you need to take forward what is in the strategy?



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

A refreshed approach to Commissioning:
**C&SHSCP Commissioning
Consortium**

STRATEGIC PLANNING GROUP

26TH MAY 2021

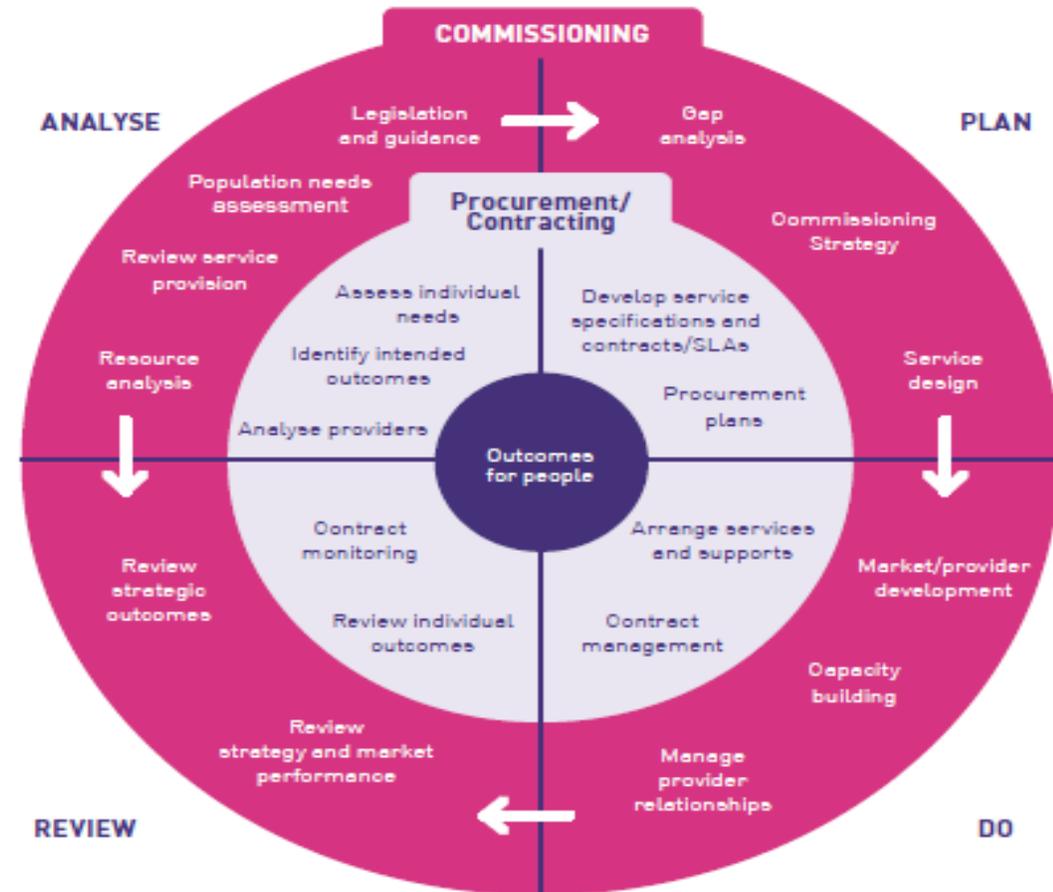
What is Strategic Commissioning?



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

Strategic Commissioning is the process by which health and care services are planned, purchased and monitored, including needs analysis, service planning & design, procurement and performance / quality monitoring.

THE STRATEGIC COMMISSIONING CYCLE



Drivers for change

Create a context for commissioning based on available financial spend and not cost pressures;

Performance and data analysis focusing on data by provider/care group with comparisons over time of waiting times and delays to create an improved model of commissioning.

Move from Supply Management to Demand Management approach:-

- Develop a culture where failure, demand, avoidable demand and co-dependent demand are minimal, so focus can be on preventable demand. For example, take advantage of the opportunities that lockdown created;
- Develop 'community insight' through data intelligence derived from Three Conversations approach;
- create diversity within the market place based on population needs – right service, right place, right time;

What will success look like?

Underpinning a successful commissioning delivery model will be significant cultural change, with a parallel focus on establishing a more strategic, financial and performance orientated culture, characterised by:-

Investment based on Strategic Needs Assessment, Prevalence, SIMD and demographic data to ensure support is directed towards those most vulnerable;

Data-driven culture, with 'community insight' capability to allow responses to be shaped from the earliest opportunity;

Ethical commissioning tied into Participatory Budgeting and Community Wealth Building approaches;

A strong organisational culture based on co-production, financial awareness and performance management;

Strong & accountable financial leadership and commercial awareness for all stakeholders;

Comprehensive financial and performance information clearly underpinning strategic decision-making;

An ability to specify priorities and make choices within means;

An ability to anticipate changing circumstances and manage financial risks.



Purpose of Commissioning Consortium

The purpose of the Consortium is to:-

- Create, develop, maintain and grow high quality service delivery in and around Clackmannanshire & Stirling in order to service the needs of local people and communities; especially those who are most disadvantaged;
- To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand;
- To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

Role of Consortium Partners

All Consortium Provider Partners will:-

- Have an interest in, support for, and promotion of the Consortium approach and not merely supporting agendas or interests of particular organisations;
- Contribute to the further development of the Consortium;
- Provide high quality, innovative services in collaboration with others and towards the delivery of the national Health and Social Care outcomes;
- Have clear health and social care objectives whether delivering universal or specialist services; it is anticipated that in practice most partners will be regulated services, previously commissioned services and charities;
- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within Clackmannanshire & Stirling; existing providers will be asked to demonstrate their track record of providing high quality and robust services in the area.

Role of Commissioners

The Health and Social Care Partnership Commissioning Lead Officer/s will facilitate:-

- Access to commissioning opportunities across all sectors;
- Networking opportunities and shared learning with peers across all sectors;
- Collective approaches to service planning, inspection preparation, performance management and demonstrating outcomes;
- Support to facilitate the development of skills and capacity of organisations to operate in a complex commissioning and tendering environment.

COMMISSIONING CONSORTIUM Development Timeline (1)



When	What
Jan – May 2021	Collaborative Development of Commissioning Consortium Model including:- <ul style="list-style-type: none"> • Draft Terms of Reference for Consortium Board; • Draft Implementation timeline.
March – Sept 2021	Development of HSCP Internal Structure to support Commissioning Consortium Model.
May 2021	Paper to Strategic Planning Group setting out the proposed development of Commissioning Consortium Model and seek feedback.
June 2021	Paper to IJB to approve proposed development of Commissioning Consortium Model approach.
June – Aug 2021	Finalise model documentation and develop broader market awareness session spanning current and potential consortium members. Agenda for session:- C&SHSCP health and care profile - data; Challenges and opportunities; Consortium model – rationale and engagement opportunities; Facilitated table discussions/Q&A – cross sector; Proposal packs distributed to all present for Board consideration and sign up.

COMMISSIONING CONSORTIUM Development Timeline (2)



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

When	What
Jul – Aug 2021	Recruit service users and carers to participate in focus groups to provide a broader market analysis and inform the approach.
Sept 2021	Commissioning Consortium in place.
Oct 2021 – Feb 2022	Collaborative Development of refreshed Commissioning Plan, including review of activity and actions from previous Strategic Plan.
March 2022	Finalised Commissioning Plan to IJB for approval.



Clackmannanshire & Stirling

**Health & Social Care
Partnership**

Questions?



Development of Commissioning Consortium Approach



Clackmannanshire
Council



NHS
Forth Valley

Contents

Section 1: Background.....3
 Population3
 Finance4
 Governance4
Section 2: Commissioning Consortium.....5
Purpose of the Commissioning Consortium6
The Commissioning Consortium Model7
Infrastructure to Support the Commissioning Consortium: Commissioning Hub.....8
Next Steps – Commissioning Consortium Development Activity

.....8

Section 1: Background

The Public Bodies (Joint Working) (Scotland) Act 2014 put in place the legislative framework to integrate health and social care services in Scotland. The Clackmannanshire & Stirling Health & Social Care Partnership (CSHSCP) brings together both Clackmannanshire Council and Stirling Council as well as NHS Forth Valley's responsibilities for delivery of community-based health & social care services within a single integrated structure.

The vision of the CSHSCP is "to enable people in Clackmannanshire and Stirling to live full and positive lives within supportive communities". To achieve that vision, CSHSCP currently invests £ per annum across the statutory, independent and third sectors in its communities.

Commented [JB1]: Data tbc

Our aim is to deliver better outcomes for those with long term conditions and those with multi-morbidities by improving preventative and anticipatory care and making best use of our community resources; measuring our impact using the national health and well-being indicators.

The Commissioning Consortium model will focus on collaboration, co-operation and co-production to deliver high quality outcomes through integrated commissioning and partnership approaches, underpinned by strong financial, commercial, market and business intelligence and data analytics capabilities.

Population

Based on prevalence data and current service usage, it is likely that the current level of demand for services is going to increase over the coming years. Local data analysis has confirmed that as a consequence of the changing age profile of our population, we can anticipate a growth in service demand.

This is also going to be accompanied by further changes in the character of the needs within the population, the types of demand that are expressed, the expectations concerning how best to meet them and the reduced finances available to resource them.

The overall population of Clackmannanshire is projected to decrease by 0.4 % (approx. 200 people) between 2018 and 2028. [NRS Projected percentage change and number of people in population, by council area, mid-2018 to mid-2028]. However the population of people of pensionable age is expected to increase by 3%. This is slightly lower than the Scotland average of 4%. [NRS Projected percentage change in population by age structure, council area, mid-2018 to mid-2028].

The overall population of Stirling is projected to increase by 4.8% (approx. 4,500 people) between 2018 and 2028. [NRS Projected percentage change and number of people in population, by council area, mid-2018 to mid-2028]. However the population of people of pensionable age is expected to increase by 5%. This is slightly higher than the Scotland average of 4%. [NRS Projected percentage change in population by age structure, council area, mid-2018 to mid-2028].

If we do not change how we deliver our services the projected demographic impact makes the

current delivery model unsustainable.

Finance

The financial arrangements and joint resourcing between the constituent Councils and the NHS Forth Valley Health Board are specified within the statutory Integration Scheme that each organisation has approved. It is expected that the Integration Scheme will be reviewed and revised during 2021 and re-approved.

The integration of health and social care has long been recognised as a tangible example of community planning in practice; the joint resourcing priority for the CSHSCP will continue to deliver due diligence and to reassure the management & delivery of the agreed budgeting arrangements.

The figures below reflect all of our spend, including that within the contracted, third and independent sectors. It also includes additional income that may be sourced to support wider community based initiatives that still impact on service delivery within and across all of our communities, for example, the Dementia Friendly Stirling initiative.

Our current total spend is £[INSERT FIGURE] across health and social care spend.

[INSERT PIE CHART SHOWING FULL SPEND & BREAKDOWN HEADLINE DETAIL]

Commented [JB2]: Data tbc

Governance

IJB Members will continue their strong strategy, policy and scrutiny role within the Commissioning Consortium model. IJB Members will retain sovereignty and continue to set the CSHSCP's policy and strategies, specifying the priorities and outcomes to be delivered and the required standards of service, and agreeing the financial budgets.

Section 2: Commissioning Consortium

The Clackmannanshire & Stirling HSCP is seeking to re-imagine how services are commissioned. A shift in policy direction towards promoting collaboration rather than competition as the key tool for improvement in the health & Social care system demonstrates the benefits of strong place-based planning in which providers and commissioners collaborate over smaller geographies are clear.

We share a common philosophy of commissioning focused on co-operation and joint ownership of risk among all stakeholders. Rather than being treated as the passive recipients of services designed elsewhere, citizens will be the active shapers of their own future, trusted to 'co-design' services, to direct commissioning decisions, and to play their part in making the service work.

The Commissioning Consortium model is grounded in the fundamental principles of ensuring a comprehensive partnership approach across all sectors providing health and social care services; a commitment to provide enhanced delivery of service to individuals and communities and a need to create diversity within the market place based on population needs. The HSCP will work together with its strategic partners (including third and independent sector), partner Authorities and our citizens, particularly those with lived experience of care either directly or indirectly:-

- to generate collective insight;
- to develop integrated strategies for delivering common outcomes;
- to co-design and commission appropriate services;
- to make decisions about who provides what and how; and
- to review and evaluate how well they are doing.

Underpinning the new Commissioning Consortium model will be significant cultural change, with a parallel focus on establishing a more strategic, financial and performance orientated culture, characterised by:-

- Investment based on Strategic Needs Assessment, Prevalence, SIMD and demographic data to ensure support is directed towards those most vulnerable;
- Data-driven culture, with 'community insight' capability to allow responses to be shaped from the earliest opportunity;
- Ethical commissioning tied into Participatory Budgeting and Community Wealth Building approaches;
- A strong organisational culture based on co-production, financial awareness and performance management;
- Strong & accountable financial leadership and commercial awareness for all stakeholders;
- Comprehensive financial and performance information clearly underpinning strategic decision-making;
- An ability to specify priorities and make choices within means;
- An ability to anticipate changing circumstances and manage financial risks.

Customer intelligence and data analytics will provide the market intelligence and data analytics capability to deliver real customer and local insights to support the commissioning

function in its development of commissioning strategies and plans, thereby improving outcomes for service users and delivering a financially sustainable HSCP. Customer intelligence and data analytics will also inform the IJB Members' and SMT's strategic and policy decision-making, and their role in scrutinising the outcomes that are delivered for service users.

Services will continue to be provided by a mixed economy of service providers, utilising a mix of internal service delivery, partnerships and external service delivery, who are "contracted" on a performance basis to deliver the outcomes commissioned by the HSCP.

Purpose of the Commissioning Consortium

The purpose of the Consortium is to:-

☒ Create, develop, maintain and grow high quality service delivery in and around Clackmannanshire & Stirling in order to service the needs of local people and communities; especially those who are most disadvantaged;

☒ To create and deliver flexible and holistic service packages which are joined up and responsive to need and demand;

☒ To augment provision through the ability of service providers to maximise resource efficiency and support the development of sustainable community capacity.

A Commissioning Consortium approach provides a robust framework for all partners; with clarity of roles, responsibilities, expectations and opportunities for each sector partner described within the context of market facilitation.

As such each of the Consortium partners is responsible for the following:-

1. An accountability for quality assurance;
2. Financial management and fiscal responsibility of public monies;
3. Evidence of market intelligence;
4. Evidence of beneficial impact across all sectors including commissioned, third and independent sector services.

Whilst our Third Sector Interfaces have a role to support market readiness within their sectors, ultimately the governance and accountability across all the sectors is housed within the statutory structure of the Health and Social Care Partnership and the identified Lead Commissioning Officer/s. Therefore the HSCP has a service delivery role as well as commissioning role which differs from any of the other partners within the Consortium.

The Consortium has a shared responsibility to ensure that all partners continue to deliver high quality and robust services across our localities and across all sectors within a strategic planning context.

The Commissioning Consortium Model

Working together within a Consortium approach, we can deliver our commitment to high quality services whilst ensuring that we are involving stakeholders in the planning and delivery of care and support. We can also deliver robust market analysis within an integrated commissioning and procurement approach across the HSCP.

Our partners within the third and independent sectors across Clackmannanshire & Stirling can become participants within the Commissioning Consortium, however, there are specific rules of engagement across all sectors which form the basis of the Consortium approach and ensure its success.

All Consortium Partners will:-

- Have an interest in, support for, and promotion of the Consortium approach and not merely supporting agendas or interests of particular organisations;
- Contribute to the further development of the Consortium;
- Provide high quality, innovative services in collaboration with others and towards the delivery of the national Health and Social Care outcomes;
- Have clear health and social care objectives whether delivering universal or specialist services; it is anticipated that in practice most partners will be regulated services, previously commissioned services and charities;
- Be involved in delivering health and social care services, or aspiring to be involved in delivering services within Clackmannanshire & Stirling; existing providers will be asked to demonstrate their track record of providing high quality and robust services in the area.

The Health and Social Care Partnership Commissioning Lead Officer/s will facilitate:

- Access to commissioning opportunities across all sectors;
- Networking opportunities and shared learning with peers across all sectors;
- Collective approaches to service planning, inspection preparation, performance management and demonstrating outcomes;
- Support to facilitate the development of skills and capacity of organisations to operate in a complex commissioning and tendering environment.

All existing service providers will be invited to participate within the Consortium, through a series of road-shows and ongoing Consortium meetings hosted by the Lead Commissioning Officer/s and supported by the Third Sector Interfaces. The current and ongoing quality assurance, fiscal responsibility and beneficiary roles of the HSCP and Third Sector Interfaces will be folded into this process as part of the development of the market.

Infrastructure to Support the Commissioning Consortium: Commissioning Hub

Responsibility for the day-to-day delivery of the HSCP’s commissioning strategies will rest with a team of Operational Commissioners who report to and are managed by the Lead Commissioner/s. Operational Commissioners will manage the commissioning of individual services / outcomes throughout the strategic planning, contracting and monitoring & review stages of the commissioning cycle. Their role includes oversight, appraisal and development of the supplier market and delivery options, preparing a commissioning plan for the services (in line with the commissioning strategy), engaging the market and selecting the most appropriate suppliers, managing the relationships and contracts with the suppliers, and reviewing the performance of suppliers and the outcomes delivered against targets set out in the commissioning strategy and contracts, and against the wider market performance. The actual performance achieved by service providers (internal and external) against targets will feed into the review and strategic planning stages of the commissioning cycle and will inform the commissioners’ future commissioning decisions.

Next Steps – Commissioning Consortium Development Activity

When	What	Who
Jan – May 2021	Collaborative Development of Commissioning Consortium Model including:- <ul style="list-style-type: none"> • Terms of Reference • 	Lead Commissioning Officer/s TSI Partners
March – September 2021	Development of HSCP Internal Infrastructure to support Commissioning Consortium Model	Lead Commissioning Officer/s
May 2021	Paper to Strategic Planning Group setting out the proposed development of Commissioning Consortium Model.	Lead Commissioning Officer/s TSI Partners
August 2021	Paper to IJB to approve proposed development of Commissioning Consortium Model.	Lead Commissioning Officer/s
June – August 2021	Finalise model documentation and develop broader market awareness session spanning current and potential consortium members. Agenda for session:- <ul style="list-style-type: none"> • C&SHSCP health and care profile; • Challenges and opportunities; • Consortium model – rationale and engagement opportunities; • Facilitated table discussions/Q&A – cross sector; 	Lead Commissioning Officer/s TSI Partners

	<ul style="list-style-type: none"> Proposal packs distributed to all present for Board consideration and sign up. 	
July – August 2021	Recruit service users and carers to participate in focus groups to provide a broader market analysis and inform the approach.	Lead Commissioning Officer/s TSI Partners
September 2021	Commissioning Consortium Model in place.	
September 2021 – February 2022	Collaborative Development of refreshed Commissioning Plan.	Lead Commissioning Officer/s TSI Partners
March 2022	Finalised Commissioning Plan to IJB.	Lead Commissioning Officer/s TSI Partners

Clackmannanshire & Stirling Health & Social Care Partnership

Rural Southwest Stirling Consultation

6th December 2020 to 15th March 2021

Final Draft - Full Consultation Report

V1.0 - 20 April 2021

Introduction

The Clackmannanshire & Stirling Health & Social Care Partnership (HSCP) is responsible for the planning and delivery of integrated community health and care services throughout Clackmannanshire & Stirling.

To ensure that services continue to meet the needs of the population and align with the national and local policy direction, the HSCP undertook a wide ranging consultation to ask local people to help shape all aspects of how care and support is provided in Rural Southwest Stirling.

The overall aim of the consultation was for the community to help shape the future delivery of care and support based on “what matters to You?” and to continue to develop individual outcomes based care and support for people living in Rural Southwest Stirling.

Originally planned for the spring of 2020 the consultation was subsequently postponed until the winter/spring of 2020/21 because of the ongoing COVID-19 pandemic.

Scope

The main output of the HSCP’s Rural Southwest Stirling Consultation was to deliver a person led model of care and support to the Integration Joint Board based upon a 2 Stage Public Consultation Process.

The process aimed to help:

- a. Describe a more person centred model of care and support; and create opportunities for individual outcomes focussed community health and care. Focusing on, “What matters to You?” and seeking to offer greater choice and control for people assessed as needing care and support.
- b. Encourage and enable local people to inform how the HSCP can better deliver person centred care, and to identify gaps in support that they may experience, within current community health and care provision.

The Rural Southwest Stirling area was defined as the communities of Gargunnock, Kippen, Fintry, Arnprior, Buchlyvie, Balfron, Killearn, Strathblane, Croftamie, Drymen, and the communities of East Loch Lomond.

The Two Stage Consultation Process

Later in the summer of 2020 planning for the consultation was resumed and the small project team was reconvened. It was confirmed that a two stage consultation process would be undertaken. Stage 1 was to be called 'Pre-consultation' and Stage 2 was to be called the 'Consultation'.

Stage 1 – Pre-consultation

At the Pre-consultation stage, stakeholders were advised that the HSCP planned to consult local citizens, local carers and local stakeholders on the future of adult health and social care provision throughout rural southwest Stirling.

During Pre-consultation a combination of thorough stakeholder analysis, an online survey, and online events, were used to ask all stakeholders how best the Stage 2 'Consultation' could be structured and conducted to:

- 1) Ensure that all citizens, carers and stakeholders were included and;
- 2) Enable all citizens, carers and stakeholders to be involved in a way that they felt they could contribute most effectively.

Stage 1 – Pre-consultation ran from Tues 7 Dec 2020 to Mon 25 Jan 2021

The results of the Stage 1 – Pre-consultation were produced as an infographic and shared with all of the participants that took part in Stage 1. In addition to this, steps were taken to ensure that the results identified through Stage 1 were applied to the Stage 2 - Consultation.

The following steps were taken to implement the results of Stage 1:

- 1) Email communications were maintained because 75% (72 people or organisations) said that they preferred to hear about the consultation via email.
- 2) An online survey was again used at Stage 2 because 72% (69 people or organisations) said that they preferred to respond by electronic survey.
- 3) 21% of respondents thought that a lack of digital/broadband access would be a barrier to taking part so the project team initiated the following during measures during Stage 2:
 - a. To communicate with stakeholders without reliance on digital/broadband access, strenuous efforts were made to communicate and 'get the word out' via non digital means. This included through the use of posters within each community (in a covid compliant way) and through encouraging the use of word of mouth and local networks (again in covid compliant ways).
 - b. To ensure that the consultation could hear from stakeholders effectively, project team telephone numbers were made available. In addition to this, the project team worked with Stirling Council Contact Centre to enable survey responses to be dictated over the phone for entry directly into the online survey on behalf of the caller.

A fuller description of the Stage 1 - Pre-consultation process and results including the slides used at the events and the infographic produced to communicate the results can be found in Appendix 1 at the end of this document.

Stage 2 – Consultation

The Stage 2 - Consultation ran from Mon 1 Feb 2021 to Mon 15 Mar 2021.

A helpful way of documenting and summarising the Stage 2 – Consultation process and results is to use the ‘We Asked..., You Said..., We Did...’ framework.

Stage 2 – Consultation: We Asked...

At the heart of person centred care and support and an outcomes focused approach to community health and care provision lies the question ‘What matters to You?’ Helping and enabling individuals receiving care, and their carers, to be clear about ‘what matters’ to them, is the foundation stone of ensuring that their care and support has the most positive impact on their lives. Once we know ‘what matters’ to someone we can tailor their care, or if they prefer, provide them with the flexibility, choice and control to tailor their own care, so that it works best for them.

With this in mind it was decided to shape the consultation questions around the idea of ‘What matters to you?’ Three questions were identified as providing valuable insight into how the future of health and care should be shaped in rural southwest Stirling.

- 1) What matters to you to keep you independent within your community?
- 2) What matters to you to keep you safe within your community?
- 3) What matters to you to keep you active within your community?

For each of these questions the challenge was, and remains, to try to answer from the point of view of someone receiving care or their carer – to be ‘person centred’.

Stage 2 – Consultation: You Said...

Four online events were held during the Stage 2 – Consultation. One open event per week for the first three weeks of the six week consultation period, and a dedicated Respite Users and Carers event in week five. Each event was structured around a set of slides and the three consultation questions. Notes were taken at the events and then shared with participants after the meeting for verification. In total 17 individuals, including, service users and carers, representatives of third sector and community based organisations participated in the online events.

Alongside the online events an online survey was held using Survey Monkey which asked the three consultation questions as well as offering participants the opportunity to join the mailing list for future HSCP locality planning communications and events. In total, 166 respondents participated in the online survey, of which 40 only registered for future locality planning communications. The remaining 126 respondents answered the consultation questions. Of the 126 respondents, 102 were

individuals and 24 were on behalf of groups or organisations. Of the 24 groups and organisations 13 were local to the rural southwest and 11 were regional or national.

The online survey showed that:

The things that matter most to **keep people feeling independent** are:

- Having local health and care services
- Having a community hub and local facilities/services, and
- Good transport.

The things that matter most to **keep people safe** are:

- Having community support from family and neighbours
- Having a local police presence, and
- Having well maintained roads and pavements.

The things that matter most to **keep people active** in the community are:

- Local activities and classes
- Good foot and cycle paths, and
- Having a community hub and facilities/services.

An analysis report has been produced that categorises and reports the trends within the online survey responses in more detail and this can be found within Appendix 2 at the end of this report. In addition to this an overview analysis has been carried out across the online event responses and the online survey responses. From this further analysis four main themes have emerged across the whole consultation.

The Four Main Themes are noted below along with quotes from participants to the consultation to help elaborate on what each theme includes:

- **Re-provisioning of Local Community Health and Care Services**

“Medical services which can adapt to the needs of individuals within the community”

“Local access to small medical procedures. FV hospital is many hours travelling away.”

“Care packages, person centred care plans to be put in place to allow people to live as independently as possible in their own home.”

“Adequately resourced social care”

More council financed activities to allow more people to access activities like Pilates, Yoga

- **Community Support, Services and Facilities**

Having facilities in the village bank, post office, shops

The ability to buy food locally instead of shopping miles away in supermarkets

Knowledge that neighbours care and look out for each other

To see a policeman patrolling in the village and surrounding area - car based is insufficient

Clubs which I can attend for both physical and mental stimulation.

Community assets such as libraries, community halls etc. open longer to meet the needs of those who work.

- **Transport**

Additional transport provision to access healthcare easily e.g. hospital/GPs appointments.

A high-quality local bus service that has reasonable connections to broader networks

Enforcement of speed restrictions in rural areas

There are issues with transport as the local services have been changed and people who do not drive have difficulty getting into the town or going to see people who are in hospital or respite or to attend appointments, perhaps a transport service partly funded, as people can suffer financial deprivation.

- **Infrastructure**

Level, wide, clean, pavements to walk on

Good condition roads with safe well lit places to cross and good hazard warnings, well-trimmed verges for ease of pulling out

More efficient clearing of pavements in icy conditions to allow elderly residents to leave their homes

Need better cycle and walking path route system linking rural Stirling to the villages and Stirling itself

To support the recording and communication of the variety of information discussed and shared at the online consultation events a graphic facilitator was employed to 'draw' what was discussed across the three open online events. The 'rich picture' below is the result of this work and hopefully helps to provide an additional and more visual opportunity to understand what was discussed and considered.

explore and develop co-produced solutions to increase the availability of community based solutions, including those that address:

- a. Transport challenges
- b. Increasing community based activities including access to a range of physical activity opportunities.
- c. Collectively agree outcomes and agree robust monitoring processes when commissioning community based services and supports.

Recommendation 4:

That the HSCP supports and encourages increased levels of connection and engagement between regional support organisations such as Stirling Carers Centre, Town Break and others, with local people and groups in Rural Southwest Stirling.

Recommendation 5:

That HSCP works with communities to produce a more comprehensive mapping of local activities to enable better signposting, to support social prescribing, and to help identify gaps in local activities provision.

Recommendation 6:

That the HSCP ensures the wider issues identified during this consultation such as the importance of well-maintained walking and cycling paths and the importance of a local police presence (that are not within the direct control of the HSCP) are represented into the relevant forums on which the HSCP participates e.g. The Stirling Community Planning Partnership (CPP) and with Stirling Council directly.

Next Steps within this 'We Did...' section include:

- To submit this report to the HSCP Strategic Planning Group on the 26th May '21 where the report and recommendations will be discussed and hopefully approved. At this point advice will also be provided about whether this report and its recommendations should also be presented to the Integration Joint Board (IJB) on the 16th June '21.
- Following the approval of the final report and recommendations all of the participants will be contacted to thank them for their involvement, to share the results, and to encourage them to participate in the ongoing HSCP Locality Planning work noted within the recommendations.
- The HSCP Senior Leadership Team will progress the recommendations, with partners, as agreed within the final version of this report.
- A brief and easily digestible summary report will also be produced that includes an infographic and the 'rich picture' shared above.

End.

20 April 2021



Health and Social Care Partnership Strategic Improvement Plan

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

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

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

Our Strategic Priorities

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

Our Key Enabling activities

- Technology enabled care
- Workforce planning and development
- Housing and adaptations
- Infrastructure

Collaborative working

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
Delegation of services and operational control of resources	Leadership structure established	Annemargaret Black	<ul style="list-style-type: none"> Leadership and management structure 	Autumn 2021	Strategic Inspection Plan – Care Inspectorate
HSCP Integration Joint Board	IJB effectiveness review	Lindsay Thomson	<ul style="list-style-type: none"> Review process underway with IJB members, delayed due to response to pandemic 	Autumn 2021	Integration Joint Board & NHS Forth Valley & Council Committees
HSCP Integration Scheme	Review of Integration Scheme with partners	Wendy Forrest	<ul style="list-style-type: none"> Timescales refreshed in context of Feely Report Engagement paused meantime. 	Summer 2021	Integration Joint Board & NHS Forth Valley & Council Committees
Learning sessions with IJB members	Establish informal pre-IJB sessions with members – set aside / directions / performance	Wendy Forrest	<ul style="list-style-type: none"> Awaiting recruitment of Organisational Development post to support the development of the programme 	Summer 2021	Strategic Inspection Plan – Care Inspectorate
HSCP Unscheduled Care Board	Establish group across Clackmannanshire and Stirling	Wendy Forrest	<ul style="list-style-type: none"> Ongoing engagement with NHS Forth Valley about future planning on scheduled and unscheduled care 	Summer 2021	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
HSCP Recovery and Renewal	<p>Collaborate with partners to create joint recovery plan</p> <p>In partnership with NHS Forth Valley, Clacks Council and Stirling deliver recovery approach for HSCP taking into account of second COVID-19 wave, winter pressures, flu and EU withdrawal</p>	Wendy Forrest	<ul style="list-style-type: none"> Plans developed and agreed at HSCP Finance and Performance Committee Renewal Plan and Recovery Plan developed to reflect COVID-19 Work underway with partners to ensure a state of readiness for winter 	<p>August 2020 Completed</p> <p>Refreshed February 2021</p>	HSCP Finance and Performance Committee
HSCP Engagement and Participation	<p>Develop the foundations for participation and engagement across all stakeholders as a requirement of the Public Bodies (Joint Working) Act</p> <p>Letter received from Chairs of the Community Engagement Guidance Working Group on 11 March 2021: Requirement to Review Participation and Engagement Strategy</p>	<p>Wendy Forrest</p> <p>Wendy Forrest</p>	<ul style="list-style-type: none"> Activities planned to work with communities across Clackmannanshire and Stirling, staff groups, providers and communities of interest Structures established & additional capacity identified to deliver. 	<p>March 2021 Completed</p> <p>April 2021</p>	Strategic Planning Group
CPP Health and Well-being Group	<p>Establish group across Clackmannanshire and Stirling</p> <p>Begin planning for IJB member to lead group</p>	Wendy Forrest	<ul style="list-style-type: none"> Terms of reference agreed Programme of work drafted First meeting of NHS Forth Valley agreed for July 2020 	<p>July 2020 Group established</p> <p>Autumn 2021</p>	Local Resilience Partnership

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
HSCP Property and Asset Management	Establish with partners property assets for services and staff across HSCP Develop Property and Asset Management Strategy	Wendy Forrest	<ul style="list-style-type: none"> Development of Asset Strategy underway by the HSCP 	December 2021	Integration Joint Board
HSCP Medium Term Financial Plan (MTFP)	Maintain and continue to develop approach to medium term financial planning to support whole systems financial management, decision making and best value.	Ewan Murray	<ul style="list-style-type: none"> Review of reserves policy and strategy required linked to MTFP Review of Budget Impacts of Covid and effect on demand, costs, resource availability and Medium Term Financial Planning Periodic Update of Medium Term Financial Plan 	June 2021 Ongoing Six Monthly and post anticipated revision of Scottish Government Medium Term Financial Framework for Health and Social Care	Integration Joint Board, IJB Audit and Risk Committee and IJB Financial and Performance Committee
HSCP Clinical and Care Governance Forum	Establish group across Clacks and Stirling	Scott Williams	<ul style="list-style-type: none"> Terms of reference agreed Programme of work drafted First meeting agreed for May 2020 	May 2020 Completed	Strategic Inspection Plan – Care Inspectorate

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
HSCP Transforming Care Board	Establish group across Clackmannanshire and Stirling	Annemargaret Black	<ul style="list-style-type: none"> ▪ Terms of reference agreed ▪ Programme of work drafted ▪ First meeting agreed for October 2020 	October 2020 Completed	Transforming Care Board

1. Care close to home

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
HSCP commissioning approach for Clackmannanshire and Stirling	Develop single commissioning service for Clackmannanshire and Stirling	Wendy Forrest	<ul style="list-style-type: none"> ▪ Delegation to HSCP agreed at IJB June 18 ▪ Transformation Portfolio lead identified to progress. ▪ Stirling Council delegated commissioning function December 2020 ▪ Clackmannanshire Council delegating by 1st April 2021 	April 2021	Integration Joint Board
Adult Social Work Review	<p>Review of adult social care to create outcomes focus and modernisation of assessment and care management</p> <p>Establish Implementation Group</p>	<p>Carolyn Wyllie / Chief Social Work Officers</p> <p>Annemargaret Black/Carolyn Wyllie/ CSWOs</p>	<ul style="list-style-type: none"> ▪ Initial report completed and out for comment ▪ Implementation Group established ▪ Work plan being developed ▪ Initial Report published ▪ Delivery programme being developed ▪ Programme of work developed 	<p>January 2021</p> <p>Initial programme of work completed</p> <p>April 2022</p>	Transforming Care Board
Housing Contribution Statement	Review Housing Contribution statement	Wendy Forrest	<ul style="list-style-type: none"> ▪ HSCP joined the Strategic Housing Forum ▪ HSCP and Housing Services have established a Specialist Housing Group to create joint approach 	March 2022	Strategic Planning Group
	Re-provision of Menstrie House	Wendy Forrest	<ul style="list-style-type: none"> ▪ Steering Group established ▪ Programme of work agreed ▪ Unable to proceed due to pandemic 	April 2021 – April 2022	Integration Joint Board
	Scoping of options for Extra Care Housing Provision	Wendy Forrest	<ul style="list-style-type: none"> ▪ Initial discussions Housing & HSCP underway to identify clear work streams 	April 2021 – April 2023	IJB and Council Housing Committees

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
	Review of Model of Care for Rural Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> ▪ Steering Group established ▪ Programme of work agreed ▪ Series of engagement has taken place with communities across Rural Stirling, report being developed. 	June 2021	Integration Joint Board
	Re-provision / de-commission of Beech Gardens and Allan Lodge	Carolyn Wyllie	<ul style="list-style-type: none"> ▪ Beech Gardens continues to be used for safe haven care. 	December 2021	Stirling Council
Systems, TEC, & e-Health Programme	Re-provision of Social Care Recording System	Wendy Forrest	<ul style="list-style-type: none"> ▪ Steering Group established ▪ Programme of work agreed ▪ Work delayed by three months due to pandemic 	April 2022	Integration Joint Board Stirling Council Clackmannanshire Council
	Increased use of TEC (Technology Enabled Care) and e-Health	Carolyn Wyllie	<ul style="list-style-type: none"> ▪ HSCP Lead identified to scope activity and seek Scottish Government funding to support delivery 	April 2021	Transforming Care Board
	JLES Equipment Programme Re-provision of JLES (Joint Loan Equipment Store) Equipment Store	Wendy Forrest	<ul style="list-style-type: none"> ▪ Transformation Portfolio lead identified ▪ Initial SBAR completed on challenges and pressures ▪ Seeking to commission review across Forth Valley jointly with Falkirk HSCP - will require longer timescale as delayed due to pandemic response 	April 2022	Transforming Care Board

2. Localities and primary care transformation

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Locality planning	Create and deliver an effective model of locality planning	Wendy Forrest	<ul style="list-style-type: none"> HSCP Service Improvement Lead undertaking desk top analysis Locality Plan being developed for IJB in September 	December 2021	Strategic Planning Group
Integrated community teams	Care Homes Assessment and Review Team (CHART)	Carolyn Wyllie	<ul style="list-style-type: none"> Team established during the emergency response to the pandemic – analysis of impact underway 	June 2021 Team recruitment underway	Transforming Care Board
	Enhanced Care Team in the Community; integrated community team focused on prevention of admission Phase 2: Establish Hospital At Home Team	Carolyn Wyllie	<ul style="list-style-type: none"> Team established during the emergency response to the pandemic Analysis of impact underway Awaiting investment decision from NHS Forth Valley on enhancing this team 	June 2020 Team established Summer 2021	Transforming Care Board
	Test the use of Community Links Workers in GP practices across Clackmannanshire & Stirling	Wendy Forrest	<ul style="list-style-type: none"> Finance identified to test Link Workers within communities Anthea CTSI leading on pilot in Clackmannanshire 	Summer 2021	Strategic Planning Group
Intermediate Care, Care at Home, and Reablement Programme	Best Value Review of Care at Home	Scott Ross	<ul style="list-style-type: none"> Steering Group established Transformation Portfolio lead identified Programme of work agreed Initial progress report circulated to partners 	August 2020 Completed	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
	Review of model of care within the Bellfield	Carolyn Wyllie	<ul style="list-style-type: none"> Steering Group established iHub support in place iHub agreed programme of support with HSCP Initial findings presented in June 2021 to workforce and senior managers. 	August 2021 Underway – delayed due to pandemic	Transforming Care Board
	Review opportunities for expansion of acute into community	Carolyn Wyllie	<ul style="list-style-type: none"> Discussions underway with acute and allied health professionals to create re-ablement and rehabilitation 	November 2020 Underway – delayed due to pandemic	Transforming Care Board
	Seek opportunities for staff co-location across Clackmannanshire and Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> Locality Managers reviewing across all teams in Clackmannanshire and Stirling 	November 2020 Underway – delayed due to pandemic	HSCP Senior Management Team
	Accommodation for HSCP	Sonia Kavanagh	<ul style="list-style-type: none"> Discussions ongoing with local authorities and NHS Forth Valley 	Summer 2021	
Palliative and end of life care	Review current pathways	Carolyn Wyllie	<ul style="list-style-type: none"> Agreement across HSCPs and NHS Forth Valley to review approach to palliative and end of life care 	September 2021 Review underway	Integration Joint Board
Programme of engagement with all staff groups across the HSCP	Create a programme of meet and greet sessions with SLT (every 4 months)	Wendy Forrest Annemargaret Black / Kelly Higgins	<ul style="list-style-type: none"> Awaiting recruitment of Organisational Development post to support the development of the programme Staff engagement sessions (every 6 months). Sessions will involve cross section of teams across HSCP in order to promote communication, integration and understanding of diverse roles/responsibilities. 	October 2020 Post recruited and start date 1st March October 2021	HSCP Senior Management Team

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Participatory Budgeting	Seek opportunities across Clackmannanshire and Stirling to support participatory budgeting	Wendy Forrest	<ul style="list-style-type: none"> ▪ Discussions underway with Councils to ensure approaches align and are undertaken in partnership ▪ HSCP Participatory Budgeting commitments reflected in Stirling Council report – aligns 1% of spend. ▪ Will be part of ongoing commitment to Locality planning 	March 2021 Completed financial year 2020 – 2021	Integration Joint Board

3. Caring and connected communities

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Effective demand management and signposting within the community	Establish effective early intervention model linking people with third sector and community supports	Wendy Forrest	<ul style="list-style-type: none"> Community response has been significant during the pandemic Continued work with TSI and Carers Centres to create ongoing community capacity 	April 2022 Ongoing	Strategic Planning Group
Programme of engagement across all communities in Clackmannanshire and Stirling	Deliver annual programme of engagement with all providers working with the HSCP & create opportunities for joint working with independent sector	Carolyn Wyllie	<ul style="list-style-type: none"> Providers forums for care at home and care homes well established 	March 2021 – April 2022 Ongoing	Strategic Planning Group
Support to Carers	Review HSCP Carers Strategy and priorities	Wendy Forrest	<ul style="list-style-type: none"> Carers Strategy Group re-established for August Draft workplan circulated and agreed by the group Need for annual review of activity by SPG 	March 2021 Completed for 2020 – 2021	Strategic Planning Group
	Review HSCP Short Breaks Policy	Wendy Forrest	<ul style="list-style-type: none"> Carers Strategy Group re-established for August Proposal for Short Break Co-ordinator to be single point of contact for Carers and embed Short breaks approach across the HSCP 	March 2022	Strategic Planning Group
Self-Directed Support	Review and Refresh approach to SDS across Clackmannanshire and Stirling	Carolyn Wyllie	<ul style="list-style-type: none"> Operational Lead identified to progress Desktop review of current status underway Initial analysis of current position completed Dedicated Lead for SDS to be identified 	September 2021	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Co-production and participation	Review Participation and Engagement Strategy	Wendy Forrest	<ul style="list-style-type: none"> Draft Strategy developed and will be presented to Integration Joint Board in September 	September 2020 Completed	Integration Joint Board
	Develop Localities Plan for community participation	Wendy Forrest	<ul style="list-style-type: none"> Plan and approach signed off by SPG November 2020 	March 2021 Completed	Strategic Planning Group
	Develop models of self-care and self-management with third sector partners	Wendy Forrest		June 2021	Transforming Care Board Strategic Planning Group
Public reporting	Create public facing format for quarterly performance reports and annual performance report	Wendy Forrest	<ul style="list-style-type: none"> Review of quarterly performance report underway Feedback from Finance and Performance Committee 	December 2021	Strategic Planning Group

4. Mental health

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Integrated community mental health services	Delegation of Community Mental Health Services to the HSCP	Annemargaret Black	<ul style="list-style-type: none"> ▪ Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infrastructure ▪ Proposed Head of Mental Health post agreed and out for recruitment 	August 2021	Integration Joint Board
Community Mental Health Strategy	Develop a co-produced Mental Health Strategy for Clackmannanshire and Stirling	Head of Strategic Planning / Head of Mental Health	<ul style="list-style-type: none"> ▪ Discussions underway with Falkirk HSCP and NHS Forth Valley to create a receiving infrastructure ▪ To be progressed by new Head of Mental Health 	March 2022	Integration Joint Board
Self-Evaluation of Adult Support and Protection	Undertake a programme of self-evaluation of processes linked to adult support and protection	Carolyn Wyllie	<ul style="list-style-type: none"> ▪ Discussions underway with ASP Co-ordinators and Chief Social Work Officers ▪ Self-evaluation underway with Locality Manager as Lead 	March 2021	Integration Joint Board

5. Supporting people living with dementia

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
Create person centred services	Review commissioning arrangements for dementia support	Wendy Forrest	<ul style="list-style-type: none"> ▪ Awaiting Commissioning Teams delegation ▪ Clackmannanshire Commissioning Team to be delegated on 1 April 2021; Stirling delegation is complete. 	March 2021 – March 2022	Integration Joint Board
Dementia Friendly Communities	Continue to support approach to Dementia Friendly Communities	Wendy Forrest	<ul style="list-style-type: none"> ▪ Steering Group and funding in place for two years ▪ Arrange comms around Herbert Protocol. 	March 2022	Integration Joint Board

6. Alcohol and drugs

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
Co-produced response to alcohol and drug use	Clackmannanshire and Stirling ADP will localise the Scottish Government vision of creating an environment where “we live long, healthy and active lives regardless of where we come from and where individuals, families and communities	ADP Lead – vacant post	<ul style="list-style-type: none"> ADP Development Plan lays out the approach 	2020 – 2023	Integration Joint Board
Engage with those affected by issues of drugs and alcohol misuse	ADP continues to work with third sector organisations and with recovery cafes to ensure co-produced services delivery	Wendy Forrest	<ul style="list-style-type: none"> ADP Development Plan lays out the approach Work ongoing within the ADP to be continued within the HSCP 	2020 – 2023	Integration Joint Board
Meet priorities of Scottish Government Strategy - Rights, Response and Recovery	Delegate ADP function to the HSCP in line with the Public Bodies (Joint Bodies) Act 2014	Wendy Forrest	<ul style="list-style-type: none"> Paper will be presented to September Integration Joint Board 	September 2020 Completed	Integration Joint Board

Workforce planning and development

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP Workforce Plan in line with new guidance	Review and update current plan	Elaine Bell	<ul style="list-style-type: none"> Workforce Plan 2019 – 2022 will need to be reviewed to reflect the impact of the pandemic 	March 2022	
	Monitor PDPs and PDRs across HSCP staff establishment	SLT	<ul style="list-style-type: none"> SLT access to HR systems in NHS and both Councils to support completion of PDPs and PDRs 	Summer 2021	
Learning opportunities for HSCP services and managers	Establish learning and development forum for HSCP	Wendy Forrest	<ul style="list-style-type: none"> OD Lead post recruitment process underway OD lead appointed and timescales reflect start date 1st March 2021 	September 2020 COMPLETED Achieved	
	Programme of engagement with all staff groups across the HSCP for delegated staff groups	Wendy Forrest	<ul style="list-style-type: none"> Awaiting recruitment of Organisational Development post to support the development of the programme 	October 2021	
	Seek opportunities for mentoring, shadowing and leadership exchange across NHS and local authority partners for delegated staff	Wendy Forrest	<ul style="list-style-type: none"> Awaiting recruitment of Organisational Development post to support the development of the programme 	October 2021	
	Development of professional forum for Social Workers	Carolyn Wyllie/ Chief Social Work Officers	<ul style="list-style-type: none"> Awaiting recruitment of Organisational Development post to support the development of the programme 	April 2021	
HSCP identity	Review staff/public facing information e.g. website	Wendy Forrest	<ul style="list-style-type: none"> A review of website underway 	March 2021	