

A meeting of the **Integration Joint Board**
 will be held on **22 September 2021** at **2-4pm**,
 via Microsoft Teams

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

AGENDA

- | | | |
|-----------|--|---------------------|
| 1. | NOTIFICATION OF APOLOGIES | For NOTING |
| 2. | NOTIFICATION OF SUBSTITUTES | For NOTING |
| 3. | DECLARATIONS OF INTEREST | For NOTING |
| 4. | URGENT BUSINESS BROUGHT FORWARD BY
CHAIRPERSON / EMERGENCY ITEMS | |
| | No papers for this section at this meeting | |
| 5. | MINUTE OF THE INTEGRATION JOINT BOARD MEETING
HELD ON 16 JUNE 2021 | For APPROVAL |
| 6. | CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black) | For NOTING |
| 7. | NEEDS ASSESSMENT | |
| | No papers for this section at this meeting | |
| 8. | BUDGET AND FINANCE | |
| | 8.1. Financial Report
(Paper presented by Ewan Murray) | For APPROVAL |
| | 8.2. Reserves Strategy
(Paper presented by Ewan Murray) | For APPROVAL |
| 9. | PLANNING, COMMISSIONING AND DIRECTIONS | |
| | 9.1. Strategic Improvement Plan – Update
(Paper presented by Wendy Forrest) | For APPROVAL |
| | 9.2. Carers Investment Plan
(Paper presented by Wendy Forrest) | For APPROVAL |
| | 9.3. Commissioning Consortium
(Paper presented by Wendy Forrest) | For APPROVAL |
| | 9.4. Transforming Care Board - Update
(Paper presented by Wendy Forrest) | For APPROVAL |
| | 9.5. Directions Policy
(Paper presented by Ewan Murray) | For APPROVAL |
| | 9.6. Review of Strategic Plan
(Paper presented by Lesley Fulford) | For APPROVAL |

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| 9.7. | Culture and Governance – Emergency Department, Forth Valley Royal Hospital (Paper presented by Scott Urquhart) | For APPROVAL |
| 9.8. | Primary Care Improvement Plan Update (Paper presented by Lesley Middlemiss) | For APPROVAL |
| 10. | PERFORMANCE | |
| 10.1. | Quarter 1 Performance Report (Apr-Jun 2021) (Paper presented by Carolyn Wyllie and Wendy Forrest) | For APPROVAL |
| 11. | NATIONAL AND PERSONAL OUTCOMES | |
| | No papers for this section at this meeting | |
| 12. | POLICY AND LEGISLATIVE REQUIREMENTS | |
| 12.1. | Urgent Decision Making (Paper presented by Ewan Murray) | For APPROVAL |
| 12.2. | Information Governance Assurance Report 2020/2021 (Paper presented by Deirdre Coyle) | For APPROVAL |
| 13. | EXEMPT ITEMS | |
| 13.1. | Advocacy Service – Award of Contract (Paper presented by Jennifer Baird) | For APPROVAL |
| 14. | FOR NOTING | |
| 14.1. | Action Log | For NOTING |
| 14.2. | Decision Log | For NOTING |
| 14.3. | Minutes | For NOTING |
| | a) Strategic Planning Group – 26.05.21 | |
| | b) IJB Finance and Performance Committee – 02.06.21 | |
| | c) Clinical and Care Governance Group – 27.05.21 | |
| 15. | ANY OTHER COMPETENT BUSINESS (AOCB) | |
| 16. | DATE OF NEXT MEETING | |
| | 24 November 2021 at 2pm via Microsoft Teams | |

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 5.0

Draft Minute of Clackmannanshire &
Stirling Integration Joint Board meeting
held on 16 June 2021

For Approval

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

Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on Wednesday 16 June 2021, at 2pm, via Microsoft Teams

PRESENT

Voting Members

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

Non-Voting Members

Annemargaret Black, Chief Officer, Integration Joint Board and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Janine Rennie, Third Sector Representative, Stirling
Natalie Masterson, Third Sector Representative, Stirling
Shubhanna Hussain-Ahmed, Carers Representative, Stirling
Anthea Coulter, Third Sector Representative, Clackmannanshire
Elizabeth Ramsay, Carers Representative, Clackmannanshire
Helen Maguire, Service User Representative, Clackmannanshire
Abigail Robertson, Staff Representative, Stirling Council
Robert Clark, Employee Director, NHS Forth Valley
Dr Scott Williams, GP Representative, NHS Forth Valley

Advisory Members

Carol Beattie, Chief Executive, Stirling Council
Lindsay Thomson, Standards Officer for Integration Joint Board

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Carolyn Wyllie, Head of Head of Community Health and Care, HSCP
Martin Dalziel, External Communications, Stirling Council
Michael Grassom, Stirling Council
Debbie Laing, Business Support Officer, HSCP (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting, including a number of members of the public who joined the virtual meeting.

Apologies for absence were noted on behalf of:

- Nikki Bridle, Chief Executive, Clackmannanshire Council
- Cathie Cowan, Chief Executive, NHS Forth Valley
- Marie Valente, Chief Social Work Officer, Stirling Council
- Angela Wallace, Director of Nursing, NHS Forth Valley
- Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council
- Andrew Murray, Medical Representative, NHS Forth Valley
- Lesley Fulford, Senior Planning Manager, HSCP.

2. NOTIFICATION OF SUBSTITUTES

Michael Grassom attended as a substitute on behalf of Marie Valente, Chief Social Work Officer for Stirling Council.

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

There was no urgent business or emergency items for consideration.

5. MINUTE OF MEETING HELD ON 24 MARCH 2021

The Integration Joint Board approved the draft minute as correct.

6. MINUTE OF SPECIAL MEETING HELD ON 11 MAY 2021

The Integration Joint Board approved the draft minute as correct.

7. CHIEF OFFICER UPDATE

The Integration Joint Board considered the report provided by Ms Annemargaret Black, Chief Officer.

Ms Black provided various national updates including the appointment of a new Cabinet Secretary for Health and Social Care, as well as a new Minister for Mental Health and Social Care, and the first meeting of the National Drugs

Mission Implementation Group chaired by Angela Constance, supported by a range of stakeholders with lived experience and unpaid carers.

Ms Black highlighted that the Partnership's main focus remained on remobilising the services through the pandemic whilst supporting the modernisation required through transformation plans. Once again, she noted her gratitude towards the health and social care workforce, unpaid carers and the wider Third Sector, volunteers and charities for their ongoing hard work and dedication over this difficult time.

It was noted that at the time of meeting there were no outbreaks or closures within care homes across the partnership area, however Care at Home services were experiencing challenges with staff capacity with work ongoing to address.

The Integration Joint Board:

- 1) Noted the content of the report and update provided.

8. NEEDS ASSESSMENT

There were no papers for consideration under this item.

9. BUDGET AND FINANCE

9.1 Financial Report for Year Ended 31 March 2021

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

Mr Murray presented the final draft financial position for the year as detailed in the report, drawing the Boards attention to the reasons for the operational underspend and the exceptional issues impacting the levels of reserves held including the balance of Covid funding from Scottish Government held in an earmarked reserve. Mr Murray advised the position reported would form the basis for the IJB's Annual Accounts which would be presented in unaudited form to the Audit and Risk Committee on 23 June.

Mr Murray highlighted the significant areas of underspend and financial pressures across the budget and advised that reporting to Scottish Government on Covid expenditure would be on a quarterly basis during 2021/22. Mr Murray also highlighted that it was anticipated that there would be no government support for unachieved savings in 2021/22, so therefore it would be crucial that planned savings and efficiency programmes are delivered and balanced with investments in order that recurrent financial deficits did not roll forward into 2022/23, adding to future financial sustainability challenges.

As an addendum to the Financial Report, Mr Murray also presented an initial business case to address waiting and pending lists in Adult Social Care. The business case was scrutinised by the Finance and Performance Committee on 2 June 2021 and the committee recommended its consideration and approval to the IJB. The Covid earmarked reserve is the proposed funding source for the costs associated and this has been agreed as appropriate with Scottish Government finance colleagues.

The IJB discussed the reduction in prescribed medication costs indicated on page 31 of the report; there was agreement that more work would be required to understand the context of the longer term trends including the impact of Covid and the Medicines Optimisation Programme.

The IJB thanked Mr Murray and the Finance teams across the partnership area for the considerable amount of work undertaken to produce the report at this particularly pressured time.

The Integration Joint Board:

- 1) Noted the net underspend reported on the Integrated Budget of £2.986m and net overspend reported on the Set Aside Budget for Large Hospital Services of £1.107m for financial year 2020/21 (subject to statutory audit).
- 2) Approved the issuing of final directions in respect of 2020/21 financial year to the constituent authorities.
- 3) Noted the overspend on the Set Aside budget for Large Hospital Services of £1.107m which has been met by NHS Forth Valley.
- 4) Noted the updates on the preparation of the IJBs Accounts and Review of Medium Term Financial Plan.
- 5) Considered and approved the Business Case to reduce Waiting/Pending lists for Adult Social Care during the remainder of financial year 2021/22.

10. PLANNING, COMMISSIONING AND DIRECTIONS

The Integration Joint Board agreed to take items 10.2 and 10.3 at this point in the agenda.

10.2 Rural Models of Care

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

The report laid out the consultation process undertaken to engage the population of rural Southwest Stirlingshire on the future models of care, and the subsequent analysis of those consultation responses.

The consultation and engagement work was undertaken in two stages, over 18 months from early 2020. This involved the 'Pre-consultation' stage to inform the approach and the 'Consultation' itself which focussed on asking individuals and communities 'What matters to You?'

The subsequent consultation report laid out the 6 key recommendations in response to the feedback gathered over the consultation process, including the recruitment of a Short Breaks Coordinator, and the re-provision of bed-based respite care, declaring the Strathendrick Care Home surplus to requirements. The Consultation Report had been considered by both the Transforming Care Board on 13 May 2021 and the Strategic Planning Group on 26 May 2021. Both had endorsed the Rural Models of Care consultation and resulting recommendations to be considered by the IJB.

In a detailed discussion regarding the scope of the consultation, specifically whether the future of Strathendrick Care Home was explicitly made clear, Ms Forrest confirmed that it had been made clear that Strathendrick Care Home was in-scope along with other locality services and public consultation discussions had been around the types and range of respite provision that mattered to them. She noted that the model of care had not only been considered at the Strategic Planning Group but also presented to the Adult Social Care Panel to share the modernised approach to models of care. It was noted that this was a great example of consultation going over and above requirements, ensuring communities received services they wanted and which met their needs. Where care could be brought into a person's home to support them, this would be preferable.

Voting and non-voting members of the IJB acknowledged the extensive consultation and engagement that had been undertaken with communities and the 2 step process that was involved. There was also acknowledgement that this work, supported by investment decisions at the last IJB, would take us forward towards greater modernisation of the service and move us towards implementation of policy areas where it has been recognised that we have gaps.

In response to considerations around how the communications around this would be managed, Martin Dalziel advised that the initial proposal was to formally communicate the decision regarding Strathendrick's future following today's IJB meeting, then a longer term communications and engagement plan for the future of the rural models of care would be prepared and rolled out.

On behalf of the IJB, Mr Sharp expressed sincere gratitude to Ms Forrest, Ms Wyllie and their teams for the significant amount of work undertaken during this project.

The Integration Joint Board:

- 1) Noted the robust process of consultation undertaken across communities in Southwest Rural Stirling.
- 2) Noted that the feedback from the rural communities is for a model of care which is based on person centred and outcome focussed care and support.
- 3) Approved the six recommendations resulting from the Rural Southwest Consultation process.

- 4) Approved the permanent service change which would result in Strathendrick House Care Home being declared surplus to requirements for the HSCP as part of the ongoing re-design of the Rural Model of Care.

10.1 Strategic Improvement Plan - Update

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

The Strategic Improvement Plan was a standing item at each Strategic Planning Group meeting, and along with the Transforming Care Board ensured partners were able to scrutinise as well as monitor and review progress.

The Strategic Improvement Plan was reviewed and updated by the Senior Leadership Team prior to the most recent meeting of the Strategic Planning Group on 26 May, where it was approved that updates be submitted to the IJB.

The IJB discussed the targeted approach to progress actions and noted the continuing work regarding Clinical and Care Governance to ensure appropriate assurances across and between the Partnership and constituent bodies.

The Integration Joint Board:

- 1) Considered and approved the updates to the Strategic Improvement Plan attached at Appendix 1.
- 2) Sought further regular updates on the Strategic Improvement Plan to the Integration Joint Board.

10.3 Carers (Scotland) Act 2016 Implementation Update

The Integration Joint Board considered the paper presented by Shubhanna Hussain-Ahmed, Carers Representative for Stirling. Unfortunately, due to technical issues Elizabeth Ramsay, Carers Representative for Clackmannanshire, was unable to jointly present with Ms Hussain-Ahmed as planned.

Ms Ahmed provided the IJB with an overview of the work undertaken in the past year to implement and deliver on the functions of the Act, which had included a review of the Carers Planning Group membership and a refresh of the Carers Act Implementation Plan, to ensure both remained representative of the needs of carers across Stirling and Clackmannanshire.

The Carers' Strategy 2019-2022 would also be refreshed over the coming year, in partnership with carers and other stakeholders, in light of the changing policy landscape and to reflect current guidance.

Next steps would include the recruitment of a Short Breaks Coordinator post, engagement sessions with carers and carer representatives, and a review of the local eligibility criteria for carers to ensure that any barriers to accessing advice and support are minimised.

Ms Hussein-Ahmed thanked Ms Forrest for her support, advice and time over the course of the past year, particularly during the early stages of the pandemic, and acknowledged the strong working relationship between the HSCP and carers groups as being especially crucial during the periods of lockdown.

The Integration Joint Board:

- 1) Noted the progress made to implement the requirements of the Carers Act.
- 2) Approved the review of the HSCP Short Breaks Statement prepared with partners, with the additional support of Short Break Co-ordinator.
- 3) Approved the review of the HSCP Eligibility Criteria.
- 4) Approved the review of the current HSCP Carers Strategy 2019 – 2022 prepared with partners and carers across Clackmannanshire and Stirling and seek for officers and carers' representatives to bring further reports during 2021 on progress against the actions.
- 5) Sought for officers to work with carers to produce a Carers Investment Plan to align with the priorities of a refreshed Carers' Strategy.

11. PERFORMANCE

11.1 Quarter 4 Performance Report (January – March 2021)

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

The report provided a summary of performance to evidence the delivery of services along with comprehensive analysis. The usual the report was also considered and discussed at the Finance and Performance Committee prior to review and approval by the IJB.

Ms Wyllie advised that the Scottish Government had moved reporting of the Annual Performance Report which meant that IJBs were able to defer publication of Annual Performance Reviews to November 2021, using the same mechanisms as the previous year, as laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3. Deadlines around the production and approval of the Annual Performance Report had therefore been extended.

The Integration Joint Board noted the increase in absence levels due to COVID and staff being tired and that managers continued to provide support and encouraged them to take holidays and rest periods.

The Integration Joint Board:

- 1) Reviewed the content of the report.

- 2) Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.
- 3) Approved quarterly reports that have come to first available Board meeting following Finance & Performance Committee.

12. NATIONAL AND PERSONAL OUTCOMES

There were no papers for consideration under this item.

13. POLICY AND LEGISLATIVE REQUIREMENTS

13.1 Emergency Decision Making Powers

The Integration Joint Board considered the paper presented by Lindsay Thomson, Standards Officer of the IJB.

The Integration Joint Board:

- 1) Approved the extension of delegated authority to take such urgent measures or decisions as are required to:
 - (a) The Chief Officer (or the Chief Finance Officer or their substitutes)
 - (b) for the period up until at least 22 September 2021
 - (c) and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the constituent authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power.
- 2) Noted that the Cabinet Secretary for Health was due to review the emergency footing of the NHS which was currently in place until at least 30 June 2021.

14. EXEMPT ITEMS

There were no papers for consideration under this item.

15. ITEMS NOTED

15.1 Action Log

15.2 Decision Log

15.3 Minutes

- a) Strategic Planning Group: 17 February 2021
- b) Joint Staff Forum: 28 January and 1 April 2021
- c) IJB Finance and Performance Committee: 24 February 2021
- d) Clinical and Care Governance Group: 28 January and 25 March 2021

16. ANY OTHER COMPETENT BUSINESS (AOCB)

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

17. DATE of NEXT MEETING

22 September 2021 at 2pm via Microsoft Teams.

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 6

Chief Officer Update

For Noting

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Annemargaret Black, Chief Officer
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

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

Purpose of Report:	To provide the Integration Joint Board with updates and progress on a range of areas not covered in other Board reports.
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Recommendations:	The Integration Joint Board is asked to note the content of the report.
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1. Background

- 1.1. The purpose of this report is to provide the Integration Joint Board with updates and progress on a range of areas not covered in other Board reports.
- 1.2. Verbal updates on time sensitive items will be provided at the Board meeting.

2. COVID-19

- 2.1. Scotland has moved out of the COVID-19 levels system and is now beyond Level 0. Everyone should continue to act carefully and remain cautious.

To stay safe you should:

- [get the vaccine](#) when you are offered it
- [wear a face covering where required](#)
- wash your hands regularly, and cover your nose and mouth if coughing or sneezing
- [self isolate and take a PCR test if you have symptoms](#)
- [take regular tests if you don't have symptoms](#) to reduce the risk of spreading the virus
- meet outside if you can, and open windows when indoors
- keep your distance from people not in your group
- work from home, or do a mixture of home and office working if possible
- use the [Protect Scotland](#) and [Check-in Scotland](#) apps

- 2.2. Further information can be found [here](#).¹

¹ [Coronavirus in Scotland - gov.scot \(www.gov.scot\)](https://www.gov.scot)

- 2.3. HSCP services will continue to operate as we move through this phase of the pandemic, however many are being delivered differently, such as the use of phone and Near Me video appointments.
- 2.4. Weekly meetings of the Scientific and Technical Advisory Group (STAC) are hosted by NHS Forth Valley to review data and analyse patterns of spread of the virus.
- 2.5. Weekly reports on staff absence are provided by each employing organisation to the HSCP to help manage continuation of service delivery.

Cases (National)

- 2.6. The Scottish Government provides a daily update². As at 15 September 2021:
 - 4,917 new cases of COVID-19 reported
 - 57,383 new tests for COVID-19 that reported results
 - 9.2% of these were positive
 - 30 new reported death(s) of people who have tested positive
 - 91 people were in intensive care yesterday with recently confirmed COVID-19
 - 1,079 people were in hospital yesterday with recently confirmed COVID-19
 - 4,146,847 people have received their first dose of a COVID-19 vaccination and 3,791,597 have received their second dose

Care Home – specific data (National)

- as at 8 September, 114 (11%) adult care homes had a current case of suspected COVID-19
- in the week 30 August – 5 September there were 155 new confirmed positive COVID-19 cases among care home residents and 207 among care home staff
- as of 5 September 2021, there have been 10,770 confirmed cases of COVID-19 amongst residents and 6,807 amongst staff of care homes for all ages since 9 March 2020

National Records Scotland (NRS) - National

- 2.7. NRS report weekly provisional figures on deaths registered where COVID-19 was recorded on the death certificate.
- 2.8. In week 36 (6 to 12 September 2021) there have been a total of 10,688 deaths registered in Scotland where COVID-19 was recorded on the death certificate.
- 2.9. In week 36 (6 to 12 September 2021)³ there were 76 deaths registered where COVID-19 was recorded on the death certificate.

² <https://www.gov.scot/publications/coronavirus-covid-19-daily-data-for-scotland>

³ <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-21-report-week-19.pdf>

Care Homes

- 2.10. At the time of writing there is a moratorium in place on one care home in the partnership area.
- 2.11. A rolling programme of mass testing of all care home staff and residents commenced during May 2020 and continues; subsequent rounds of testing are progressing within a planned testing regime led by public health. Care homes are undertaking enhanced testing for residents and staff twice a week.

Updates

- 2.12. Regular Members' Briefings are issued to Integration Joint Board Members with respect to key developments and considerations regarding COVID-19.

COVID-19 Public Inquiry – invitation to provide input

- 2.13. A letter received on 6 September 2021 from Scottish Government was an invitation to provide input to the COVID 19 public inquiry (appendix 1).
- 2.14. To provide response to or comments on the Aims and Principles paper on behalf of your organisation, please send an email to COVID-19publicinquirysetupteam@gov.scot.
- 2.15. Please note that this mailbox is not taking evidence on behalf of the inquiry, as it will be independent of Scottish Government, but taking views on what the inquiry should focus on, once it is set up.
- 2.16. You may wish to consider the following questions:
- Which areas of the handling of COVID-19 in Scotland do you think deserve particular scrutiny?
 - Are there any shortcomings or successes that you would like to see given particular consideration?
 - Are there areas in which you think Scotland would benefit particularly from drawing lessons learned?
- 2.17. The deadline for submitting responses and comments is 30 September 2021.

Operational Pressures

- 2.18. Operational pressures across our health and social care system means some essential work is being stood down to allow us to work together to mitigate the risks.
- 2.19. A Gold Command structure was established on 12 August 2021 due to business continuity issues by NHS Chief Executive.
- 2.20. Clackmannanshire and Stirling HSCP have a recovery plan in place which is subject to regular review.

- 2.21. A meeting of Local Resilience Partnership colleagues (8 September 2021) took place to support action to mitigate pressures across the health and social care system.

3. Seasonal Flu Vaccination Programme 2021/22

- 3.1. In light of the risk of flu and COVID-19 co-circulating in the coming winter, the national flu immunisation programmes will be essential in protecting vulnerable people and supporting the resilience of the health and care system. Flu vaccination is one of the most effective interventions we can provide to reduce harm from flu.

- 3.2. The following people will continue to be eligible to receive the flu vaccine:

- Those aged 65 years and over
- Those under 65 years with a health condition
- Pregnant women
- Young and Unpaid carers
- Children aged 2 – 5 years (and not yet in school)
- Primary school children (vaccination delivered in a school setting)
- Healthcare workers
- Social care workers who provide direct personal care
- All 50 – 64 year olds (some of this group are already eligible due to qualifying health condition)

- 3.3. In addition, this flu season, eligibility will be extended to the following new groups:

- Independent NHS Contractors and Laboratory staff, engaged in Covid-19 testing
- Teachers, Nursery teachers and support staff in close contact with pupils (in both a Local Authority and Independent setting).
- Prison officers and support staff in close contact with prison population delivering direct detention services
- Prison population (some of this group are already eligible due to qualifying health conditions)
- Secondary School Children (aged 18 years and under) vaccination delivered in a school setting.

The inclusion of these new groups is based on clinical advice of who would be most at risk from concurrent infection of COVID-19 and flu.

- 3.4. The current COVID-19 situation has highlighted the need to ensure that front line staff across both health and social care settings do not inadvertently transmit infection and should therefore be encouraged and able to access free flu vaccination on a national basis. Scottish Ministers have, therefore, decided to continue, the offer of free flu vaccine to healthcare workers and social care staff delivering direct personal care to patients/clients. This is in order to protect frontline social care staff and those they care for from flu and to help limit sickness absence amongst the workforce. Timely immunisation of all

health and social care workers in direct contact with patients/clients will be a critical component again this year, in our efforts to protect the most vulnerable in our society.

- 3.5. The letter issued from the Vaccinations Division of Scottish Government can be found at appendix 2.

Local Progress

- 3.6. The seasonal flu campaign started locally on 6 September 2021.
- 3.7. There is outreach work planned and support is being provided by the Scottish Ambulance Service.
- 3.8. For anyone who requires transport to attend the centralised centres, we have available ‘dial-a-journey’ which is a door-to-door car service for the person and up to one carer.

Date	Progress
6 September 2021	Commenced with 2–5-year-olds who are receiving their vaccine in community vaccination centres – Stirling Community Hospital and CHCC – and also in the 9 rural general practices of North West Stirling.
Monday 13 September 2021	Commencement of the School programme. A Primary and Secondary schedule has been agreed with educational leads and this will be rolled out until Md-November. However, the finish time mentioned may change if the COVID vaccine is brought in for all over 12-year-olds. We await national direction.
20 September 2021	Commencement of care home delivery. This cannot commence any earlier as awaiting guidance from the JCVI that may influence information which is needed for informed consent. Those who are housebound will also begin to receive the vaccine from this time.
27 September 2021	<p>The target date of the main community-based adult programme. Again, this will be available at SCH and CHCC, the North West General practices and anyone above the age of 50 years, 16-49 with a medical condition that puts them at risk of infection or those who work in a front facing Health and Social as well as pupil facing in an educational institution can also receive a vaccine from their local pharmacy (the list of those in the local area will be available shortly) if this is more convenient.</p> <p>The Health and Social care definitions will include care homes and care@home.</p> <p>All prisoners will receive the vaccine and prisoner officers will be able to receive this either opportunistically in the prison setting or can drop in to either the vaccination centres or pharmacies.</p>

4. Strategic Planning & Health Improvement

- 4.1. The Strategic Planning & Health Improvement Team currently is in the process of building capacity based on agreement within the Integration Joint Board for additional Performance and Planning posts. In addition, there are a number of key vacancies within the Team which are impacting on the Team's capacity to deliver the various workstreams according to the Strategic Improvement Plan.
- 4.2. Recruitment is underway for some of these posts. However, the time lag for recruitment means reduced capacity for the next few months creating a risk in terms of delivery of the Transforming Care programme of work.

5. Vulnerable Adults & Mental Health

- 5.1. In May 2021, the Mental Welfare Commission (MWC) published a report entitled "Authority to Discharge: Report into Decision making for people in hospital who lack capacity"⁴. A copy of the Report can be accessed [here](#). The purpose of the report was to examine the detail of a sample number of hospital to care home moves of people from across Scotland, to check that those moves were done in accordance with the law during the early stages of the pandemic.
- 5.2. The report found that whilst the pandemic brought significant pressures, the identified areas for improvement arising from the MWC's examination of a sample number of hospital to care homes moves, are not exclusively as a result of the pandemic. A number of recommendations were proposed as a result of the report.
- 5.3. In conjunction with the Chief Social Work Officers Group and MHO Forum, Officers have been tasked to carry out an assessment of the HSCP's performance in relation to the recommendations made in the Report and collate an improvement plan detailing any improvement actions required locally.
- 5.4. Chief Officers across Scotland have been asked to submit a response to the Report by 24 September 2021. The Head of Community Health and Care and Chief Social Work Officers in Clackmannanshire & Stirling will oversee collation of the response. Which will be brought back to the next IJB.

8. Category 1 Responders

- 8.1. Representatives from the HSCP attended their first meeting of the Local Resilience Partnership at its most recent meeting. Further work will be required to fully understand the role but work in this area is underway.

⁴ <https://www.mwscot.org.uk/news/moves-hospitals-care-homes-during-pandemic-new-report-finds-wider-concerns-over-adherence-law>

9. Joint Inspection of Adult Support and Protection in the Clackmannanshire, Stirling and Falkirk Partnership Areas

- 9.1. Notice was received on 24 May 2021 from the Care Inspectorate, Healthcare Improvement Scotland and HM Chief Inspector of Constabulary in Scotland that under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010 that a joint inspection of adult support and protection arrangements will be undertaken within the next six months. The NHS Board, IJBs and Councils all received this formal notice. Appropriate organisational arrangements are being put in place to respond to the requirements.
- 9.2. The Chief Officer has discussed the planned inspection with the Care Inspectorate and asked them to pause any inspection announcements as a result of current operational pressures, however the Care Inspectorate are unable to do this and a letter confirming the inspection will go ahead was received on 15 September.

10. Racism in Social Work

- 10.1. The Scottish Association of Social Work (SASW), part of British Association of Social Workers (BASW), is the largest professional association for social workers in Scotland.
- 10.2. Their key organisational aims are:
- Improved professional support, recognition, and rights at work for social workers.
 - Better social work for the benefit of people who need our services.
 - A fairer society.
- 10.3. The Racism in Scottish Social Work: a 2021 Snapshot report was circulated to Chief Officers across Scotland. The report provides evidence that:
- Racism exists within social work in Scotland.
 - Racism is experienced in both employment and educational settings, from colleagues, managers and people who use services.
 - The impact of racism on BAME social workers is significant.
 - When racism is reported it is rarely dealt with in a satisfactory way.
 - Racism experienced within social work is harmful both to individuals and to the profession.
- 10.4. The report concludes that social work must be a profession that welcomes people from every background, and that has clear, fair structures to promote inclusion and equality.
- 10.5. The report states that SASW is committed to continued action to address the concerns raised in this report. We have a role, alongside many other key

stakeholders, to highlight and respond to the exclusion and damaging effects of racism. The report can be accessed [here](#)⁵.

11. Development Work

- 11.1. The meet the Chair and Chief Officer sessions have started and there have been one since the last IJB meeting. We are also raising awareness of the IJB and HSCP through the production of a number of videos and are then uploaded to the [HSCP you tube channel](#)⁶.
- 11.2. The Chief Officer has met with Audit Scotland with a view for the IJB to become a pilot for the best value reviews going forward.
- 11.3. The Chief Officer has met with National Services Scotland (NSS) to scope out Health Improvement (HI) work and uptake of health screening and we will move forward with this once we have the capacity to do so.

12. Conclusions

- 12.1. This report provides the Integration Joint Board with updates on key developments.
- 12.2. Thanks are extended to all HSCP staff, NHS Forth Valley colleagues, Local Authority colleagues, delivery partners and unpaid carers for their hard work, dedication and ongoing commitment whilst continuing to work through the pandemic and taking actions towards recovery.
- 12.3. Wellbeing resources continue to be available to staff from each constituent organisation via each organisation's employee support offerings. In addition, supplementary support has also been made available nationally which colleagues are regularly signposted to and encouraged to participate in.
- 12.4. There is a National wellbeing hub established which can be found [here](#)⁷.

13. Appendices

Appendix 1: COVID-19 Public Inquiry – invitation to provide input

Appendix 2: Adult and Childhood and School Seasonal Flu Immunisation Programmes 2021/22

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒

⁵ <https://www.basw.co.uk/resources/racism-scottish-social-work-2021-snapshot>

⁶ <https://www.youtube.com/channel/UCBwtUoNZILE9NZ-kQafbLQA>

⁷ [Home - National Wellbeing Hub for those working in Health and Social Care](#)

Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	There are no direct financial implications arising from this report.
Other Resources:	None.
Legal:	There are no legal implications arising from this report.
Risk & mitigation:	There are no risks arising from the content of this report as it is provided for information purposes.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

DIRECTORATE FOR ORGANISATIONAL READINESS
DOR : Covid Inquiry Establishment



Scottish Government
Riaghaltas na h-Alba
gov.scot

COVID-19 Public Inquiry – invitation to provide input

On 24 August, Scottish Ministers announced that a Scottish public inquiry will be established to consider matters in relation to Scotland’s handling of the COVID-19 pandemic under the Inquiries Act 2005.

An Aims and Principles paper has been published which forms the basis of stakeholder engagement on the Terms of Reference for the inquiry.

The Aims and Principles paper is available online here: <http://www.gov.scot/publications/covid-19-inquiry-establishment>.

To provide response to or comments on the Aims and Principles paper on behalf of your organisation, please send an email to COVID-19publicinquirysetupteam@gov.scot. Please note that this mailbox is not taking evidence on behalf of the inquiry, as it will be independent of Scottish Government, but taking views on what the inquiry should focus on, once it is set up.

You may wish to consider the following questions:

- Which areas of the handling of COVID-19 in Scotland do you think deserve particular scrutiny?
- Are there any shortcomings or successes that you would like to see given particular consideration?
- Are there areas in which you think Scotland would benefit particularly from drawing lessons learned?

The deadline for submitting responses and comments is 30 September 2021, but we welcome early submissions. After that point, we will analyse the input and use it to develop the Terms of Reference for the inquiry. Information you provide will not be carried forward to the inquiry itself.

A note on what we will do with the information that you give us: We will use all of the input we receive to help us in the set up of the Inquiry. Your input, including any personal details that form part of that input such as names and contacts details, will be kept on file by the COVID Inquiry Establishment Division for the duration of our work. You can find more information in our Privacy Notice www.gov.scot/publications/covid-19-inquiry

Scottish Government COVID Inquiry Establishment Division

COVID-19publicinquirysetupteam@gov.scot



E: SeasonalFluProgramme@gov.scot

Health & Social Care Partnership
Leads

4 June 2021

Dear Sir/Madam

Adult and Childhood and School Seasonal Flu Immunisation Programmes 2021/22

I am writing to provide you with information and to raise awareness about the approaching seasonal flu immunisation programme.

Given the impact of Covid-19 on the most vulnerable in society, this year it is imperative that we do all we can to reduce the risk of our population from contracting seasonal flu. Delivering the seasonal flu immunisation programme this winter will help to protect the most vulnerable. It is therefore essential that we build on the success from last year's programme to prevent ill health in the population and minimise further impact on the NHS and social care services. The Scottish Government has written in similar terms to the Directors of Education and Directors of Public Health, as we feel it is helpful for you all to continue to work together to support the delivery of these important programmes.

This letter sets out more information on:

- Why a successful flu vaccination programme is important
- Eligibility and expansion of the seasonal flu immunisation programme
- Uptake targets for the 2021/22 season and previous uptake rates
- Vaccination of health and social care workers
- Childhood flu programme delivered in schools

Why a successful flu vaccination programme is important

In light of the risk of flu and Covid-19 co-circulating in the coming winter, the national flu immunisation programmes will be essential in protecting vulnerable people and supporting the resilience of the health and care system.

Flu is an unpredictable, but recurring pressure that the NHS and social care services face every winter.

For most healthy people, flu is an unpleasant and usually a self-limiting disease with recovery generally within a week, but for some flu can be serious, even life threatening. Flu vaccination is one of the most effective interventions we can provide to reduce harm from flu. The annual flu vaccination programmes also help to reduce GP consultations, unplanned hospital admissions and pressures across the NHS and social care, and is therefore a critical element of the system-wide approach for reducing pressures and delivering robust and resilient health and care services during the coming winter.



Eligibility and expansion of the seasonal flu immunisation programme

The following people continue to be eligible to receive the flu vaccine:

- Those aged 65 years and over
- Those under 65 years with a health condition
- Pregnant women
- Young and Unpaid carers
- Children aged 2 – 5 years (and not yet in school)
- Primary school children (vaccination delivered in a school setting)
- Healthcare workers
- Social care workers who provide direct personal care
- All 50 – 64 year olds (some of this group are already eligible due to qualifying health condition)

In addition, this flu season, we are extending eligibility to the following new groups:

- Independent NHS Contractors and Laboratory staff, engaged in Covid-19 testing
- Teachers, Nursery teachers and support staff in close contact with pupils (in both a Local Authority and Independent setting).
- Prison officers and support staff in close contact with prison population delivering direct detention services
- Prison population (some of this group are already eligible due to qualifying health conditions)
- Secondary School Children aged 18 years and under (vaccination delivered in a school setting)

The inclusion of these new groups is based on clinical advice of who would be most at risk from concurrent infection of COVID-19 and flu. Additionally, careful consideration was given around the continued resilience of critical services.

2021/22 uptake targets and uptake rates achieved in 2020/21 flu season

It is important that every effort is made this year to ensure uptake is as high as possible. The benefits of flu vaccination amongst all eligible groups should be communicated and vaccination made as easily accessible as possible.

Uptake targets for 2021/22 for each of the eligible cohorts is as follows:

Cohort	Uptake Target %
65 years and over	90%
Children aged 2-5 years who cannot receive LAIV	75%
Children Aged 2-5 years (including children in nursery)	70%
Primary School Aged Children	80%
Secondary School Age Children (aged 18 years and under)	80%
Under 65 years old in an at-risk group	75%
Pregnant women (with & without risk factors)	75%
Health & social care staff	60%
Unpaid and young carers	75%
Independent NHS Contractors, Teachers, Nursery teachers and support staff in close contact with pupils (in both a Local Authority	60%

and Independent setting)), Prison officers and support staff in close contact with prison population delivering direct detention services	
Prison population (Fluctuates daily – approximate figure provided. Population may also be included in cohorts above.)	60%
50-54 years old not at risk	65%
55-59 years old not at risk	65%
60-64 years old not at risk	65%
Total	-

Data provided and published by Public Health Scotland (PHS) for 2020/21 uptake rates of:

- 79.6% in people aged 65 years and over
- 55.9% in under 65 years at-risk
- 53.3% in pregnant women
- 63% in children aged 2-5 years
- 75.5% in primary school aged children
- 60.9% in unpaid and Young Carers
- 41.5% in Health & Social Care Workers

Complete data for Health & Social Care Workers will be finalised and published in due course by PHS.

Vaccination of Health and Social Care Workers

The current Covid-19 situation has highlighted the need to ensure that front line staff across both health and social care settings do not inadvertently transmit infection and should therefore be encouraged and able to access free flu vaccination on a national basis. Scottish Ministers have therefore decided to continue, the offer of free flu vaccine to healthcare workers and social care staff delivering direct personal care to patients/clients. This is in order to protect frontline social care staff and those they care for from flu and to help limit sickness absence amongst the workforce.

Timely immunisation of all health and social care workers in direct contact with patients/clients will be a critical component again this year, in our efforts to protect the most vulnerable in our society.

High rates of staff vaccination will help to protect individual staff members but also reduce the risks of transmission of the flu virus within health and social care premises which will contribute to the protection of individuals who may have suboptimal response to their own immunisations. Furthermore, it will help to maintain the workforce and minimise disruption to services that provide patient/client care by aiming to reduce staff sickness absence.

Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our Covid-19 response to the care sector as a means to prevent transmission of the flu virus in an already vulnerable group.

Nationally produced resources to support the promotion of the flu vaccine for health and social care Workers will be available at: [Seasonal flu | Turas | Learn \(nhs.scot\)](#).

Childhood Flu Programme

Delivery arrangements for children aged 2-5 years and not yet in school will vary by NHS Board and parents/carers will receive a letter advising them of their local flu clinic arrangement.

Primary school children will normally be given the vaccine at school and we would ask that secondary school children be given their vaccinations in the same way. We recognise that there will be additional logistical challenges to holding vaccination sessions in schools again this year in light of Covid-19 and are grateful to NHS Health Board teams who continue to work closely with schools to ensure that children will have the opportunity to receive the flu vaccine in a timely manner while maintaining good Infection Prevention & Control (IP&C) practices and physical distancing.

To support the programme in schools, Public Health Scotland have produced a flu education pack for education staff. It includes:

- A briefing paper explaining 'Flu immunisation for primary school children in Scotland'
- Classroom activities and links to Curriculum for Excellence (with suggested learning opportunities)
- An online video called "You and Flu" (that can be shown to children in advance of flu immunisation sessions)
- Sample flu invitation letter (contained in the consent pack sent home with children)
- Primary school flu leaflet (contained in the consent pack sent home with children)
- Flu consent form guidance

Posters for staff rooms and parent/carer notice boards, a supply of leaflets and a cover letter will be delivered to all primary and secondary schools for the attention of the Head Teacher in accordance with the schedule agreed with child health departments within each NHS Board. The rest of the education pack materials will be available to download from Public Health Scotland's website at www.publichealthscotland.scot/flueducationpack. I hope that you find the pack useful.

Chief Medical Officer (CMO) Letters

CMO letters setting out the arrangements for both the adult and childhood flu immunisation programmes have been issued and are available at:

- Seasonal: [http://www.sehd.scot.nhs.uk/cmo/CMO\(2021\)07.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2021)07.pdf)
- Childhood: [https://www.sehd.scot.nhs.uk/cmo/CMO\(2021\)14.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2021)14.pdf)

Finally, I would like to thank you again for your help in encouraging flu vaccine uptake and your support in enabling us to provide this important protection to people across Scotland.

Yours faithfully,

**Vaccinations Division
Scottish Government**

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 8.1

Financial Report

For Approval

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

Purpose of Report:	To present the Integration Joint Board with an overview of the partnership financial position and continuing impact of COVID 19 thereon.
Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the 2021/22 projection based Financial Performance for the first four months of the financial year to 31 July 2021. 2. Note the Significant Financial Issues and Pressures 3. Agree the requirement, per the Integration Scheme, for a budget recovery plan to be prepared for initial consideration by the Finance and Performance Committee and then by the Integration Joint Board. 4. Note the update on Scottish Government funding support for ongoing impacts of Covid 19. 5. Approve the proposal in respect of the Budget Strategy as set out in section 8 of this report.

1. Background

- 1.1. The Integration Joint Board approved its 2021/22 revenue budget on 11 May 2021.
- 1.2. Urgent decision making powers were put in place concurrently and remain in place at this point. Updates on the budget, use of urgent decision making powers and the HSCP Remobilisation Plan are incorporated into regular reporting to the IJB.
- 1.3. The Scottish Government has requested quarterly returns for exceptional Covid costs as part of the suite of financial returns from NHS Boards. The Quarter 1 return was submitted on 30 July 2021.
- 1.4. The impact of the Covid-19 pandemic will have a profound and long term effect on economic strategy and therefore public expenditure and short and medium term planning will require to be continually reviewed in response to this.
- 1.5. It is clear that the whole health and social care system is experiencing exceptional levels of demand at this point in time, as the impacts of the pandemic continue and shift from predominantly direct to indirect cost impacts. Constraints on capacity, particularly workforce, mean that not all service demand is being met and unmet need is also rising. The financial impacts of increasing demand and service delivery is having an impact on the projected costs detailed within this report.
- 1.6. Finance reports should be read alongside Performance reports to give a wider overview of both financial and non-financial performance. Further work to

develop and improve integrated financial reporting is continuing and will be presented, initially to the Finance and Performance Committee, in due course.

- 1.7. An initial set of financial projections for 2021/22 was presented within the finance report to the Finance and Performance Committee on 18 August 2021. The position and issues reflected in this report are broadly consistent with the report to the Finance and Performance Committee although the overall position, in terms of projected overspend, has moderately improved largely as a result of capacity constraints in provision of social care.

2. Economic Outlook

- 2.1. It remains incredibly difficult to predict the long term effect the pandemic and other issues including Brexit will have on the Scottish and UK economies, developing economic strategies and therefore impacts on public expenditure.
- 2.2. It is anticipated that both UK and Scottish level economic strategies will develop as we enter the recovery phase and that this will aid medium to longer term planning in due course.

The Scottish Government is also expected to publish an updated Financial Framework for Health and Social Care late in the current financial year which, when published, will provide a reference point for substantive updates of Medium to Longer Term financial planning.

At the time of writing it is understood that the UK Chancellor will present and publish a half yearly budget update and longer term economic outlook on 27 October 2021. It is uncertain at this point how detailed this update will be and if it will go some way towards a UK level spending review. There is current speculation that this will set out plans on social care expenditure and any associated revenue raising. The potential impacts on the Scottish Budget are unknown at this time and dependent on the measures taken. The Office for Budget Responsibility (OBR) will also publish economic forecasts on this date.

It is understood the Scottish Government will consider implications for, and timing of, the 22/23 Scottish Budget after this date.

- 2.3. In terms of economic recovery, the Fraser of Allander Institute at Glasgow University published its latest monthly update on the Scottish Economy on 1 September. This update illustrates an improving month on month position in terms of key economic indicators but an economy which remains 2.1% below pre-pandemic levels.
- 2.4. Despite this relatively improved economic outlook a great deal of economic uncertainty remains going forward. Taking account of this uncertainty, there will be a need to continually review and adapt financial plans over coming months and years as resource availability and projected costs become clearer. Planning and service delivery will require to continue to be agile and adapt to rapidly changing conditions and changing policy environment.

3. Projected Out-turn

- 3.1. A set of financial projections have been prepared based on financial performance for the first four months of the financial year to 31 July 2021.
- 3.2. This indicates a projected overspend of £1.840m on the Set Aside Budget for Hospital Services and projected overspend of £0.341m on the Integrated Budget. This gives a projected overspend of £2.181m across the entirety of partnership budgets as summarised in the table below.

Integrated Budget	£m
Operational & Universal Health Services	(0.702)
Adult Social Care	(1.883)
Gross Projected Overspend Integrated Budget	(2.585)
Assumed Financial Support for Covid Demand Pressure	2.244
Net Projected Overspend Integrated Budget	(0.341)
Set Aside Budget for Large Hospital Services	(1.840)
Net Projected Overspend Partnership/ Strategic Plan Budget	(2.181)

- 3.3. The forecast above excludes identified exceptional Covid expenditure anticipated to be met from Scottish Government Covid funding including a £2.244m initial estimate of exceptional social care demand costs which have been included in the Quarter 1 Covid Financial Return. Should these costs not be fully met by Scottish Government the projected overspend on the Partnership budget would, of course, increase.
- 3.4. The financial pressures in relation to the set aside budget are currently met by NHS Forth Valley. The financial report to the NHS Board on 27 July, and the NHS Forth Valley Performance and Resources Committee on 31 August projected a breakeven position for the NHS Board subject to 5 key dependencies. These dependencies being:
- Levels of ongoing temporary staff requirements driven by absence and vacancy levels which incur premium and additional cost.
 - Funding allocations which are anticipated but not yet confirmed (including Prison Healthcare services, National Treatment Centre staffing costs and COVID-19)
 - Flexibility on anticipated savings delivery which remains challenged in the current environment.
 - Finalising the impact of 2021/22 pay award uplift arrangements and the associated funding required.
 - The level of non-recurring slippage on planned investments locally and regionally which were budgeted in the financial plan, plus any available balance sheet flexibility.

- 3.5. The level of projected overspend on the Integrated Budget and associated financial risks reflected within this report are such that it is recommended that the requirement for preparation of a financial recovery plan is invoked per the terms of the Integration Scheme.

As stated in paragraph 1.7 the projection is improved from the initial quarter 1 projections reported to the Finance and Performance. This improvement is largely as a result of capacity/ supply constraints in Adult Social Care. Given this and the pressures across the Health and Social Care system the projections are therefore likely to be subject to a higher than usual level of volatility in the current year with associated financial risk.

4. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 4.1. The set aside budget is reporting an £0.652m overspend for the first four months of the financial year and is currently projected to overspend by £1.840m for the year. Many of the set aside services are under increasing pressure from demand levels and increasing acuity of care required and this may materially affect the projections going forward.
- 4.2. In the first four months of the financial year the financial pressures on the set aside were across most of the set aside specialities with the exception of Learning Disability Inpatients and Hospital Based Palliative Care which were broadly in line with budget. A further review of costs within set aside services which may be attributable to Covid is being undertaken in advance of the Quarter 2 Covid costs return to Scottish Government.

Integrated Budget

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

Within Operational & Universal Health Services: Family Health Services (FHS) prescribing, Complex Care packages, the Westmarc Wheelchair Contract and Community Equipment. These are partially offset, as in previous years with underspends across other community services. Less than full projected delivery of savings and efficiency programmes.

Within Adult Social Care: The costs associated ongoing demand pressures in Long Term Care, Care and Support at Home and Respite predominantly driven by current significant levels of service activity and demand across the whole health and social care system, demographic pressures, supporting discharges to maintain hospital capacity and less than full projected savings delivery. Staffing pressures in residential care facilities including Menstrie House and the Bellfield Centre. There are also potential additional financial pressures associated with planned Learning Disability discharges from Inpatient to alternative community models of care. Less than full projected delivery of savings and efficiency programmes.

4.4. The out-turn projected overspend will be subject to a number of risk factors during the remainder of the year, and these are summarised below:

- The main drivers of the overspend remain increasing demand and complexity of need, with the consequent costs. This is a consistent challenge across both health and social care functions. Underlying causes include the impact of demographic change and the determinants of general health and care needs. The significant areas of financial pressure across the Partnership budget are:
- Delivery of adequate savings and efficiency programmes whilst delivering safe and effective person centred care.
- Growth in demand and costs of Care at Home (all care groups) including those associated with maintaining adequate flow and high delayed discharge performance.
- Growth in demand and costs Provision of Residential Care (all care groups)
- Cost and complexity of transition of care from Children's Services – particularly in relation to Learning Disabilities
- Cost and Volume Increases in Primary Care Prescribing
- Cost pressures relating to Primary Medical Services
- Cost pressures associated with the Set Aside Budget for Large Hospital Services (Accident and Emergency, General, Geriatric and Rehab Medicine and Mental Health Inpatient Services)

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

- Cost and volumes of drugs and other therapeutics in Primary Care, including potential price volatility in relation to Brexit and tariff
- Further increases in demand, complexity and costs of service provision.
- Transitions from Children's' services and Learning Disability and Mental Health inpatients facilities and requests for high cost community care packages which cannot always be foreseen.
- Remodelling Future Demand & Profiling of bed capacity

- Costs associated with legislative changes including the Carers Act – a level of funding has been ring-fenced for this as agreed within the approved revenue budget subject to approval of an Investment Plan
- Risks associated with the provider market including sustainability issues.
- Primary Care / GP Sustainability.
- Whole system performance issues including delayed discharge linked to developing approaches to Early Intervention and Prevention.
- Filling of critical vacant posts and maintaining safe staffing levels within services.

Family Health Services Prescribing

- 4.6. Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £1.263m for the financial year. This is being largely offset by underspends in Operational Health Services particularly those delivered in the community meaning less than full staffing and activity levels are possible in these services.
- 4.7. Significant work continues to be progressed implementing a Prescribing Improvement Scheme and other initiatives to reduce variation and waste which is having greater financial impact than experienced in 2020/21. The workload associated with these initiatives in General Practice combined with pressures in managing service delivery over the coming months will be a risk to maintaining momentum in this area.
- 4.8. In terms of benchmarking comparisons for Prescribing, this information has recently been refreshed at NHS Board level. This indicates Forth Valley has gone from 7th to 6th lowest cost NHS Board area without compromise on quality. Forth Valleys average cost per patient is also below the Scottish Average (FV £188.61 Scotland £190.05)
- 4.9. The issues above notwithstanding, a paper considering further opportunities to reduce costs across the prescribing budget is being developed and an update on this will be reported to the Finance and Performance Committee in October.

5. Key Assumptions

- 5.1. The projections above are based on the following key assumptions:
- Scottish Government provide financial support for the estimated ongoing financial impacts of COVID 19 based on expenditure as reflected through quarterly cost returns.

- There is not significant further net growth in service demand/activity over the remainder of the financial year other than activity that can be evidenced as attributable to the ongoing impacts of Covid, captured as part of Covid financial returns with funding support sought from Scottish Government.
- There can be focused capacity on progressing the transformation programme to deliver future financial and non-financial benefits and assist with medium to longer term sustainability.

6. Scottish Government Financial Support for HSCP COVID19 Exceptional Costs (Local Mobilisation/Remobilisation Plans)

- 6.1. Scottish Government has requested quarterly cost returns for exceptional Covid costs incurred or projected to be incurred during financial year 2021/22. These returns form part of wider NHS Board financial returns to Scottish Government and each HSCP within an NHS Board area is required to compile a spreadsheet template. The Chief Finance Officer co-ordinates and oversees the completion of the template drawing on information from across the partnership.

The template submitted for Clackmannanshire and Stirling was submitted to Scottish Government on 30 July and totalled an estimated cost of £8.511m. A copy of the detailed template submitted was reported to the Finance and Performance Committee on 18 August 2021 for scrutiny.

- 6.2. Given the exceptional level of demand health and care systems are facing it is becoming clear some of this exceptional demand and related activity and associated cost is as a result of Covid. It is challenging to directly evidence and work is ongoing to build/strengthen this evidence and discussions are ongoing with Scottish Government and via Chief Officer and Chief Finance Officer networks in this regard.

At the time of compilation of the Quarter 1 template the potential cost implications of this were only beginning to emerge, and therefore the Chief Finance Officer included an initial assessment of this, after discussion with the partnership Senior Leadership Team, quantified at £2.244m. Falkirk HSCP has also taken a similar approach in their Covid returns, and discussions regarding consistency of approach are ongoing with Scottish Government and the IJB Chief Finance Officers section.

- 6.3. The projection detailed in this report assumes that this £2.244m of funding will be provided from Scottish Government at this point in time. Scottish Government colleagues advise that Quarter 1 returns are being consolidated and compared, and this will be the basis for any further discussions required and agreeing a funding basis to be approved by Scottish Ministers. It is anticipated that the position will become clearer over the next month or so, and any update on the position will be reported to the October Finance and Performance Committee and November Integration Joint Board. Should the full costs be met by Scottish Government the financial sustainability challenges into future years could be greater than previously anticipated, the

addressing of which will require to be factored into operational and financial planning.

- 6.4. A Quarter 1 financial review with Scottish Government colleagues was held on 10 September 2021 to discuss financial performance, Covid cost submissions and associated funding. This included discussion on areas where Covid cost submissions suggest the partnership may be an outlier and any additional evidence requirements of government to support cost estimates. It is understood the Scottish Government will agree a current year funding strategy and allocation arrangements after conducting these reviews. The next Covid projected costs return to Scottish Government is due for submission on 30 October 2021 reflecting actual costs for the first half and projected costs for the remainder of the financial year.
- 6.5. As previously advised, the Covid earmarked reserves carried forward from 2021/22 of £6.642m are the first call on Covid exceptional expenditure in 2021/22. Therefore £1.869m of further funding support is being sought from Scottish Government. Additionally, it is not assumed that Scottish Government will provide any financial cover for unachieved savings during this and future financial years.

7. Operational Grip and Control Framework, Financial Recovery Options and Savings Delivery

Operational Grip and Control Framework

- 7.1. As previously discussed with both the Finance and Performance Committee and the IJB, establishment of an Operational Grip and Control Framework is a significant element of strengthening financial and operational management arrangements across the partnership.
- 7.2. These arrangements were reintroduced by means of monthly virtual meetings from August 2020 and are co-chaired by the Chief Finance Officer and Head of Service for Community Health and Care.
- 7.3. The arrangements continue to evolve, and the reporting framework has recently been reviewed to focus on key issues.

Financial Recovery Options

- 7.4. The Integration Scheme states (at Section 8.5) that when an overspend is projected on the (Operational) Integrated Budget a recovery plan to balance the overspending budget should be prepared and agreed.
- 7.5. Whilst, subject to provision of additional Covid funding support from Scottish Government, the projected overspend on the Integrated Budget is relatively modest and could be potentially managed through deployment of reserves there is significant risk of volatility in projections and resultant additional financial risk to the Integration Joint Board. This was discussed with members of the Finance and Performance Committee on 18 August 2021. The

committee, taking due account of the factors described, agreed a recommendation that a financial recovery plan should be prepared.

7.6. IJB members should note that due to the exceptional pressures currently being faced by services it will be very challenging to identify and deliver financial recovery actions however the following areas are being explored:

- Grip and control actions including income recovery
- Further measures to improve value, reduce variation and reduce costs associated with the Prescribing Budget
- Review of exceptional Covid costs to ensure all relevant costs are captured and incorporated within financial returns to Scottish Government
- Other options potentially including service prioritisation

Should these actions fail to deliver a balanced budget position the process detailed in Section 8.5 of the Integration Scheme including consideration of use of reserves will require to be considered.

Savings Delivery & Approved Investments

- 7.7. In terms of savings delivery, the revised 2021/22 revenue budget approved on 11 May was predicated upon a £4.289m of savings delivery with £3.229m of these savings being across the Integrated Budget and £1.060m the estimated savings requirement in relation to the Set Aside budget for large hospital services.
- 7.8. A savings tracker has been re-established to assist in tracking and report savings delivery within the overall context of the projected financial performance of the partnership. A copy of this is attached at Appendix 1(a) to this report. This illustrates that approximately £2.5m or 77% of the planned savings on the Integrated Budget are currently projected to be delivered in year. It is currently difficult to foresee how the savings on the set aside budget will be delivered and financial pressures across set aside services have increased significantly since the previous financial year. The current risk rating reflects this.
- 7.9. The current pressures across health and social care systems locally and nationally are having an impact on the focus on the transformation programme delivery and associated savings with management capacity being understandably focused on managing safe service delivery including supporting discharge. Whilst it is still relatively early in the financial year, it is clear that savings delivery is being compromised and should current pressures continue it is possible savings achievement could deteriorate further. It is, however, important to be able to demonstrate and evidence that we are taking all available measures to secure service sustainability in both the current year and recurrently.
- 7.10. The IJB also agreed £1.157m of investments to support acceleration and delivery of the Transforming Care Programme and there will be a degree of slippage against these due to timing of making appointments which may provide a degree of available offset.

8. Review of Medium Term Budget Strategy

- 8.1 The Finance and Performance Committee received and discussed a presentation on review of the IJBs budget strategy at its meeting on 18 August. The presentation included background and current context with particular regard to the ongoing impact of Covid associated demand increases and future uncertainty. Due account was also taken of the current position on reserves and the fortuitous impact Covid consequential funding support has had in accelerating aspects of implementation of the Medium Term Financial Plan approved by the IJB in March 2020.

The Scottish Government have committed to review the Medium Term Financial Framework for Health and Social Care and it is anticipated a new framework will be published later in the financial year. It is anticipated that this will take account of the changing policy landscape including establishment of a National Care Service and intelligence on future resource availability.

- 8.2. The current budget strategy, as amended as part of the 2021/22 Revenue Budget, has four key strands:

- Achieve financial breakeven on the core revenue budget year on year
- Not require offsets from Transformation Funding (formerly referred to as Integrated Care Fund and Delayed Discharge Fund) to achieve 1.
- Invest available Transformation Funding to support service transformation and modernisation.
- Establish and maintain a general or contingency reserve of 0.75% of budgeted expenditure within a prudential reserves strategy.
- Allocations for key Scottish Government policy commitments including Primary Care Implementation Plan (PCIP), Mental Health Strategy Action 15, Alcohol and Drugs Partnerships/Drug Related Deaths and District Nursing are fully expended on these policy priorities subject to approval of implementation plans and updates by the IJB.

- 8.3 The Finance and Performance Committee agreed the following proposal be recommended to the IJB

- To maintain the current budget strategy and core Medium Term Financial Plan assumptions for the time being taking due account of the significant levels of uncertainty in both demand, costs and resource availability.
- To propose an updated prudential reserves strategy
- To continue to discuss the ongoing financial impacts of Covid with Scottish Government and pursue both short and medium term funding strategy.
- To begin to build financial scenarios and sensitivity analyses for 2022/23 and beyond and link these to the position considered by the IJB on review of the Strategic Plan and Strategic Needs Assessment.
- To review from the midyear point of 2021/22 – the remobilisation plan (and associated cost estimates), the Strategic Risk Register and begin

to the 2022/23 Operational Plan and Revenue Budget as the IJB Business Case as detailed within the Integration Scheme.

- That a full review and update of the Medium Term Financial Plan be undertaken as soon as is feasible, and aligned to the publication of a refreshed Scottish Government Medium Term Financial Framework for Health and Social Care.

8.4 Based on the core assumptions in the Medium Term Financial Plan the estimated annual cash releasing savings requirement is between £3.2m and £3.5m per annum. This results in an estimated savings requirement of between £16m and £17.5m over the next 5 financial years.

9. Financial Risk

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

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

Risk	Risk Rating (RAG)
There is a risk that the savings and transformation programme will not deliver the required level of recurring savings, increasing the underlying deficit in future years.	Red
There is a risk that areas of service sustainability / levels of demand pressures will require additional financial resources to maintain safe and effective services for service users.	Red
There is a risk that, in order to minimise hospital delays, achieve safe whole system flow and meet increased demand additional costs are incurred including potentially requiring to commission services from more expensive providers.	Red
There is a risk that the HSCP COVID-19 mobilisation plan costs are not fully funded by Scottish Government	Amber
There is a risk that provider(s) may become unsustainable resulting in the HSCP/Constituent authorities requiring to step in to ensure safe continuity of care with risk of associated additional expenditure.	Amber
There is a risk that anticipated funding allocations from Scottish Government are not received in full or in line with planning assumptions and expenditure commitments.	Amber
There are ongoing risks associated with EU withdrawal arrangements which carry potential financial risk including drug costs and staffing.	Amber
The risk that potential future changes in Health and Social Care policy including consultation on the implementation of a National Care Service increase expectation, service demand and therefore expenditure in advance of additional funding.	Amber
The risk that adequate skilled workforce capacity cannot be recruited and/or retained to deliver the IJBs Strategic Priorities.	Amber
Risk that implementation of the Primary Care Improvement Programme including the GP Contract arrangements per the revised Memorandum of Understanding (MOU) exposes the NHS Board and Integration Authorities to additional financial risk through Transitional Payments.	Amber

10. Conclusions

- 10.2. The projections detailed in this report reflect the projected financial impacts of a health and social care system under significant pressure. The level of demand being experienced is significantly above longer term, pre-Covid trends. It remains to be seen if this represents a temporary surge or a longer term change in demand patterns. It is clear, however, that current demand pressures are materially impacting the ability to deliver safe services within available resources.
- 10.3. The level of projected overspend and financial risk are sufficient to require the preparation of a financial recovery plan per the terms of the Integration Scheme. Whilst the position reflected within this report would be manageable from the IJBs reserves and/or by offsetting transformation funding if Scottish Government provides the resources requested there is potential for projections to increase further if current demand levels continue and there is also likely to be an increasing recurrent service and financial sustainability challenge.
- 10.4. The Partnership's ability to progress the Transformation Programme as the key programme in driving financially sustainable service change, pursuance of Strategic Priorities and improved outcomes for citizens continues to be significantly affected by the ongoing impact of the COVID-19 pandemic. It has also brought opportunities for change which it remains critical to capitalise upon.
- 10.5. Meantime we must continue to pursue delivery of the Transforming Care Programme delivering of associated efficiency and savings requirements whilst balancing and managing the risks around Covid, ensuring appropriate contingency and business continuity planning and remobilisation and renewal.

11. Appendices

- Appendix 1a – Savings Tracker
 Appendix 1b – Investment Tracker
 Appendix 2 – Projected Reserves

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

Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	Financial Implications are detailed within the body of the report.
Other Resources:	N/A
Legal:	N/A
Risk & mitigation:	Financial Resilience is a risk reflected in the IJBs Strategic Risk Register. The structure of the finance report also includes an assessment of key financial risks in line with previous audit recommendations.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Appendix 1A

[TO FOLLOW]

Appendix 1B

[TO FOLLOW]

Appendix 2

[TO FOLLOW]

Clackmannanshire & Stirling Integration Joint Board

Savings Plan per Budget

Financial Year 2021-22

Reporting Month 03-Apr
3/4

Budget Category	Proposal Number	Detail	Budgeted Savings FY (£m)	Projected Savings FY (£m)	Variance FY (£m)	Risk Rating (RAG)	Notes
Integrated Budget	1	Rural Models of Care	0.625	0.396	(0.228)		Will be delivered full year. Less than full delivery based on timing of decision and redeployment of staff.
	2	Full Year Effect of Grip and Control Actions at Bellfield and Menstrie	0.450	0.301	(0.149)		£0.350m Bellfield £0.1m Menstrie but focus on budget balance
	3	Strategic Commissioning Aligned to Strategic Plan Priorities	0.200	0.100	(0.100)		Need to avoid double count with review/demand management. Further work to be undertaken to identify and implement opportunities
	4	Medicines Optimisation (including PII PII element est @ £0.325m)	0.600	0.334	(0.266)		Ongoing discussion regarding Management of Risk with NHS FV. Currently estimated Prescribing Improvement Initiatives will deliver c£.425m of target.
	5	Demand Management Including Review Activity and Reductions in Long Term Care	0.600	0.942	0.342		Est based on pre covid years. £0.4m Stirling, £0.2m Clacks. Requires reporting and monitoring
	6	Learning Disability/Mental Health Redesign - New Models of Care including Supported Living	0.654	0.426	(0.228)		Roll/forward of 20/21 targets after non/recurrent savings added back in @ £0.2M

	7	Charging and Improving Income Recovery	0.100	0.000	(0.100)		Focused on improved debt management arrangements and review/revision of approach to financial assessments and deprivation of assets.
Integrated Budget Total			3.229	2.500	(0.728)		
Set-Aside Budget	8	Integrated Whole System Working Projects	1.060	0.000	(1.060)		Whole System Redesign and Budget Control work, Current system demands are severely affected ability to progress currently.
Set-Aside Budget Total			1.060	0.000	(1.060)		
Total			4.289	2.500	(1.788)		

Check

#VALUE!

#VALUE!



Clackmannanshire & Stirling Integration Joint Board
 Investment Plan
 Financial Year 2021-22
 Reporting Month 4

Proposal Number	Detail	Source	Recurrent / Non-recurrent	Budgeted Investment FY (£m)	Projected Investment FY (£m)	Variance FY (£m)	Notes
1	Self Directed Support Lead	Transformation Funds	Non-recurrent	0.044	0.022	0.022	
2	Tech Enabled Care Officer - 6 month Fixed Term Appointment	Transformation Funds	Non-recurrent	0.025	0.025	0.000	
3	Care Home Assurance Team (Net of SG Funding Contribution)	Local Authority Payments	Recurrent	0.100	0.100	0.000	21/22 marginal costs are incorporated in COVID return and assumed met from government COVID funding.
4	Carers Act Investment Plan including Short Breaks Co-ordinator	Carers funding from local authority payments	Recurrent	0.385	0.385	0.000	Dependent on Approval of Carers Investment Plan
5	Investment in Reablement Approaches	Local Authority Payments	Recurrent	0.278	0.200	0.078	
6	Investment in Service Planner and Policy and Performance Officer	Transformation Funds	Recurrent	0.125	0.063	0.062	
7	Phase 1 Addressing Waiting/Pending Times	Covid Earmarked Reserves	Non-recurrent	0.200	0.200	0.000	Agreed with SG - 200k will come from COVID earmarked reserves. Revised business case to be presented to F&P committee in December.
Total				1.157	0.995	0.163	

Clackmannanshire & Stirling Health & Social Care Partnership

Reserves Projection

Financial Year 2021-22

Reporting Month

4

		Opening Balance	Projected Expenditure	Projected Closing Balance	Notes
		£m	£m	£m	
General Reserves		2.986	0.000	2.986	Dependent on Management of Projected Overspend/ Recovery Plan Success
Earmarked Reserves					
Covid Transformation		6.642	6.642	0.000	First call on 21/22 Expenditure
	Leadership Fund	0.500	0.500	0.000	
	Balance	0.683	0.000	0.683	Dependent on any Business Case presented
	Community Living Fund	0.512	0.171	0.341	Dependent on any Business Case presented
	Primary Care Transformation	0.529	0.529	0.000	First call on 21/22 Expenditure
	Aids for Daily Living	0.117	0.117	0.000	Assumes deferred activity undertaken in 21/22
	District Nursing	0.057	0.057	0.000	First call on 21/22 Expenditure
	Forth Medical Group	0.094	0.094	0.000	Global Sum Due 21/22
	Drug Related Deaths	0.153	0.153	0.000	First call on 21/22 Expenditure
	Other Earmarked Reserves	1.602	0.801	0.801	Estimated 50% Use in Year: Subject to Detailed Review and Plans
	Total Earmarked Reserves	10.889	9.064	1.825	
	Total Reserves	13.875	9.064	4.811	
	Target Reserves (2%)			4.184	

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 8.2

Reserves Strategy

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Ewan C. Murray, Chief Finance Officer
Author	Ewan C. Murray, Chief Finance Officer
Exempt Report	No

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

Purpose of Report:	To present a revised draft reserves strategy for approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the recommendation of the Audit and Risk Committee. 2) Approve the appended draft reserves strategy. 3) Agree that the reserves strategy be further reviewed by March 2022 as part of consideration of the 2022/23 IJB Revenue Budget.
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1. Background

- 1.1. Reserves policy and strategies form part of a strong financial management arrangements for the IJB
- 1.2. As part of the consolidated partnership response to the Ministerial Strategic Group (MSG) Review of Progress on Integration, there was an agreement to review the IJBs reserves policy and strategy.
- 1.3. The IJB agreed a revised reserves policy as part of its 2021/22 Revenue Budget with a minimum reserves level of 0.5% of budgeted expenditure and a prudential target for reserves of 2% of budgeted expenditure.
- 1.4. The appended draft reserves strategy embeds the reserves policy within an updated reserves strategy forming an element of ongoing work to review and update the IJBs Governance Frameworks.

2. Considerations

- 2.1. The appended draft reserves strategy is based upon Chartered Institute of Public Finance and Accountancy (CIPFA) issued guidance to local authorities and similar bodies in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 'Guidance Note on Local Authority Reserves and Balances'.

- 2.2. In developing the reserves strategy the IJB Chief Finance Officer has also taken due account of emergent practice across IJBs in Scotland with regards to reserves.
- 2.3. The draft reserves policy embeds the reserves policy approved by the IJB on 11 May as part of the 2021/22 Revenue Budget within a policy framework linked to the Integration Scheme, the IJBs Financial Regulations and the role of the IJB Chief Finance Officer.
- 2.4. As detailed in the Revenue Budget and year-end financial report for 2020/21 presented to the IJB on 16 June 2021 the IJB reserves will be temporarily in excess of target as a result of exceptional circumstances mainly relating to financial support for the impacts of the Covid pandemic. It is anticipated that reserves levels will reduce significantly towards target during 2021/22.
- 2.5. The reserves policy and strategy will be reviewed further by March 2022 linked to setting of the 2022/23 Revenue Budget, Medium Term Financial Outlook and any review of the IJBs Strategic Commissioning Plan.
- 2.6. It is also planned to review the IJBs Financial Regulations during the course of 2021/22 financial year.
- 2.7. The appended draft reserves strategy was considered by the Audit and Risk Committee at the June 2021 meeting. The Committee recommended approval of the reserves strategy subject to inclusion of specific wording on exceptional circumstances. This wording has duly been incorporated within the strategy at section 24.

3. Appendices

Appendix 1 – Draft Reserves Strategy

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



CLACKMANNANSHIRE AND STIRLING INTEGRATION JOINT BOARD RESERVES STRATEGY (DRAFT)

BACKGROUND

1. The Chartered Institute of Public Finance and Accountancy (CIPFA) issued guidance to local authorities and similar bodies in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and key issues to be considered when determining the appropriate level of reserves. The Integration Joint Board (IJB) is classified as a Section 106 body under the Local Government (Scotland) Act 1973 and as such, it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.

The purpose of a Reserves Strategy is to:

- Outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- Identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- Indicate how frequently the adequacy of the IJB's reserves and balances will be reviewed; and
- Set out arrangements relating to the creation, amendment and use of reserves and balances.

STATUTORY / REGULATORY FRAMEWORK FOR RESERVES

2. Clackmannanshire and Stirling Integration Joint Board (IJB) is a legal entity established by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements. The revenue budget for the day to day running costs of the Partnership is delegated by Clackmannanshire and Stirling Councils and NHS Forth Valley (the Parties to the Integration Scheme) and the IJB subsequently commissions, through the use of Directions, services from these constituent authorities.

Usable Reserves:

3. In common with local authorities, the IJB can have reserves within a usable category. Local Government bodies, including IJBs, may only hold usable reserves for which there is a statutory or regulatory power to do so.

The Local Government Scotland Act 1973, includes provision for a General Fund reserve to be created and maintained.

4. NHS Boards are not normally permitted to earmark funding allocations for carry-forward as a matter of course.

5. For each reserve there should be a protocol setting out:
 - The reason for / purpose of the reserve;
 - How and when the reserve can be used;
 - Procedures for the reserves management and control; and
 - The review timescale to ensure continuing relevance and adequacy.
6. Financial Regulations for Clackmannanshire and Stirling were formally approved by the IJB on 30 March 2016. A review and update of the Financial Regulations will be undertaken periodically.

The Financial Regulations highlight that legislation under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB. This Reserves Strategy should, therefore, be read in conjunction with the Financial Regulations for the IJB and the Integration Scheme establishing and governing the IJB.

OPERATION OF RESERVES

7. Reserve funds are established as part of a strong financial management framework. The purposes of reserve funds are as follows:
 - As a working balance to help cushion the impact of uneven cash flows;
 - As a contingency to cushion the impact of unexpected events and emergencies; and
 - As a means of building up funds, often referred to as earmarked reserves to meet known or predicted liabilities including change required to implement strategic plans which may take place over more than one financial year.
8. The balance of the reserve funds normally comprise three elements:
 - Funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government accounting rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Fund Reserve Balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - Future use of funds for a specific purpose, as agreed by the IJB; or
 - Commitments made under delegated authority by the Chief Officer, which cannot be accrued at specific times (e.g. financial year-end) due to not being in receipt of the service or goods;
 - Funds that are not earmarked for specific purposes, but are set aside to deal with unexpected events and emergencies; and
 - Funds held in excess of the target level of reserves and the earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

9. Reserves are created by appropriating sums from the General Fund balance to the Movement in Reserves Statement (MiRS). Where a balance has been committed for a specific purpose and expenditure has been incurred or grant conditions met, a request should be made to the Chief Finance Officer in order that the balance is drawn down and matched to expenditure incurred. The subsequent financial report to the IJB should note that a budget transfer has taken place.
10. Where the balance exceeds expenditure incurred, the remaining balance will be reclassified as an uncommitted balance and treated accordingly.
11. The Integration Scheme highlights that where there is a forecast overspend in-year, the Chief Officer and Chief Finance Officer, along with the relevant finance officers and operational manager of the Parties are required to agree a financial recovery plan to achieve financial balance. Such a recovery plan may require to take cognisance of any reserves and balances available to the IJB.
12. Where, in future, leaded or co-ordinating partnership arrangements maybe established arrangements will require to be put in place to specify how any overspend after recovery plan actions would be allocated between the two IJBs within Forth Valley.

ROLE OF THE IJB CHIEF FINANCE OFFICER

13. The IJB Chief Finance Officer is responsible for advising on the budgeted optimum levels of balances the IJB should aim to hold (the prudential target). The IJB, based on this advice, should then approve the appropriate reserves strategy as part of the budget process.

LEVEL OF BALANCES HELD

14. There is no guidance on the minimum level of reserves that should be held. In determining the minimum and prudential target for reserves, the Chief Finance Officer is required to take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management. On this basis a minimum reserves level of 0.5% of budgeted expenditure was agreed as part of the IJBs 2021/22 Revenue Budget. This will require to be reviewed annually as an integral element of budget setting.
15. In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Commissioning Plan, the medium term financial outlook and the overall financial environment.

Earmarked reserves should be reviewed as part of the annual budget process and development and/or review of the Strategic Commissioning Plan.
16. In recognition of the scale of the IJB's responsibilities, it is proposed to retain a prudent level of general reserves. The value of general reserves will be reviewed annually as part of the annual revenue budget approval process and development, review and approval of the Strategic Commissioning Plan, taking account of the financial environment at that time. Where it is assumed that the financial environment at the time of setting the budget does not support a prudent level of reserves to be held, this should be reported to the IJB together with an aspirational reserves position. The value of other earmarked funds will be established as part of the annual financial accounting process.
17. While there is no defined level of reserves to be held, a number of organisations, including several IJBs have set a target level of 2% of annual budgeted expenditure. The IJB should therefore continue to aspire to hold 2% of annual budgeted expenditure as general fund balances.

This clearly needs to be balanced within the wider financial and strategic planning context.

18. The Integration Scheme states that where there is an overspend in the Operational Integrated Budget, the Parties can:
- Make additional one-off payments to the IJB, based on an agreed cost sharing model
 - Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address this; or
 - Access the reserves of the IJB to help recover the overspend position.

REVIEW OF BALANCES

19. Clackmannanshire & Stirling IJBs Reserves Strategy requires the Board to review balances on an annual basis following the external audit of the Statement of Accounts to allow members to examine the level and detail of balances held.

The Reserves Strategy will be reviewed annually as part of the revenue budget setting process of the IJB.

FINANCIAL MANAGEMENT AND FINANCIAL REPORTING ARRANGEMENTS

20. The IJB Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
21. Recording of all financial information in respect of the IJB will be in the financial ledger of the Party which is delivering services on behalf of the IJB.
22. The level of and utilisation of reserves will be formally approved by the IJB based on the advice of the IJB Chief Finance Officer. To enable the IJB to reach a decision on reserves, the Chief Finance Officer should clearly state the factors that influenced this advice.
23. As part of periodic financial reporting to the IJB and committees of the IJB, the IJB Chief Finance Officer will normally confirm
- The current value of general reserves, the movement proposed during the year and the estimated year-end balance;
 - The extent to which balances are being used to fund recurrent expenditure (if any);
 - The adequacy of general reserves in light of the IJB's Strategic Commissioning Plan, the medium term financial outlook and the overall financial environment;
 - An assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
 - Any actions considered necessary to increase reserves towards the prudential target

EXCEPTIONAL CIRCUMSTANCES

24. From time to time exceptional circumstances may impact the level of reserves held at a particular time resulting in deviation from projected or target reserves levels. The Covid19 earmarked reserve held at 31 March 2021 is an example of this but other exceptional circumstances are possible. For example, if an unanticipated financial allocation from Scottish Government were received late within a financial year. Where such exceptional circumstances arise the IJB Chief Finance Officer will report the nature of the issue and associated impacts and risks to the IJB as part of the next available financial monitoring report.

REVIEW OF RESERVES STRATEGY

25. The IJB Reserves Strategy will be subject of review annually (in line with IJB budget approval) by the IJB Chief Finance Officer, and where necessary, proposals for adjustments will be submitted to the IJB for approval.

Date of Review: 16 June 2021

Date of Next Review: March 2022

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.1

Strategic Improvement Plan - Update

For Approval

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

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

Purpose of Report:	To present the updated HSCP Strategic Improvement Plan to the Integration Joint Board for approval.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the volume of activity planned and underway within the HSCP. 2) Approve the Strategic Improvement Plan and ask officers to progress the actions and activities 3) Seek for officers to provide an update at each Integration Joint Board meeting against the actions outlined in the Plan.
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1. Background

- 1.1. The overarching priority for the HSCP is to improve the health and well-being of the people of Clackmannanshire and Stirling. The Plan sets out the ambitious programme of service review and re-design across community health and care services, in partnership with local communities, providers, wider stakeholders and communities of interest.
- 1.2. The Strategic Improvement Plan combines legacy commitments and new actions into one document whilst reflecting the priorities of the current Strategic Plan 2019 - 2022. The Plan will continue to be refreshed and include other work streams prioritised by the HSCP and IJB as such will be a live and dynamic document.
- 1.3. However the Plan also includes actions against recommendations made in Healthcare Improvement Scotland Care Inspectorate Joint Inspection (Adults) in 2018 focusing particularly on the integration of community health and social care services and approach to commissioning of local services.
- 1.4. The Audit Scotland Annual Audit Plan 2019 / 2020, published March 2020, supported the need for a review of IJB progress in the delegation and management of IJB budgets – the actions to create robust processes are reflected within the Plan.
- 1.5. The Plan also includes actions linked to the Internal Annual Audit Plan, as above to support timeous and robust management of IJB budgets.

- 1.6. The current Strategic Plan priorities have been operationalised into key actions assigned to the newly developing HSCP Senior Leadership Team. These actions are aligned to the six priorities agreed by the IJB; Care Closer to Home; Primary Care Transformation, Caring and Connected Communities, Mental Health, Supporting People living with Dementia and Alcohol and Drugs. This embeds the IJB's strategic direction into a programme of transformational change and service re-design across all areas of delegated function.
- 1.7. For ease of accountability for the Board and wider partners, the Plan describes the reporting structures and accountability for each area of activity providing clarity for all partners to seek updates on progress.
- 1.8. The committees and wider structures of the IJB, including the Joint Staff Forum, Strategic Planning Group, Transforming Care Board and Clinical and Care Governance Group create the fora for the advisory, representative and executive functions which will support the delivery of this dynamic Plan.

2. Delivering the Strategic Improvement Plan

- 2.1. The HSCP, as the delivery vehicle of community health and care services on behalf of Clackmannanshire Council, Stirling Council and NHS Forth Valley, is in the fortunate position to have each of these organisations aligning their own activity to create the conditions for collaboration and joint working to deliver truly integrated services.
- 2.2. The established Transforming Care Board provides the forum to deliver large scale re-design of adult care, seeking to embed our approach in the values of choice and control (Self Directed Support) and Best Value. Taking account of all services being needs led but resource bound.
- 2.3. Ongoing assurance and safe delivery of care across all services is foremost for all operational services; newly refreshed clinical and care governance arrangements support have facilitated joint working with Chief Social Work Officers and Clinical Leads.
- 2.4. The Strategic Planning Group arrangements have been reviewed with members, a report was agreed of the programme of work for the coming year focusing activity on the commissioning cycle and the need to plan, analyse, do and review. By creating a broader church of participants and more opportunity for individuals and groups to be involved, the HSCP creates the conditions for a forum to inform and deliver on the care and support available and ensure they are person centred and co-produced within our communities.
- 2.5. The IJB committees provide independent scrutiny of the financial management and performance of the HSCP, and offers partners' representatives an opportunity to "deep dive" into HSCP activity and seek assurance of achievement of the commitments.

3. Conclusions

- 3.1. This Strategic Improvement Plan lays out the strategic direction as well as describing the complexity of the whole system and the need for officers to work with partners and across boundaries.
- 3.2. This Plan is not only about creating new activity and transformational change, but creates the opportunity to galvanise and deliver the commitments already agreed by the IJB.
- 3.3. Our vision is to enable people in Clackmannanshire and Stirling to live full and positive lives and by delivering the actions laid out in the Plan we will be creating the conditions to meet the aspirations of the IJB when it agreed the Strategic Plan 2019 – 2022.

4. Appendices

Appendix 1 – Strategic Improvement Plan

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

Implications	
Finance:	Aligned to Finance papers presented within the meeting
Other Resources:	Will be met within existing resources
Legal:	No implications
Risk & mitigation:	Risk of not delivering on the Plan – organisational and financial risk

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



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	<i>To be confirmed</i>	<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 Feeley Report Engagement paused meantime 	Autumn 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"> Senior Organisational Development post now in place 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, Clackmannanshire Council and Stirling Council to 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 March 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 Review of new guidance against current Participation and Engagement Strategy completed – all requirements and actions included 	<p>March 2021 Completed</p> <p>April 2021 Completed</p>	Strategic Planning Group
CPP Health and Well-being Group	In response to COVID and request from LRP - establish group across Clackmannanshire and Stirling	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 	July 2020 Group established	Local Resilience Partnership

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
	Develop CPP Health and Well-being group on behalf of both to reflect recovery and renewal	Wendy Forrest	<ul style="list-style-type: none"> IJB member identified to chair and lead the work CPP report being drafted for both CPP Executives 	Autumn 2021	<p>Community Planning Partnerships</p> <p>Strategic Planning Group</p>
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 Delayed due to ongoing COVID pressures across the system 	December 2022	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 	<p>June 2021 Completed</p> <p>Ongoing Completed for Year 2020-2021</p> <p>Six Monthly and post anticipated revision of Scottish Government Medium Term Financial Framework for Health</p>	Integration Joint Board, IJB Audit and Risk Committee and IJB Financial and Performance Committee

Priority	Action planned	Lead officer	Progress	Timescales	Reporting
				and Social Care	
HSCP Clinical and Care Governance Forum	Establish group across Clacks and Stirling	Scott Williams	<ul style="list-style-type: none"> ▪ Terms of reference drafted and seeking agreement from IJB and three constituent organisations ▪ Programme of work being drafted ▪ First meeting agreed for May 2020 	May 2021 Delayed due to COVID	Strategic Inspection Plan – Care Inspectorate
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 delegated 1st April 2021 	April 2021 Delegation of both services to HSCP Completed April 21	Integration Joint Board
Adult Social Work Review	Review of adult social care to create outcomes focus and modernisation of assessment and care management	Carolyn Wyllie / Chief Social Work Officers	<ul style="list-style-type: none"> ▪ Initial report completed and out for comment ▪ Implementation Group established ▪ Work plan developed ▪ Initial Report published ▪ Delivery programme being developed 	January 2021 Initial programme of work completed	Transforming Care Board
Adult Social Work Review	Establish Implementation Group	Annemargaret Black/Carolyn Wyllie/ CSWOs	<ul style="list-style-type: none"> ▪ Programme of work developed ▪ Delivery of the Plan underway 	April 2022	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 	March 2021 – April 2022	Integration Joint Board

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
	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 2022 – April 2024	IJB and Council Housing Committees
	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 	July 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. 	August 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 Additional dedicated capacity is being developed to progress this work stream 	April 2022	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 A review is underway across Forth Valley jointly with Falkirk HSCP - will require longer 	April 2022	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescale RAG status	Reporting
			timescale as delayed due to pandemic response		

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 Locality Plan agreed at IJB Completed	Strategic Planning Group
	Review Locality arrangements in context of COVID and community responses	Wendy Forrest	<ul style="list-style-type: none"> Refreshed Locality Plan under development 	December 2022	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 	April 2021 Team recruitment underway	Transforming Care Board
	Enhanced Care Team in the Community; integrated community team focused on prevention of admission	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 Phase 2: Establish Hospital At Home Team 	June 2020 Team established January 2022	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 	April 2022	Strategic Planning Group

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
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
	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 – August 2022 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 reablement and rehabilitation 	November 2021 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 2021 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	Create a programme of meet and greet sessions	Wendy Forrest	<ul style="list-style-type: none"> Senior Organisational Development Advisor now in place to support the development of the programme 	October 2020 Post recruited and start date 1st March	HSCP Senior Management Team

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
all staff groups across the HSCP	with SLT (every 4 months)	Annemargaret Black / Kelly Higgins	<ul style="list-style-type: none"> 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. 	Ongoing throughout 2021 – 2022	
AHP Pathway re-design	AHP pathway re-design including alignment of review and assessment processes	Shiona Hogg	<ul style="list-style-type: none"> Scoping complete Draft project charter created Programme governance and stakeholder analysis in progress Creation of innovative model of care to meet local demand needs underway 	April 2022	Transforming Care Board
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

2. 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 	Working ongoing to deliver the Plan during 2021 - 2022	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	Carolyn Wyllie	<ul style="list-style-type: none"> Operational Lead identified to progress Desktop review of current status underway 	November 2021	Transforming Care Board

Priority	Action planned	Lead officer	Progress	Timescales RAG status	Reporting
	Clackmannanshire and Stirling		<ul style="list-style-type: none"> Initial analysis of current position completed Dedicated Lead for SDS to be identified 		
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 Completed Year 2021 – 2022	Strategic Planning Group

3. 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 Managers and ASP Co-ordinator 	Ongoing throughout 2021 – 2022	Integration Joint Board

4. 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"> ▪ Commissioning Teams delegation completed 1st December 2020 for Stirling Council service ▪ Clackmannanshire Commissioning Team to delegated on 1 April 2021; ▪ Development of a joint commissioning service underway 	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 communications around Herbert Protocol ▪ Align Dementia Strategy Group and Dementia Friendly work streams to reflect joint working 	March 2022	Integration Joint Board

5. 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 – currently out to recruitment	<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	ADP Lead – currently out to recruitment	<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 appointed and timescales reflect start date 1st March 2021 	September 2020 COMPLETED	
	Programme of engagement with all staff groups across the HSCP for delegated staff groups	Wendy Forrest	<ul style="list-style-type: none"> Organisational Development Adviser 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"> Organisational Development Advisor 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"> Organisational Development Advisor to support the development of the programme 	October 21	

Priority	Action planned	Lead officer	Progress / RAG status	Timescales	Reporting
HSCP identity	Review staff/public facing information e.g. website	Wendy Forrest	<ul style="list-style-type: none">A review of website underway	Ongoing throughout 2021 – 2022	

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.2

Carers Investment Plan

For Approval

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

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

Purpose of Report:	To present the Integration Joint Board with a follow up report to update members on the activity relating to the Carers (Scotland) Act 2016 following commencement on 1 April 2018. The Act relates to both adult and young carers.
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Recommendations:	The Integration Joint Board is asked to: 1) approve implementation of the Carers Investment Plan.
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1. Background

- 1.1 The Carers (Scotland) Act was passed on 4 February 2016. It gained Royal Assent on 9 March 2016. The implementation of the provisions in the Carers Act - which are designed to support carers' health and wellbeing - commenced on 1 April 2018; and builds on the aims and objectives set out in the national carers' strategy; Caring Together: The Carers Strategy for Scotland 2010 – 2015.
- 1.2 A full update on the activity relating to implementation of the Carers (Scotland) Act 2016 was provided to the Integration Joint Board on 16 June 2021. Part of that update was to seek approval for officers to work with carers to produce a Carers Investment Plan to align with the priorities of a refreshed Carers' Strategy.

2. Main Issues

- 2.1. The Carers' Investment Plan, a copy of which is annexed at Appendix 1, was co-produced over a series of Carers' Planning Group meetings between June and August 2021 by a range of stakeholders including unpaid carers' representatives, HSCP and Council staff representing services for both adults, children & young people as well as providers of support to unpaid carers. Agreement was reached at the most recent meeting of the Carers' Planning Group to put forward the Carers Investment Plan in its current format. In addition, the Carers Investment Plan was agreed at the most recent meeting of the Finance & Performance Committee on 18 August 2021.
- 2.2. The plan seeks approval to fund the Priority 1 actions set out in the Carers' Investment Plan initially, with further scrutiny and consideration of the Priority 2 and 3 actions to follow at subsequent meetings in line with the development of

the HSCP Carers' Strategy and once the effect of the Priority 1 actions can be more fully quantified.

3. Conclusions

- 3.1. The Local Government settlement included resource to support continued implementation of the Carers Act, informed by the Financial Memorandum underpinning the legislation. This resource is not ring-fenced and as such its deployment requires to be viewed within the context of the overall budget position of the Integration Joint Board.

The Integration Joint Board approved the development of a Carers Investment Plan as part of the 21/22 Revenue Budget to enhance the clarity and transparency utilisation of resources and the investments required to support unpaid carers and meet legislative requirements.

It is acknowledged that the implementation of the Act will also be driving a degree of the additional service demand and cost experienced in recent years and, whilst there are challenges in recording and evidencing this, some of the resource allocated as part of Local Government settlements passthrough to the Integration Joint Board has contributed to the cost of this general demand increases and loss of income through charging.

- 3.2. 2022/23 will be the final year any specific additional resource within financial settlements is anticipated as part of budget settlements in line with the Financial Memorandum.
- 3.3. The HSCP is, therefore, mindful that whilst this additional money has been welcomed, it will be important to work with carers and their representatives to agree expectations and ensure there are ongoing discussions locally to ensure the HSCP is consistently funding support services for carers.

4. Appendices

Appendix 1 – Carers Investment Plan

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

Infrastructure	<input type="checkbox"/>
Implications	
Finance:	Additional monies have been made available to the HSCP via the Carers Act to support the local implementation of key requirements.
Other Resources:	None.
Legal:	The legal framework and requirements of the Act are clearly laid out within this report.
Risk & mitigation:	Risk of not meeting the needs of carers would be that they cannot continue in their caring role.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

Appendix 1 – Carers Investment Plan



DRAFT - Carers Investment Plan – Carers Meeting

The vision of the Clackmannanshire & Stirling HSCP (CSHSCP) is **“to enable people in the Clackmannanshire and Stirling Partnership area to live full and positive lives within supportive communities”**. Our population of unpaid carers (including young carers) are integral to this aspiration, not only to ensure that they are properly supported to maintain their caring role, but also in recognition of their own individual outcomes and aspirations.

Rationale:-

The support of unpaid carers in the lives of supported people is invaluable. There is a significant financial benefit in ensuring unpaid carers are supported to maintain their caring role. Failure to do so would present a significant organisational risk & financial risk to the HSCP. In addition, the Cares Act sets out a statutory framework which the HSCP must meet in order to adequately support carers. Failure to meet its statutory responsibilities presents a significant legislative risk to the HSCP. In addition, there is a significant reputational risk to the HSCP if we do not adequately support our population of unpaid carers, not only to maintain their caring role, but also to recognise their own needs and aspirations.

Detailed consultation has been carried out which informs our collective approach. However, the conversation is ongoing to ensure that we continue to collectively understand the outcomes and ambitions of our population of unpaid carers.

There is £0.385m available to support this work and collectively, the Carers Planning Group have the opportunity to influence how this money is spent to ensure a person-centred approach is also taken towards addressing the outcomes unpaid carers. The proposed approach is as follows:-

What	How	Priority	£0.385m available	Who	When
Joint re-commissioning process for Carers’ Centre/s.	Develop Specification via Commissioning Consortium Adopt Social Prescribing philosophy–link to GP practices etc	1	Funded from existing core budgets	LEAD: Jennifer / Louise	In place for 1 st April 2022
Short Breaks Co-ordinator	Support for carers to access short break opportunities.	1	£51,000 (inc. on-costs) Clacks	LEAD: Wendy	TBC

What	How	Priority	£0.385m available	Who	When
	<p>Potentially scope digital platform for carers to access online groups – possible loan scheme for technology? Carnegie Museum – virtual tours – virtual short breaks example.</p> <p>Support development of infrastructure to adopt Social Prescribing philosophy –link to GP practices etc</p>		G9 / Stirling G11		
Carers Lead (perm) – possible secondment from third sector colleagues?)	<p>Deliver Carers Improvement Plan</p> <p>Review Carers Eligibility Criteria per Carers Act – how does this sit with Feeley?</p> <p>Link to Carers Improvement Plan - Review Short Breaks Statement / Young Carers Statement & Caring for CWD</p> <p>Link to Carers Improvement Plan - Review Carers Strategy for Children & Adults</p> <p>Develop infrastructure to adopt Social Prescribing philosophy –link to GP practices etc</p>	1	<p>Est £50,000 (inc on-costs) Clacks G9 / Stirling G10</p> <p>Based on 1 year full time– can be flexible</p>	LEAD: Bob / Sheena	TBC
Backroom processes person (temp)	<p>getting our background processes set up – develop RAS, develop ACSP tool and template, accurate recording & reporting, ensure carers are created as a client properly on the system in their own right etc</p> <p>Support development of infrastructure to adopt Social Prescribing philosophy –link to GP practices etc</p>	1	<p>£50,000 (inc on-costs) Clacks G9 / Stirling G10</p> <p>Based on 1 year full time – can</p>	LEAD: Jennifer	TBC

What	How	Priority	£0.385m available	Who	When
	<p>Carers Census data – determining data requirement and sources (Carol J included)</p> <p>Flexibility of SDS Use – prepaid cards etc</p> <p>Review charging arrangements and make necessary alterations.</p>		be flexible		
Communication	<p>Annual Event – you said, we did.....</p> <p>Short Breaks Directory (Scottish Services Directory – NHS Inform) and links to local existing versions.</p>	1	£5,000	Lead: Wendy	TBC
			£0.00		
Training for frontline & backroom staff on Carers Act	Adopt Social Prescribing philosophy – link to GP practices etc	2	TBC	LEAD: Bob / Sheena / Jennifer	
Additional Frontline staff		3	TBC	LEAD: Bob / Sheena	
Review Contracts in this area? Gaps?	Take to the Commissioning Consortium	2	TBC	LEAD: Jennifer / Louise	

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.3

Commissioning Consortium

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forest
Author	Jennifer Baird
Exempt Report	No

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

Purpose of Report:	To present the Integration Joint Board with a report to update members on the work ongoing to develop a Commissioning Consortium for Clackmannanshire & Stirling.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the content of this report; 2) Approve implementation of a Commissioning Consortium model of commissioning as outlined in this paper; 3) Consider and approve the proposed investment in a Strategic Commissioning Manager to lead this area of work in so far as the proposed investment can be contained within a balanced partnership budget position. 4) Note that the focus of this work will additionally seek to offer better value for money focused on outcomes for individuals. 5) Seek additional regular reports on progress following scrutiny at Finance and Performance Committee and recommendations from Strategic Planning Group.
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1. Background

- 1.1. 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.
- 1.2. As an HSCP, we have committed to an ambitious programme of transformation to modernise the model of care and support across our communities; this includes a whole system review of how individual's support needs are assessed and how support services are delivered across our communities.
- 1.3. Whilst care and support is needs led, it is also resource bound, as such delivery of all care and support 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. This means we must also create the conditions to transform community health and social care services that are co-produced with

communities whilst meeting public expectations within the context of fiscal responsibility.

- 1.4 A refreshed approach to commissioning is key to delivering the best possible outcomes for those accessing care and support, a programme that focuses on collaboration, co-operation and co-production. In line with the recommendations of the Independent Review of Adult Social Care¹, the strategic consortium commissioning delivers high quality outcomes through integrated and joined-up partnership working; which is underpinned by strong financial, commercial, market and business intelligence and data analytics capabilities.
- 1.5 The commissioning functions for adults, children & families and criminal justice services from both Stirling Council and Clackmannanshire Council were delegated into the HSCP during 2020 - 2021, in line with the Public Bodies (Joint Working) Act; the Commissioning Consortium approach will create the opportunity for the existing staff to come together, build capacity within the service and to collectively deliver the Commissioning Consortium.

2. Commissioning Consortium

- 2.1 Based on prevalence data and current service usage, presented to the Strategic Planning Group in 2020, it is likely that the current level of demand for services is going to increase over the coming years. Local data analysis suggests that as a consequence of the changing age profile of our population, and increasing complexity linked to co-morbidity, there is likely to be a growth in service demand.
- 2.2 There are also likely to be accompanying changes in the character of the type and level of need within the population and the expectation for individual's to have increased choice and control over their own care and support. In addition, it is also predicted that there will be reduced finances available across the public sector, this has been brought into sharp focus as a result of the response to the COVID-19 pandemic.
- 2.3 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].
- 2.4 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].

¹ <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

- 2.5 If we do not change how we deliver our services the projected demographic impact makes the current delivery model unsustainable.
- 2.6 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.
- 2.7 This is an important part of our transformational programme of change; seeking to deliver and reinforce a whole systems approach to strategic commissioning and monitoring alongside delivering outcomes for supported people and the principles of self-directed support. The Clackmannanshire & Stirling HSCP is seeking to re-imagine how care and support is delivered and how care and support services are commissioned. This approach demonstrates a shift in policy direction towards collaboration, ethical commissioning and commissioning for the public good, rather than competition.
- 2.8 By creating the conditions for transformation and improvement across community health & social care services, the HSCP and partners can demonstrate the benefits of strong place-based locality planning where providers, supported people and commissioners can collaborate over smaller geographies become clear.
- 2.9 A shared common philosophy of commissioning focused on co-operation and joint ownership of risk is developed across and among all stakeholders. Rather than being treated as the passive recipients of services designed elsewhere, supported people 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.
- 2.10 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.
- 2.11 Market intelligence and data analytics will provide the capability to deliver real local insights to support the commissioning function in its development of

commissioning strategies and plans, thereby improving outcomes for supported people and delivering a financially sustainable HSCP. Market intelligence and data analytics will also inform decision making for the Integration Joint Board's members' and support HSCP Senior Management Team's strategic and policy decision-making, and their role in scrutinising the outcomes that are delivered for supported people and their unpaid carers.

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

2.13 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.

2.14 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.

2.15 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.

2.16 The Consortium has a shared responsibility to ensure that all partners continue to deliver high quality, assured and robust services across our localities and across all sectors within a strategic planning context. Working together within a Consortium approach, we can deliver our commitment to high quality

services whilst ensuring that we are involving stakeholders and supported people 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.

- 2.17 The HSCP's 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.

- 2.18 All existing service providers will be invited to participate within the Commissioning 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.

2.19 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, Community Wealth Building, and the Wellbeing Agenda approaches as well as commissioning for the public good;
- 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.

2.20 In order to deliver the refreshed approach to commissioning there is a requirement to appoint a Strategic Commissioning Manager to:-

- Develop, implement and manage the delivery of the Commissioning Consortium;
- Provide leadership across the whole system and work closely with Third and Independent sectors as well as supported people;
- Re-design the existing commissioning infrastructure to support the Partnership's contribution to the Commissioning Consortium approach;
- Deliver operational oversight of financial spend and adhere to the principles of Best Value;
- Drive ongoing developments of support functions to sustain an outcomes-focused and SDS ethos of care and support.

2.21 A critical part of the development of the Commissioning Consortium will be to develop baseline quantitative and qualitative metrics to track the performance

of the Commissioning Consortium over time to ensure that it achieves the stated objectives.

- 2.22 On 11 August 2021 a development session was carried out with over 80 participants from both the HSCP, third sector leaders, third and independent sector providers and representatives from national organisations and local groups (including supported people and their unpaid carers). This session focused on the principles of the Commissioning Consortium and views were invited on how participants wanted the approach to progress. The response was overwhelmingly positive, and a further development session is planned for September 2021 to enable those who were unable to participate in the August session to contribute.
- 2.23 An outline of the Commissioning Consortium as well as feedback from the development session were also provided to the Strategic Planning Group and Finance & Performance Committee at their most recent meetings, both of whom agreed with the proposed direction of travel.

3 Conclusions

3.1 This approach will:-

- Create better outcomes for supported people and their carers through provision of more tailored and localised services;
- Offer better value for money focused on outcomes for individuals;
- Offer improved data transparency;
- Link spend to SNA / SIMD/ prevalence of disease / strategic priorities;
- Increase transparency of spending on individuals' needs;
- Support practitioners' learning and development to create a confident workforce able to deliver an SDS approach;
- Offer better and more focused carer support.

3.2 This is sector leading work in Scotland which is already attracting interest internally and externally.

4 Appendices

None.

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

Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input checked="" type="checkbox"/>
Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	<p>There may be some relatively small-scale, incidental, non-recurrent costs to support the work discussed in this business case. It is assumed these will be met through the established Leadership Fund, subject to approval.</p> <p>The cost of the proposed post will be senior manager level, with on costs approximately £65K per annum and as a key strand of transformation is proposed to be funded through transformation funding.</p> <p>Provision has been made for this as part of the revised 2021/22 IJB Revenue Budget.</p>
Other Resources:	Requirements can be met from within existing resources.
Legal:	There are no legal risks identified.
Risk & mitigation:	<p>The risks of not investing in refreshed approach to commissioning are:-</p> <ul style="list-style-type: none"> • Legislative risk of not being unable to meet the legislative requirements of the SDS (Scotland) Act, Community Empowerment Act; Fairer Scotland Duty, Equalities Duty and potentially Feely Report; • 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 based on inability to meet demographic demand timeously and within budget envelope; • Reputational risk of failure to comply with national policy direction for co-production, outcomes-focused approach, ethical commissioning, community wealth building and participatory budgeting.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at:</p>

	<p>http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>
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7

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.4

Transforming Care Board – Update

For Approval

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

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

Purpose of Report:	To provide an update on progress against the workstreams of the Transforming Care Board.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Support the progress made within the work streams under the HSCP Transforming Care Board 2) Continue to seek for officers to provide detailed updates at Integration Joint Board to ensure progress and provide scrutiny.
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1. Background

- 1.1. Members will recall that the Clackmannanshire and Stirling Health and Social Care Partnership (HSCP) agreed at September 2020 to establish a Transforming Care Board with a Portfolio Managed approach to delivering a transforming care agenda across community health and social care services delegated to the Health and Social Care Partnership.
- 1.2. Due to impact of the COVID-19 pandemic, the establishment of the Transforming Care Board was initially delayed due to lockdown and the emergency response of community health and social care services. Subsequent delays were due to the ongoing emergency operational response to working within a changed daily working environment and the ongoing management of local outbreaks, as such creating more challenge in bringing partners together.
- 1.3. The inaugural meeting took place on 12 November 2020 with the agreed programme of work being presented to the group members, covering a number of the transforming care priorities previously agreed by the Board including the development of Hospital at Home model, focus on specialist housing across Clackmannanshire and Stirling and Strathendrick care home. Additionally, updates were provided on the Review of Adult Social Care, Best Value Review of Care at Home, establishment of HSCP Commissioning Hub, Integration of community health and care services and the review of the model of care within the Bellfield.

2. Context

- 2.1. There is transformation and service improvement support from each of the three consistent organisations; two dedicated officers from Stirling Council to support and enable the portfolio management approach at the HSCP. NHS Forth Valley is recruiting additional improvement leads to work to support both HSCPs in NHS Forth Valley and links have already been made by the HSCP with the Transformational lead in Clackmannanshire Council.
- 2.2. In addition, the HSCP has a dedicated Service Improvement lead aligned to strategic planning to support service improvement and change across integrated services; this work is separate from Transformation Portfolio however the outcomes and impact will be co-dependent.
- 2.3. The Board has had sight of the priority programmes and projects within the portfolio as separate areas of ongoing transformation throughout 2020 – 2021 and these are detailed in the Plan attached alongside each project sponsor from across the HSCP. The programme clearly represents a significant and complex amount of work already underway which cannot be seen as isolated work streams, but rather as a mutual collection of activity which dovetails into a multi-faceted programme of transformation.

3. Recommendations

- 3.1. The Integration Joint Board is asked to note the progress to deliver on this ambitious programme of transformation, and note the ongoing leadership support, through the HSCP Transforming Care Board which has been meeting virtually throughout the last few months. The reporting process to the Transforming Care Board has agreed for each of the project, a sponsor and leads across all the priorities described.
- 3.2. The Integration Joint Board is asked to continue to support the purpose of the HSCP Transforming Care Board, the approach to be used during its operation, and the initial priorities of the Board are detailed within the action plan that is attached as an appendix to this report.

4. Conclusions

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

5. Appendices

Appendix 1: Clackmannanshire and Stirling Health and Social Care Partnership Transforming Care Board Action Plan

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

Implications	
Finance:	This report does not have an effect on finance
Other Resources:	This report does not have an effect on other resources
Legal:	This report does not have an effect on legal
Risk & mitigation:	This report notes efforts that will be made within the operation of the Transforming Care Portfolio Board that will improve risk management of projects and programmes.
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below: In preparing the contents of this report, in terms of the Fairer Scotland Duty, due regard has been given to reducing inequalities of outcome caused by socio-economic disadvantage, and any such impacts in respect of the</p>

	<p>proposals set out in this report are contained in the EqIA Relevance Check / Equality Impact Assessment.</p> <p>Or</p> <p>The contents of this report were considered in terms of the Fairer Scotland Duty and were determined not to be of strategic importance.</p>
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Agenda Item 9.4 - Appendix 1



Transforming Care Board (TCB) HSCP Transformation Plan V10 – 5 August 2021

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
Care closer to home	Adult Social Work Review	Review of assessment and review processes within adult social work	The review of adult social care proposed a number of recommendations to improve performance. A high level pathway and framework has been developed. Next stage is a broader staff engagement and consultation, in partnership with trade unions.	Quality Improvement. (Better outcomes for individuals and increased choice and control.)	Mar 22	Yes	Annemargaret Black	Carolyn Wyllie (David Welsh)
		Establish HSCP Commissioning Consortium	Alignment of investment to Strategic priorities – ensure commissioned services are aligned with priorities. If not disinvest. A programme of work to	Quality Improvement (Cash Releasing through	Partnership wide team in place by Apr 21		Wendy Forrest	Jennifer Baird & Louise Johnston

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
			deliver on the Commissioning Consortium is under way.	improved reviews). £200k in plan for 21/22 and further potential to be scoped for future years.				
		Review and Refresh approach to SDS across Clackmannanshire and Stirling	Preferred candidate in recruitment for SDS Lead post.	Quality Improvement	Nov 21	Yes	Wendy Forrest	Post in recruitment
		Adult Support & Protection Improvement Plan	Drafted improvement plan developed and shared with partners within the ASP improvement group.	Quality Improvement	Mar 22	Yes	Carolyn Wyllie	Graham Hendry
		Transformation of Carer Support through Carers Investment Plan	Carers' Investment Plan shared with Carers Planning Group for comment. Plan will be shared with TCB in Nov 21.	Quality Improvement	Mar 22		Wendy Forrest	Jennifer Baird
	Care Homes and integrated	Re-provision of Menstrie House. Re-provision to provide	Steering Group established Programme of work agreed.	Quality Improvement	May 21 target to commence project initiation.	Yes	Wendy Forrest	Linda Melville

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
	Housing Programme	appropriate model that reflects client group needs.	Short term aim of bed occupancy reduction from 40 to 32 has been achieved.		Project implementation post Apr 22. Benefits realised post project delivery (Oct 23)			
	Care Homes and integrated Housing Programme	Consultation on the model of care for Rural Southwest Stirling	Final consultation report was presented at the Strategic Planning Group on 26 th of May followed by IJB meeting on 16 th June 2021. All recommendations approved including closure of Strathendrick House Care Home. Project complete – recommend moving to Benefits Tracking.	Cost Avoidance - £500k p/a.	Jul 21 Cost Avoidance modelled as noted in budget £625k.	Yes	Carolyn Wyllie	Linda Melville
	Care Homes and integrated Housing Programme	Re-provision / de-commission of Beech Gardens and Allan Lodge.	Beech Gardens closed on 30 Jul 21 as planned. Process to hand Allan Lodge and Beech Gardens keys back to Stirling Council is underway.	Cost Avoidance	Aug 21	Yes	Carolyn Wyllie (Stephen Clark for Future Work)	Linda Melville

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
			Project complete – recommend moving to Benefits Tracking.					
	Care Homes and integrated Housing Programme	Provision of Extra Care Housing	A proposal has been shared with Transformation leads within Clacks and Stirling Councils for Transformation Funding for capacity to conduct the scoping.	Quality Improvement and potential Cash Releasing	Apr 22 – Apr 24		Wendy Forrest	Stephen Clark & Murray Sharp (Wendy Forrest to provide status report)
	Care Homes and integrated Housing Programme	Housing Adaptation Programme	Identified as an additional project at end of Jun 20. Private sector housing grants are underspent.	Quality Improvement (Outcomes for individuals)	Apr 22 – Apr 24		Wendy Forrest	Stephen Clark & Murray Sharp (Wendy Forrest to provide status report)
	Care Homes and integrated Housing Programme	Care Homes Assessment and Review Team (CHART)	Full Team is in recruitment with all posts expected to be filled by Sep 21. Investment for this was approved in the May'21 budget funded through covid consequentials - needs recurrent funding solution from Apr 22.	Quality Improvement	Apr 21	Yes	Carolyn Wyllie	Caroline Robertson
	Hospital at Home	Enhanced Medical Care	Team enhanced with additional resource -	Quality Improvement	Jan 22	Yes	Annemargaret Black	Claire Copeland

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
		Team in the Community; integrated community team focused on prevention of admission (Hospital at Home)	including geriatricians - during the emergency response to the pandemic – analysis of impact ongoing. There was a soft launch of a small scale (10 bed) version of the Hospital at Home service on 10 May 21. Planning to track the impact on bed days. Business Case was approved by NHS Board on 28 May 21.	(patient safety, health, and experience)				
	Partnership wide AHP Pathway Redesign	Pathway Redesign across AHPs – including aligning with assessment & review process	Scoping and draft project charter complete. Project meetings in place and stakeholder analysis complete. Kick-off workshop being planned for 26 Aug 21. 4 test of change projects identified, and leads will be supported with QI training at the end of August.	Quality Improvement (Better Outcomes for individuals)	Implemented (and delivering benefits) by Apr 22	Yes	Shiona Hogg	Paul Smith/Caroline Deans
		Medicines Optimisation	Through the NHS FV Corporate PMO. Medicines	Cash Releasing - £600k	Aim to bring prescribing	Yes	Scott Urquhart	Laura Byrne

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
			Optimisation Board & Primary Care Medicines Resources Group. Work carried out to quantify the impact of pandemic on prescribing budget both increases and decreases e.g. (paracetamol, anti-depressants, and inhalers). Presentation provided to May 21 TCB.	savings for 21/22.	budget into balance over time. Ongoing discussion with NHS FV re 21/22 risk. Report being prepared for Primary Care Medicines Resources Group meeting on 20 May 21 describing the financial position and benefits realisation.			
Caring and connected communities	Systems, TEC, & e-Health Programme	Re-provision of Social Work Recording System	Following a review of project progress with the project sponsors a pause and reset is being applied and additional capacity is being sourced to put robust programme	Quality Improvement, (potentially some cash releasing dependant on results from	New System potentially in place by Apr 23	Yes	Annemargaret Black, Isabel McKnight, & Lorraine Sanda	Wendy Forrest

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
			management in place to support the delivery of this complex project. This includes providing the time and expertise required to develop a joint business case covering Children & Families, Justice, and Adult services across both Clackmannanshire & Stirling.	completed outline business case).				
	Systems, TEC, & e-Health Programme	Analogue to Digital Switchover	High level outline plan in place to manage all aspects of the imminent switchover from analogue telephone lines to digital telephone lines for the 4000 Telecare users that live throughout Clackmannanshire & Stirling, by Sep 23.	Quality Improvement	Apr 24	Yes	Carolyn Wyllie	Judy Stein
	Systems, TEC, & e-Health Programme	Increased use of TEC (Technology Enabled Care) and e-Health	HSCP Lead role identified to scope activity and seek funding to support delivery.	Quality Improvement and potentially Cash releasing	Apr 22	Yes	Carolyn Wyllie	Post in recruitment following confirmation of funding.

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
	JLES Equipment Programme	Review of the provision of JLES (Joint Loan Equipment Store)	Falkirk HSCP have commissioned Healthcare Improvement Scotland (HIS) to conduct a review of the JLES (Joint Loan Equipment Store) on behalf of both the Falkirk and the Clackmannanshire & Stirling HSCPs. It is expected that the review report will be produced by the end of Sep 21.	Quality Improvement	Update expected at Nov '21 Transforming Care Board	Yes	Carolyn Wyllie	Sophie Coles
	Effective demand management and signposting within the community	Establish effective early intervention model linking people with third sector and community supports – Interface from ALICE to SSD (Scotland Service Directory) within NHS 24	SSD interface – a number of HSCP services have active listings. Work planned for spring '21 to expand and refresh range of HSCP services listed as well as community supports listed (via ALICE). There have been some recent problems with ensuring that service representatives update their listings, if this isn't	Quality Improvement- including improvement in self-management and prevention leading to reduced draw on formal services.	Apr 22 – including using SSD analytics.	Yes	Wendy Forrest	HSCP Service Improvement Manager – interviews scheduled for 24 September.

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
			completed SSD have de-listed. Liz Rowlett to drive.					
	Effective demand management and signposting within the community	Locality Planning	Locality Planning – Paper approved by IJB and published on HSCP website. Participation & Engagement Strategy updated, approved, and on web. Consultation exercise undertaken and key themes/geographical priorities identified. Work ongoing to establish virtual network and local task focus group.	Quality Improvement with possible medium term Cash Releasing Benefits	Reportable evidence available Oct 21 This is likely to slip given current vacancy.	Yes	Wendy Forrest	HSCP Service Improvement Manager – Post currently vacant.
	Intermediate Care, Care at Home, and Reablement Programme	Best Value Review of Care at Home	The Care at Home report has been completed and approved by the sponsors. Project complete – recommend moving to Benefits Tracking.	Quality Improvement	Final report approved Jun 21.	Yes	Annemargaret Black, Carol Beattie, Nikki Bridle.	Susan Bishop
	Intermediate Care, Care at Home, and Reablement	Bellfield Centre & CCHC (Clackmannanshire Community	Individual workstream options now require additional information from supporting teams.	Quality Improvement and Cost Avoidance (with possible	Impact of changes being planned now during 21/22 will have	Yes	Carolyn Wyllie	Judy Stein

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
	t Programme	Health Centre) Redesign	Then need to agree a range of complementary models across both sites, making best use of resources and accommodation, and develop a single proposal paper covering the entirety of the project scope.	Cashable Savings to be confirmed) Cost Reduction in budget estimated at £350k in 21/22. As a result of the full year effect of actions taken in 20/21.	effect in 22/23. Full scale of expected impact is not yet known.			
Primary care transformation		Test the model of Community connectors within Clackmannanshire with GPs and Third Sector Interface	Funding available though not yet approved, scoping underway, some clarity still to be achieved on the benefits to be created and how this links to Primary Care and the potential for longer term funding.	Quality Improvement through prevention	Quality improvement measurable by Apr 22		Wendy Forrest	Anthea Coulter
		Secure additional leadership	Further work required to commence.	Quality Improvement - Likely benefits	Apr 22		Scott Williams	James King

HSCP Strategic Plan priorities 2019 - 2022	Programme	Projects	Progress	Benefits	Timescale for Benefits Realisation	Project Risk Register in Place	Sponsor	SRO – (Senior Responsible Officer)
		capacity to bring forward an improvement plan to align all primacy care and community services as well as continuing to develop relationships and ways of working with acute service colleagues.		flowing from expert medical generalists and multi-disciplinary teams.				
New Items to be added for next TCB meeting								
Benefits Tracking – Include final removal date								

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.5

Directions Policy

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Ewan C. Murray, Chief Finance Officer
Author	Ewan C. Murray, Chief Finance Officer
Exempt Report	No

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

Purpose of Report:	To present a draft directions policy, in line with the requirements of the Scottish Governments statutory guidance on directions, to the IJB for approval
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the recommendation of the Audit and Risk Committee. 2) Approve the appended draft Directions Policy. 3) Approve the proposal that the monitoring role in respect of directions issued by the IJB is performed by the Finance and Performance Committee on behalf of the IJB.
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1. Background

- 1.1. Directions are a key aspect of the IJB's governance and decision making frameworks. They form part of the legal basis of how delegated services are to be delivered and funded.
- 1.2. In order to comply with statutory guidance, a written directions policy has been developed in a bid to improve transparency and accountability between the IJB and its constituent authorities.

2. Considerations

- 2.1. In line with the provisions of sections 26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the mechanism by which the IJBs strategic plans are enacted.
- 2.2. Directions are issued by the IJB to constituent authorities, setting out how all delegated functions are to be delivered and funded via the Strategic Plan Budget. Directions are legally binding and provide a formal record and audit trail of IJB decisions and responsibilities between Partners.
- 2.3. At present the IJB issues a broad over-arching Direction to Partners to incorporate all relevant delegated functions. However, statutory guidance published by the Scottish Government in January 2020, makes clear that a separate direction should be issued for each individual delegated function.

- 2.4. The statutory guidance also requires a formal written directions policy should be put in place.
- 2.5. The draft Directions policy sets out the proposed local process for the formulation, approval and issue of Directions. It is supplemented by standard form for Directions and a visual representation of the Directions process.
- 2.6. The Audit and Risk Committee considered the draft Directions policy at the June 2021 meeting. After discussion the committee approved the draft policy for implementation with the caveat that the implementation of the policy be proportionate and not unnecessarily bureaucratic or overly consuming of management capacity.
- 2.7. Additionally it still requires to be agreed which IJB committee will perform the monitoring role in respect of directions. As the role relates to monitoring performance against directions issued on behalf of the IJB it is proposed this role is fulfilled by the Finance and Performance Committee. This will require an amendment to the committee's Terms of Reference which will be brought back to the IJB for approval in November.
- 2.8. As part of the development process the draft directions policy was shared with, and input invited from officers from across the constituent authorities prior to presentation to the Audit and Risk Committee.
- 2.9. It is envisaged that the directions policy will be fully implemented from 1 April 2022 and will complement our developing approach to Best Value.

3. Appendices

Appendix 1 – Draft Directions Policy

Appendix 2 – Draft Standard Form of Direction

Appendix 3 – Visual Representation of Directions Process

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

Implications	
Finance:	Directions have a financial value incorporated but should not be seen as a financial mechanism but rather an element of decision making.
Other Resources:	N/A
Legal:	Directions form part of the legal process of the IJB enacting the Strategic Plan.
Risk & mitigation:	N/A
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper does not require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board (CSIJB) (Draft) Directions Policy

Introduction and policy context

This policy document outlines the process for drafting, approving, issuing and monitoring Directions from Clackmannanshire & Stirling Integration Joint Board (IJB) to the constituent authorities Clackmannanshire and Stirling Councils and Forth Valley NHS Board. The policy has been developed with reference to relevant legislation and statutory guidance and should be reviewed on an annual basis.

In line with the provisions of sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the key mechanism by which the IJB's strategic commissioning plans are actioned.

Directions are issued by the IJB to Clackmannanshire & Stirling Councils and Forth Valley NHS Board, setting out how all delegated services which fall under the control of the IJB, as defined in the integration scheme, are to be delivered and funded via the Strategic Plan budget (Integrated Budget and Set Aside Budget for large hospital services).

Directions are legally binding and provide a formal record and audit trail of IJB decisions and responsibilities between Partners.

Statutory guidance relating to Directions was published by the Scottish Government in January 2020 to promote best practice and improve the manner in which Directions are issued and implemented. The statutory guidance can be found here: [Directions from integration authorities to health boards and local authorities: statutory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/statutory-guidance/2020/01/directions-from-integration-authorities-to-health-boards-and-local-authorities-statutory-guidance-2020-01-20/pages/1-2020-01-20.aspx)

In order to comply with statutory guidance, the IJB is required to have a formal Directions policy in place.

The introduction of a formal Directions policy also supports the governance and accountability proposals contained within the Ministerial Strategic Group for Health and Community Care's report published in February 2019 regarding progress with the integration of Health and Social Care in Scotland.

Form and content of Directions

Directions are a necessary and important element of the IJB's governance structure designed to convey IJB decisions and clarify responsibilities between constituent authorities, whilst providing a clear framework for the operational delivery of delegated services.

As such, Directions must be in writing and drafted in sufficient detail to ensure IJB decision making is accurately and effectively communicated to both Clackmannanshire and Stirling Councils and Forth Valley NHS Board.

In addition, all Directions must comply with clinical and care governance standards to safeguard patient safety and public protection together with staff welfare and financial governance arrangements.

As a minimum, a Direction must provide the following information:

- A reference number to maintain version control and support audit.
- Details of the scope and scale of the service involved (distinguishing between set aside and integrated functions as appropriate).
- Details of overall budget and funding source (i.e. payment/integrated budget or set aside).
- Details of the actions or outcomes required in line with the IJB's strategic plan priorities and decision making process.
- An outline of the potential impact on key stakeholders, including consideration of consultation requirements.
- Timescales for delivery and performance/progress monitoring arrangements.

A standard template has been developed to capture the information referred to above in a consistent format (see appendix A).

Process for approval and issue of Directions

The IJB is responsible for approving all Directions. Directions will be issued to partners by the Chief Officer as soon as practicable following approval by the IJB. Directions will be prepared and issued in respect of all 43 delegated functions referred to an annex 1 (part 2) and annex 2 (part 2) of the Integration Scheme at the start of each financial year.

The Directions will remain in force until they are varied, revoked or superseded as a consequence of IJB decisions or in response to changes in strategic and financial priorities during the course of the year.

A clear audit trail will be maintained through the creation of a chronological Directions log.

In order to determine when a new or amended Direction is required, the standard report format for the IJB and all sub committees includes a section on Directions.

This will act as a prompt for the report author to consider whether a new or amended Direction requires to be issued to Clackmannanshire Council, Stirling Council and/or Forth Valley NHS Board and to seek approval from the IJB as

appropriate. Where the report author is uncertain whether a direction requires to be issued advice should be taken from the Chief Officer, Chief Finance Officer and Clerk to the IJB as early as possible.

Where a new or amended Direction is required a draft should be included with the report using the standard template provided at appendix A.

In this way, a Direction should always be initiated by a decision made by the IJB (a Direction represents the formal end point of the decision making process).

Further work is required to determine the arrangements for Directions where the IJB is the lead for a range of Forth Valley wide healthcare services on behalf of Falkirk Integration Joint Board (i.e. hosted/coordinated services) and to finalise set aside arrangements. Both of these areas will be considered by the recently established “pan Forth Valley finance oversight group” and the Directions policy will be updated accordingly in due course.

Implementation of Directions

Clackmannanshire Council, Stirling Council and Forth Valley NHS Board are responsible for complying with and implementing the Directions. The Chief Executives of the three organisations are expected to formally acknowledge receipt of all Directions issued by the IJB.

The Directions are legally binding and as such partners may not amend, disregard, appeal or veto any Direction. Similarly, neither partner may use the resources allocated via the IJB for any other purpose than that intended in the Directions. The IJB may seek information from both Clackmannanshire Council, Stirling Council and Forth Valley NHS Board for performance monitoring and reporting purposes (see section below). The required performance measures and outcomes will be articulated in the Direction.

Should either partner experience difficulty in implementing the Directions, this should be discussed with the Chief Officer initially. The Chief Officer will seek to resolve the matter on an informal basis in the first instance, in conjunction with the IJB Chair and Vice Chair and considering professional advice as appropriate.

In the unlikely event that formal dispute resolution is required, the dispute resolution mechanism outlined in section 14 of the Integration Scheme will apply.

Monitoring and review of Directions

The Directions may be subject to Audit.

As part of the IJB's performance management framework, the Finance and Performance Committee will oversee progress in implementing the Directions (by conducting regular reviews of the Directions log, requesting progress reports from partners and escalating issues to the IJB as appropriate). In addition, the Finance and Performance Committee will provide an annual assurance report to the IJB.

The Directions policy will be reviewed at least every two years in consultation with constituent authorities. It is also likely to be required to be reviewed when a revised Integration Scheme is approved.

Appendices

Appendix 2: Standard Form of Direction

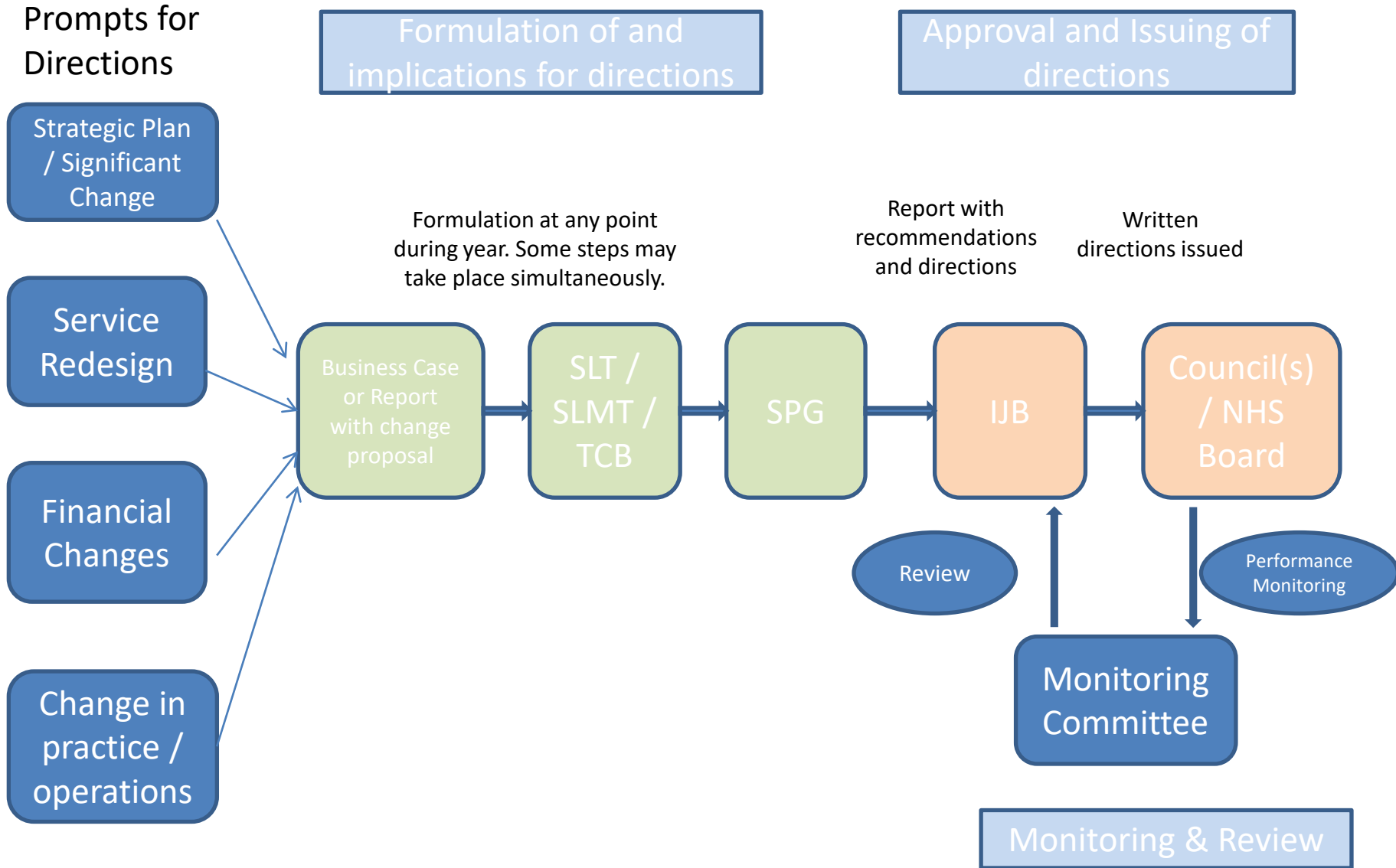
Appendix 3: Visual Representation of Directions Process

APPENDIX 2 - DIRECTIONS TEMPLATE TO COMPANY CSIJB REPORTS

DIRECTION FROM CLACKMANNANSHIRE & STIRLING INTEGRATION JOINT BOARD

Reference Number	Use year date sequential number Eg CSIJB- 2021_22/001
Does this direction supersede, vary or revoke an existing direction?	Yes / No (delete as appropriate)
If yes please provide reference number of existing direction	If yes, provide reference here.
Approval Date	Date of IJB where approved
Services / functions covered	List all services / integration functions subject to the direction
Full text of Direction	Describe the required action including the purpose/ strategic intent and how progress and outcomes will be monitored.
List of key stakeholders impacted and any specific engagement and consultation requirements	Include reference to when Strategic Planning Group consulted
Timescale(s) for Delivery	Include detail of when decision will be implemented if approved
Direction to	Clackmannanshire Council Stirling Council NHS Forth Valley
Link to relevant IJB report(s)	Insert Hyperlink
Budget / finances allocated	State the financial resources to enable implementation of the direction providing sufficient detail
Performance Measures	Please list performance measures specific to the project or programme or refer to the section of the business case which contains this information
Date direction will be reviewed	Provide month/year. No more than 1 year from date of approval

Appendix 3 – Visual process for directions



Key: IJB (Integration Joint Board) SLT/SLMT (Senior Leadership Team/Senior Leadership Management Team) SPG (Strategic Planning Group)
TCB Transforming Care Board

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.6

Review of Strategic Plan

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Lesley Fulford, Senior Planning Manager
Author	Lesley Fulford, Senior Planning Manager
Exempt Report	No

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

Purpose of Report:	To provide the Integration Joint Board an overview about its duty to produce, consult and review the Strategic Plan.
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Recommendations:	<p>The Integration Joint Board is asked to approve:</p> <ol style="list-style-type: none"> 1) Rolling forward the Strategic Plan for a period of one year. 2) Developing a 10-year Strategic Plan for April 22 / March 23 to April 32 / March 33.
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1. Background

- 1.1. The purpose of this report is to provide the Integration Joint Board with an overview its duties to produce, consult, publish and review the Strategic Plan.

2. Legislative Context

- 2.1. The Public Bodies Act (2014) sets out:

- Integration Joint Boards (IJBs) must prepare a Strategic Plan [Section 29]
- IJBs must consult with partner bodies, stakeholders and the public on the Strategic Plan [Section 33]
- IJBs must review their Strategic Plan at least every three years [Section 37].

- 2.2. The current [Strategic Plan](#)¹ is for the period April 2019 to March 2022.

- 2.3. The Strategic Plan review does not have to be reviewed every three years, it can be reviewed at any point.

¹ <https://clacksandstirlinghsc.org/wp-content/uploads/sites/10/2018/11/Strategic-Plan.pdf>

3. National Context

- 3.1. The **National Care Service Consultation** was published on 9 August 2021 and engagements events are being undertaken across the Partnership area, requiring officer time
- 3.2. **The COVID-19 Pandemic** has put operational health and social care services under significant pressure with some health boards in Scotland having to suspend non urgent surgery². Staff shortages and rising demand in health and social care is leading to longer waiting times across services and creating access challenges. The workforce is currently under pressure related to the ongoing challenges of the pandemic and recruitment in social care is challenging.
- 3.3. Transformation focused activities continue to be progressed also requiring officer time.

4. Local Context / Winter

- 4.1. Operational services are under significant pressure in the lead up to Winter and officers are mindful of putting more pressure on services to develop a revised Strategic Plan. Service demands are not usually as significant as we are currently experiencing this summer so there are concerns about approaching winter with the usual demands that brings.
- 4.2. The Winter Plan Short Life Working Group (SLWG) met on Monday 23 August 2021 to start planning for Winter and the anticipated funding that would be made available. This is expected to be in the range of £500K for the Forth Valley area.

5. Proposal

- 5.1. The current priorities in the Strategic Plan 2019 / 2022 are set out in the Strategic Plan and detailed below:

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

² [Covid in Scotland: NHS Lanarkshire halts non-urgent procedures - BBC News](#)

5.2. The IJB are asked to approve the roll forward of priorities in the Strategic Plan for a year:

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

5.3. This will allow officers to develop the next plan, over the period of a year, that will be in place for 10 years, i.e., 22/23 to 32/33 .

5.4. Annual Performance Reports will continue to be produced each year and published by end of July (Public Bodies Act, 2014) or November (Coronavirus Act 2020), whichever act applies.

5.5. Strategic Plan reviews will be undertaken by the Strategic Planning Group every three years for approval by the IJB.

6. Strategic Planning Group

6.1. The Strategic Planning Group (SPG)met on 25 August 2021 and unanimously agreed to put forward this proposal to the IJB for approval.

7. Conclusions

7.1. If the IJB approves this proposal they will have met their duty to review the Strategic Plan [Section 37 of Public Bodies Act, 2014].

8. Appendices

None.

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

Infrastructure	<input checked="" type="checkbox"/>
Implications	
Finance:	There are no direct financial implications arising from this report. However, the Culture and Governance – Emergency Department, Forth Valley Royal Hospital will have financial implications which are being considered by officers currently within NHS Forth Valley.
Other Resources:	None.
Legal:	The Public Bodies Act (2014) sets out the legal requirements to produce, consult, approve, publish and review a Strategic Plan.
Risk & mitigation:	There are no risks arising from the content of this report.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.7

Culture and Governance –
Emergency Department, Forth
Valley Royal Hospital

For Noting & Approval

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

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

Purpose of Report:	To provide the Board with an update on the external review of Forth Valley Royal Hospital Emergency Department and identify any implications for the IJB.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the external review report and actions undertaken by the Health Board. 2) Approve the NHS oversight group provide the IJB with quarterly updates on progress.
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1. Background

- 1.1. The Integration Joint Board (IJB) has responsibility for the Strategic Planning of the Emergency Department (ED) as part of set aside arrangements in relation to Large Hospital services (as set out in page 49 of the [Integration Scheme](#)). The IJB issues directions to NHS Forth Valley for the delivery of ED services and receives regular updates as part of the performance reports submitted to the Board.
- 1.2. The paper provides information to the members of the IJB on a recent External Review of ED commissioned by the NHS Chief Executive in response to a formal complaint from the Royal College of Nursing (RCN) and Unison about staff experience in ED.
- 1.3. The review was originally intended to examine the prevailing culture within the ED; however, this was subsequently expanded to also include wider clinical, staff and corporate governance arrangements.
- 1.4. The published review report highlights a number of recommendations regarding the overall governance framework and culture in NHS Forth Valley in addition to specific improvements to support staff in ED.

2. Background

- 2.1. The NHS Chief Executive, in response to serious concerns raised by the RCN and Unison, commissioned an independent external review of the Emergency Department in Forth Valley Royal Hospital. The review took place in three phases between December 2020 and May 2021.

- 2.2. During the initial phase of the review the external team proposed to extend the scope of the review to include both culture and governance in recognition of the important contribution of effective Corporate, Clinical and Staff governance performance on the culture of all or part of any NHS organisation.
- 2.3. This approach was supported by the Health Board. The External Review report has been shared with ED staff, staff side representatives and those directly involved in the review process. The report and the NHS Board response was also published as part of the NHS Board papers on 6 August 2021.
- 2.4. The External Review team identified 45 recommendations covering ED itself but also a series of recommendations about wider culture and governance (including staff governance, clinical governance and corporate governance). The Health Board have accepted all the recommendations set out in the External Review report which can be found [here](#)¹ and approved the action plan at their meeting on 6 August 2021.
- 2.5. In addition, a new sub-committee of the Health Board has been set up, led by NHS Forth Valley's Chair Janie McCusker, to oversee the implementation of the Review recommendations as part of a wider program of ED improvements which is already underway. The Health Board have also invested in a 'Speak Up' initiative that will be rolled out in support of the new National Whistleblowing Standards.

3. Report Findings

- 3.1. The External Review presents its findings and associated recommendations across 4 key categories which have potential implications for the IJB as outlined below:

Corporate Governance

It is recommended that an external expert assessment of relationships and behaviours between members of Systems Leadership Team is undertaken. This assessment will be conducted by the specialist provider that has been commissioned to do the work. In the meantime, the NHS Board has confirmed that the existing OD programme will be enhanced to include a focus on team working, the authorising environment and clarity on individual and collective roles and responsibilities.

Clinical Governance

It is recommended that the Board review its entire clinical governance arrangements. Whilst the review and the Board response do not refer to IJB Clinical and Care governance arrangements, it is critical that there is alignment between IJB and NHS processes to provide assurance to the NHS Board and IJB in respect of clinical care and safety, ensuring best practice and any lessons learned are shared.

¹ <https://nhsforthvalley.com/wp-content/uploads/2021/08/NHS-Forth-Valley-Board-Meeting-Papers-6-August-2021.pdf>

Staff Governance

The review highlights a number of staff governance recommendations which are addressed in the NHS Board response. The IJB may wish to consider the appropriateness of current staff governance arrangements (e.g., in terms of senior HSCP management access to NHS HR systems and performance reporting in terms of staff absence, training, appraisal and health and safety reports etc).

Nursing workforce

A number of improvement actions are currently underway to support the ED nursing workforce. There may be implications and assurance required in respect of nursing teams within the Community Hospitals and District Nursing service.

- 3.2. In light of the potential issues above and to provide assurance to the IJB, it is recommended the IJB agree for quarterly updates to be provided directly to the IJB.

4. Conclusions

- 4.1. It is essential that colleagues work together to find optimal solutions for improvement in leadership, delivery of safe and high-quality care, improvement of staff experience and in governance systems providing overall assurance of performance.

5. Recommendations

- 5.1. The IJB are asked to approve quarterly updates are provided to the IJB from NHS Forth Valley.

6. Appendices

None to note.

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

Implications	
Finance:	<p>There are financial implications arising from the outcome of the Culture and Governance ED review, primarily in relation to the additional staffing commitments that are associated with several of the review recommendations and the associated action plan developed and agreed by the NHS Board. Potential costs have not been fully quantified at this stage and there is an expectation that the newly formed NHS Board sub-committee will advise on all resource implications (including identification of a recurring funding source) in due course.</p> <p>The whole health and care system is experiencing significant demand and staffing pressures. The performance of ED is a critical element of the Unscheduled Care pathway and the performance impacts on patient experience and the delivery of the IJB remobilisation and delivery plan</p>
Other Resources:	
Legal:	None identified.
Risk & mitigation:	See financial implications above. Mitigation is by the newly formed NHS Board sub-committee.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 9.8

Primary Care Improvement Plan Update

For Approval

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

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

Purpose of Report:	To update the Clackmannanshire and Stirling Integration Joint Board on Primary Care Improvement Plan which underpins the implementation of the new General Medical Services Contract for GPs.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the progress report on the Primary Care Improvement Plan. 2) Note the revised timeline of April 2022 and revised memorandum of understanding issued August 2021 3) Note that there is no substantive change to the actions, cost or deliverables previously outlined in PCIP Iteration 3 approved by tripartite partners in June 2020. 4) Note that the funding gap between the plan and Scottish Government allocation remains, however, the plan for 2021/22 remains deliverable with support of slippage and NHS Forth Valley funding of the flu vaccination service.
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1. Background

- 1.1. Forth Valley's Primary Care Improvement Plan (PCIP, Iteration 3) has been shared and agreed by both Integration Joint Boards and NHS Forth Valley Health Board over the past 3 years. It sets out our local implementation programme for the new General Medical Services Contract and memorandum of understanding set out by Scottish Government. This contract aims to redirect GP workload to a new wider multidisciplinary team, and in doing so; improve access for patients to the right care at first contact. The contract also specifically aims to enable the GP to focus on their role as the expert medical generalist, spending more time in support of people with complex and undifferentiated needs and assuring quality primary care services.
- 1.2. A letter from the Scottish Government and BMA in November 2021 set out revised timescale for the implementation of the new GMS contract to April 2022. A revised Memorandum of Understanding was issued in August 2020 which provides some direction regarding prioritisation of Pharmacotherapy, Vaccinations and Phlebotomy & Treatment room activities, where required, to April 2022. This does not materially affect Forth Valleys implementation plan (PCIP iteration 3) which is at an advanced stage.

- 1.3. Despite all challenges of the past year, implementation of the new GMS contract, through the PCIP, remains largely on track. The benefits of being in such an advanced stage undoubtedly supported general practice sustainability and access to primary care through the COVID pandemic.

2. Additional Professional Roles in General Practice

- 2.1. PCIP (Iteration 3) sets out the aims for new models of working within primary care across 6 priority areas. It also shared evaluation work including very positive user and service experience. Over the last year the focus has been to continue with recruitment and embed the new core team within the primary care workforce.

All GP practices now have multiple additional multidisciplinary supports in place. Excluding vaccinations, this represents over 3000 additional appointments and several thousand prescribing tasks per week. Quality and performance measures are evolving with each service reporting quality outcomes to the primary care quality group. Programme quality examples can also be found in the HSCP annual report and performance reports. The general progress of workforce implementation is described below:

Additional Professional Roles and services in General Practice.	GP practices with service in place (Aug21)	Planned workforce
Primary Care Mental Health Nurses	All practices (26)	10.7 wte
Urgent Care Practitioners (Advance Practice nurses and paramedics)	20 (3 outstanding, 3 opted out)	15.2 wte
Phlebotomy	All practices (26)	15.3wte
First Contact Advanced Practice Physiotherapists	19 (2 outstanding, 4 opted out)	5.9 wte
Pharmacotherapy Service	All Practices (20 in final stage of scaling up to full planned resource)	24.9 wte
Childrens Vaccination Service	All Practices	Varies / seasonal workforce team
Maternity Vaccination service	All Practices	
Flu Vaccination service	26 hybrid model	
Out of schedule and other adult vaccinations (shingles/pneumococcal)	0 (26 by April)	
Treatment room Service	All Practices (26)	2wte in addition to existing.
Link workers	0 (2 in process)	4wte

3. GMS Contract Implementation: Extension of timescales

- 3.1. A Joint Letter from Scottish Government and the BMA to partnerships in November 2020 confirmed that the national implementation date of the contract has been delayed to March 2022 with a further implementation window to 2023/24. Whilst this does not materially change Forth Valleys primary care implementation plan, it should be noted that the flu delivery programme was impacted and extended by the COVID pandemic and an NHS board led immunisation has been team set up to deliver flu and covid vaccinations. Removing flu delivery from the PCIP reduces the financial risk of the programme significantly.
- 3.2. A revised Memorandum of Understanding was received in August 2021 (See appendix). This document recognises that there is a significant way to go, nationally, to deliver the GP contract commitments intended for delivery by April 2021. The document gives some direction regarding prioritisation of activities to March 2022, highlighting that whilst Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, the expectation for 2021-22 is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated. Their development should also take into account wider system redesign, and opportunities to make connections and add value by exploring the joining up of pathways.

4. Conclusions

- 4.1. Despite a very challenging time, the PCIP programme has progressed significantly and largely in line with the plan. This has provided significant support for the population of Clackmannanshire and Stirling, and General Practices. Whilst implementation challenges such as recruitment and retention are an issue, the vast majority of the PCIP plan will be in place by April 2022.

5. Appendices

Appendix 1 – Memorandum of Understanding

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input checked="" type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	<p>PCIP Iterations 1 to 3 all highlighted that the funding allocation set out by Scottish Government is insufficient to deliver on the commitments set out in the Memorandum of Understanding. As previously reported and frequently highlighted to Scottish Government, there is a shortfall in the overall PCIP of £1.290m. This shortfall remains, however, is substantively reduced if the flu immunisation service is taken forwards through a health board led, integrated, immunisation service for flu and COVID.</p> <p>The residual gap can be met in the coming year, through slippage from the PCIP programme to date and primary care funding support from NHS Forth Valley as previously reported.</p> <p>The joint letter from Scottish Government and BMA highlighted that where contractual obligations were not implemented, transitional payments to GPs would be required. The recent MoU highlighted that these payments would require to be met locally. In light of this, there is even more imperative to deliver the PCIP in full as it seems possible that Partners will continue to spend as much or more on transitional costs than on permanent arrangements if the plan is not delivered.</p>
Other Resources:	
Legal:	N/A

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

Memorandum of Understanding (MoU) 2

GMS Contract Implementation for Primary Care Improvement – Agreement between Scottish Government, British Medical Association (BMA), Integration Authorities (IAs) and NHS Boards

Introduction

The 2018 GP Contract Offer (“the Contract Offer”) and its associated Memorandum of Understanding (“MoU”) was a landmark in the reform of primary care in Scotland. The principles and values expressed in it remain undiminished, and three years on we now have considerable learning and experience to draw on to inform this next iteration of the MoU. Our key aim remains expanding and enhancing multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes. We remain committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care.

This revised MoU for the period 2021-2023 between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS Boards refreshes the previous [MoU](#) between these parties signed on 10 December 2017. The MoU Parties recognise we have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have a considerable way to go to fully deliver the GP Contract Offer commitments originally intended to be delivered by April 2021. It also reflects the early lessons as we continue to respond collectively to the Covid-19 pandemic, recognising the full extent of its impact is still to be understood. While this MoU runs until 31 March 2023, the National GMS Oversight Group will review progress in March 2022 to ensure it remains responsive to the latest situation.

The focus of this renewed Memorandum of Understanding remains the delivery of the General Practice Contract Offer, specifically the transfer of the provision of services from general practice to HSCP/Health Boards. Delivery of the GP Contract Offer should be considered in the wider context of the Scottish Government’s remobilisation and change programme across the Scottish national health and social care landscape, including the four overarching Care and Wellbeing Programmes and the National Care Service (NCS). These programmes encompass Place, Preventative and Proactive Care, Unscheduled and Integrated Planned Care and together with the NCS seek to improve national system wide outcomes for population health, connect better with citizens and remove silos between health and other public sector bodies, and reduce health inequalities. The National GMS Oversight Group will consider at a national level the synergies between these Programmes of work and delivery of the GP Contract Offer. The National GMS Oversight Group will proactively develop policy and funding proposals to improve healthcare system co-ordination, collaboration, and patient outcomes.

Priorities

Multidisciplinary Team – Prioritised Services for 2021/22

Implementation of multidisciplinary team working should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

All six MoU areas remain areas of focus for the MoU signatories. However, following the joint SG/SGPC letter of December 2020, the parties acknowledge that the focus for 2021-22 should be on the following three services.

Vaccination Transformation Programme

GP practices will not provide any vaccinations under their core contract from 1 April 2022. All vaccines provided under Additional Services will be removed from the Additional Services Schedules of the GMS Contract and PMS Agreement regulations in October 2021. All historic income from vaccinations will transfer to the Global Sum in April 2022 including that from the five historic vaccination Directed Enhanced Services. The Vaccine and Immunisations Additional Service is broader than the Travel Vaccinations that are part of the Vaccination Transformation Programme. The Travel Health sub-group will consider how these remaining vaccinations¹ will be transferred from GP delivery.

Boards have assumed overall logistical responsibility for implementing vaccination programmes, facilitated through national digital solutions such as the vaccination management tool and NVSS appointment system. Learning from the delivery of last year's adult seasonal flu and pneumococcal programme, as well as the ongoing Covid-19 vaccination programme, should be capitalised on to ensure the implementation of the programme in full by April 2022.

¹ Note that additional service vaccines relate only and specifically to:

Anthrax – to be offered to those identified as coming into contact with an identifiable risk of Anthrax, mainly those coming into contact with imported animal products

Hepatitis A – for those in residential care or an educational establishment who risk exposure if immunisation is recommended by the local director of public health

Measles, Mumps and Rubella (MMR) – For women who may become but are not pregnant and are sero-negative and for male staff working in ante-natal clinics who are sero-negative

Paratyphoid – Note no vaccine currently exists

Rabies (pre-exposure) – For lab workers handling rabies virus; bat handlers; and persons who regularly handle imported animals

Smallpox – Note the vaccine exists but is not available to contractors

Typhoid – For hospital doctors, nurses and other staff likely to come into contact with cases of typhoid and lab staff likely to handle material contaminated with typhoid organisms

Although general practice should not be the default provider of vaccinations, we understand that a very small number of practices may still be involved in the delivery of some vaccinations in 2022-23 and thereafter. There will be transitional service arrangements in the regulations for practices in areas where the programme is not fully complete as well as permanent arrangements for those remote practices, identified by the options appraisal, where there are no sustainable alternatives to practice delivery.

The Travel Health sub-group will be reconvened to develop a Once for Scotland solution with substantial input from local areas, particularly on delivery of travel vaccinations. This solution will be determined by October 2021 and put in place by April 2022. This will also be covered by transitional arrangements in the regulations.

GPs will retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration.

Pharmacotherapy

All parties acknowledge the progress that has been made with the majority of practices receiving some pharmacotherapy support.

Managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing (which form a substantive part of the level one service described in the GP Contract Offer) should be delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff. Progress with all parts of the level one service should be prioritised to deliver a more manageable GP workload.

In tandem, focus on high-risk medicines and high risk patients, working with patients and using regular medication and polypharmacy reviews to ensure effective person-centred care are being delivered principally by pharmacists (the levels two and three described in the Contract Offer). This is helping manage this demand within GP practices and developing a sustainable service which will attract and retain pharmacists and further develop MDT working in Primary Care.

Whilst the Contract Offer and Joint Letter emphasise implementing the level one pharmacotherapy service, there are interdependencies between all three levels that require focus on the delivery of the pharmacotherapy service as a whole.

Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2022. The use of medicines to treat and care for patients will remain an important part of GP work. The delivery of electronic prescribing is an essential requirement for all involved in prescribing, which will be prioritised by the ePharmacy Programme Board, supported by National Services Scotland and the NES Digital Service. Greater local standardisation and streamlining of prescribing processes in collaboration with GP subcommittees / Local Medical Committees will help enable delivery of a consistent service across practices. The national Pharmacotherapy Strategic Implementation Group will design and support the ongoing development of the pharmacotherapy service in line with existing contract

agreements, enabling a national direction of travel with local flexibility supported by agreed outcome measures. The group will develop guidance to clearly define GP, pharmacist, pharmacy technician, managerial and administrative staff roles in the overall prescribing process and will report to the National GMS Oversight Group. The guidance will be agreed with SGPC to ensure it is consistent with the requirements of the GMS contract agreements and will ultimately be ratified by the National GMS Oversight Group.

NHS Directors of Pharmacy, supported by National Education Service for Scotland, will support the delivery of national workforce plans that will reflect the staffing requirements of the pharmacotherapy service, in particular what is required for delivery of a level one service for each practice and the appropriate use and mix of skills by pharmacy professionals. This will be overseen by the Chief Pharmaceutical Officer and link into the wider Scottish Government workforce directorate plans

CTAC

Regulations will be amended by Scottish Government in early 2022 so that Boards are responsible for providing a Community Treatment and Care service from April 2022.

These services will be designed locally, taking into account local population health needs, existing community services as well as what brings the most benefit to practices and patients.

The previous MoU outlined that Community Treatment and Care Services include, but are not limited to, phlebotomy, basic disease data collection and biometrics (such as blood pressure), chronic disease monitoring, the management of minor injuries and dressings, suture removal, ear syringing and some types of minor surgery as locally determined as being appropriate. Given this service draws primarily on a nursing workforce, local areas should also consider how CTAC services and the Vaccination Transformation Programme could be aligned to increase the pace of implementation and efficiency.

Healthcare Improvement Scotland will establish a CTAC implementation group to help build mutual understanding as well as share best practice in the delivery of CTAC services. This Group will report to the National GMS Oversight Group.

Other Multi-Disciplinary Team Services

Plans for Urgent Care, Community Link Workers and Additional Professional roles should continue and services already in place should be maintained, but the expectation for 2021-22 is that their further development, where required, may progress at a slower pace to allow the commitments around VTP, CTAC and pharmacotherapy to be accelerated. Their development should also take into account wider system redesign, and opportunities to make connections and add value by exploring the joining up of pathways.

Urgent Care – The Scottish Government will bring forward secondary legislation so that Boards are responsible for providing an Urgent Care service from 2023-24.

Evidence from the Primary Care Improvement Plans suggests there is variation in how this service is being delivered.

Further guidance will be provided by the National GMS Oversight Group on delivery of this commitment in advance of April 2022. Consideration in particular will need to be given about how this commitment fits into the wider system Redesign of Urgent Care work currently in progress.

Community Link Workers – Link workers have proved valuable in helping deliver better patient outcomes, addressing financial exclusion and helping patients access support, particularly in areas of multiple deprivation, as well as improving linkages with the third sector. Consideration will need to be given by April 2022 as to how the Link Worker workforce interfaces with the Scottish Government’s commitment to delivering 1,000 Mental Health Link Workers by the end of this Parliament.

Additional Professional Roles – MoU Parties will consider how best to develop the additional professional roles element of the MoU by the end of 2021. In particular with Mental Health, there is a need to consider how PCIF funded posts interface with Action 15 funded posts as well as new policy commitments for mental health. The Primary Care Mental Health Development group in Scottish Government is taking this consideration forward. Separate to this MoU and the arrangements in place to fund it, the commitment of additional Mental Health Link Workers is currently being considered in the context of the locally led model proposed by the Mental Health in Primary Care Short Life Working Group.

Expert Medical Generalist Role

The Contract Offer set out a re-focussed role for the GP, working as part of an extended multidisciplinary team as an expert medical generalist (EMG):

“This role builds on the core strengths and values of general practice-expertise in holistic, person-centred care-and involves a focus on undifferentiated presentation, complex care including mental health presentations and whole system quality improvement and leadership. All aspects are equally important. The aim is to enable GPs to do the job they train to do and enable patients to have better care.”

The EMG role is not a new role, but the time GPs can commit to being EMGs is to an extent contingent on the delivery of MDT services and the identified need for 800 additional GPs by 2027 to meet Scotland’s current health needs.

Feedback to date suggests there is variation in the understanding on how the EMG role works in practice and what else can be done to support GPs in this role. A group consisting of the MoU parties and a wider range of stakeholders, including NES and RCGP, will examine how GPs can be supported in this role and will publish a report of its findings by the end of 2021.

Transitional Arrangements

Following Regulation change, HSCPs and Health Boards will be responsible for providing vaccination, pharmacotherapy and CTAC services to patients and GP practices.

GP practices will support HSCPs and Health Boards to provide MoU services in two ways to help ensure patient safety:

- The treatment of patients requiring medical care that is immediately necessary such as an immediate need for wound care, phlebotomy or repeat prescriptions. HSCP/Health Board MoU service provision must minimise the need for immediately necessary support from GP practices.
- Temporary support of routine MoU services, where necessary, under transitional service arrangements from 1 April 2022.

Consistent with the commitments of the joint letter, SG and SGPC will negotiate transitional service and payment arrangements where practices and patients still do not benefit from nationally agreed levels of HSCP/HB vaccination, pharmacotherapy, and CTAC services after 1 April 2022.

Transitional service arrangements are not the preferred outcome of MoU parties, or something we see as a long-term alternative. All parties locally should remain focused on the redesign of services and delivery of the MoU commitments and transitional arrangements should not be seen as a desired alternative.

Scottish Government and SGPC will develop a set of principles for how transitional services and payment arrangements will work in practice by the end of Summer 2021. Acknowledging the invaluable expertise of Health Boards and Health and Social Care Partnership they will be fully consulted in the development of this work via the Oversight Group.

Funding

Integration Authorities should endeavour to ensure that ring-fenced Primary Care Improvement Fund (“PCIF”) funding supports the delivery of the three priority areas for 2021-22 before further investment of PCIF monies in the other MoU commitments. Other services delivered to date, or planned and signed off by the IJB, should continue to be maintained and only developed where there is available funding to do this.

The MoU parties are committed to determining the full cost of delivering MoU services and refining the evidence base for this purpose. The Primary Care Improvement Plan Trackers have been amended to reflect this. All MoU parties are committed to developing an integrated PCIF proposition for financial years 2022-25 by Autumn 2021 for evaluation and approval by Scottish Ministers utilising Value for Money principles and a methodology that assumes at least £155m of funding per annum updated in line with inflation, which will include increases in staff pay as set by the Scottish Government.

NHS Boards and Integration Authorities should also assume that the PCIF and any associated reserves would meet any funding required for transitional service arrangements negotiated between Scottish Government and SGPC. Boards and Integration Authorities should also consider where wider resources may support the delivery of MoU services as well as other earmarked funds such as Action 15 monies.

Any change to the scope of the Primary Care Improvement Fund will be agreed jointly by MoU Parties. The present scope of the call on the PCIF remains unchanged, except for the inclusion of costs of transitional services, by this MoU and it is expected that any further increase in scope will be supported by additional resources.

GP Subcommittee participation in the development of PCIPs has been enabled to date by dedicated annual funding to support their work. For planning purposes, partners should assume that this funding will continue for the duration of this MoU period.

Governance

Primary Care Improvement Plans

Primary Care Improvement Plans (“PCIPs”) will continue to be developed locally in collaboration between Integration Authorities, Health Boards and GP Sub-Committees and will be agreed with Local Medical Committees. Six monthly trackers will be provided to the Scottish Government to allow for national analysis to be produced.

In remote and rural areas, the rural options appraisal process has also been developed to determine whether it is necessary for the anticipated small number of local GP practices to continue delivering MoU services due to their specific remote/rural circumstances. Options appraisals should be developed as part of the PCIP process and submitted to the National GMS Oversight Group for review.

Written plans only go so far in providing intelligence nationally on service redesign. A Primary Care Improvement Leads group has been convened to share best practice on implementation of MoU services as well as feed into Oversight Group discussions. The Scottish Government is also committed to holding informal meetings with 31 HSCPs and Health Boards where appropriate by the end of 2021 to gain understanding of on the ground issues and listen to what further support can be provided to accelerate implementation locally.

Oversight Group

The National GMS Oversight Group will continue to oversee implementation of this MoU and the commitments in the national Contract and will be reinvigorated to allow it to fulfil its originally envisaged role of providing proactive intervention and support where necessary to implement the contractual arrangements outlined in this MoU within the agreed timescales. A key function will be to assess the extent to which additional resources and workforce are required to deliver the MoU services. As we

enter a new administration, the Oversight Group's Terms of Reference will need to be refreshed to ensure it complements and links with future primary care reform programmes and governance structures.

The individual responsibilities of the parties to the MoU established in the previous MoU continue to form the basis by which each party will contribute to the ongoing work of contract implementation.

Enablers

The MoU parties recognise that progressing work on key enablers is fundamental to delivering this MoU – workforce, data requirements, digital and premises.

Workforce

MoU implementation relies on having access to an available workforce. Partners recognise the current constraints that a finite workforce has on planning for service transfer and that the pandemic will likely have a significant impact on the development of workforce.

Workforce planning and pipeline projections, building on the primary care improvement plan trackers, are required to support the delivery of the MoU. A 'task and finish' group will be established involving all 4 partners (Integration Authorities represented by Chief Officers, Scottish Government, BMA and NHS Boards) to direct and oversee this work. The Group will be a sub-group of the National GMS Oversight Group and its recommendations will be used to inform the next iteration of the National Health and Social Care Integrated Workforce Plan.

Data-Driven Delivery

The pandemic has further highlighted the need for consistent, good quality data on which can be made available to the practice, the cluster, the Integration Authority and collated nationally to support sustainability, planning and the evolution of the extended multidisciplinary team. It is also important as a means to developing more robust interface working. The MoU parties place particular focus on the following areas:

Workforce – the GP Practice Workforce Survey will be run on an annual basis by NSS. Alongside the primary care improvement trackers, this will give us a comprehensive overview of GP workforce capacity. All parties to the MoU support this activity.

Activity – PHS has been carrying out a temporary weekly survey of activity of GP practices. The MoU parties are committed to developing long-term solutions for the extraction of activity data from general practice.

Quality – It was agreed as part of the Contract Offer that GP practices would engage in quality improvement planning through clusters. This should be supported by a national quality dataset. An initial version of this dataset will be agreed in Summer 2021. This will aid local service planning, and future MDT development.

Premises

It is acknowledged that with an increase in MDT working that premises will need to be able to support new ways of working that support more care/services being provided closer to home. Consideration should be given to remote, blended as well as co-location in considering implementation of MDT Services.

We remain committed to supporting the agreed National Code of Practice for GP premises and a shift to a new model in which GPs no longer will be expected to provide their own premises. Assistance to GPs who own their premises is being provided through the GP Premises Sustainability Fund.

Digital

Developing systems that facilitate the seamless working of extended Board-employed multidisciplinary teams linked to GP Practices is fundamental to the delivery of this MoU.

As part of this, NHS Boards have commissioned a procurement competition to provide the next generation of GP clinical IT systems for GPs in Scotland. This commitment is ongoing with the first product becoming available in Autumn 2021. All signatories recognise the need to progress the rollout of these clinical systems at pace.

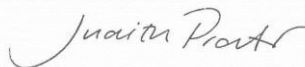
Signatories

Signed on behalf of the Scottish General Practitioners Committee, BMA



Name: Andrew Buist, Chair, Scottish General Practitioners Committee, BMA
Date: 30 July 2021

Signed on behalf of Health and Social Care Partnerships



Name: Judith Proctor, Chair, Health and Social Care Scotland
Date: 30 July 2021

Signed on behalf of NHS Boards



Name: Ralph Roberts, Chair, Chief Executives, NHS Scotland
Date: 30 July 2021

Signed on behalf of Scottish Government

Handwritten signature of Tim McDonnell in black ink.

Name: Tim McDonnell, Director of Primary Care, Scottish Government

Date: 30 July 2021

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 10.1

Quarter 1 Performance Report (April – June 2021)

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest & Carolyn Wyllie
Author	Carol Johnson, and Wendy Forrest
Exempt Report	No

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

Purpose of Report:	To ensure the Integration Joint Board fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the Integration Functions, and as set out in the current Strategic Commissioning Plan.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Review the content of the report. 2) Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approve quarterly reports that have come to first available Board meeting following Finance & Performance Committee.
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1. Background

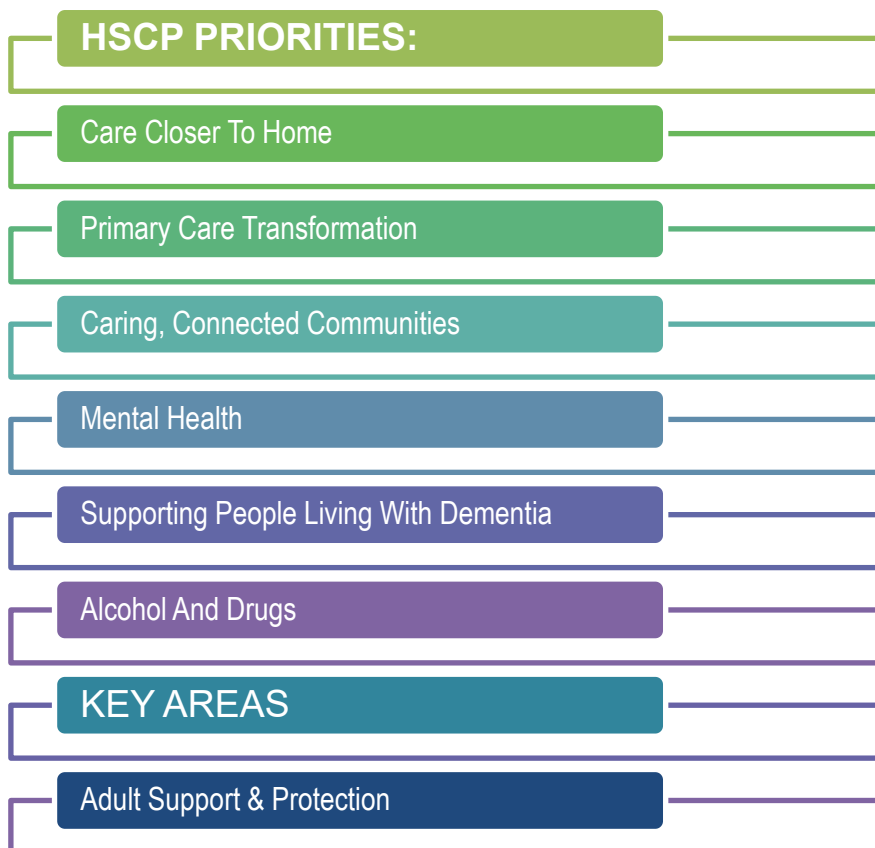
- 1.1. The Integration Joint Board has a responsibility to ensure effective performance monitoring and reporting.
- 1.2. Underpinning scorecards for the Clackmannanshire and Stirling Adult Social Care services are established and work is ongoing to provide this data down to locality level. Portfolio scorecards are also being developed for each of the three Locality Managers.
- 1.3. As part of the review of HSCP integrated performance reporting, a meeting was held on 7 December 2020 with Heads of Service, Locality Managers and Performance Leads to review data measures and performance monitoring. It was agreed that a series of workshops will be undertaken to discuss each area in detail and ensure scorecards are fit for purpose. This ongoing activity will continue to align data linked to services which are delegated into the HSCP.
- 1.4. The content of this report is monitored and actively managed, and the information also supports wider planning and delivery in areas such as locality planning, commissioning, and the review of different models of care.
- 1.5. As a result of a range of issues affecting the Health Records Service Clinical Coding Team, NHS Forth Valley has been working through a backlog with national SMR01 returns. This is an improving picture, all months for 19/20 onwards are now above 97%, however none are 100% complete which means

that figures may still change slightly. It is hoped that by next quarter, there will be a resumption of reporting of Integration Performance Indicators including those known as MSG Indicators within this report.

- 1.6. Members will be aware that performance linked to the NHS Scotland Improving unscheduled care; Six Essential Actions were requested to be part of the performance reporting, this work is underway and will continue to develop as the joint unscheduled care arrangements are in place.
- Essential action 1 - Clinically focussed and empowered hospital management. This is key to ensuring daily capacity is aligned to meet demand and sites are able to quickly identify underlying systemic issues and effectively deliver sustainable improvements.
 - Essential action 2 – Hospital capacity and patient flow (emergency and elective) realignment. To determine and ensure demand and capacity are in balance at all stages of the patient pathway. Minimising delays and ensuring patients are cared for in the right place, at the right time.
 - Essential action 3: Patient rather than bed management. This Essential Action focuses attention on the operational management of patient flow as opposed to ‘bed management’. Placing emphasis on the co-ordinated creation of a multi-disciplinary, patient-centred discharge plan as soon as possible after admission, and then on the timely, synchronised execution of the plan each day, prevents delay and ensures that patients are treated and discharged without delay.
 - Essential action 4: Medical and surgical processes. This Essential Action will ensure that appropriate clinical pathways are in place across internal hospital departments giving patients an optimal Unscheduled Care journey from attendance to discharge.
 - Essential action 5: Seven day services. To reduce variation in service and care provision across 7 days, the enhancement of ‘out of hours’ to improve the patient journey and prevent unnecessary waits and delays. The activities of Essential Action 5 link closely to other essential actions, primarily Essential Action 4.
 - Essential action 6: Ensuring patients are optimally cared for in their own homes or homely setting. This essential action will consider how someone who has an unscheduled care episode can be optimally cared for, or discharged to their own home, as soon as possible. This work will enhance self-management and longer term focus on preventative care and improvements in access to self-directed care and enablement services for complex conditions and comorbidity. It will be supported by the HSCP and community care developments.
- 1.7. The HSCP holds and maintains a Strategic Risk Register. The Register outlines the key risks to achieving the Integration Joint Board’s Strategic Plan, and monitors processes in place to mitigate those risks. The Strategic Risk Register was last reviewed by the Audit & Risk Committee on 23 June 2021, and exception details can be found in Appendix 2.

1.8. The quarter one 2021 performance report is based around the Strategic Plan 2019 – 2022 priorities and key areas. It also sits within the context of the Partnership’s Performance Framework, a revised version of which was approved by the IJB on 25 November 2020.

1.9. The graphic below sets out these priorities and key areas.



2. Development of Quarterly Performance Reports

2.1. The Board is asked to approve quarterly performance reports that will have first gone through the Finance & Performance committee covering the following periods:

- Quarter One – April 1st to June 30th 2020
- Quarter Two – July 1st to September 30th 2020
- Quarter Three – October 1st to December 31st 2020
- Quarter Four – January 1st to March 31st 2021

2.2. The performance reports are continuing to develop based on areas of focus and feedback from members of this committee and wider stakeholders. Performance Indicators relating to NHS delegated functions are now beginning to be included in the Operational Scorecards in Appendix 2. In keeping with the exception reporting practice both appendices 1 and 2 will be summaries of those considered high risk or red RAG exceptions.

- 2.3. Data and additional information may be updated as it becomes available, between going to the Finance & Performance Committee and the Integration Joint Board, to provide additional detail and context.
- 2.4. Management commentary is included within the attached Quarterly Performance Report.
- 2.5. Reporting timetable:

Finance & Performance Committee		Integration Joint Board	
18/08/21	Q1 – QPR 21/22	22/9/21	Q1 – QPR 21/22
20/10/21	Draft APR 20/21	24/11/21	Draft APR 20/21
22/12/21	Q2 – QPR21/22	March 22	Q2 – QPR 21/22
23/02/22	Q3 – QPR 21/22		Q3 – QPR 21/22

QPR – QuaQPR - Quarterly Performance Report

APR – Annual Performance Report

- 2.6. Due to the lead in times for presentation of the Quarterly Performance Report to the Finance & Performance Committee, data that is not available will be noted. If this data is available before presentation of the performance report to the Integration Joint Board, it will be inserted.
- 2.7. The Scottish Government moved reporting of the Annual Performance Report in February 2021 in line with the Coronavirus Scotland Act (2020) through to the 30th September 2020. This means that IJBs will be able to extend the date of publication of Annual Performance Reviews through to November 2021, using the same mechanisms as last year, which is laid out in the Coronavirus Scotland Act (2020), Schedule 6, Part 3. Deadlines around the Annual Performance Report have therefore been extended.

3. Conclusions

- 3.1. The Integration Joint Board is responsible for effective monitoring and reporting on the delivery of services and relevant targets and measures included in the Integration Functions, and as set out in the Strategic Plan. This report represents the process in terms of presenting a formal performance report to the Board.
- 3.2. Performance reports are used across the service areas to inform planning, priorities and management actions. This data is quality assured at a local level and may differ from nationally reported data.

4. Appendices

Appendix 1 – Quarter One Performance Report (April to June 2021)

Appendix 2 – Exceptions reporting, Risk Register and Operational Scorecards

Fit with Strategic Priorities:	
Care Closer to Home	<input checked="" type="checkbox"/>
Primary Care Transformation	<input checked="" type="checkbox"/>
Caring, Connected Communities	<input checked="" type="checkbox"/>
Mental Health	<input checked="" type="checkbox"/>
Supporting people living with Dementia	<input checked="" type="checkbox"/>
Alcohol and Drugs	<input checked="" type="checkbox"/>

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

Implications	
Finance:	The management of performance is critical to managing the overall budget of the Integration Joint Board.
Other Resources:	
Legal:	Performance reporting is a statutory requirement under the Public Bodies (Joint Working)(Scotland) Act 2014 and the Integration Joint Board’s Integration Scheme.
Risk & mitigation:	Strategic Risk Register – appendix 2.
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider (‘pay due regard’ to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>



Clackmannanshire & Stirling Integration Joint Board

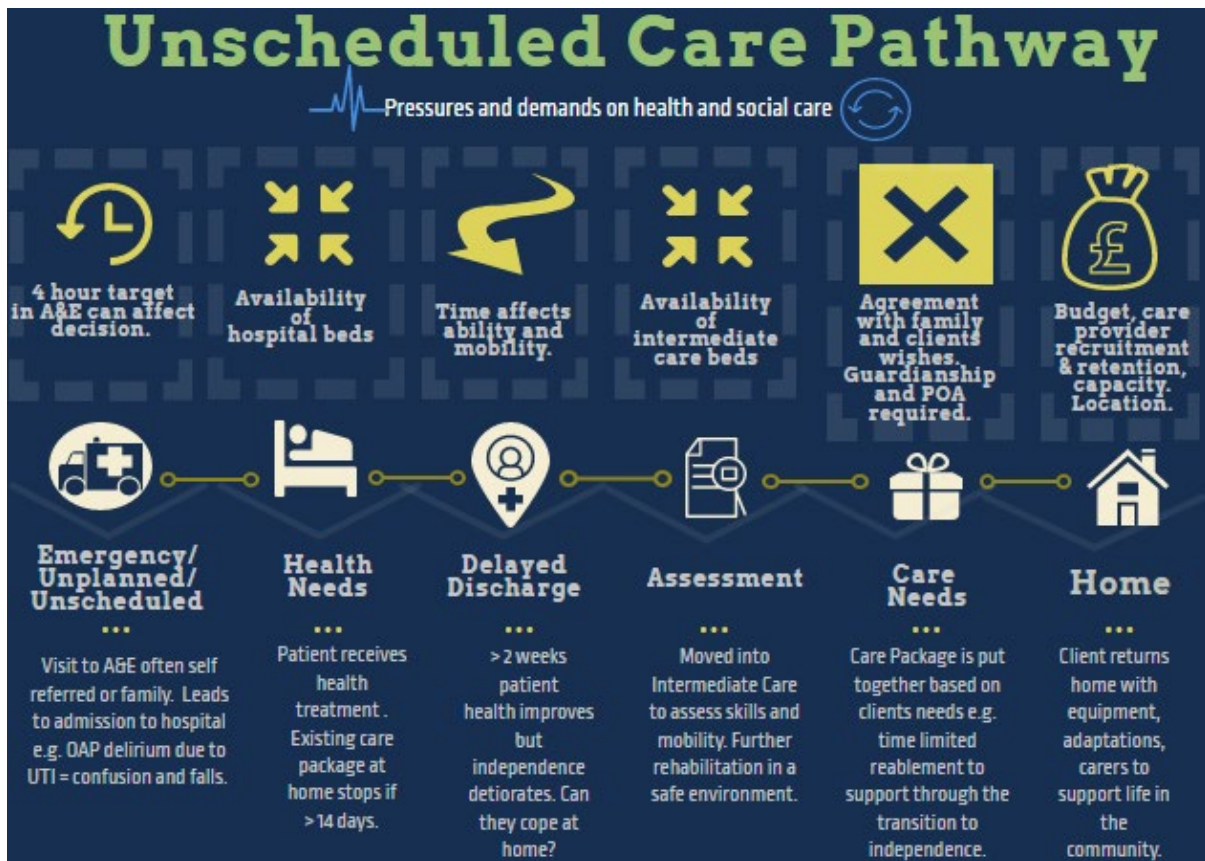
Quarter One (April to June 2021) Performance Report

Care Closer To Home

“We will work to reduce people going to hospital, support more people to stay well at home, improve timely access to community services, and build enablement approaches across the Partnership.”

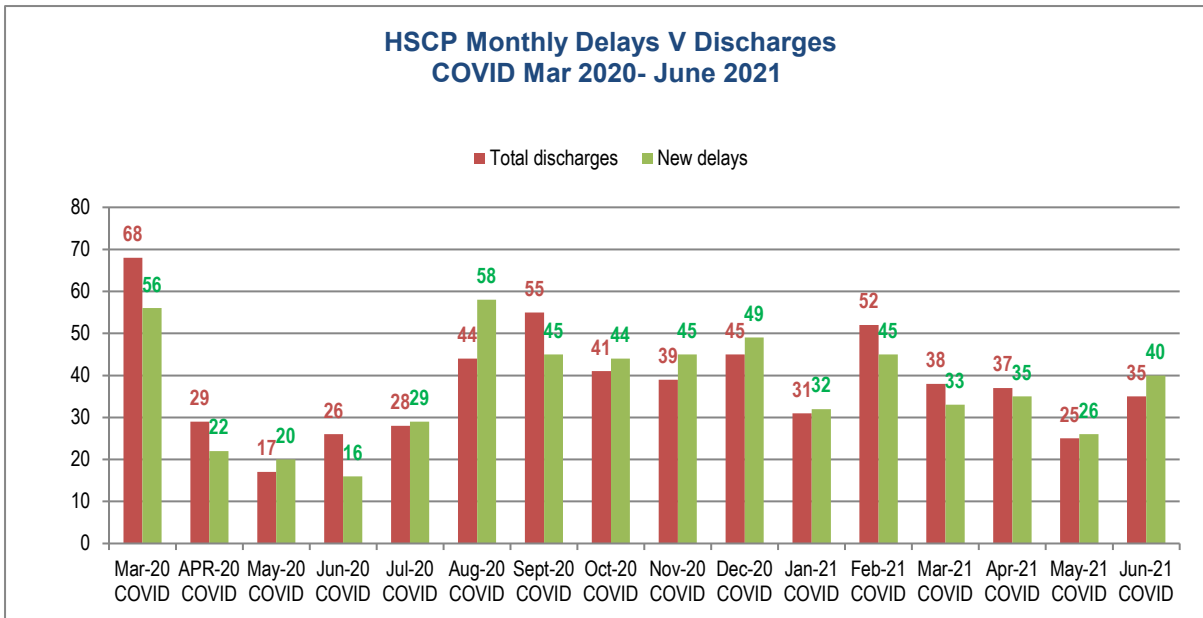
Strategic Plan 2019-2022

Avoid unnecessary delays in hospital discharge



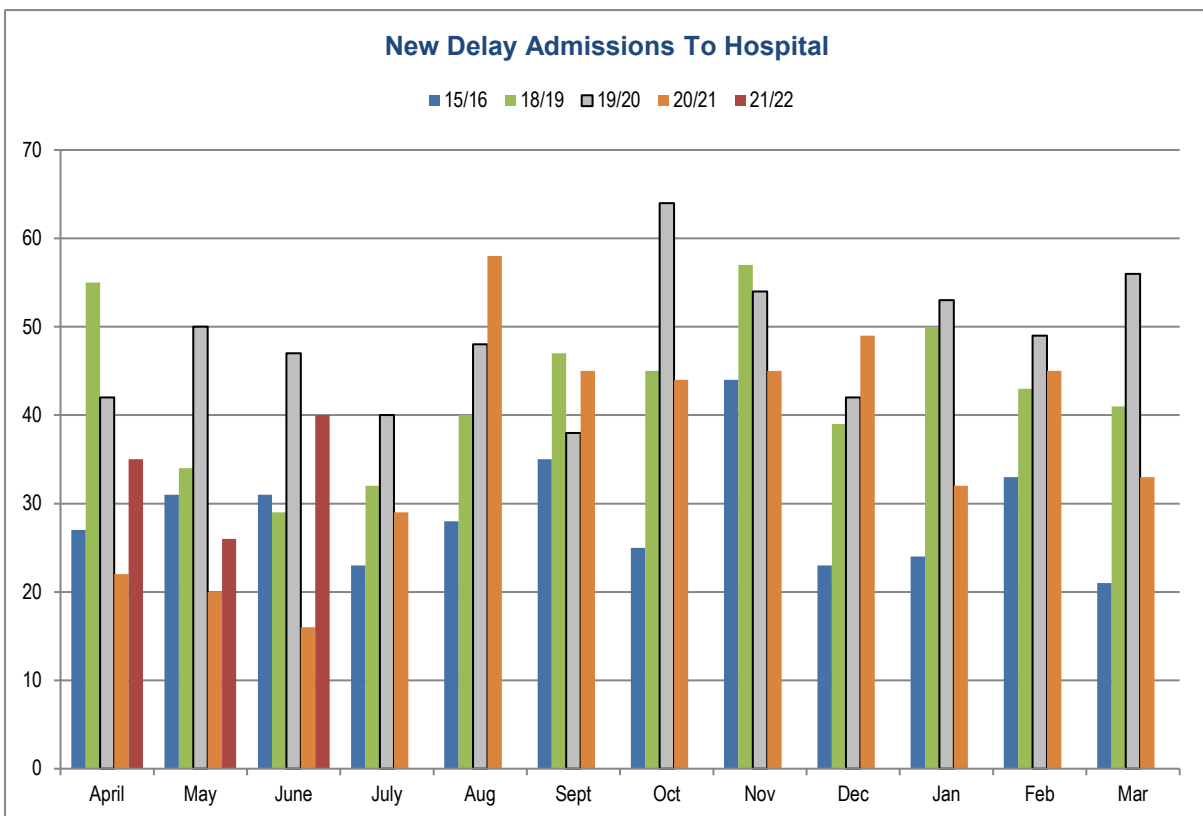
The infographic above describes the inter-dependencies that impact on the flow through the Unscheduled Care pathway. Work has begun to identify those residents who frequently attend the Emergency Department (ED), in order to put in place community interventions upstream and therefore reduce or prevent attendance, and any subsequent journey within the unscheduled care pathway.

We continue to work to minimise any delays to discharge, and redesign services to support avoidance of unnecessary admission. However, at this time any community health and social care related activity will be influenced by the COVID-19 pandemic. Although the number of people double vaccinated continues to grow, requirements to self isolate continue to impact on workforces across the sector, as well as outbreaks within care homes.

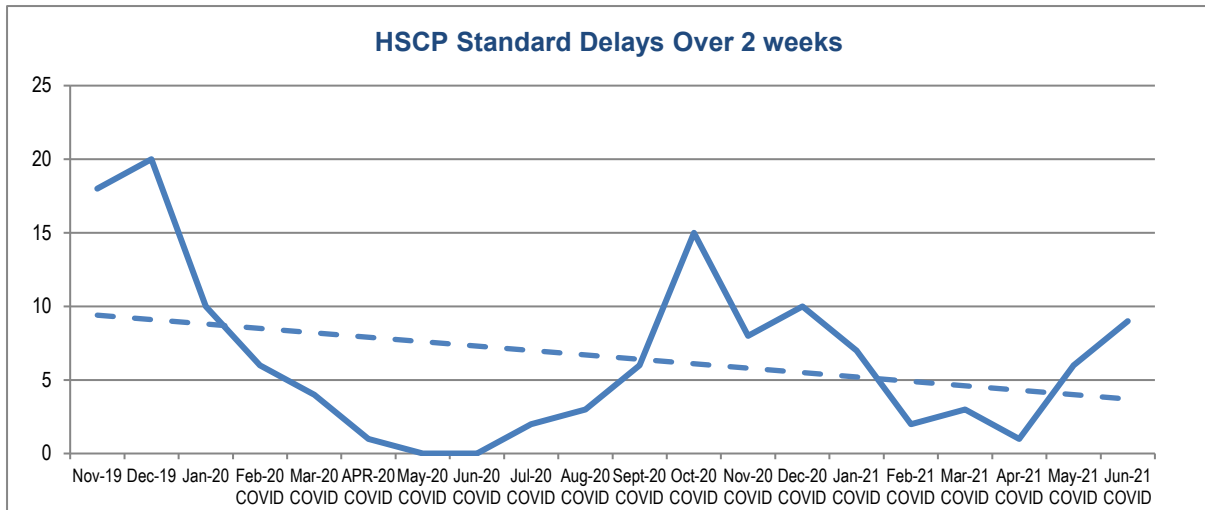


Source: HSCP Unscheduled Care Dashboard local data

The graph above shows the work to ensure the number of patients supported to return home, was generally less than the number of new patients in Q1. The graph below shows that the number of new delays is much higher at the end of Q1 than the previous year. This may reflect a change in public behaviour, where last year they were reluctant to attend emergency departments or go to hospital during the pandemic.

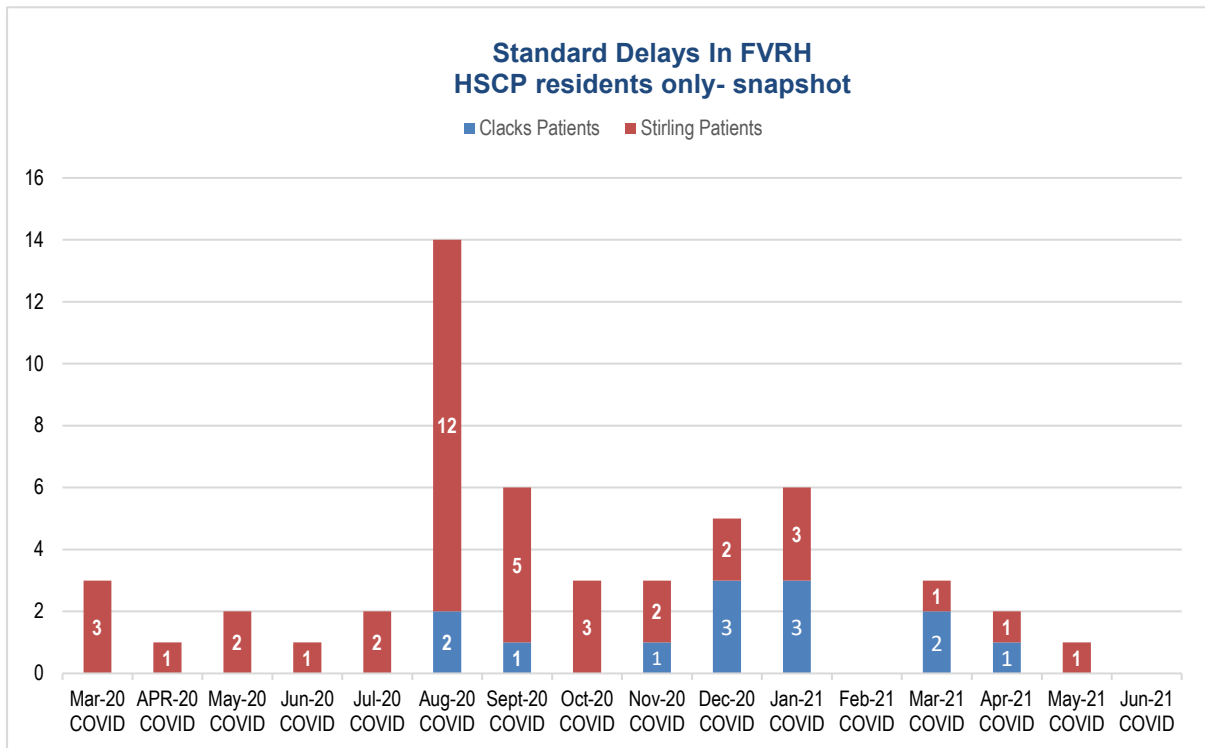


Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Unscheduled Care Dashboard local data

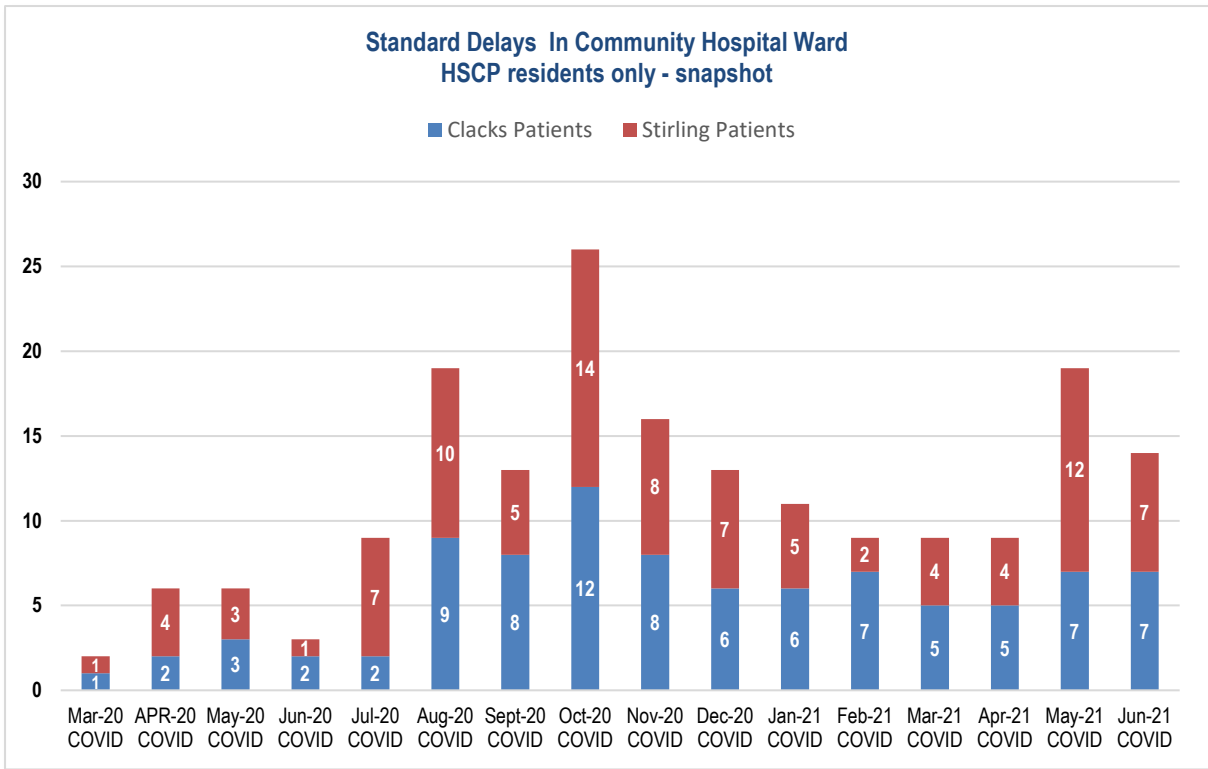
Patients who were delayed more than 2 weeks rose over Quarter 1, this reflected the same trend as last year when demand rose after the first lockdown.



Source: HSCP Unscheduled Care Dashboard local data

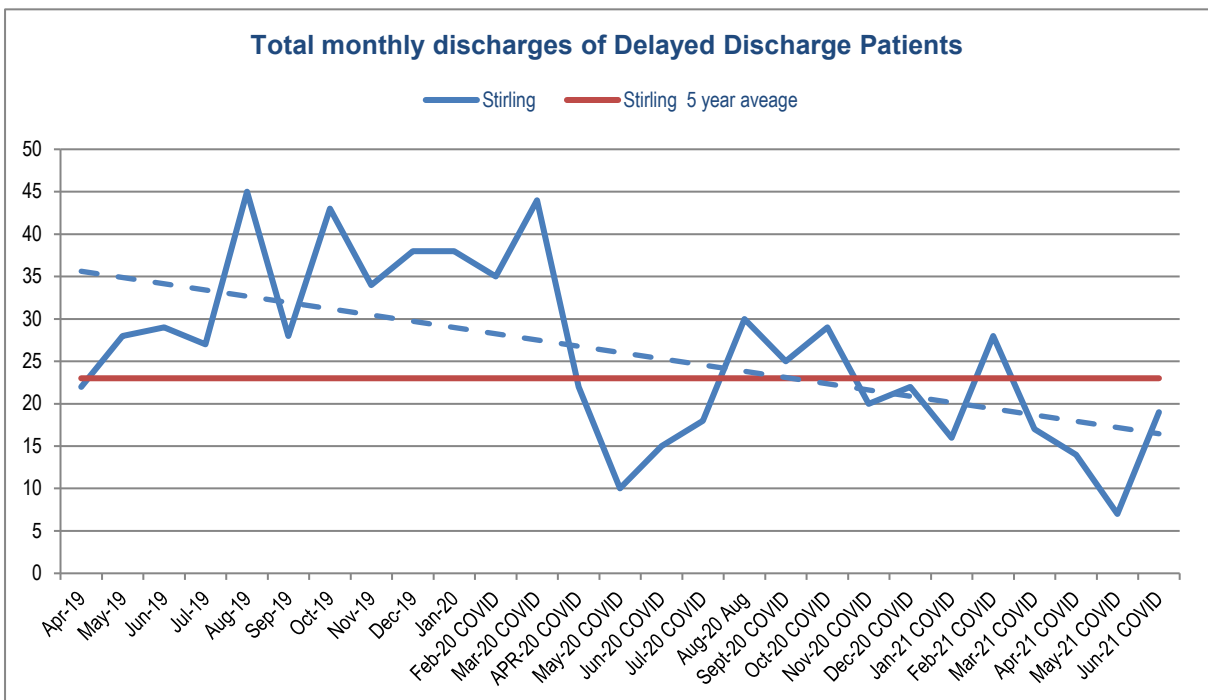
The graph above shows delayed HSCP patients in acute hospital FVRH with an improving picture in Q1, helping to free up capacity during the pandemic.

At the end of Quarter 1 there were no delayed discharge patients in the acute hospital wards from either Stirling or Clackmannanshire localities at June 2021.

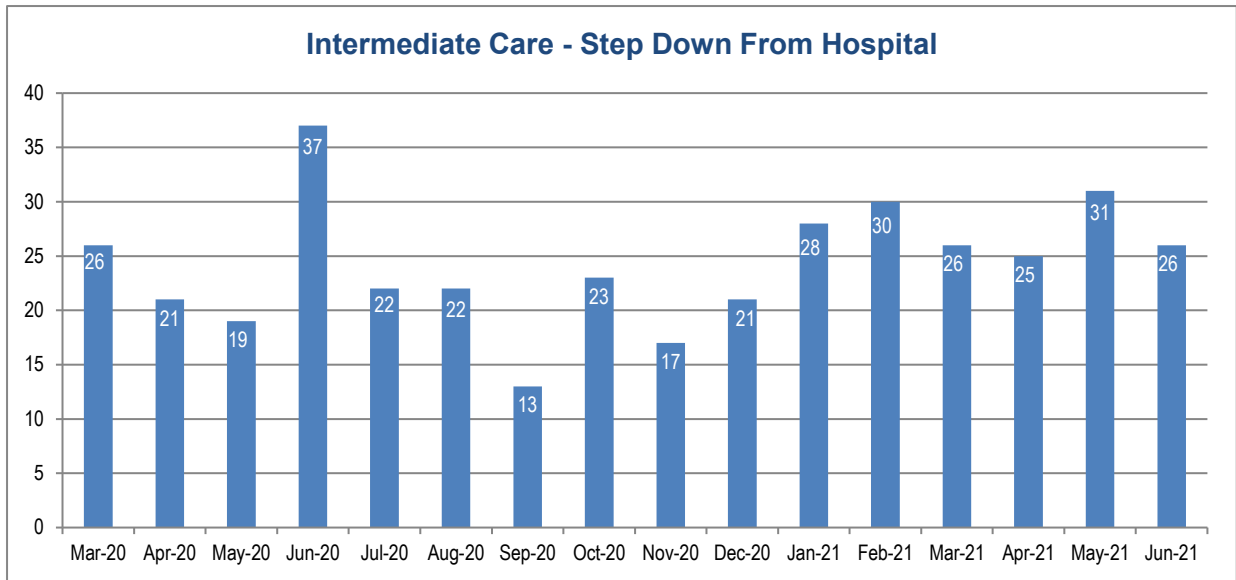


Source: HSCP Unscheduled Care Dashboard local data

During Q1 the numbers in community hospital wards have risen especially for Stirling HSCP residents. You can see that the number of patients discharged over the quarter is much lower than normal. This may be due to issues with POC and Care Home providers. Those patients requiring a nursing care home resource would not be considered appropriate for intermediate care.



Source: HSCP Unscheduled Care Dashboard local data



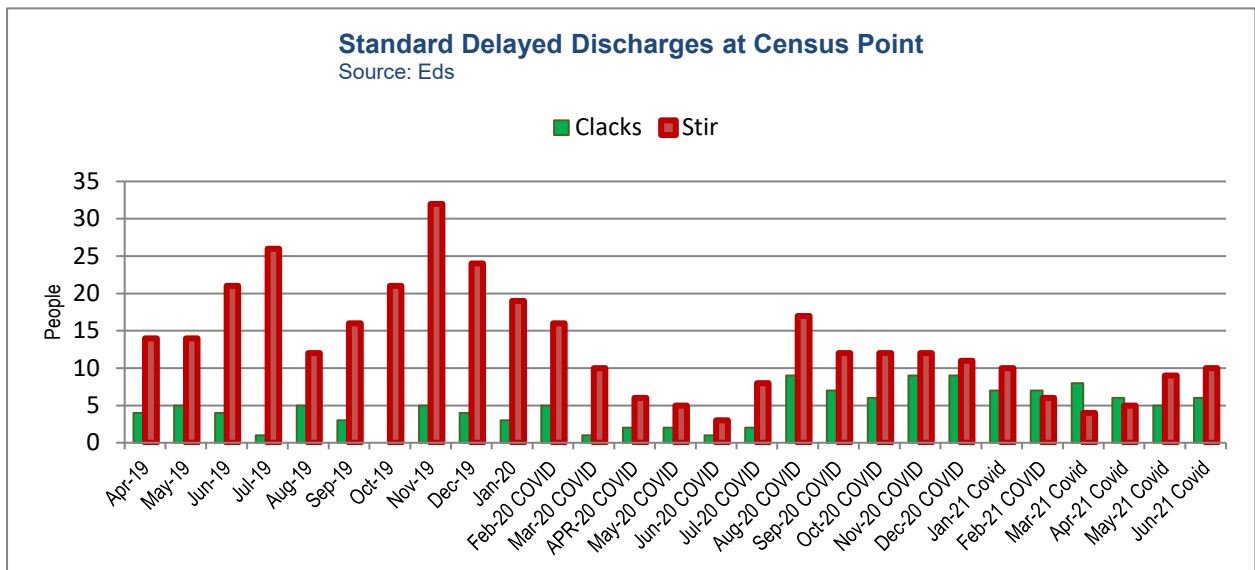
Source: HSCP Unscheduled Care Dashboard local data

Moves to Intermediate Care appear relatively high for the Quarter.

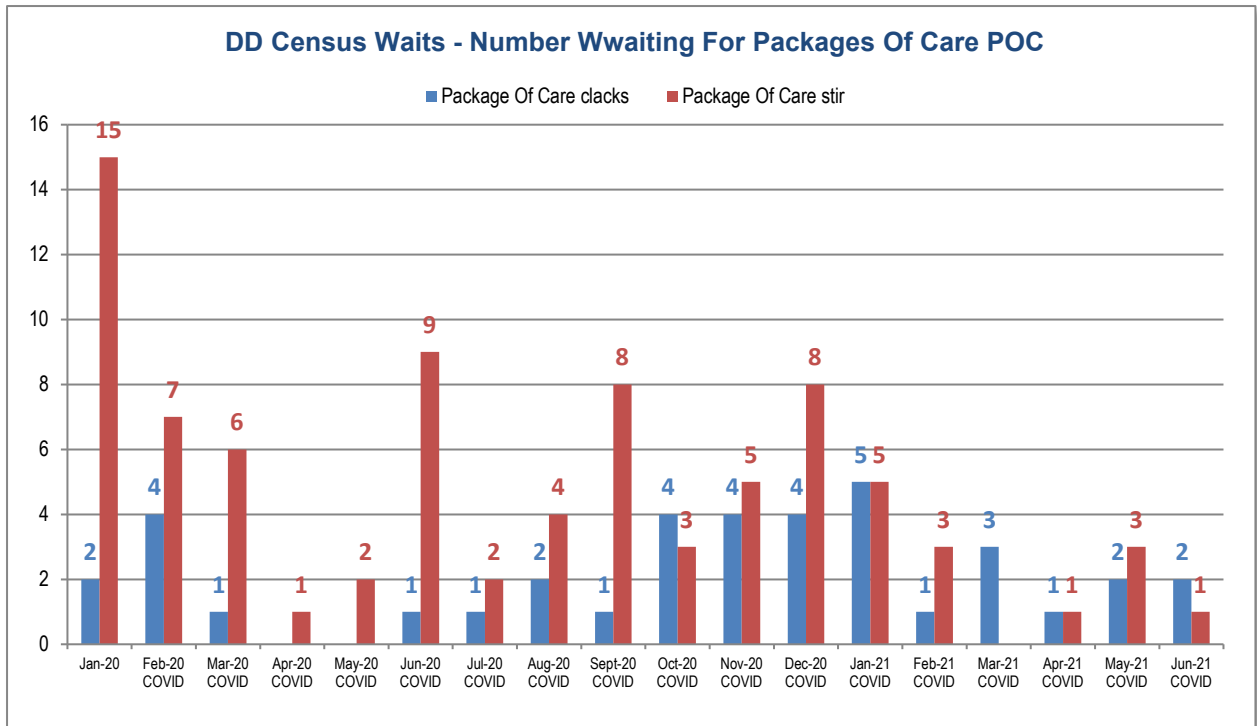
The graph below shows over Quarter 1, a rising trend of standard delays within Stirling patients whilst Clackmannanshire patients continue to remain high.

This appears to be mainly due to:

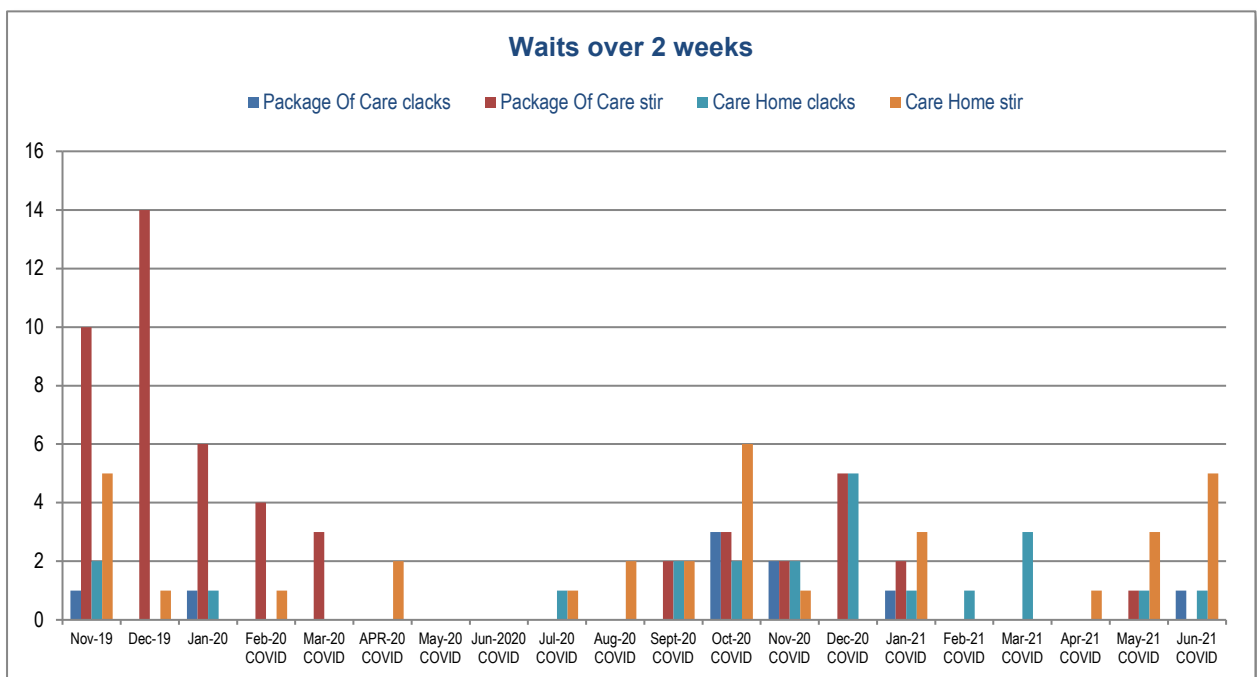
- Difficulties sourcing POCs within both areas, especially in April and May when demand for high resource packages were high.
- Care home capacity May and June. At the end of the quarter there were 3 care homes affected by staff testing positive for Covid.



Source: HSCP Unscheduled Care Dashboard local data



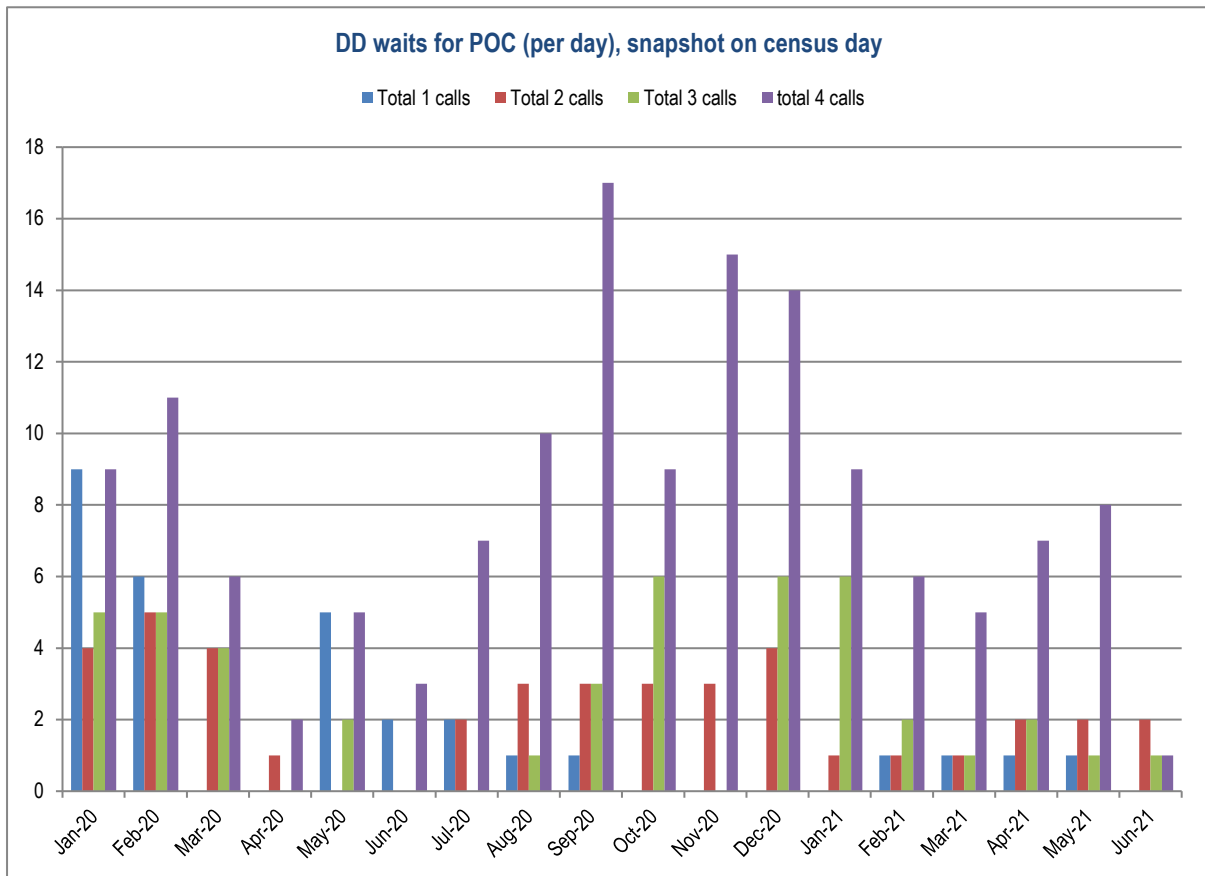
Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Unscheduled Care Dashboard local data

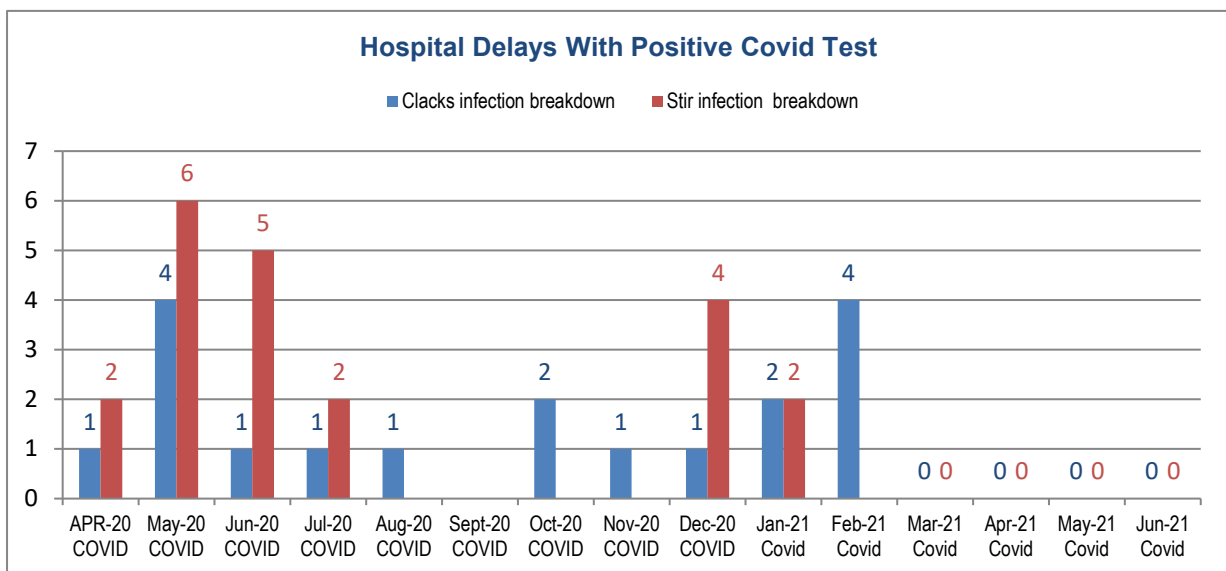
Although an improving picture, delayed patients waiting on more complex packages has increased over the first part of Quarter 1, especially within the Clackmannanshire Locality. Some individuals require two paid carers to provide care and support. The need for two carers to visit is more challenging to source with providers.

As part of the ongoing review of care and support needs, there has been an opportunity to explore whether one carer plus equipment (such as a hoist) could be used in situations where manual handling is the driver for a two carer request.



Source: HSCP Unscheduled Care Dashboard local data

There have been no patients who have to remain in hospital because they have a positive Covid test since February 2021, many of this client group will be double vaccinated now.



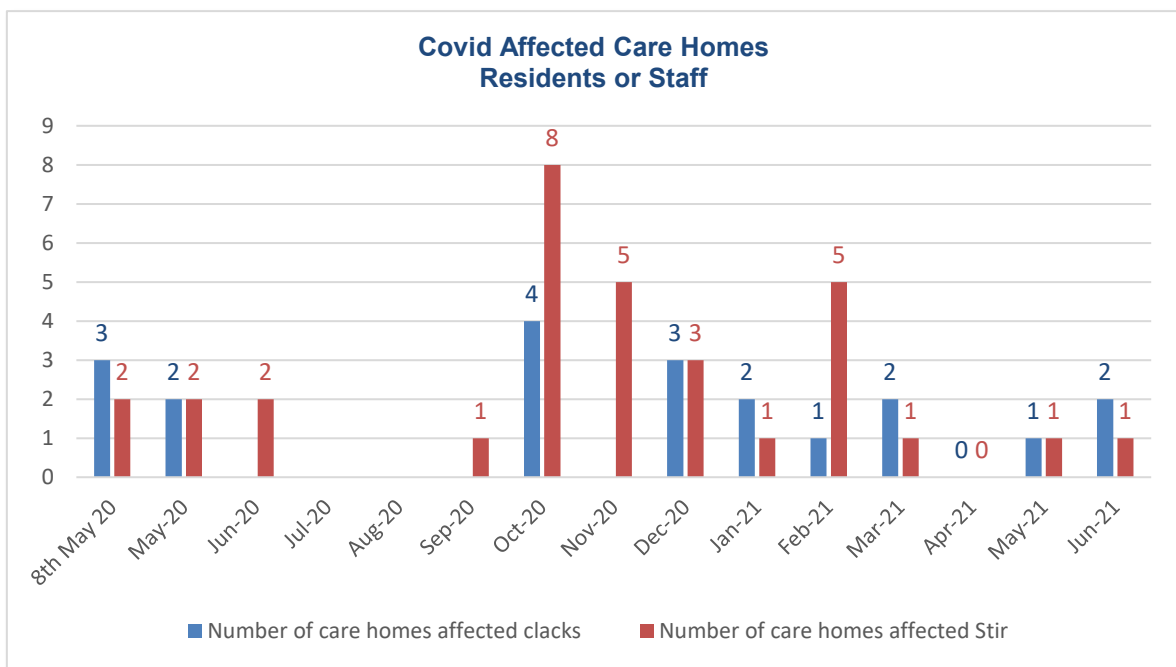
Source: HSCP Unscheduled Care Dashboard local data

Care Homes

As part of our local response to COVID-19, and in line with Scottish Government guidance, an integrated Care Home Assessment and Response Team (CHART) was established to work across Forth Valley and the two HSCPs.

CHART was established to support clinical and care staff to build local resilience and practice arrangements across the community. With a focus on supporting residents, patients and staff with appropriate assessment, quality of care, effective management, and good palliative care in care homes across Forth Valley.

CHART have a team of staff who are available 24/7 and deployed where necessary in response to staff shortages, ensuring that support is available to supplement existing staff.

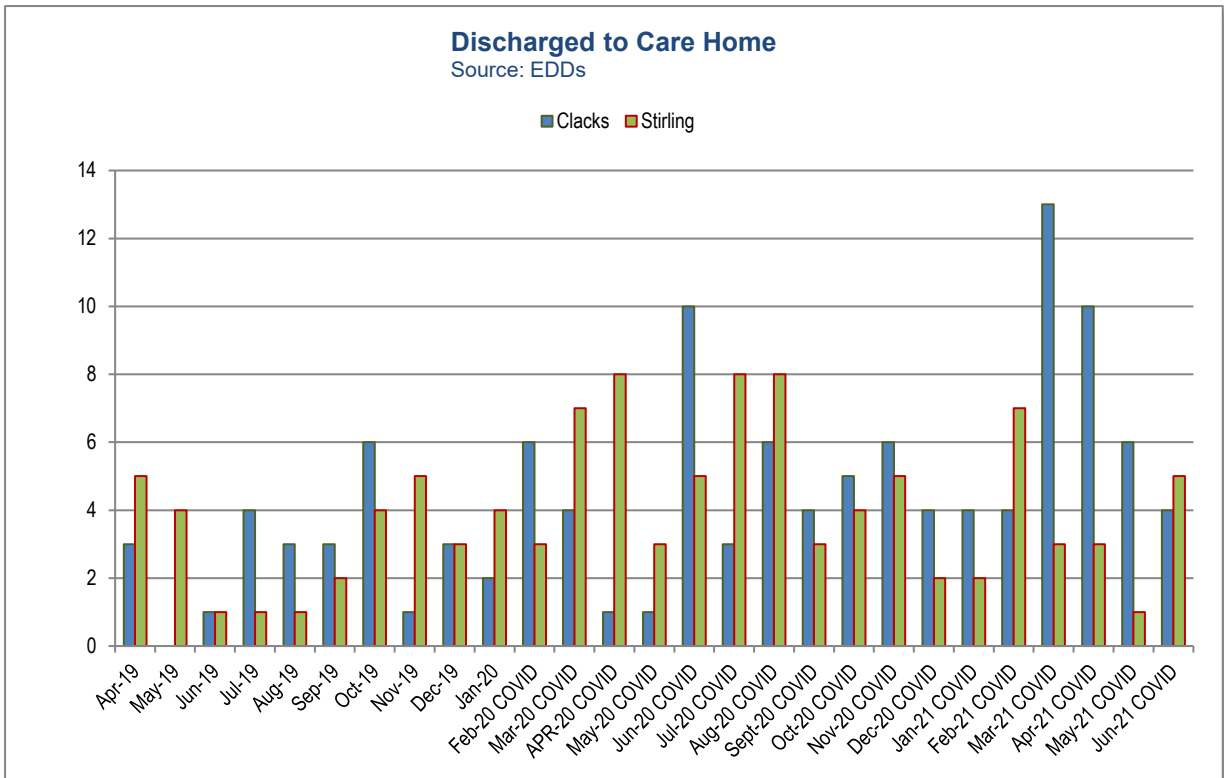


Source: HSCP Unscheduled Care Dashboard local data

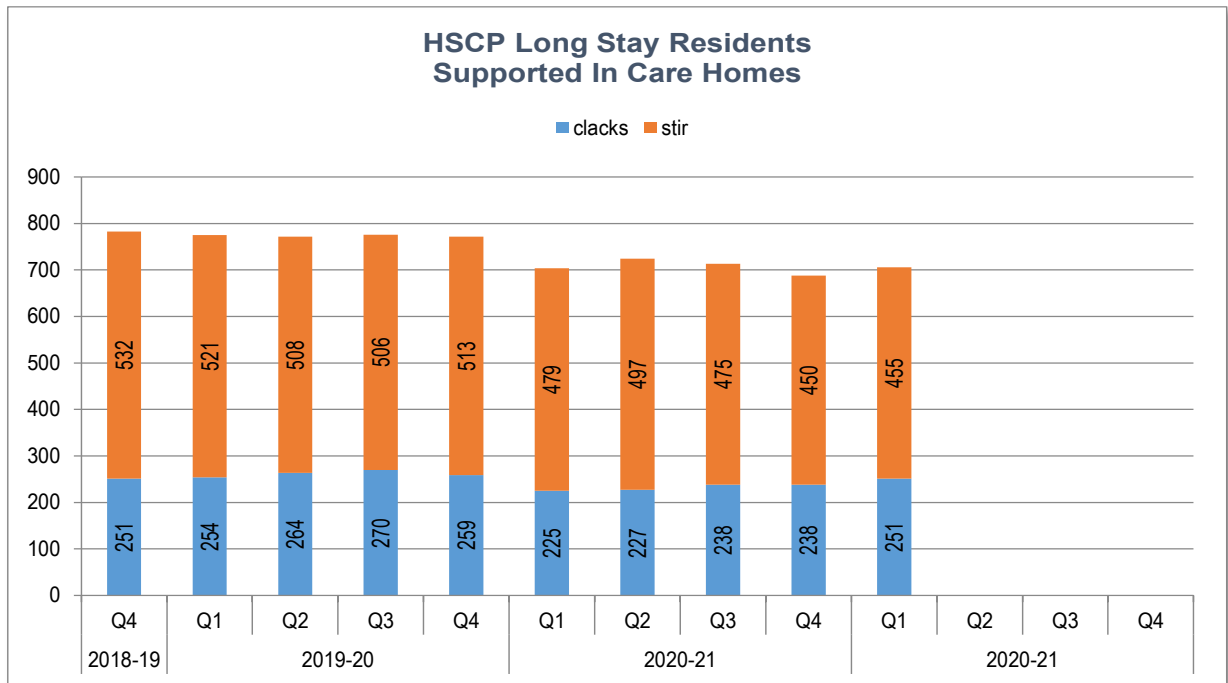
Care homes affected by Covid has deteriorated at the end of Quarter 1.

The graph below shows the number of patients discharged to care homes. We noted last quarter that in Clackmannanshire 2 large care homes that had been closed due to infections, re-opened and started to accept new residents during this period. The impact of this may have continued into this quarter, until June, when one of those care homes had to close again due to Covid infections.

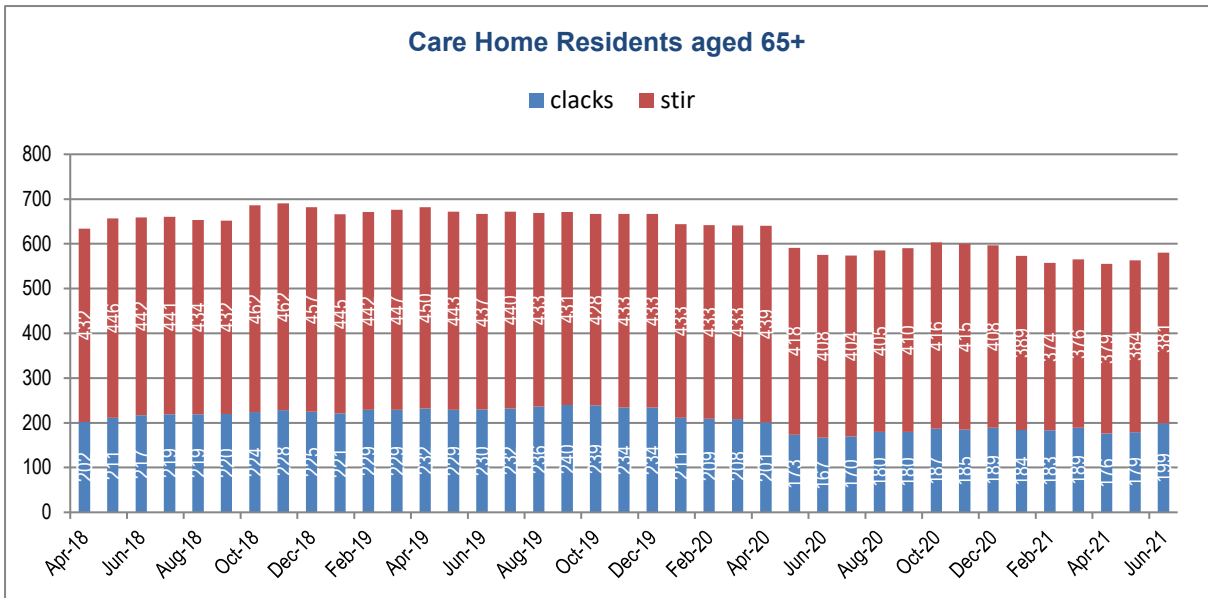
Overall, the numbers within care homes has not risen above normal levels. It is very difficult at this time to understand the trends; Covid related deaths may have increased capacity within the sector, but availability will fluctuate around outbreaks and staff self-isolating.



Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Local Data



Source: HSCP Local Data

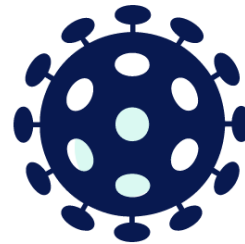


KEY ISSUES



Higher Care Needs

More staff more often to
enable someone to live
independently at home



Care Homes affected by COVID-19

Alternatives to Admission – Prevention & Community Intervention

Many adults can be supported at home, even when unwell. Staying unnecessarily in hospital can be detrimental to people’s ability to manage their own care, leading to a loss of function. This has led to a strong focus on improving pathways to reduce delays in discharge and the risk of readmission.

District Nursing, and Adult Social Care work together to support people in their own homes and prevent the need for unnecessary hospital admissions.

District Nursing has faced challenges due to staff testing positive, or self isolating. They are also supporting the delivery of the Covid 19 vaccine, and staff undertook 200 Covid vaccines over last quarter. Work has begun to improve the data from this service and we hope to share this with you in the future.

	Q1	Q2	Q3	Q4
Home Visits	21,765			
Treatment Room	5,579			
Telephone Calls	214			

Source: HSCP Local Data

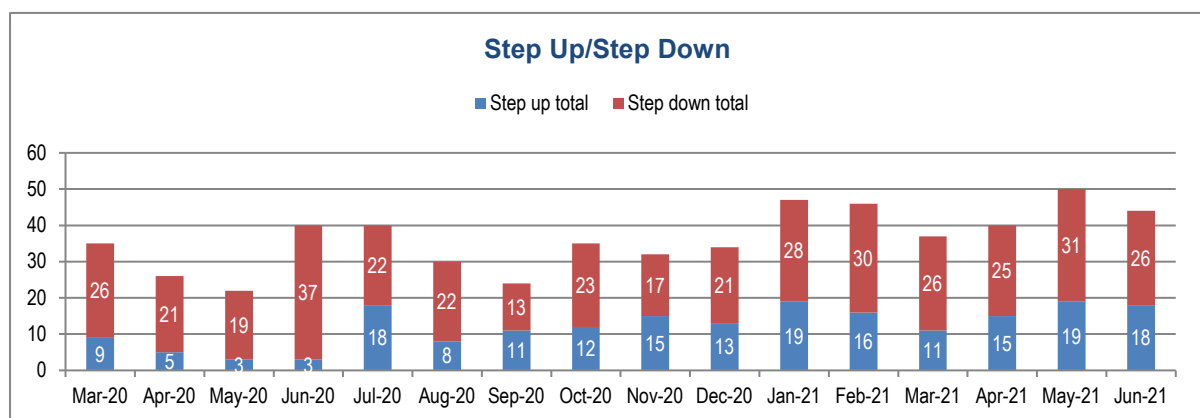
Adult Social Care

The HSCP supports people to regain or maximise their independence by offering within the community Reablement care at home or bed based Intermediate Care.

Intermediate Care can be used to assess and stabilise someone and therefore prevent them going into hospital (step up) or to support someone when leaving hospital (step down) to assess and rehabilitate.

There is an opportunity to increase utilisation of bed based intermediate care and clinical space to avoid hospital admission. The HSCP are reviewing the model of care delivered across Bellfield and Clackmannan Community Hospital.

The graph below demonstrates the move towards supporting those leaving hospital (Step Down). Those coming into the service direct from the community (Step Up) also helps stabilise frail vulnerable people who may have become emergency patients.

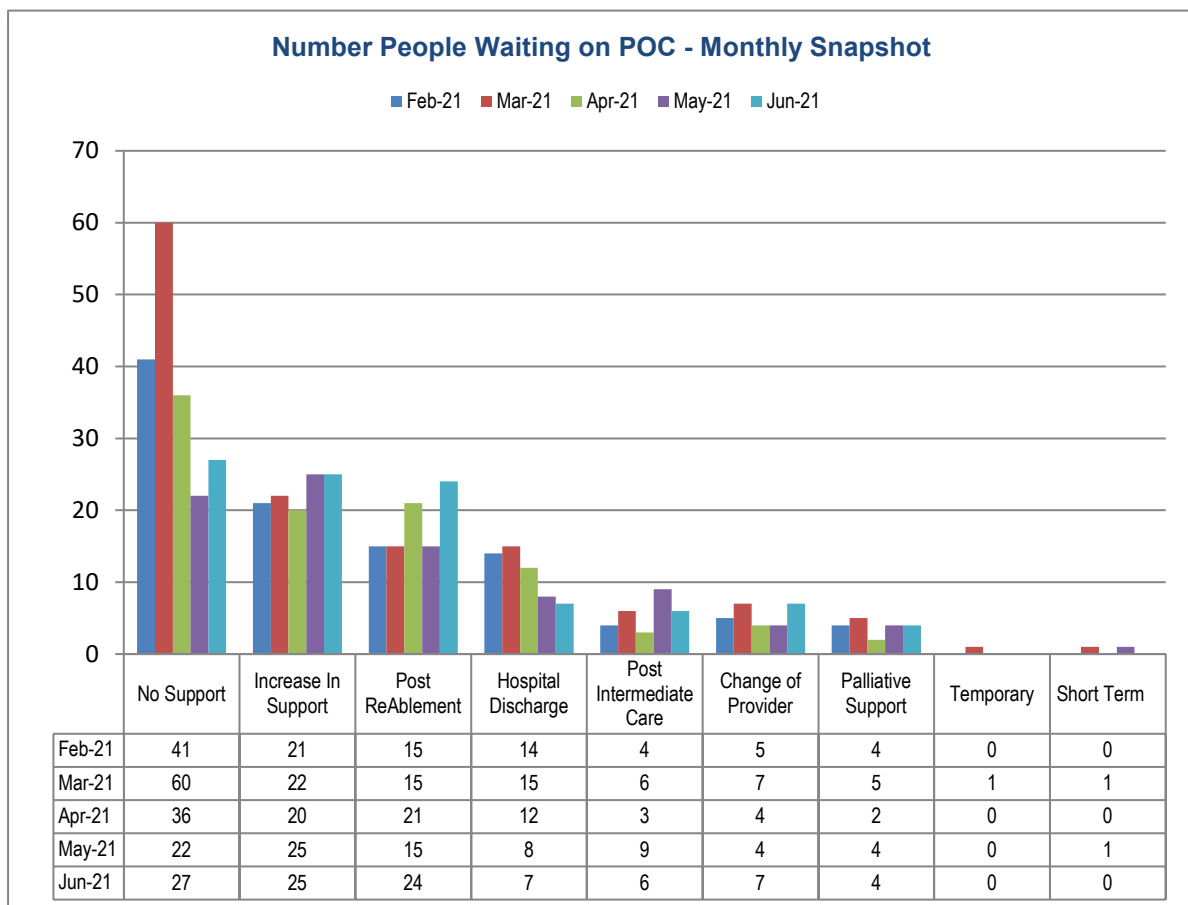


Source: HSCP Local Data

Those assessed with the potential to return home can be provided with time limited Reablement support at home to help them re-adjust and regain as much independence as possible. However, challenges exist within the Reablement service across all localities due to; absence, vacancies, Covid 19 affecting staff both through illness and self-isolation through association with others.

★ Within Adult Social Care additional Occupational Therapy OT has been employed in the Clackmannanshire Locality to support discharge from hospital and progress Reablement reviews, promoting independence and freeing capacity.

The graph below shows the waiting lists for all social care clients who require a package of care (POC). The demand for those living in the community (currently without any support) is the biggest group of people and the biggest rise. The June community figure is comprised of 8 people from Clackmannanshire Locality and 19 people from Stirling Locality.



Source: HSCP Local Data

The demand from the large number of people looking for an increase in their existing package of care also has an impact on the capacity of framework providers to supply new packages of care to people either in the community or hospital. This is because we know that the increases in care are easily sourced from existing providers than new packages in the community or following Reablement.

Those at home with no support are more likely to become Unscheduled Care patients, and more likely to become a delayed discharge whilst awaiting Reablement support. It must also be noted that, sourcing the demand for new packages of care puts pressure on the Care at Home budget due to saturation of existing community provision, necessitating the use of more expensive tier 3 providers.

Stirling Adult Social Care sourced a total 384 new packages of care in Q1 2021, which included the following:

Increase In Support	111
At Home No Support	115
Post Reablement	37

Source: HSCP Local Data

We will work to be able to report this type of data from Clackmannanshire locality in due course.

We also know that there is a disparity amongst localities especially for Reablement clients waiting to move onto to a framework provider, which causes bottlenecks, restricts capacity, and obstructs flow within the pathway.

The average wait for framework provider following completion of Reablement in June 2021:

Stirling Urban	6 weeks
Stirling Rural	21 weeks
Clacks	4 weeks

Source: HSCP Local Data

Primary Care Transformation

“Work together and take a multi-disciplinary approach to improving primary care. Scale up the support to all GP practices.”

Strategic Plan 2019-2022

Primary Care Transformation – what does this mean?

All funding is in place for all remaining posts to deliver our Primary Care Improvement Plan. Recruitment has been ongoing since early this year, with varied levels of success. While we do have areas of challenge, for example in recruitment of Advanced Nurse Practitioners, we hope to have the majority of remaining posts in place by August.

All practices in Forth Valley now have a level of multidisciplinary (MDT) support in place, most have 3 additional services and the MDT model of care is now well embedded. Despite a challenging year, there has been a significant focus on service quality and evaluation.

Community Treatment and Care (CTAC)

Whilst the phlebotomy service is now in place in Stirling including non-rural North West Stirling Practices and Clackmannanshire, there have been workforce gaps recently. These have been partly filled by reserve recruits from previous interviews. Confidence in recruitment is high, with over 30 applicants for 10 posts. Predicted start dates for these posts will be August.

In addition to the recruitment across the Board area of 29 Band 2 CTAC Health Care Support Workers (HCSW) posts, 3 additional band 3 HCSWs are also being recruited. These posts will provide some additional flexibility for cover and provide some co-ordination support between the teams and practices.

Rural Practices have agreed to retain and be funded for ongoing provision of CTAC services.

Pharmacotherapy

There is commitment to transferring Level 1 pharmacotherapy activities from General Practitioners to pharmacy teams. The revised date for completed service delivery is April 2022.

Level 1 workload includes all acute prescriptions and repeat prescriptions as well as dealing with hospital discharge letters, medicines reconciliation, medicine reviews and monitoring high risk medicines.

In terms of workload and workload transfer, the pharmacy team are in the final stages of being able to provide quarterly acute prescribing data by practices and professional. What we have learned to date includes:

- The volume of acute prescribing workload is significant, at around 2500 acute pharmacy items per day across Forth Valley practices.
- The variation between practices in the volume of workload differs significantly.
- Where practices and pharmacy teams have focussed on quality improvement techniques we have seen significant reductions in workload and high levels of satisfaction within teams as a result.

In an effort to move to consistent and sustainable service provision, we hope to support Practice teams to review and understand their prescribing activity and work to reduce the significant variation in workflow through Whole Systems Working project.

This project will support and fund Practices to review Prescribing data and to discuss prescribing issues with their pharmacy teams within the Practice and also work alongside community pharmacy colleagues where appropriate. By improving current systems, it is anticipated that pharmacists will be enabled to undertake some Level 2 pharmacotherapy work. It is estimated the project details will be out to Practices by the end of July and will run for 12-18 months.

Vaccination

The model of delivery for flu and covid booster immunisations is under planning at the moment. The delivery of both will be led by the NHS Board immunisation team but it is likely that practices will be asked to support the model. The autumn programme is due to start in mid-September. It is expected that flu and covid vaccines can be given at the same time.

The NHS Board has again approved significant plans to recruit a full immunisation team to augment our current team to manage all immunisation programmes beyond March 2022 on a permanent basis.

There is no proposed change to arrangements agreed locally for rural practices who will continue to deliver the full immunisation programme to their patients.

Advanced Practice Physiotherapy (APP)

A significant number of people with musculoskeletal (MSK) issues consult their GP for advice, treatment, medication and referral on to secondary services. With few exceptions all of these consultations can be managed at first contact by a physiotherapist.

APPs are now embedded within 18 Clacks and Stirling general practice teams. The team have evaluated the service over many years now.

Recent learning includes:

- Almost all consultations with an APP are first contact (no duplication)
- 75% of people attending APP are supported to self-manage with no further follow up or intervention
- 9% require medication management / prescription
- 7% require further investigation (radiology / bloods)
- 3% require a GP review
- APPs delivered out around joint 800 injections over 2019/20, many of whom would have required Orthopaedic or GP referral
- Practices with APP referred 22% fewer people to orthopaedics and 8% fewer people to physiotherapy than practices without APP.

Urgent Care – Advanced Nurse Practitioners

Facilitating and sustaining the ANP workforce is a national challenge. Whilst we have approved a level of recruitment beyond that in the plan, it is highly likely that we will continue to have gaps in service as we move forwards. 8 practices in North and West Stirling still await initial ANP placement. Unfortunately, after 3 advertising attempts already this year, while some recruitment has taken place, applications have been insufficient to fill the remaining posts. Alternative support services to ANP are being considered. For example, recruitment of an Occupational Therapist to support Killearn Health Centre is planned for the autumn.

Care Home Liaison

While all planned resources (3.6wte) for Care Home Support are in place, it is recognised that cover remains inequitably distributed. The urgent care delivery group is considering how the limited resource can be more equitably distributed or supplemented. Clackmannanshire, for example, supplemented their allocation with a proportional contribution from each practice ANP allocation which has enabled a more sustainable model.

Primary Care Mental Health narrative can be found in the Mental Health section of this report.

Caring Connected Communities

“Work with unpaid carers to support them in their role. Work with the Third Sector to reduce isolation and loneliness of older adults. Expand the neighbourhood care model to other localities. Expand housing with care opportunities across all localities. “

Strategic Plan 2019-2022

Social Care Support for people in the community can be a range of services, some that are free such as personal care, or some care that may be charged such as other non-personal care, community alarm, or equipment. The table below shows the breakdown of provision.

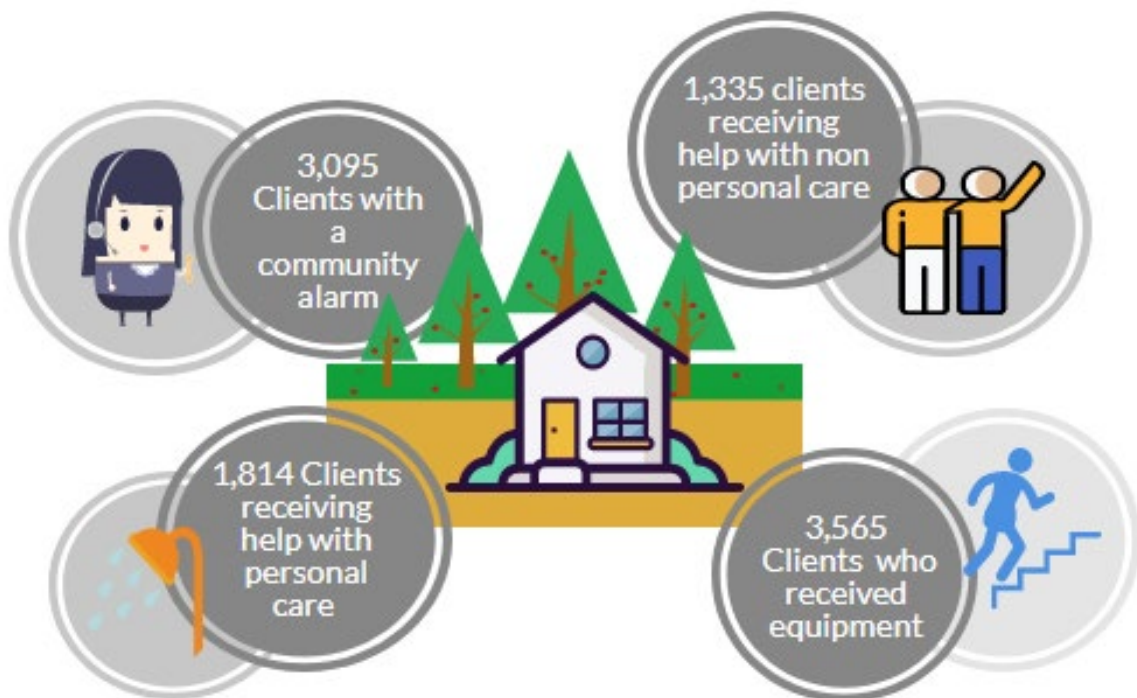
Quarter Snapshot 20/21	People with community alarm	People with equipment	People with personal care	People with non-personal care
1	3,095	3,565	1,814	1,335
2				
3				
4				

Source: HSCP Local Data

What is the difference in tasks between personal and non-personal care?

Personal Care examples = hygiene, mobility, health and wellbeing

Non-Personal examples = housework, shopping, assistance with daily living



A digital unit is being installed for all new service Technology enabled Care TEC users with basic button and box and/or smoke and heat. TEC staff have been trained and an "analogue to digital" HSCP team has been established to scope out the requirements. Issues sourcing digital equipment from suppliers to enable roll out plan across the localities.

Support is being refreshed across integrated teams and as part of the local social work review process. A lead position for this area is being recruited to.

Support more people at end of life

People with complex long-term conditions and palliative care needs are increasing, and they are given the choice of being supported in the place most appropriate to them when it comes to the end of their life.

Generalist services (such as social care at home, district nursing, etc) provide palliative and end of life care in the community and specialist input can be requested to manage symptoms and pain to support a person to die in their own home.

A Forth Valley wide strategic review of palliative and end of life care is underway and will conclude in 2021. This review will offer recommendations to further develop our model of care and ensure people with palliative and end of life care needs are supported.

District Nurses supported 89 patients in the community who chose to die at home over Quarter 1.

34 referrals to Adult Social Care for those in terminal illness care group over Quarter 1 2020-21

19 referrals assessed
21 people received a care package.

Learning Disabilities

Our commitment to improving outcomes reflects the national strategy, and our outcome focussed approach promotes person centred assessment and planning.

35 referrals to Adult Social Care for those in Learning Disability/Autism care group over Quarter 1, 2021-22

9 referrals were assessed

8 clients received a care package

Health and social care staff have been integrated to ensure a consistency of service, and this includes the re design of day services.

We know¹ that of those people known to Adult Social Care. 81%² are supported in their own or family home, and 15%³ live in long term care which can include care homes and supported accommodation.

¹ Based on 19/20 data

² Stirling (243) Clacks (170)

³ Stirling (44) clacks (31)

Unpaid Carers

The Carers Strategy Group has been reviewed and refreshed to take forward the implementation of the act and this will be undertaken in partnership with all partners; specifically, the carers centres. In addition, an operational focus across HSCP teams to support all staff to identify and offer assessment to carers is underway.

Falkirk and Clackmannanshire Carers Centre

The Carers Centre staff team continues to work from home providing individual and group support to carers as well as delivering a programme of Care With Confidence sessions online.

Clackmannanshire Carers Centre currently has 810 Carers registered and active.

2021/2022	Q1	Q2	Q3	Q4
No of new carers identified	31			
No of ACSPs offered/requested	32			
No of ACSPs completed	29			
No of carers accessing individual support	205			
No of Carers benefiting from short breaks grants for health and Wellbeing support ⁴	24			
Attendances at Care With Confidence Sessions	26			
No Carers Forum meetings	1			
Attendances at Forum meetings (carers)	4			
Attendances at Forum meetings (professionals)	5			
Number of Carers Groups facilitated	12			
Attendances at groups	74			

Source: Carers Centres Local Data

Stirling Carers Centre

The Carers Centre staff team continues to work from home providing individual and group support to carers.

Stirling Carers Centre currently has 1,977 adult Carers registered and active.

2020/21	Q1	Q2	Q3	Q4
New Carers Registered	89			
Adult carer support plans (ACSP's) offered / discussed with	113			
Adult carer support plans (ACSP's) completed	77			
Adult 1:1 appointments completed	161			
Welfare checks completed	656			
Emergency care plans offered	2			
Adult Carers contacting the Centre	579			

Source: Carers Centres Local Data

An ongoing review of the Carers' Strategy is underway as well as associated policy documents and current spend aligned to the Carers' Act (Scotland).

This refresh is being delivered through the multi-agency HSCP Carers Planning Group.

⁴ Health and wellbeing support offered by the carers centre includes for example holistic therapies, or carer grants sourced for gym memberships, etc.

Mental Health

“Improve outcomes for people using mental health services and reduce reliance on emergency care.”

Strategic Plan 2019-2022

Primary Care Mental Health

Primary care is the first point of contact with the NHS. This includes contact with community based services provided by general practitioners (GPs), community nurses, dentists, dental nurses, optometrists, dispensing opticians, pharmacists, and Allied Health Professionals (AHPs) such as podiatrists and physiotherapists.

All practices now have a Primary Care Mental Health Nursing (PCMHN) service. The mental health team are now offering around 500 weekly appointments across Clackmannanshire and Stirling. The team have conducted three cycles of positive evaluation over the last three years. Of note we have a clear picture of the people who access the mental health service in primary care:

- Approximately two thirds of consultations are for people aged 18-44
- Approximately two thirds of consultations are with females.

The service is redirecting consultations which would otherwise be with a GP:

- 80% of people consult with a mental health nurse at their first consultation
- 96% of new consultations were appropriate for the service
- Less than 3% of people required to go on to see a Doctor

The format of consultation has changed considerably over the course of the pandemic: In the last year consultations moved from 30% by telephone to 95% by telephone (2% by near me).

- The primary reasons for seeking medical support are known to be: anxiety, low mood and stress
- The primary outcome from consultation was self management support
- In the latest evaluation 4% of patients were referred to third sector services
- 10% of consultations involved nurse prescribing and 38% involved medications review or management in some form.

Clacks and Stirling HSCP have also commissioned some video stories recently aligned with mental health awareness week and partnership priorities. A positive patient story and short companion video about the mental health primary care model can be found here:

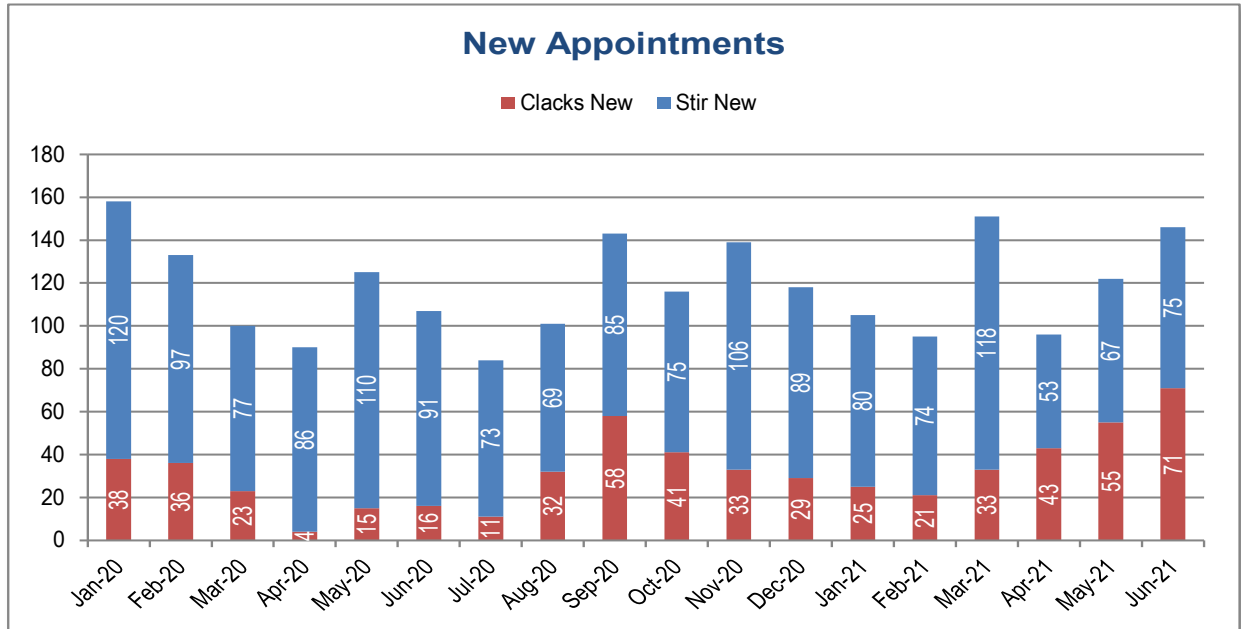
- [Service Use Experience Video Link](#)
- [Service Perspective Video Link](#)

Community Support – Outpatients

Patients who require the medical opinion of a specialist clinician may be referred to an outpatient clinic for treatment or investigation. Outpatients are not admitted to a hospital and do not use a hospital bed.

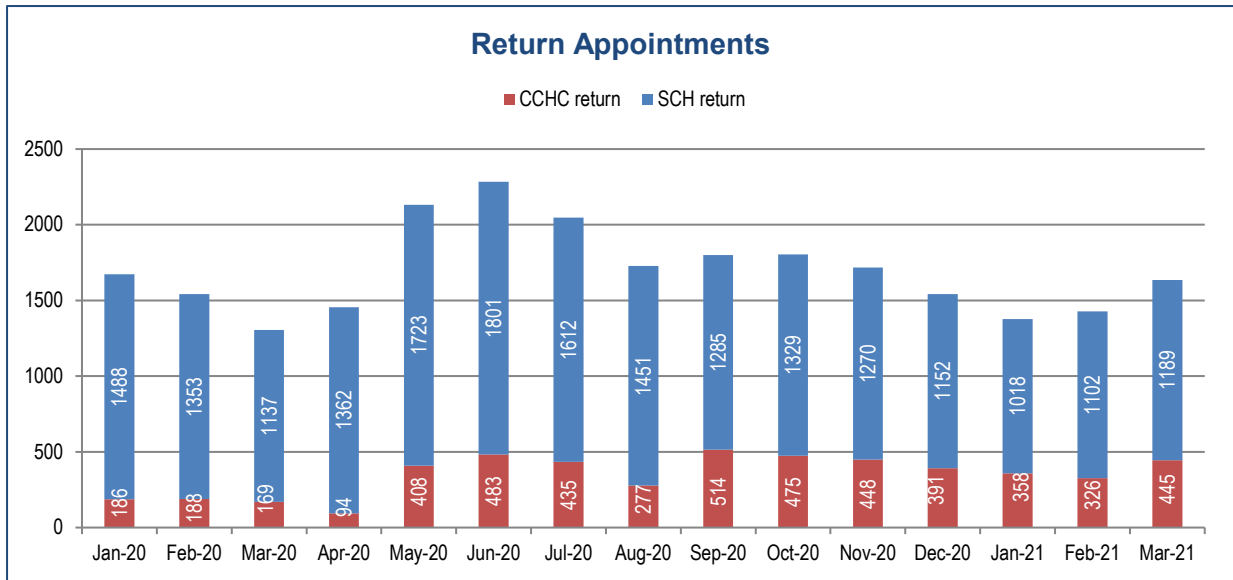
Community Mental Health Teams (CMHTs) support people with severe and enduring mental health in the community, they see new referrals and people with return appointments.

Quarter	New Appointments		Return Appointments	
	Clacks	Stir	Clacks	Stir
Q1 21/22	58	195		
Q2 21/22				
Q3 21/22				
Q4 21/22				



Source: NHS Forth Valley Local Data

The chart above shows a growing rise in demand especially within the Clackmannanshire locality.



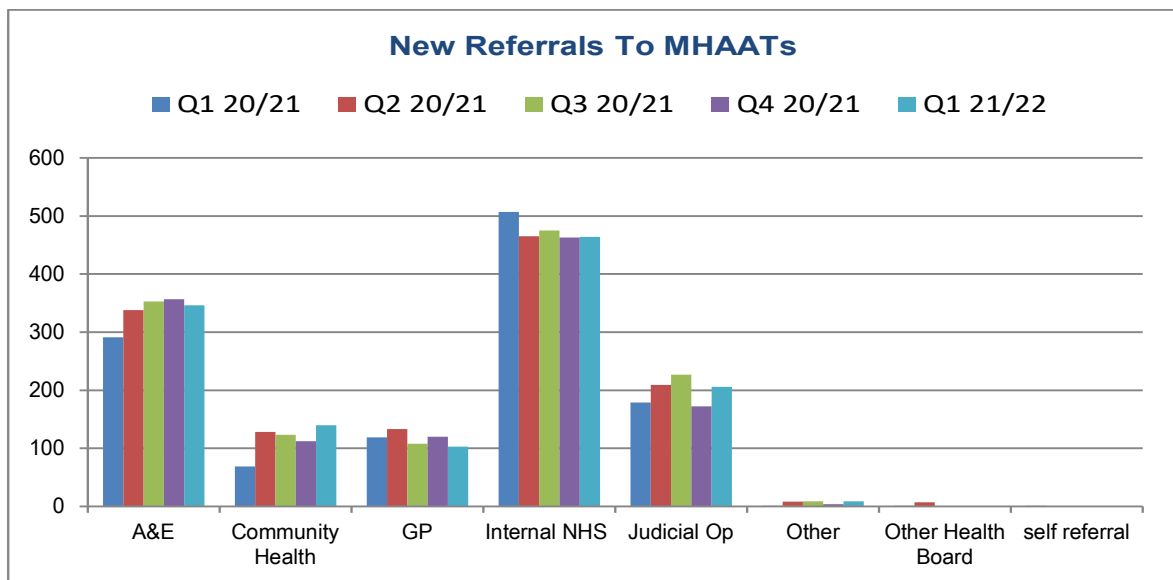
Source: NHS Forth Valley Local Data
 Awaiting data update.

Acute Support

Acute hospital care includes activity occurring in major teaching hospitals, district general hospitals and community hospitals. It includes services such as consultation with specialist clinicians; emergency treatment; routine, complex and life saving surgery; specialist diagnostic procedures; close observation; and short-term care of patients.

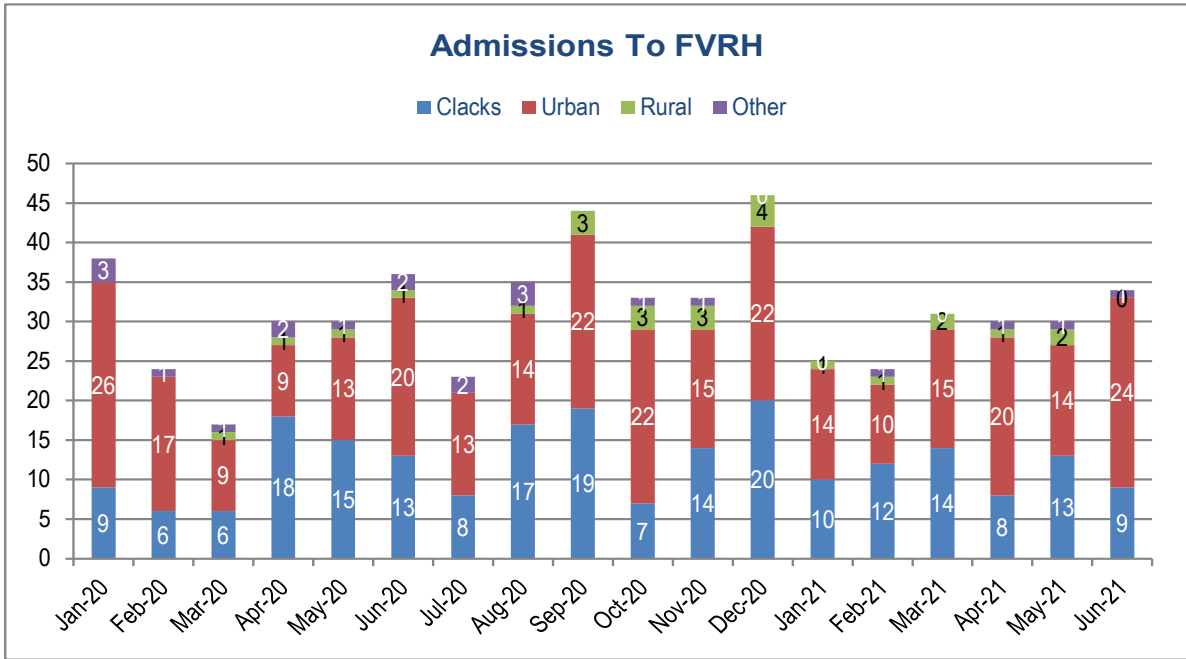
The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

The number of referrals rose from 1228 in Q4 20/21 to 1268 in Q1 21/22.



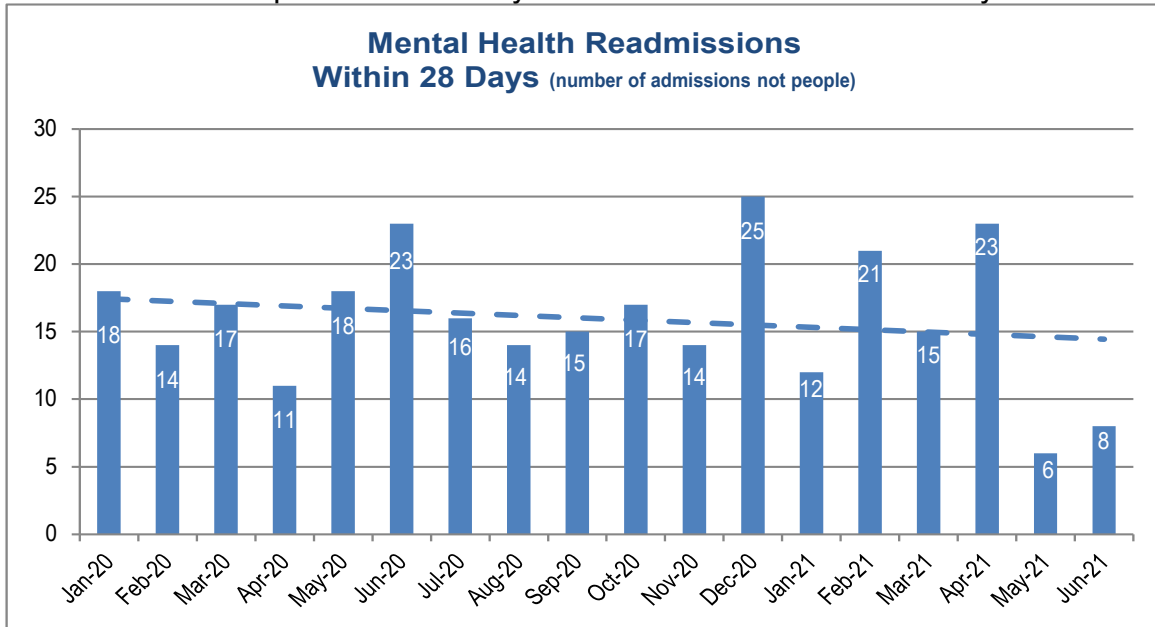
Source: NHS Forth Valley Local Data

Admissions to Forth Valley Royal Hospital (FVRH) from the Clackmannanshire & Stirling area to the Mental Health wards were higher than the previous quarter.



Source: NHS Forth Valley Local Data

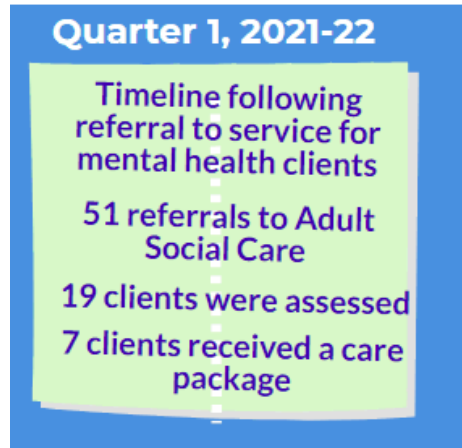
Readmission to hospital within 28 days was lower than the rest of the year.



Source: NHS Forth Valley Local Data

Social Care

19% of people with mental health problems who were referred in Quarter 1, went on to receive a care package that provided them with practical support and personal/non-personal care.



Supporting People With Dementia

“Progress the redesign of services in order to provide support to people with a diagnosis of dementia in a multi-professional way which meets the individual needs of the person and their carers. Spread dementia friendly community work to all areas within the HSCP with the Third Sector.”
HSCP Strategic Plan 2019 - 2022

Every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of Post Diagnostic Support (PDS) from a named person who will work alongside the person and those close to them. The Scottish Government published a national action plan which explains how the Scottish Government is working with others during the COVID-19 pandemic.

Forth Valley has a Dementia Nurse Consultant; Liaison psychiatry for older people, a Dementia Outreach Team (DOT); along with a number of Dementia Champions.

The HSCP has taken the lead for the delivery of Dementia Friendly Communities within Clackmannanshire and Stirling, working closely with partners and local stakeholders.

It is estimated¹ that within Forth Valley 1,022 people were newly diagnosed with Dementia in 18/19 and just under half of those will go on to be referred for PDS. Within our Partnership 201 people were referred.

71 referrals to Adult Social Care for those in Dementia care group over Quarter 1, 2021-22

20 referrals were assessed

27 clients received a care package

Source: Social Care Local Data

Community health and social care services work alongside partners, to ensure clients with dementia and their unpaid carers are supported to remain living at home and with their family for as long as possible.

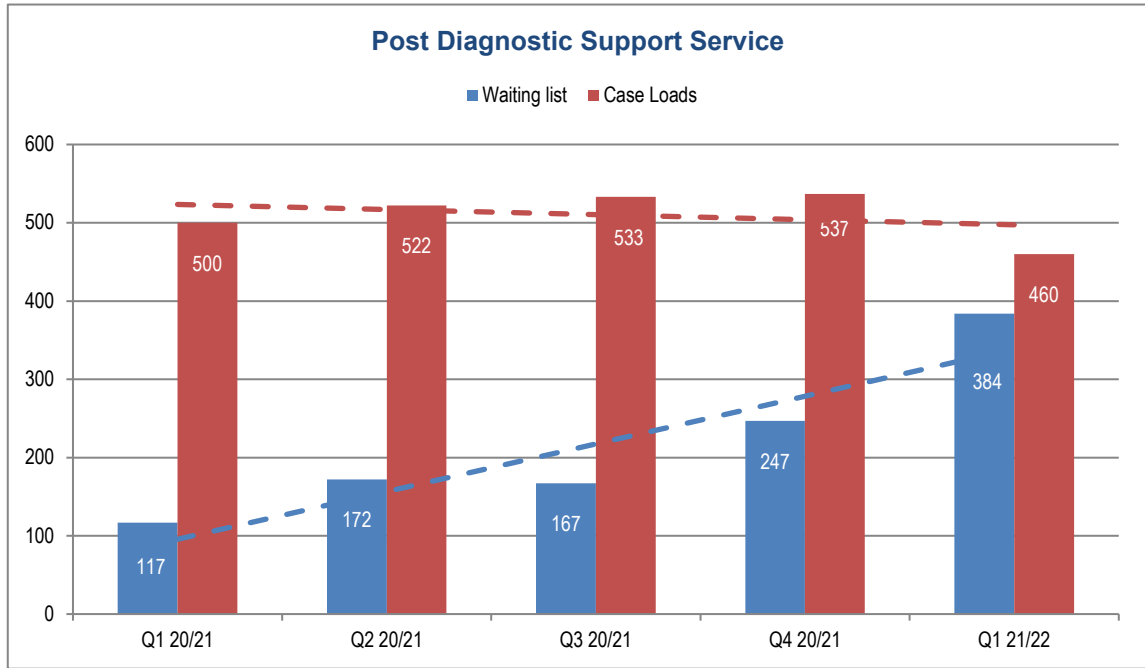
Previous analysis of one quarter's social care data showed that referrals (those that had not been assessed in the quarter):

- 8% had actually received a care package in the quarter in advance of an assessment still to be done
- 19% of referrals not yet assessed were either allocated or pending and would be completed in the next quarter
- 9% were closed

A priority system operates within Social Care which means that the most urgent referral is dealt with quicker.

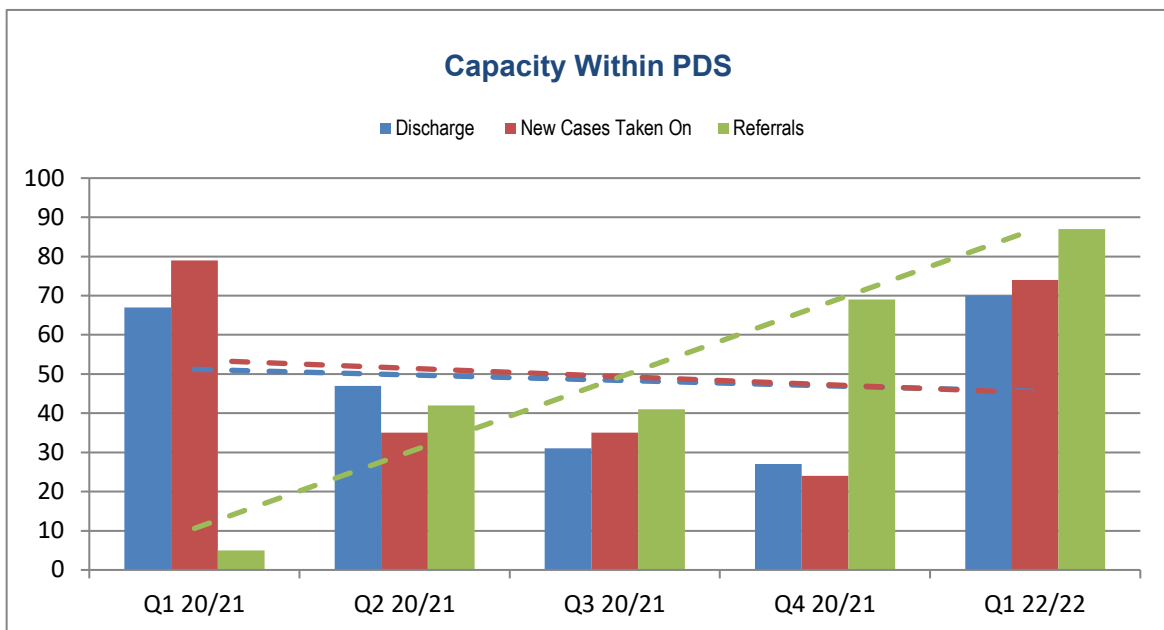
Post Diagnostic Support (PDS) Service

The chart below illustrates the waiting list for Post Diagnostic Support, and current caseload. It shows a growing rise in the waiting list for clients in the last quarter and a reduction in case loads for Q1.



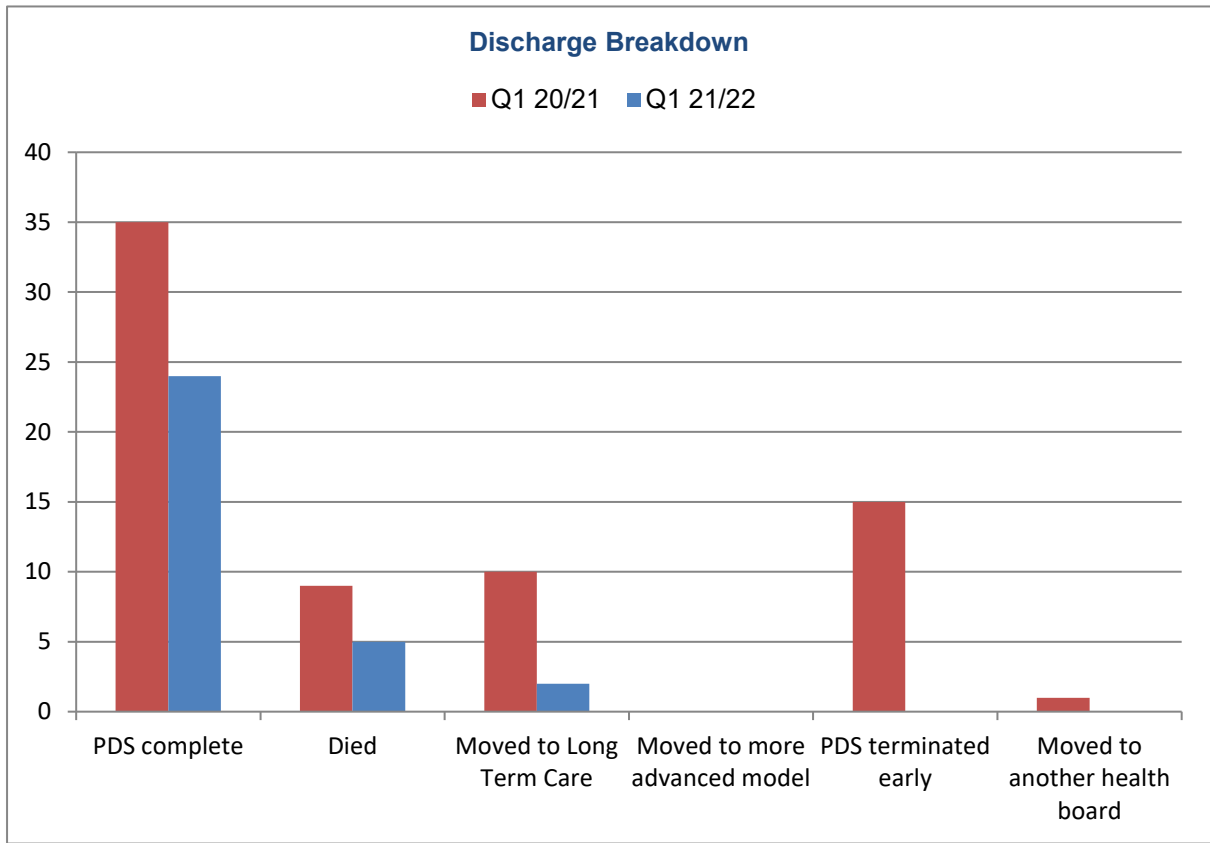
Source: Local Data

The graph below reflects work over the pandemic, as demand builds, with referrals rising where people are more comfortable in resuming a move towards a more normal life now that many in this client group are now double vaccinated.



Source: Local Data

The charts below break down the reasons for discharge from the Post Diagnostic Service. With considerable less activity that the same time last year.



Source: Local Data

Alcohol & Drugs

“Work jointly with the Clackmannanshire and Stirling ADP to deliver outcomes for our community and relieve the burden of alcohol and drugs related harm, together, across the partnership.”

The Clackmannanshire & Stirling Alcohol and Drug Partnership’s (ADP) has the responsibility for developing a local substance misuse strategy, that ensures the provision of the appropriate range of treatment options required to promote the recovery of those affected by substance use problems at point of need.⁵

The ADP’s aim to:

- decrease alcohol and drug related problems and use in the Clackmannanshire and Stirling areas;
- improve the lives of those harmed by substance use (including children and young people);
- promote individuals into a healthier and more sustainable lifestyle

Services provide support and care to enable those in this group to remain at home or a homely setting.

Covid Update

All FV services who provide support for those affected by substance use are resuming normal service in an incremental fashion. They are doing so by slowly easing restrictions, whilst adhering to guidance on social distancing as required.

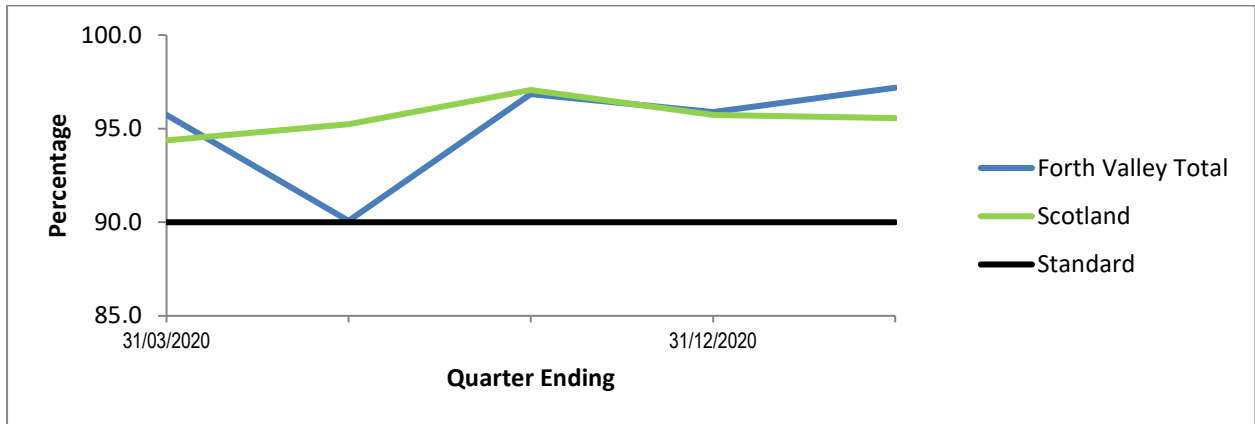
Waiting Times

The Scottish Government set a target that 90% of people referred with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. This was previously a national HEAT target, and has now become a Local Delivery Plan (LDP) standard.

Please note that due to ongoing data variations in terms of how waits are recorded, Health Board level reporting is the best way of reporting this performance. Quarter 1 data is not due for publication yet.

⁵ <https://forthvalleyadp.org.uk/>

Clients Waiting 3 Weeks Or Less

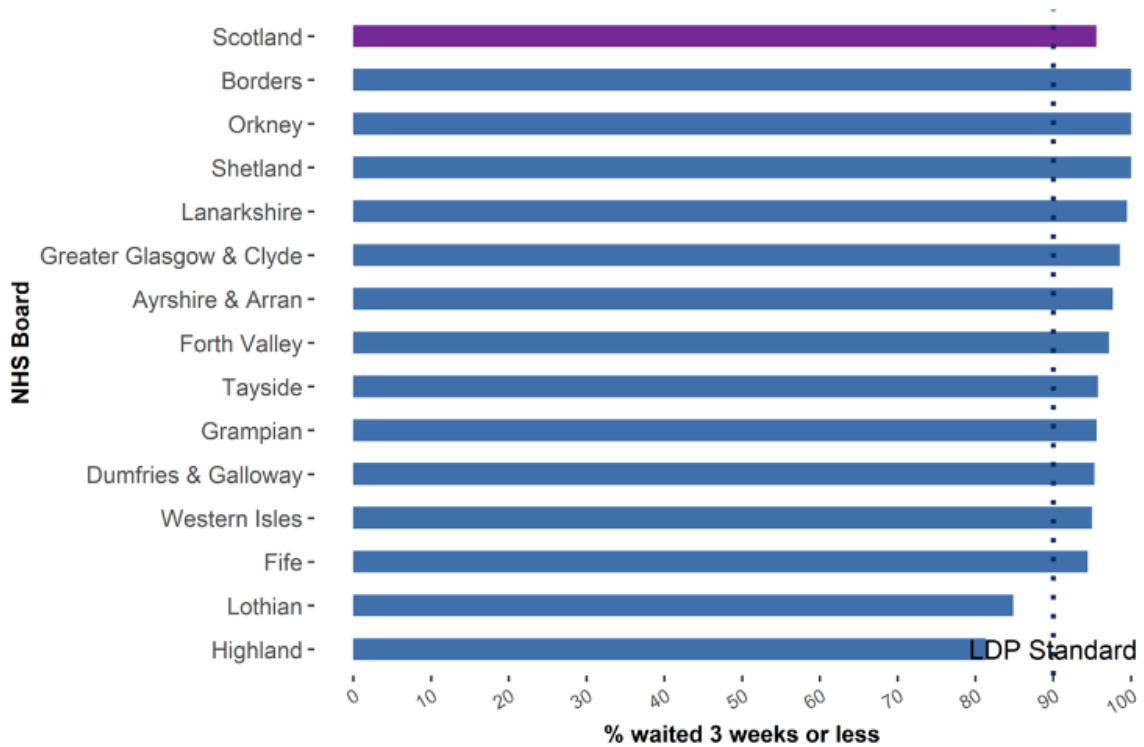


Source: National Data PHS⁶

The Q1 20/21 drop in performance in the chart above, covers the period of the first lockdown, where many staff were temporarily redeployed from the substance treatment services to the Mental Health wards to reduce clinical risk. The Q1 21/22 shows a rising trend above Scottish average and well above the national standard.

Most recent published Drug and Alcohol treatment data.

People Starting Drug and Alcohol treatment in Scotland during 1 January - 31 March 2021: Percentage waited 3 weeks or less, by NHS Board



Source: National Data

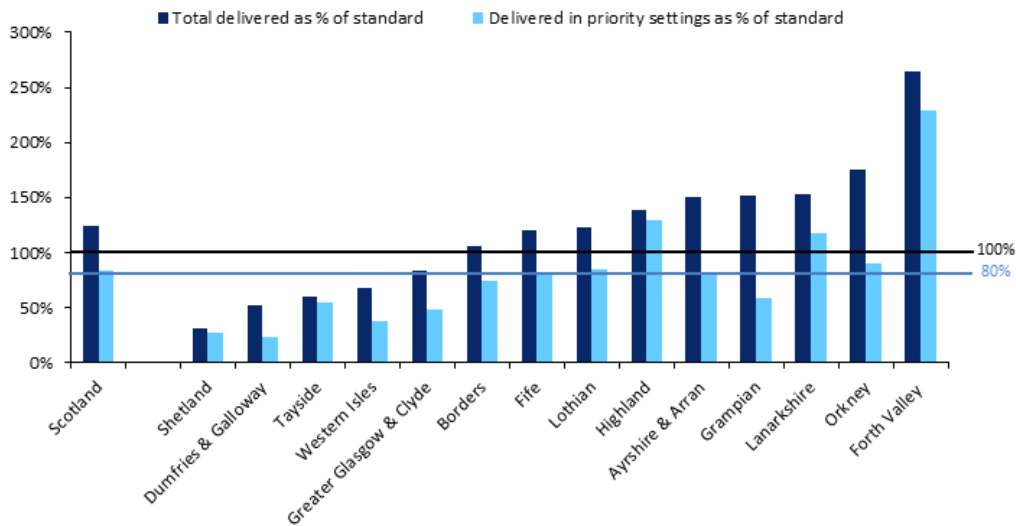
⁶ <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/national-drug-and-alcohol-treatment-waiting-times/>

The chart above shows Quarter 4 (20/21) with performance above the national target for both alcohol and drug services. Data for Quarter 1 (21/22) is not yet available but will be reported in the next Performance Report.

Alcohol Brief Intervention (ABI)

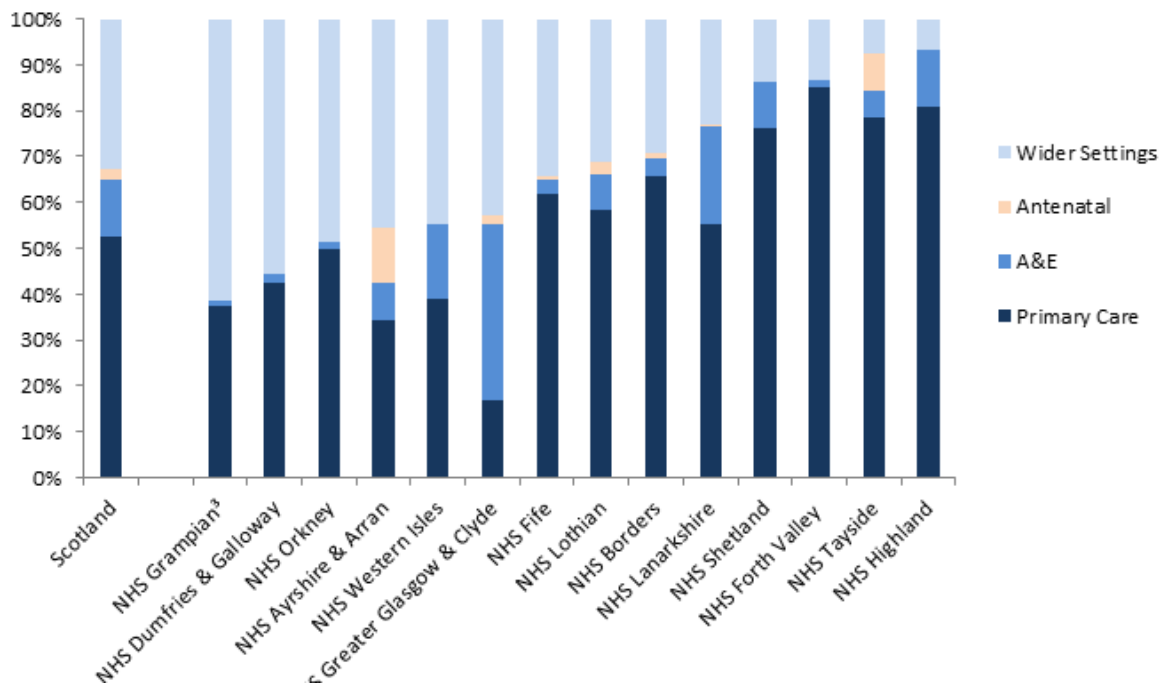
2020/2021 data is yet to be published. The last official ABI publication was 19/20 data and 3 graphs have been included to give some perspective around this topic.

ABIs delivered against LDP standard, by NHS board; financial year 2019/20
Total delivered and delivered in priority settings; as % of standard



Source: National Data ISD

Percentage of ABIs delivered within each setting; by NHS Board
Financial year 2019/20



Source: National Data ISD

Forth Valley Recovery Community

Group activities

Between 1st April and 30th June 2021, there were 260 facilitated group sessions. 195 online group sessions and 65 face-to-face cafés (average 20 sessions per week). These sessions were attended by 789 community members from the Partnership area.

Quarter	Clackmannanshire		Stirling	
	Male	Female	Male	Female
Q1	241	235	142	171
Q2				
Q3				
Q4				

Recovery Cafes

During this reporting period we have resumed/started the following face-to-face cafés:

- Recovery café in Alloa. Resumed 10 May 2021
- Women's recovery café in Stirling. Resumed on 11 May 2021
- Recovery mini-café at ASC office Falkirk. Resumed 15 May 2021
- Recovery drop-in/mini-café in Denny. Resumed 9 June 2021
- Recovery drop-in/mini-café in Tamfourhill. Started on 14 June 2021
- Recovery café in Grangemouth. Resumed on 14 June 2021
- Recovery drop-in/mini-café in Alva. Resumed on 1 July 2021

Recovery Ramble walks

The Recovery Ramble walks continues to be a very popular activity which safely allows community members to reconnect physically while maintaining social distancing. These walks contribute to improving the physical and mental health wellbeing of community members. During the reporting period we held 45 Recovery Ramble walks across Forth Valley with 437 participants attending these walks on a regular basis. (Average of 10 participants per walk).

Individual Support Sessions

Within the period 34 individuals were supported from the Partnership by the Recovery Development Team:

	Clackmannanshire				Stirling			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individuals supported	13				21			

Drop in Peer support

In addition to the conventional recovery cafés we resumed the following peer support activities

- Peer support sessions at the Salvation Army in Falkirk
- Peer support sessions with the Hospital Addiction Team at the FV Royal Hospital in Larbert.

Employment/Education/Volunteering (across Forth Valley)

During the reporting period 12 members of the community progressed into employment, further education and training.

- **One** member of the community was successful in acquiring full time employment as a full time chef within the hospitality sector.
- **Three** members of the community started part time employment with ASC as Assistant Recovery Development Workers within the FVRC team.
- **Five** members of the community completed their Recovery Volunteer training with The Forth Valley Recovery Community.
- **Three** members of the community graduated from the Go Forth – Forth Valley college course with 5 accredited units of SQA level IV enabling them to progress into HNC/HND or Access to degree courses.

Social Care

11 referrals to Adult Social Care
for those in Alcohol or Drugs
care group over Quarter 1,
2021-22



4 referrals were assessed


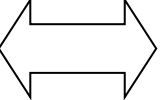
1 client received a care package


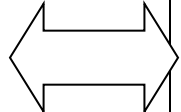
Source: Social Carer Local Data

CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 14 June 2021
Exceptions Only

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes	Risk Direction
HSCP 001	Financial Resilience (This risk relates to financial and operational stability, and commissioning. It includes the sustainable capacity across all sectors, and co-location and/or sharing of teams and assets).	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently'</p> <p>2. Local Outcome 'Decision Making'</p>	Current (4)	Current (4)	Current (16) High	Chief Officer / Chief Finance Officer	<p>Need to consider how phased delegation to Chief Officer and possible future co-ordinated services impacts development of integrated financial reporting and financial risk.</p> <p>Likely to be significant financial challenges in medium term.</p>	
Risk Reduction Action	<ol style="list-style-type: none"> 1. Establishment of revised programme management arrangements including structure to monitor transforming care programme including savings delivery. (Complete) 2. Review and continual assessment of deliverability of efficiency and redesign programmes and alignment to Strategic Plan Priorities (Ongoing) 3. Approval of and periodic monitoring/updating of medium term financial plan to complement and support delivery planning to implement Strategic Plan. (March 21 - Six Monthly) 4. Development of further financially sustainable service options aligned to Strategic Priorities and Transformation Themes consideration by IJB. (March 21 and ongoing) 5. Agreed process for agreement and payment of contract rates including uplifts. (Annually) 6. Identify and mitigate as far a possible the financial risk associated legislative changes including the Carers Act and Free Personal Care for <65s (Annually as part of revenue budget) 7. Develop planning and shared accountability arrangements for Unscheduled Care and the 'set aside' budget for large hospital services. (September 2021) 8. Review of Governance Framework including Scheme of Delegation, Financial Regulations and Reserves Policy and Strategy as part of prudent financial planning and management arrangements. (Reserves – March/June 21, Scheme of Delegation planned during 2021 or post Integration Scheme Review) 9. Review and agree relationship with Alcohol and Drugs partnership including financial plan and impact on outcomes. (Relationship agreed Financial Plan September 2021) 10. Development of alignment of investment to Strategic Commissioning Plan priorities and consideration of future disinvestment options (Ongoing) 11. Horizon Scanning arrangements internally and externally including use of economic outlook information (Ongoing & updates via Finance Reports) 12. Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Senior Leadership Management Team, development of Financial Reporting Improvement Plan (Reporting Ongoing – Improvement Plan September 2021) 13. Ongoing monitoring of demand trends and relationship between investment and key performance indicators including Delays to Discharge, Early Intervention and Prevention Etc. Modelling additional potential future demand impact of COVID. (Ongoing) 14. Ensuring Role and Function of Finance & Performance Committee is discharged to give assurance to IJB. (Annually – planned August 21) 15. Preparation and submission to Scottish Government of regular LMP (Local Mobilisation Plan) COVID19 costs returns. (In place and quarterly returns in 2021/22) 16. Assessment of financial impact of COVID19 on current and future years including Transformation Programme and additional demands. (Ongoing linked to periodic refresh of MTFP) 18. Use of Benchmarking including Investment Levels from Constituent Authorities and Early Intervention and Prevention where and when possible. (Ongoing) 19. Operational Grip and Control Meetings and Enhanced Accountability Framework for Senior Managers (in place subject to ongoing development) 20. Implement Pan FV Budget Monitoring Arrangements (In place) 							

<p>HSC 003</p>	<p>Sustainability of Partnership (The unique three way Health & Social Care Partnership fails to further develop due to differing priorities and requirements).</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently'.</p>	<p>Current (4) Target (1)</p>	<p>Current (4) Target (3)</p>	<p>Current (16) High Target (3) Low</p>	<p>Chief Officer & Chief Executives</p>		
<p>Risk Reduction Action</p>	<ol style="list-style-type: none"> 1. Establish, implement and periodically review Governance Framework (annually linked to Annual Governance Statement) 2. Regular Meetings of Chief Officer and Chief Executives.(ongoing) 3. Pre Agenda and use of briefings / seminars where appropriate (e.g. budget, IRASC , unscheduled care) (ongoing) 4. Review of Governance and committee arrangements including reviews of committee structure (annually) 5. Board Development Programme. (annually) 6. Ongoing Staff Engagement Programme (September 21) 7. Review of Integration Scheme (in progress) 8. Review and development of management and professional structures. (in place subject to ongoing development) 9. Investment in Enhanced Structures including Heads of Service posts. (in place and ongoing) 10. Development of Assurance Frameworks (ongoing informed by Internal Audit review) 11. Frontline Social Care Review and implementation plan. (ongoing) 12. Continue to seek to have positive influence of competing organisational demands and resource priorities of constituent bodies. (ongoing linked to standing committees and panels) 13. Ensure Chief Officer and IJB have single overview of integration functions and services through performance and financial reporting. (development ongoing including link to pan-FV Finance meetings) 14. Development of operational service plans and a single overarching service plan (December 21) 15. Align HSCP transformation plan with partners corporate plans (complete) 16. Continue to work with NHS Chief Executive to complete transfer of operational services and ensure compliance with Public Bodies Act. (ongoing) 							
<p>HSC 007</p>	<p>Information Management and Governance (This risk relates to Information Management and Governance, and the risk of increased demand for relevant areas of provision covering Health & social Care combined. It includes the lack of resources which are fit for purpose, capacity and capability of staff, as well as records and data management processes. It also covers Information and Communication Technology systems, infrastructure, data protection and data sharing).</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (3)</p>	<p>Current (16) High Target (9) Medium</p>	<p>Chair of Data Sharing Partnership / Heads of Service</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information.</p>	
<p>Risk Reduction Action</p>	<ol style="list-style-type: none"> 1. Ensure and participate in refresh of data sharing governance arrangements including annual assurance report to IJB (October 21) 2. Further Development of Cross ICT system working capabilities across constituent authorities (ongoing) 3. GDPR arrangements. (in place) 4. Participate as key customer in procurement of replacement Adult Social Care information systems. (in place) 6. Take cognisance of systems issues from Frontline Social Care Review (ongoing) 							

<p>HSC 008</p>	<p>Information sharing process and practice (This relates to the risk of a lack of a structured common information provision across council social work areas and NHS, which is monitored, evaluated and managed operationally within integrated functions of the Clackmannanshire and Stirling Health and Social Care Partnership).</p>	<p>1. National Core Outcome 'Resources are Used Effectively & Efficiently' 2. Local Outcome 'Decision Making'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (4)</p>	<p>Current (16) High Target (12) Medium</p>	<p>Chair of Data Sharing Partnership / Head of Service (SP&HI)</p>	<p>This risk relates to Information Management and Governance. Including the difference between anonymised information, identifiable information, and performance information. Risk re-assessed and considered higher than previously scored.</p>	
<p>Risk Reduction Action</p> <ol style="list-style-type: none"> 1. Building sufficient capacity and capabilities to carry out analytical functions for partnership in the long term including use of LIST Analysts (ongoing) 2. Appropriate Information Sharing Agreements are in place and reviewed timeously (Annually) 3. Develop use of SOURCE system to inform planning and benchmarking. (ongoing) 4. Explore use of Systems Dynamics Modelling (via LIST support) (ongoing) 5. Memorandum of Understanding being progressed through constituent authorities which will allow LIST team easier access to appropriate information systems (in place) 6. Analytical Workplan (in place subject to annual review) 7. Ensure data sharing agreements are reviewed and refreshed periodically. (annually) 								
<p>HSC 012</p>	<p>Health and Social Care workforce demographic / resilience of service. This risk relates to the sustainability workforce due to challenges of demographics and recruitment/retention. Covid is assumed to increase this risk.</p>	<p>Health and Social Care Outcomes</p> <ul style="list-style-type: none"> • People can live well at home for as long as possible • People are safe and live well for longer • People are satisfied with the care they get 	<p>Current (4) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>(16) High Target (6) Low</p>	<p>Head of Services, CH&I and Professional Leads</p>	<p>HSCP OD advisor now started (March 21)</p>	
<ol style="list-style-type: none"> 1. Proactively implement transformation programme working in partnership with staff side. (ongoing) 2. Review models of working and optimise opportunities of integration.(ongoing) 3. Proactive recruitment including opportunities for new roles (ongoing) 4. Explore opportunities with staff to optimise retention. Flexible working, training, education. (ongoing) 5. Consider organisational change opportunities to build workforce capacity. (ongoing) 6. Ensure staff welfare and development are clear priorities with action plans.(ongoing) 7. Work with partners to promote Clackmannanshire and Stirling as a positive area to work and live. (ongoing) 								

<p>HSC 014 (added 26 May 2019)</p>	<p>Ability to Deliver Primary Care Improvement Plan including tripartite agreement within additional resources provided by Scottish Government</p>	<p>1. National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (3)</p>	<p>16 High 9 Medium</p>	<p>Chief Officer / Chief Finance Officer / Programme Manager</p>	<p>Tripartite statement presented to June 20 IJB. PCIP allocation letter received and in line with expectations but leaves significant recurrent financial gap.</p>	
<p>Risk Reduction Action</p>	<ol style="list-style-type: none"> 1. Continue to work collaboratively with NHS Board and LMC reps via Programme Board (ongoing) 2. Continue to explore options to maximise impact from available investment (ongoing) 3. Ensure reporting to Scottish Government reflects risk in ability to meet policy objectives and tripartite agreement (in place) 4. Continue to discuss (as part of tripartite) and work with government colleagues to understand deliverability of Memorandum of Understanding (ongoing) 5. Continue to inform Scottish Government of risk via periodic reporting on PCIP and via various national networks (Ongoing) 							
<p>HSC 015 (added 21 Feb 2020)</p>	<p>GP Sustainability: Risk that general practice will not be able to sustain the delivery of general medical services to the population</p>	<p>1. National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'</p>	<p>Current (4) Target (3)</p>	<p>Current (4) Target (3)</p>	<p>16 High 9 Medium</p>	<p>Associate Medical Director Primary Care / GP Clinical Leads / Chief Officer/ NHS Chief Exec</p>	<p>Plan is delivered on pan Forth Valley basis with NHS FV Chief Exec chairing Programme Board</p>	
<ol style="list-style-type: none"> 1. PCIP Tripartite Statement (in place) GP Sustainability Group in Place including Horizon Scanning and Linkage to PCIP (in place) 2. 2C practice arrangements. (in place) 3. Recruitment drives (ongoing) 4. Promotion of Clacks and Stirling as positive place to live and work. (ongoing) 5. GP Premises Improvement Plans (in place) 6. PCIP Tripartite Statement (in place) 								

HSCP Balanced Scorecard Clackmannanshire

Performance for Clackmannanshire Locality

Th Outcome 1 Self Management
 People are able to look after and improve their own health and wellbeing and live in good health for long

Pls 1 0 2 0 3

Th Outcome 3 Positive Experience
 People who use health and social care services have positive experiences of those services, and have their dignity respected

Pls 5 0 3 1 7

Th Outcome 7 Safe
 People using health and social care services are safe from harm

Pls 0 1 0 0 10

Th Outcome 4 Centred on Improvement
 Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services

Pls 4 0 3 0 1

Th Outcome 8 workforce
 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Pls 4 2 1 0 8

Th Outcome 2 Live Independently

Pls 5 0 3 0 8

Th Outcome 6 Unpaid Carers
 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being

Pls 1 0 0 0 4

Th Outcome 9 Resources
 Resources are used effectively and efficiently in the provision of health and social care services

Pls 3 0 4



Outcomes For People

Service Delivery

Alertx

Warningx

OKx

Unknownx

Data Onlyx

HSCP Exceptions Clackmannanshire 2021-22

Generated on: 28 July 2021



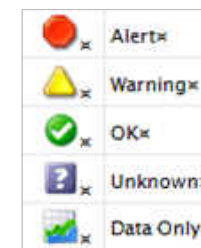
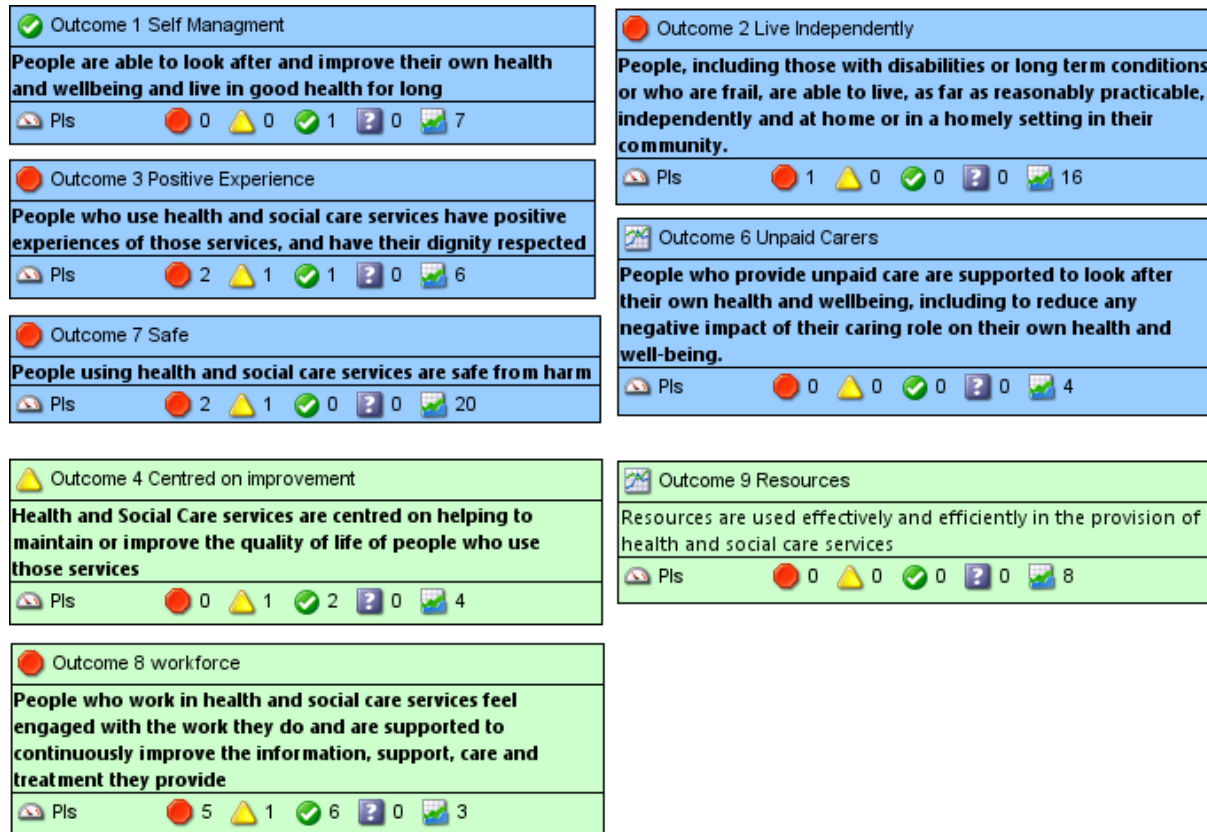
PI Code	Description	April 2021		May 2021		June 2021		2021/22	Latest Note
		Value	Status	Value	Status	Value	Status	Target	
ADC ADA 008	Standard delayed patients waiting in hospital for more than 2 weeks for discharge to appropriate settings	0		1		3		0	1 waiting on move to care home, 1 waiting on POC. 1 waiting on rehousing
ADC ADA 01pb	% of clients with increased care hours at end of local authority reablement services. Clackmannanshire	50.0%		35.3%		23.1%			June: all 3 service users did not have Reablement potential due to medical condition and / or reduced mobility. All required ongoing assistance with personal care to allow them to be safe within their own homes.
ADC ADA 008b	Number of Clackmannanshire people waiting for discharge to appropriate settings for standard and code 9. Quarter and annual figure are an average.	8		7		10			6 standard delays 4 code 9s. Of the standard delays: 2 were waiting on move to care home, 2 waiting on packages of care, 2 awaiting rehousing.
ADC CUS 01b	Number of stage 2 complaints received in period for Adult Social Care that were upheld or partially upheld	0		0		1		0	Conduct complaint in MH/LD team.
ADC CUS 06b	Adult stage 1 complaint upheld/partially upheld for Clackmannanshire locality of HSCP.	1		1		1			Complaint Upheld due to failure to undertake assessment and provide resource within a reasonable timescale. Assessment & Care Management Team.
ADC CUS 11b	Adult complaint, stage 2 received in period for Clackmannanshire locality of HSCP.	0		0		1			

Agenda Item 10.1 - Appendix 2

ADC ADA 019b	Number of Adult Protection dip sample audits completed within Clackmannanshire locality	33.33%							Apr: 1 out of a possible 3 completed
ADC ADA 019c	% of Adult Protection dip sample audits completed within Clackmannanshire LD/MH	50%							Apr: 1 out of a possible 2 completed
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services	17.6%		18.0%		15.2%		100.0%	
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	18.2%		0.0%		0.0%		39.0%	
ABS.01. WCD.C CHDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nursing	3%		9%		13%		Not measured for Years	
ABS.01. MED.C CH1	This indicator pertains to the % of hours lost through sickness each month - CCHC Ward 1	8.15%		6.89%		8.84%		4%	
ABS.01. MED.C CH2	This indicator pertains to the % of hours lost through sickness each month - CCHC ward 2	1.78%		6.87%		10.25%		4%	
ADC SAB 007	% absence for HSCP reablement and mecs for Clackmannanshire locality.	8.73%		13.27%		11.83%		7%	This is due to staff on long-term sickness absence. All have been referred to Occupational Health Also staff self-isolating due to contact with covid positive people

HSCP Balanced Scorecard Stirling

Performance for Stirling Localities



HSCP Exceptions Stirling 2021-22

Generated on: 28 July 2021



PI Code	Description	April 2021		May 2021		June 2021		2021/22	Latest Note
		Value	Status	Value	Status	Value	Status	Target	
SS_CC_NHS_03	This indicator reports the number of delayed hospital discharges and sets a target of zero for those delayed over the standard 2week planning period.	1		5		6			June: 1 assessment ongoing, 5 awaiting move to a care home
IJB.05.stir_ASP3	% of Adult Protection dip sample audits completed within Adult Health and Social Care LD/MH/Hospital Discharge Team Managers	0%		0%					Internal audits currently paused
IJB.05.stir_ASP4	% of Adult Protection dip sample audits completed within Adult Health and Social Care Locality Team Manager	25%		0%					Internal TM audits currently paused
ABS.01.CSD.CCHCM	This indicator pertains to the % of hours lost through SICK LEAVE each month	8%		10%		14%		Not measured for Years	
ABS.01.CSD.CTAC	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. Community Treatment and Care Nurse	18%		15%		9%		Not measured for Years	
ABS.01.SC.BCSSC	This indicator pertains to the % of hours lost through SICK LEAVE each month - Bellfield Castle Suite	42%		43%		39%		Not measured for Years	
ABS.01.WCD.BCFDN	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. District Nurse	0%		11%		12%		Not measured for Years	
HR025.02	This indicator reports the equivalent annual number of days lost due to sickness absence per full time equivalent employee. The figure is an annualised figure, where the monthly figure is multiplied by 12. The monthly values displayed against the bars on	20.59		22.51		23.57			

	the graph relate to the current reporting year.								
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Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 12.1

Urgent Decision Making

For Approval

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

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

Purpose of Report:	To seek Board approval to extend the urgent decision making authority, which was delegated to the Chief Officer and Chief Finance Officer by the Board until 24 November 2021.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Approve the extension of delegated authority to take such urgent measures or decisions as are required to: <ol style="list-style-type: none"> a. The Chief Officer (or the Chief Finance Officer or their substitutes) b. for the period up until at least 24 November 2021 c. and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power. 2) Note work to review and update the IJBs extant Scheme of Delegation will commence in the coming period and a revised Scheme of Delegation or a progress update will be brought to the next IJB meeting.
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1. Background

- 1.1. This paper seeks to extend the period of time for the additional decision making capacity delegation by the IJB to the Chief Officer to 24 November 2021.
- 1.2. This delegated authority has been used to date in order to allow the Clackmannanshire and Stirling Health and Social Care Partnership to respond quickly to the current coronavirus pandemic. Details of the decisions taken under this delegated authority are reported to the Board elsewhere on this agenda.
- 1.3. The IJB agreed its extant Scheme of Delegation on 30 March 2016 before various stages of delegation of responsibility for operational service delivery. The Scheme of Delegation now needs reviewed and updated to reflect the

current operating environment and ensure it is fit for purpose. This review is now being commenced.

2. Considerations

2.1. At its meeting in March 2020 the Board granted delegated authority to the Chief Officer and Chief Finance Officer, in consultation with the Chair and with partners, to take urgent measures or decisions in connection with the Coronavirus pandemic. Since then, the Board has continued to grant extensions to this authority until 22 September 2021.

2.2. As indicated previously the Board operates a scheme of delegation which provides authority for the Chief Officer to make some decisions without formal Board approval. The extension to the period of delegated authority will allow the Chief Officer to continue to take decisions which would otherwise have been reserved to the Board in order to address urgent challenges and to ensure that the Health and Social Care Partnership can respond timeously. This is particularly important at this time give the level of pressure the health and social care system is under presently.

The IJB has, however, discussed the need to move away from these arrangements and return to a more 'business as usual' operating and governance model. In order to achieve this, the IJBs Scheme of Delegation requires fundamental review and updating to reflect the current operating environment and ensure it is fit for purpose.

2.3. Constraints in management capacity are have prevented the review and updating of the Scheme of Delegation being taken forward over the last 18 months however the work to review and develop a revised scheme is now commencing. It is envisaged that a revised Scheme of Delegation will enable appropriate decision making to take place without the requirement for urgent decision making arrangements.

2.4. It is anticipated that the current expanded delegation will continue to be exercised in accordance with the Board's existing policy framework and governance structure unless there is an urgent requirement to depart from the Board's existing policy or budget.

2.5. It is anticipated that the delegation will continue to be necessary over the coming months particularly as the health and social care system is under significant pressure.

2.6. It is recommended that the requirement for consultation with the Chief Executives of the constituent authorities, the Section 95 officers of the Constituent Authorities and the Chair and Vice Chair of the IJB continues as that will ensure that there continues to be a degree of Board oversight of the exercise of the additional delegation where possible and a joined up approach to decision making with constituent authorities.

3. Conclusions

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

4. Appendices

Appendix 1: Urgent Decision Log

Fit with Strategic Priorities:	
Care Closer to Home	☒
Primary Care Transformation	☒
Caring, Connected Communities	☒
Mental Health	☒
Supporting people living with Dementia	☒
Alcohol and Drugs	☒
Enabling Activities	
Technology Enabled Care	☒
Workforce Planning and Development	☒
Housing and Adaptations	☒
Infrastructure	☒
Implications	
Finance:	None directly arising however financial implications of any decisions taken will be recorded and reported.
Other Resources:	None
Legal:	As detailed in body of the paper.
Risk & mitigation:	This report provides for delegated decision making to allow business critical decisions to be made during the period when the Board will not meet
Equality and Human Rights:	The content of this report does not require a EQIA
Data Protection:	The content of this report does not require a DPIA
Fairer Duty Scotland	Fairer Scotland Duty places a legal responsibility on public

	<p>bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>The content of this report <u>does not</u> require Fairer Duty Scotland Assessment</p>
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Urgent Decision Log

Date of Decision	Decision	Service Area	Intended Outcome	Progress	Timeframe
13/08/21	Purchase of Care Home Holding Beds:		Contract purchasing of 7 beds at a Nursing Home in Stirling to support current whole system pressures and particularly release bed capacity at Forth Valley Royal Hospital. This will cost £5,335 per week or £23,181 per month. As these overall system pressures appear to be predominantly driven by the ongoing impacts of the Covid pandemic these costs will be incorporated in the next (Quarter 1) Covid costs return to Scottish Government and funding sought from that source.	Did not progress due to various factors. Other options for additional capacity continue to be explored.	
02/07/21	Mental Health Recovery and Renewal Fund: Psychological Therapies Proposal	HSCP services	The proposal is on a Forth Valley wide basis. Approximately 48% of the value of the proposal or c£0.131m can be regarded as relating to the Clackmannanshire and Stirling population. The proposal includes a request to recruit to clinical posts on a permanent basis due the high risk of not appointing on a fixed term basis as the required skilled workforce is scarce and in high demand.	This decision was approved.	
February-21	Remobilisation Plan submission to Scottish Government	HSCP services	There is a requirement to continue to incur necessary Covid related expenditure to continue to manage	Decision note circulated on 3 March to CeXs of constituent	Mar-21

Date of Decision	Decision	Service Area	Intended Outcome	Progress	Timeframe
			the HSCP response to the pandemic. Until the Integration Joint Board can consider and approve the Remobilisation Plan on 24 March it is considered that the necessary decisions should be taken under the urgent decision-making powers established during the pandemic.	bodies and Finance colleagues for notification and assurance.	
Apr-20	Mobilisation Plan	HSCP services	To ensure the safe, effective and person centred sustainable delivery of HSCP services	Reporting through Local Mobilisation Plans	Mar-21
Jul-20	16 beds were set aside in the Bellfield Centre	Bellfield Centre	Operational decision to set aside 16 beds that were not being used due to additional capacity created in care at home services and reablement team. We had vacancies across all of the suites, so the decision was to cohort the bed vacancies into one suite and set aside for strategic development opportunities (e.g. Complex Care) or contingency for winter/covid-19.	Review of the Bellfield Centre is underway	Summer 2020
Apr-20	Developed Care Home Assessment and Response Team (CHART)	Care Homes	Ensure response team in place to support care home residents in COVID-19 pandemic response	Complete	April 2020

Clackmannanshire & Stirling Integration Joint Board

22 September 2021

Agenda Item 12.2

Information Governance Assurance Report 2020/2021

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Deirdre Coyle
Author	Deirdre Coyle, Head of Information Governance, NHS Forth Valley
Exempt Report	No

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

Purpose of Report:	<p>This report is to provide assurance to the Board regarding the arrangements for information governance that are applicable to the Board as a public body, along with the information governance arrangements in place within its partners, Stirling and Clackmannanshire (Councils) and NHS Forth Valley (NHS FV), which deliver services on behalf of the Board.</p> <p>Good information governance ensures that organisations handle information legally, securely, efficiently and effectively in order to support delivery of the best possible care. The 3 information governance areas in which the Board, and its partners, have statutory responsibilities are:</p> <ul style="list-style-type: none"> • Freedom of Information • Data Protection • Records Management
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the Information Governance activity for the year 2020/2021 2) Approve Progress Update Review for submission to the Keeper of the Records (appendix 1) 3) Approve the Chair meets with the Archivist at Stirling University to agree records for permanent preservation.
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1. Background

- 1.1 The Board holds a range of information and records – about its business, its members and any operational matters which come to its attention (such as complaints and information requests under freedom of information and data protection legislation). Its partners hold a far broader range of information (particularly personal information) about services and those using those services.

- 1.2 The Board is supported in its information governance responsibilities by information governance specialists in NHS FV and the Councils. The Head of Information Governance in NHS Forth Valley is the nominated Data Protection Officer for the Board. NHS Forth Valley administers information requests on behalf of the Board.
- 1.3 The Partners have their own information governance teams. NHS FV has recently increased the size of its Information Governance Team to cope with the increased demands of the Data Protection legislation, including the UK GDPR.

2. Information Governance Assurance Report 2020 / 2021

- 2.1 This section of the report provides the Board with an overview of their requirements as a public body. It sets out the activity over the reporting period for the following areas.

Freedom of Information

- 2.2 The Board is subject to the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, as are its partners. The Board itself receives very few FOI requests, and most of these relate to information held by one of the partners, as a result the Board was only able to provide information for two requests. Requesters are advised to contact the relevant partner for the information.
- 2.3 Freedom of Information Requests

No. of Requests	Exemption	Over 20 Working Day Deadline
3	S17	0
1	S25	0
2	Information provided	1

- 2.4 The partners receive FOI requests in their own right which relate to integrated services.
- 2.5 The Board received no requests for environmental information in the relevant period. This is to be expected as the Board does not generally hold environmental information.
- 2.6 The Board makes information available to the public on a proactive basis by publishing a Guide to Information, based on a Model Publication Scheme issued by the Scottish Information Commissioner. This was last reviewed in March 2021 and will be reviewed again when there any changes to the Model Publication Scheme.

Data Protection

- 2.7 The Board is subject to data protection legislation, as are its partners. The Board pays a small annual fee to the Information Commissioner's Office by way of notification that it is a data controller. However, the Board processes minimal personal data (primarily information about its members, and details of anyone making information requests or complaints). By contrast, its partners hold a huge amount of personal data about employees and service users.
- 2.8 The Board received no Subject Access Requests (i.e. requests by individuals for their personal information) in the relevant period. This is to be expected given the Board holds limited personal data. The partners receive Subject Access Requests in their own right which relate to integrated services.
- 2.9 One of the data protection principles is that data controllers must have appropriate security measures in place to protect personal data. NHS FV and the Councils have information security policies and procedures in place to protect personal data, including data incident management, for the assurance of the Board. There were no data breaches involving Board information in the relevant period. Again, this is to be expected given the Board holds limited personal data. The partners have their own processes in place to deal with any data breaches relating to integrated services and to ensure that all staff who handle personal data undertake appropriate training.
- 2.10 A key element of the 2018 data protection legislation was a new principle of "accountability". Data controllers must be able to evidence compliance with the legislation. The Information Commissioner has recently issued an Accountability Framework to assist data controllers with compliance.

Linked to this, data controllers must take a "data protection by design and default" approach to new projects with privacy implications, including ensuring data protection impact assessments are carried out and information sharing agreements are in place. This is of limited direct impact to the Board but has resulted in considerably more information governance work for its partners.

Work is underway between the partners, with the support of the Forth Valley Information Governance Group, to review existing agreements, and any gaps, to ensure these are in place. Regular monitoring will be established and reports to the respective HSCP management teams. This will be done by exception reporting through the Forth Valley Information Governance Group.

Records Management

- 2.11 The Board is subject to the Public Records (Scotland) Act 2011, as are its partners. The Act requires certain public authorities to prepare and implement a records management plan which must set out proper arrangements for management of its records. The plan must be broken down into 15 key elements and must be submitted to the Keeper of the Records of Scotland (**Keeper**). The Board holds limited records in its own right but has

an interest in ensuring its partners are properly managing their records relating to integrated services in line with their approved plans. The partners' records management arrangements therefore impact on the Board's plan. The Board submitted its first plan to the Keeper in June 2019. The plan is available on the National Records of Scotland website.

<https://www.nrscotland.gov.uk/files//record-keeping/public-records-act/keepers-assessment-report-clackmannanshire-and-stirling-integration-joint-board.pdf>

The assessment looked for improvement in the following areas:

1. Business classification – the records of the delivery of the integrated services (as opposed to the records of the operational administration of the Board) are held under the business classification scheme of the partners. The plans of both of the partners were agreed by the Keeper under “improvement model” terms for this element, and accordingly the IJB plan was approved on the same basis.
2. Retention schedule – the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the IJB plan was approved on the same basis.
3. Archiving and Transfer - the plan for NHS FV was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the IJB plan was approved on the same basis.
4. Destruction arrangements - the plans of both of the partners were agreed by the Keeper under “improvement model” terms for this element, and accordingly the IJB plan is approved on the same basis. The issue is primarily around destruction of electronic records, in common with many Scottish public authorities.
5. Business continuity and vital records - the plan for the Council was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the IJB plan was approved on the same basis.
6. Audit trail - the plan for the Council was agreed by the Keeper under “improvement model” terms for this element, and accordingly, the IJB plan was approved on the same basis.
7. Assessment and review – the Act requires an authority to keep its plan under review. At the time of submission of the plan to the Keeper there was no agreed mechanism for review. However, discussions are underway with a records manager at another Council to carry out reciprocal review of the Councils' and IJB plans by way of review. The Keeper has agreed to this element under “improvement model” terms.
8. The Keeper recently introduced element 15, which relates to records held and managed by third parties who undertake functions on behalf of the Board.
9. The Keeper recommended that the IJB speak directly to Stirling University Archives regarding the deposit of key records. We have agreed in principle with the NHS Archivist. This work will be completed by Head of Information Governance at NHS Forth Valley on behalf of the IJB.

The IJB is asked to approve Progress Updated Review (PUR) [appendix 1] for submission to the Keeper of the Records for Scotland.

The IJB Is further asked to approve the Chair meet with the University of Stirling Archivist regarding records for permanent preservation.

3. Conclusions

- 3.2 There are appropriate arrangements in place to ensure the Board’s compliance with its information governance responsibilities.
- 3.2 In relation to data protection responsibilities, the partners need to ensure that information sharing agreements are in place for any operational data sharing relating to integrated services.
- 3.3 In relation to records management responsibilities, the partners need to ensure that they improve on their arrangements in line with their respective records management plan. This will assist the IJB to ensure it can demonstrate improvement on its own plan.

4. Appendices

Appendix 1 - Progress Update Review

Fit with Strategic Priorities:	
Care Closer to Home	<input type="checkbox"/>
Primary Care Transformation	<input type="checkbox"/>
Caring, Connected Communities	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Supporting people living with Dementia	<input type="checkbox"/>
Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	Not aware of financial implications
Other Resources:	The Board relies on specialists from its partner organisations in relation to information governance. There is no formal agreement in place for these support services.
Legal:	See below

<p>Risk & mitigation:</p>	<p>The Forth Valley Information Governance Group meets regularly and oversees the information governance requirements of the Board and will support the Leadership Team to comply with legal and risk implications.</p>
<p>Equality and Human Rights:</p>	<p>The content of this report <u>does not</u> require a EQIA</p>
<p>Data Protection:</p>	<p>The content of this report <u>does not</u> require a DPIA</p>
<p>Fairer Duty Scotland</p>	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Progress Update Review (PUR) Template: Clackmannanshire and Stirling Integration Joint Board

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
1. Senior Officer	G	G		Update required on any change.	No change	
2. Records Manager	G	G		Update required on any change.	NHS Forth Valley Corporate Records Manager and Project Support Officer now in place. (see NHS Forth Valley PUR May 2021)	
3. Policy	G	G		Update required on any change.	NHS Forth Valley Corporate Records Management Policy was updated and approved by the Information Governance Group in June 2021.	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
4. Business Classification	A	G		<p>The Records Management Plan of NHS Forth Valley has been agreed by the Keeper under 'improvement model' terms for element 4. This means that the Health Board has identified a gap in provision in this element and is working towards closing that gap.</p> <p>Therefore, the Keeper agrees this element of the Clackmannanshire and Stirling Integration Joint Board's Records Management Plan under 'improvement model' terms.</p>	<p><u>Refer to NHS Forth Valley PUR May 2021.</u> As Clackmannanshire & Stirling IJB records are held and managed on NHS Forth Valley systems, it is assumed that the records will be migrated to the NHS Scotland M365 solution when this has been finalised and implemented. Further discussion needs to take place to ensure the suitability of this arrangement.</p>	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
5. Retention Schedule	A	G		<p>The Records Management Plan of NHS Forth Valley has been agreed by the Keeper under 'improvement model' terms for element 5. This means that the Health Board has identified a gap in provision in this element and is working towards closing that gap.</p> <p>Therefore, the Keeper agrees this element of the Clackmannanshire and Stirling Integration Joint Board's Records Management Plan under 'improvement model' terms.</p>	Refer to NHS Forth Valley PUR May 2021.	
6. Destruction Arrangements	A	G		<p>The Records Management Plan of NHS Forth Valley has been agreed by the Keeper under 'improvement model' terms for element 6. This means that the Health Board has identified a gap in provision in this element and is working towards closing that gap.</p> <p>Therefore, the Keeper agrees this element of the Clackmannanshire and Stirling Integration Joint Board's Records Management Plan under 'improvement model' terms.</p>	<p>Refer to NHS Forth Valley PUR May 2021.</p> <p>Destruction of electronic records is covered by the new Retention and Disposal Policy. This has been noted by the IJB, and IJB records will be subject to this policy.</p>	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
7. Archiving and Transfer	G	A		<p>The IJB Plan notes an action point to liaise with the NHS Forth Valley archive repository (Stirling University) regarding the IJB records specifically. This will be done when a permanent Chief Officer (see element 1) has been appointed.</p> <p>The Keeper would like to learn more regarding the IJB taking decisions around what gets archived.</p> <p>The Keeper agrees this element of Clackmannanshire and Stirling Integrated Joint Board's records management plan on an 'improvement model' basis. This means that the authority has identified a gap in provision (the IJB has not discussed their records specifically with the archive) and have put in place a plan to close that gap. The Keeper agreement is conditional on the authority pursuing a meeting with Stirling University Archive Services as soon as is practical. The IJB has acknowledged this.</p>	<p>Refer to NHS Forth Valley PUR May 2021.</p> <p>It is anticipated that the IJB Board papers will be selected for permanent preservation. The Corporate Records Management team Have met with the NHS Archivist at Stirling University and she confirms that the Archives will receive key IJB records for permanent preservation, including records in digital format. The IJB will confirm this arrangement with the University.</p>	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
8. Information Security	G	G		Update required on any change.	Refer to NHS Forth Valley PUR May 2021.	
9. Data Protection	G	G		Update required on any change.	No change. Refer to NHS Forth Valley PUR May 2021.	

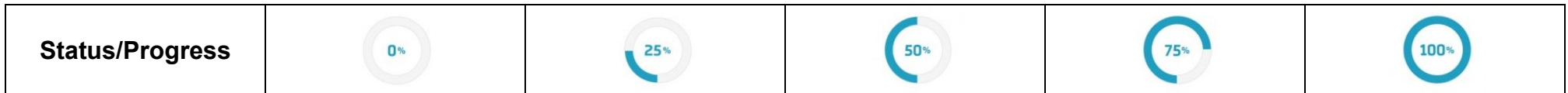
Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper’s Report Comments on Authority’s Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
10. Business Continuity and Vital Records	A	G		<p>The Plan notes for further development an action point to undertake a “Review of all resilience policies to ensure they refer to IJB records.” The Keeper agrees this is an important action as the IJB is a relatively new authority.</p> <p>The Keeper agrees this element of the Clackmannanshire and Stirling Integration Joint Board’s records management plan on ‘improvement model’ terms. This means that the authority has identified a gap in their records management provision (the review of the business continuity system focusing on IJB records has not yet been carried out) but have put processes in place to close that gap.</p>	<p>IJB policies and procedures align with its partner organisations. A review is underway to ensure that all IJB records are covered.</p>	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
11. Audit Trail	A	G		<p>The Records Management Plan of NHS Forth Valley has been agreed by the Keeper under 'improvement model' terms for element 11. This means that the Health Board has identified a gap in provision in this element and is working towards closing that gap.</p> <p>Therefore, the Keeper agrees this element of the Clackmannanshire and Stirling Integration Joint Board's Records Management Plan under 'improvement model' terms.</p>	Refer to NHS Forth Valley PUR May 2021.	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
12. Competency Framework	G	G		Update required on any change.	<p>Refer to NHS Forth Valley PUR May 2021. IJB administrators have access to NHS systems and are therefore required to complete the mandatory Records Management module on LearnPro. Any administrative staff who may not have access to NHS systems, can receive individual records management training from the Corporate Records Management team as required.</p>	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
13. Assessment and Review	A	G		<p>The Head of Information Governance is developing a self-assessment document to support assessment and review. This will be monitored and reported via Internal Audit. The self-assessment will build upon a self-assessment tool being developed for NHS Forth Valley records.</p> <p>The Keeper agrees this element of the Clackmannanshire and Stirling Integration Joint Board's Records Management Plan on 'improvement model' terms. This means that the authority has identified a gap in provision (the self-assessment mechanism is still in development), but has put processes in place to close that gap. The Keeper's agreement is conditional on his being updated as requested regarding the progress of the self-assessment mechanism.</p>	<p>Voluntary participation in PUR process provides the IJB with a means to assess and review the records management processes currently in place.</p> <p>It has not been possible to schedule the RMP as part of NHS Forth Valley internal audit.</p> <p>NHS Corporate Records Management team are developing a peer review process with records managers in partner Councils.</p>	

Element	Status of elements under agreed Plan 25JUN19	Status of evidence under agreed Plan 25JUN19	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 25JUN19	Self-assessment Update as submitted by the Authority since 25JUN19	Progress Review Comment <date>
14. Shared Information	G	A		<p>The <i>Plan</i> refers to an information sharing protocol (guidance). In evidence for this element the Keeper requires to see an example data sharing agreement featuring the IJB. An MoU with the health board or one of the Councils, allowing the IJB to process data, would suffice.</p> <p>For the moment the Keeper agrees this element of the Clackmannanshire and Stirling IJB's plan as an improvement model. If, in the future, he can be provided with evidence showing that information governance is considered when information sharing takes place between the IJB and third parties, the Keeper should be able to fully agree this element.</p>	<p>An information sharing protocol was put in place to cover the sharing of information between the partner organisations when the IJB was first set up. This is gradually being replaced by specific Information Sharing Agreements to cover the sharing of specific types of information for specific purposes.</p> <p>The only personal data held by or shared with the IJB is in respect of its Board members.</p> <p>The IJB does not process any personal data on behalf of its constituent partners.</p>	



The action log documents actions not covered by IJB report recommendations. Once completed actions are noted at the Board meeting they will be removed and outstanding actions will be rolled forward to the next meeting.

Meeting Date and Paper Number	Report Title	Action	Responsible Officer	Timescale	Progress/Outcome	Status
No Actions Currently Logged						

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
16 June 2021	Urgent Decision Making Powers	Lindsay Thomson	Lindsay Thomson	N	1) Approved the extension of delegated authority to take such urgent measures or decisions as are required to: <ol style="list-style-type: none"> a. The Chief Officer (or the Chief Finance Officer or their substitutes) b. for the period up until at least 22 September 2021 c. and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power. 2) Noted that the Cabinet Secretary for Health is due to review the emergency footing of the NHS which is currently in place until at least 30 June 2021.
16 June 2021	Carers Scotland Act 2016 Implementation Update	Wendy Forrest	Shubhanna Hussein Ahmed / Elizabeth Ramsay	N	<ol style="list-style-type: none"> 1) Noted the progress made to implement the requirements of the Carers Act. 2) Approved the review of the HSCP Short Breaks Statement prepared with partners, with the additional support of Short Break Co-ordinator. 3) Approved the review of the HSCP Eligibility Criteria. 4) Approved the review of the current HSCP Carers Strategy 2019 – 2022 prepared with partners and carers across Clackmannanshire and Stirling and seek for officers and carers' representatives to bring further reports during 2021 on progress against the actions. 5) Sought for officers to work with carers to produce a Carers Investment Plan to align with the priorities of a refreshed Carers' Strategy.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
16 June 2021	Rural Model of Care	David Niven	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the robust process of consultation undertaken across communities in Southwest Rural Stirling. 2) Noted that the feedback from the rural communities is for a model of care which is based on person centred and outcome focussed care and support. 3) Approved the six recommendations resulting from the Rural Southwest Consultation process. 4) Approved the permanent service change which will result in Strathendrick House Care Home being declared surplus to requirements for the HSCP as part of the ongoing re-design of the Rural Model of Care.
16 June 2021	Strategic Improvement Plan Update	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Considered and approve the updates to the Strategic Improvement Plan attached at Appendix 1. 2) Sought further regular updates on the Strategic Improvement Plan to the Integration Joint Board.
16 June 2021	Financial Report for Year Ended 31 March 2021	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the net underspend reported on the Integrated Budget of £2.986m and net overspend reported on the Set Aside Budget for Large Hospital Services of £1.107m for financial year 2020/21 (subject to statutory audit) 2) Approved the issuing of final directions in respect of 2020/21 financial year to the constituent authorities 3) Noted the overspend on the Set Aside budget for Large Hospital Services of £1.107m which has been met by NHS Forth Valley 4) Noted the updates on the preparation of the IJBs Accounts and Review of Medium Term Financial Plan. 5) Considered and Approved the Business Case to reduce Waiting/Pending lists for Adult Social Care during the remainder of financial year 2021/22.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
11 May 2021	Revenue Budget 2021/22	Ewan Murray	Ewan Murray	N	<ul style="list-style-type: none"> 1) Approved the revision to the IJB Budget Strategy (Section 2.3) 2) Approved the 2021/22 Revenue Budget 3) Approved the development of a Carers Investment Strategy Proposal for 21/22 (Section 5.8) 4) Considered the proposals to accelerate the Transforming Care Programme and approved the proposal to establish and delegate to the Chief Officer a £0.5m leadership fund from the Transformation Earmarked Reserve (Section 6) 5) Considered and approved the business cases appended to the report in so far as the proposed investments could be contained within a balanced partnership budget position.
24 March 2021	Strategic Needs Assessment and Impact of Disease	Lesley Fulford and Ross Lawrie	Wendy Forrest	N	<ul style="list-style-type: none"> 1) Noted the content of the report; 2) Approved the progression of this work to support the development of models of care which meet the needs and deliver the outcomes of the people across our communities; 3) Approved a progress report to be presented to a future meeting of the Integration Joint Board as appropriate.
24 March 2021	Indicative Revenue Budget 2021/22	Ewan Murray	Ewan Murray	N	<ul style="list-style-type: none"> 1) Mr Murray to prepare an executive summary of amendments, to be brought to an Extraordinary IJB 1 item agenda as soon as possible

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
24 March 2021	Re-mobilisation Plan	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approve the HSCP Re-Mobilisation Plan 2) Note the financial framework and financial reporting to Scottish Government 3) Agree to further updates to be provided to future meetings of the Integration Joint Board
24 March 2021	Strategic Improvement Plan	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Consider and approve the updates to the Strategic Improvement Plan attached at Appendix 1. 2) Seek further regular updates on the Strategic Improvement Plan to the Integration Joint Board.
24 March 2021	Q2 and Q3 Performance Report	Carol Johnson and Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Note the content of the report. 2) Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approve quarterly reports that have come to first available Board meeting following Finance & Performance Committee.
24 March 2021	Urgent Decision Making Powers	Lindsay Thompson	Lindsay Thompson	N	<p>Approve the extension of delegated authority to take such urgent measures or decisions as are required to:</p> <ol style="list-style-type: none"> a. The Chief Officer (or the Chief Finance Officer or their substitutes) b. for the period up until at least 16 June 2021 c. and to take those decisions in consultation with the Chief Executives of the constituent authorities (as appropriate), the Section 95 officers of the Constituent Authorities and Director of Finance (NHS FV) and the Chair and Vice Chair of the IJB before exercising that delegated power.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
24 March 2021	Equality Duty Progress Report	Lesley Fulford	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Note the consultation undertaken on the draft IJB equality outcomes for 2021/22 to 2024/25. 2) Approve the IJB equality outcomes for 2021/22 to 2024/25. 3) Approve publication of the IJB equality outcomes for 2021/22 to 2024/25 are published on the HSCP webpage. 4) Note the requirement to produce and publish an Equality Mainstreaming and Outcomes report on progress for March 2023 5) Note the requirement to produce and publish an Equality Mainstreaming and Outcomes report on progress for March 2025.
27 January 2021	Budget Update	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the Background, Economic Outlook & Strategic Context. 2) Considered the Budget Update. 3) Noted the intention to update the Medium Term Financial Plan and further consider the Reserves Policy and Strategy as part of the 2021/22 Revenue Budget. 4) Considered the IJB's position in relation to proposed fees and charging. 5) Agreed that the Partnership Senior Management Team use this document as the basis for discussion with the constituent authorities to inform budget setting considerations.

Strategic Planning Group

Minute of meeting held on 26 May 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	Carolynne Hunter
Liz Rowlett	Annabelle Cameron	Lynda McDonald
Sheila McGhee	Crawford Bell	Kate Fleming
Mandy Paterson	David Niven	Gary Holden
Natalie Masterton	Alan Clevett	Paul Smith
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 Abigail Robertson, Andrew Murray, Jim Robb, Marie Valente, Isabel McKnight, and Jill Carmichael.

No declarations of interest were noted.

3. Draft Minute of meeting held on 17 February 2021

The minute of the meeting held on 17 February was approved as an accurate record of proceedings.

4. Matters Arising

There were no matters arising.

5. Forth Valley Quality Strategy

The Group welcomed Paul Smith.

Paul described the process to develop a refreshed Quality Strategy which was more inclusive of wider system including the HSCPs and supported people, and brought together and described the planned systematic approach to quality.

There continues to be the operational challenge of COVID and the continuation of improvement & quality approaches and the challenge of how to develop this refreshed Strategy during the restrictions of lockdown whilst still keeping a rapid pace.

A Team was formed of membership from across the HSCPs, carers, supported people and acute health colleagues in mid-August 2020 to define the scope for the Quality Strategy.

TIGER Team (**T**otally **I**ntegrated **G**roup of **E**xpert **R**esources) is small, agile group of people working to a 90 day innovation cycle structure, which added pace to the work undertaken. The agreed draft vision is to “Improve the experience of health and care for the people of Forth Valley by working together to deliver quality care and support that is recognisable and meaningful”.

The group looked at lessons learned from other organisations’ experiences of implementing quality and focused on:

- Strategy Building Blocks approach
- Identified Guiding Principles and Priority Areas
- Consistent and coherent approach to quality improvement
- Move away from working in silos, towards more collaborative practices
- Using data effectively to get the best out of it

This approach leads to better caring experience for patients & supported people, confident and capable teams and the ability to make improvements timeously. The Quality Improvement Toolkit being finalised right now, and will be available for piloting and can be applied to any project or team.

Members welcomed the work including from a service user/carer perspective, and welcomed particularly in light of the Independent Review of Adult Social Care. Although caveated that when we are using the tools, we need to ensure to ensure that data collection does not become onerous or a burden, especially on service users. Noting that robust data quality checks, quality control and assurance will be crucial to make sure that we have strong data quality processes in place. Key to make sure that supported people are at the forefront, shaping the data collection process.

The Chair thanked Paul for his input and encouraged teams to take up the offer to use the Toolkit when it was published.

6. HSCP Commissioning Consortium

The Group welcomed the next presentation from Wendy Forrest. A presentation was shared to the group which provided an overview of the planned Commissioning Consortium approach.

Jennifer Baird and Louise Johnston, commissioning leads, alongside Natalie Masterson and Anthea Coulter, supported Wendy in detailing the purpose and function of the innovative and sector leading approach to the Group.

The key principles of the Commissioning Consortium is to move away from a market-based approach towards an outcome based approach, providing

opportunities for supported people to have choice and control over their care & support as well as providing commissioning based on a locality-based model.

Natalie outlined that the Third Sector Interfaces are very supportive of the proposed approach, as it reflects an opportunity to focus on achieving the best outcomes for the people of Stirling and Clackmannanshire. The Consortium provides a good balance between efficiency and personalisation of services. This will be a culture change to the system, but will be an opportunity to engage with providers and service users on the changes, while using that feedback to shape how the consortium looks going forward. Anthea described the opportunity to build on place-based modelling, perhaps with smaller bidders coming together to make consortium bids providing a range of services reflecting the needs of the community on a more granular level. Tapping into the wellbeing economy and community wealth building agenda.

Wendy described how the innovative approach to strategic commissioning, provides oversight and assurance to the Integration Joint Board about all our commissioning activities. Whilst the Commissioning Consortium supports the delivery of flexible and holistic service packages of care and support, provide patch-based working which helps build resilience within rural and more isolated communities. There is a need for change to be based in individual needs within a context of managed financial spend.

Annemargaret welcomed the approach, as Chief Officer she is keen for services to provide appropriate care and support, as well as taking responsibility for shared learning, networking and collaboration across the whole system and across all sectors.

Jennifer described the indicators of success as being able to act in a more strategic and agile way with our decision making; being performance driven whilst remaining person-centred. The performance reporting will be clearer and more transparent, infographic-based and easier to understand as per our requirements for public reporting.

Following the launch of the Commissioning Consortium in August with stakeholders from across Forth Valley, the feedback and final model will be presented to the IJB on 22 September 2021. The IJB will be asked to give final approval of the finished plan in March 2022.

Ewan described how this work dovetails with the recommendations from the IRASC and the policy direction from Scottish Government which will likely follow along the same lines so advantageous for us to get out ahead of this ourselves. Wendy described a smoother commissioning pipeline, ability to evidence that we have sought out Best Value, and in a legislative context that we are offering more choice and control to our citizens. The objective will be no more cliff-edge commissioning, and reduce the amount of last-minute approvals at IJB.

The Group thanked, and approved the approach as laid out in the presentation.

7. HSCP Commissioning Spend

Jennifer Baird provided an update to the Group. She is keen to demystify the process of commissioning and outline how we would like to improve our reporting and keen to develop this in collaboration with partners.

Jennifer outlined how the spend analysis is key; the HSCP needs to know exactly what is currently spent and then match this against our projections of what we will need in the future based on demographic data, SIMD and prevalence data, burden of disease and Strategic Needs Assessment. This is already done as a matter of course as part of commissioning, but this needs to be done in a more transparent, public focused way in collaboration with our partners and fed back into the Strategic Planning Group for their thinking.

8. Rural Model of Care

The Group welcomed David Niven, to the meeting to present this report, which outlined a programme of consultation activity across Southwest Stirlingshire.

The report laid out the consultation process undertaken to engage the population of rural Southwest Stirlingshire on the future models of care, and the subsequent analysis of those consultation responses. The consultation and engagement work was undertaken in two stages, over 18 months between early 2020 and early 2021. This involved both a 'Pre-consultation' stage to inform and establish the approach, and a 'Consultation' stage itself which focussed on asking individuals and communities 'What matters to You?'

The subsequent consultation report laid out the 6 key recommendations in response to the feedback gathered over the consultation process, including the recruitment of a Short Breaks Coordinator, and the reprovision of bed-based respite care, declaring the Strathendrick Care Home surplus to requirements. The Consultation Report had been considered by the Transforming Care Board on 13 May 2021 which had endorsed the Rural Models of Care consultation and resulting recommendations to be considered by the IJB.

In response to questions from the Group, Wendy confirmed that it had been made clear that the future of Strathendrick Care Home was in-scope along with other rural care and support services, and that public consultation discussions had been around the types and range of respite provision that mattered to the populace. It was noted that this was a great example of consultation going over and above requirements, ensuring communities received services they wanted, and which met their needs. Where care could be brought into a person's home to support them, this would be preferable.

9. HSCP Strategic Improvement Plan

Wendy advised a large volume of progress had been made over the course of the intervening months that there had not been an opportunity to fully update the plan itself.

10. Closing remarks from Chair

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

The next meeting is due to take place on 25 August 2021, and Cllr Sharp looked forward to seeing everyone then.

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 2 June 2021 at 2.00pm
via MS Teams**

Present:

John Ford, Chair, Non-Executive Director, NHS Forth Valley
Councillor Dave Clark, Clackmannanshire Council
Councillor Scott Farmer, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley

In Attendance:

Annemargaret Black, Chief Officer, HSCP
Ewan Murray, Chief Finance Officer, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Carolyn Wyllie, Head of Community Health and Care, HSCP
Lesley Fulford, Senior Planning Manager, HSCP
Ross Lawrie, Principal Information Analyst, Public Health Scotland
Debbie Laing, Business Support Officer (Minutes)

SECTION 1: PRESENTATION SESSION

1. Chair's Welcome and Introductory Remarks

The Chair welcomed everyone to the meeting and confirmed that the meeting was quorate.

2. Apologies

Apologies were noted on behalf of Cathie Cowan, Susan McGill and Julia Swan.

3. Minute of Meeting held 24 February 2021

The minutes of the previous meeting held on 24 February 2021 were approved as an accurate record of the meeting.

4. Rural Models of Care

The Committee welcomed Carolyn Wyllie, Head of Community Health and Care, to present the outcome and analysis of the programme of engagement undertaken in Southwest Stirling.

The consultation and engagement work was undertaken in two stages, over 18 months between early 2020 and early 2021. This involved both a 'Pre-consultation' stage to inform and establish the approach, and a 'Consultation' stage itself which focussed on asking individuals and communities 'What matters to You?'

The subsequent consultation report laid out the 6 key recommendations in response to the feedback gathered over the consultation process, including the recruitment of a Short Breaks Coordinator, and the re-provision of bed-based respite care, declaring the Strathendrick Care Home surplus to requirements. The Consultation Report had been considered by both the Transforming Care Board on 13 May 2021 and the Strategic Planning Group on 26 May 2021, where both groups had endorsed the Rural Models of Care consultation and resulting recommendations to be considered by the IJB on 16 June 2021.

The Committee strongly supported the recommendations within the report, and agreed that the consultation activities had been well planned and carried out under very challenging circumstances.

The Finance and Performance Committee thanked Ms Forrest and Ms Wyllie, and their teams, for the hard work undertaken during challenging circumstances.

5. Feedback from Development Session on Readiness to Implement Recommendations of Independent Review of Adult Social Care (IRASC)

The Committee received a presentation provided by Ewan Murray, Chief Finance Officer.

A version of this presentation was previously given at the Transforming Care Board on 13 May 2021; this version had been supplemented with new information on resource implementations to allow the Committee to fully understand the scale of the proposals.

The development session took place on 13 April 2021, and was attended by members of both the IJB and the Strategic Planning Group. Using a template provided by the Chief Officers Group, the session covered the recommendations from the independent review which were viewed as not requiring legislative change, additional resource or reform to implement.

The development session was well attended with high levels of engagement in discussions; virtual breakout sessions were held to examine the recommendations in more detail.

The session covered recommendations from the report:

- 1-10 on Human Rights Based approach
- 11, 13 and 14 on Unpaid Carers
- 30 and 31 on Models of Care
- 33-38 and 40 on Commissioning for Public Good
- 52 on Finance

Attendees agreed overall that within the recommendations, there was much work already covered under the Partnership's purpose, strategic priorities and transformation programme, and approach to participation and engagement. The recommendations aligned with the need to modernise services, approach to best value, and linked with

public health strategies around community development, place based approaches and local economies.

Discussions regarding Recommendation 52, Finance, included factoring in demographic change in future adult social care planning, which concerned not only financial matters but the planning cycle, strategic needs assessment and operation planning.

The self-assessment activities undertaken identified a number of areas for improvement:

- A method of recording unmet need and view that as part of the SW replacement system specification;
- Community based supports and how this fits in with approaches to early intervention and prevention;
- Self-Directed support including the practice development elements
- Co-production with our community
- Reviewing support to unpaid carers, both direct and indirect supports; including how we commission assessments and support through carers centres
- Development of a Commissioning Consortium and building of quality standards, outcomes based commissioning
- Developing planning arrangements

Mr Murray also outlined a number of risks involved; while the examined recommendations were viewed to not require significant additional investment, there was a risk that the review drives rising expectation; for example, there may be risks around the recording of unmet need, and whether there is there a duty to respond if we record and assess need, potentially resulting in additional cost.

Mr Murray advised that an initial high level indication of the estimated investment for Clackmannanshire and Stirling would be approximately £16.4m, extrapolated from the overall estimated national figure of £660m. It was also noted that the national estimate does not include any infrastructure costs in relation to establishment of a national care service.

Mr Murray agreed that the Senior Leadership Team would provide updates to the IJB and Committees as required going forward.

The Finance and Performance Committee thanked Mr Murray and his team for their continued efforts throughout the pandemic and beyond.

6. Finance Report for Year Ended 31 March 2021

This item was presented to the Committee by Mr Murray, Chief Finance Officer.

The draft Finance Report forms basis of 2021 annual accounts, and would be presented to 23 June 2021 Audit and Risk Committee.

The final draft financial position reflected an exceptional position mainly due to the impact of the Covid and Scottish Government financial support for unachieved savings. The Covid funding balance remaining at 31 March 2021 was £6.642m, to be held in an earmarked reserve as agreed with Scottish Government. There was an overspend of £1.107m on the Set Aside budget, and Mr Murray confirmed that the cost of this had been met by NHS Forth Valley within a balanced budget position for the NHS Board.

A special meeting of the IJB approved the revenue budget for 2021/22 on 11 May 2021; this budget was ambitious in regard to strategic change, with investment decisions being dependent on savings delivery and efficiency programmes to maintain an overall financial balance. Mr Murray advised the Committee that it was unlikely that the Scottish Government would provide support for unachieved savings in 2021/22, therefore it would be crucial that there was no rollover of current financial deficits into the 2022/23 financial year, which would only increase future sustainability challenges.

The Finance and Performance Committee:

- 1) Noted the underspend on the Integrated Budget of £2.986m.
- 2) Noted that final directions for 2020/21 financial year would be to the constituent authorities after the June IJB meeting in line with usual protocol.
- 3) Noted the overspend on the Set Aside budget for Large Hospital Services of £1.107m which had been met by NHS Forth Valley.
- 4) Noted the draft reserves position which would be incorporated into the draft annual accounts to be presented to the June Audit and Risk Committee meeting.
- 5) Noted the updates on the preparation of the IJBs Accounts and Review of Medium Term Financial Plan.

7. Update on Business Case to Address Pending and Waiting Lists in Adult Social Care

This item was presented to the Committee by Mr Murray, Chief Finance Officer, and detailed a proposal to create additional resource to manage the growing waiting list for Adult Social Care.

Mr Murray advised the Committee that this proposal should be viewed as a first phase, with a progress report and further business case being presented to the December 2021 Committee meeting. The business case proposed that the resource would be funded using the earmarked Covid reserves; given the unlikelihood of those funds being available post 2021/22, there was a time-limited opportunity to make a significant impact into reducing the waiting list, of which the partnership could take advantage. The use of part of the reserve for this purpose had been agreed with Scottish Government.

Finally, Mr Murray advised that it would likely be challenging to recruit suitably qualified and experienced staff to the posts on a fixed term basis; therefore, the Committee was asked to bear in mind the risks of permanent appointment alongside ongoing challenges of recruitment and retention at both local and national levels.

The Finance and Performance Committee:

- 1) Considered the draft business case.
- 2) Approved the presentation of the business case to the IJB meeting on 16 June for approval.
- 3) Agreed that a progress report and further proposal would be brought to the December Finance and Performance Committee meeting before presentation to the IJB.

8. Progress Report on Impact of Grip and Control Actions at Bellfield Centre

This item was presented to the committee by Carolyn Wyllie, Head of Community Health and Care.

Ms Wyllie advised the Committee of the various actions undertaken to reduce the overspend position of just over £2m at the end of financial year 2019/20. This included:

- Reduction of agency staff utilisation, with management controls put in place to monitor this.
- Where the use of agency staff was unavoidable, there had been progress towards an agency contract to ensure best value
- Closure of the 16-bed Thistle Suite, as the demand for beds had been successfully managed over other existing units.

The implementation of these actions had resulted in a reduction in overspend to £0.878m.

In order to achieve a complete reduction in overspend and to maintain a breakeven position, the following further actions would be implemented:

- The Thistle suite would remain closed.
- Further work to contract agencies through the contract framework would continue to reduce the price of agency spend further.
- Ongoing review and redesign of Bellfield and Clackmannanshire Community Health Centre (CCHC), which would examine and identify the most appropriate use for the vacant space and examine funding options to support this. The outcome of the reviews, including any significant service change decisions relating to this and considerations regarding Old Age Psychiatry would be brought forward to the Committee for consideration in due course.

Finally, Ms Wyllie advised that the actions undertaken so far had resulted in no impact on delays; there had even been a reduction in delays at numerous times throughout the year. There had also been a reduction in staff sickness, and a notable increase in staff positivity.

The Committee thanked Ms Wyllie and her team for their hard work and dedication over a difficult year, and noted the contents of the update with interest.

The Finance and Performance Committee:

- 1) Noted the work completed to date.
- 2) Noted the continued work required to reach financial balance.

9. Q4 Performance Report (Jan-Mar 2021)

The Committee received the Quarter 4 Performance Report presented by Wendy Forrest, Head of Strategic Planning and Health Improvement.

Ms Forrest advised that the Replacement Social Work Recording System project was ongoing, and reported into the Transforming Care Board on a regular basis.

Following a request at the last meeting to incorporate reporting on the Six Essential Actions into the performance report, Ms Forrest advised that this work was underway and would develop through the report in time.

The Strategic Risk Register was reviewed on 11 March 2021 by the Audit and Risk Committee, and exceptions were detailed in Appendix 2 of the QPR for the Committee to note.

Finally, the Committee was informed that the 2020/21 Annual Performance Report had a publication deadline of November 2021; an update of progress in development of the Annual Performance Report will be presented to the next meeting of this Committee in August.

The Finance and Performance Committee:

- 1) Noted the content of the report.
- 2) Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.
- 3) Approved quarterly reports that have come to first available Board meeting following Finance & Performance Committee.

10. Any Other Competent Business

There was no other business, therefore Chair drew the meeting to a close.

11. Date of Next Meeting

18 August 2021, 2-4pm via MS Teams.

Minute of the Clinical and Care Governance Group meeting held on Thursday 27 May 2021, at 2.30pm, via Microsoft Teams

Present: Scott Williams, Deputy Medical Director (Chair)
Carolyn Wyllie, Head of Community Health and Care
Marie Valente, Chief Social Work Officer, Stirling Council
Sharon Robertson, Chief Social Work Officer, Clackmannanshire Council
Lorraine Robertson, Chief Nurse Clacks and Stirling HSCP
Lynda Bennie, Head of Clinical Governance, NHS Forth Valley
Shiona Hogg, AHP Manager
Bob Barr, Locality Manager
Judy Stein, Locality Manager
Caroline Robertson, Locality Manager
Jim Robb, Service Manager
Graeme Hendry, Adult Support Coordinator

In Attendance: Sonia Kavanagh, Business Manager

1. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted on behalf of Linda Melville. Lorraine Robertson agreed to start chairing the meeting until Scott Williams was able to join.

2. MINUTE OF THE CLINICAL AND CARE GOVERNANCE GROUP MEETING HELD ON 25 MARCH 2021

The Clinical and Care Governance Group:

- Approved the draft minute as a correct record.

3. MATTERS ARISING FROM THE MINUTE AND ACTION LOG

With reference to the outstanding action regarding clarity on how the Clinical and Care Governance Group aligned to and shared assurance across the 3 organisations, Carolyn Wyllie advised that work was ongoing regarding this and linked to the review of risk management and process for escalation. She was also due to meet with Internal Audit the following week and would raise this.

4. CLINICAL AND CARE GOVERNANCE REPORTS

The Clinical and Care Governance Group considered the Clinical and Care Governance reports provided by the Locality and Service managers.

Learning Disability (LD) and Mental Health (MH)

Jim Robb provided an update on the finance management noting that the nursing budget was on track for 2020/2021 and although there were budget pressures in relation to long term care this was balanced by underspends in community spend.

Further detail was provided regarding staffing challenges including recruitment and absences across the Clackmannanshire and Stirling teams and the actions being taken to mitigate/support these. Carolyn Wyllie provided reassurance that although Jim Robb was due to finish tomorrow work would continue so all options and opportunities were reviewed to enable the demand to be met.

Adult Social Care – Stirling Locality

Bob Barr provided a summary of key areas of focus including the increasing waiting/pending list and potential consequences, highlighting the business case for additional resources to address would be submitted to the IJB for approval in June.

Staff resilience due to covid and concerns about the impact of restrictions being lifted continued to influence absence levels. Due to a number of vacancies work was taking place to review the current structure and understand if there was potential to work differently to provide a more efficient way of working.

There had been positive and constructive feedback received through the staff consultation and engagement as part of the Adult Social Care Review. Once the care assessment tools and pathways were confirmed further targeted staff consultation would take place

The Clinical and Care Governance Group discussed the importance of investing to ensure waiting/pending lists were reduced and managed timeously.

Adult Social Care – Clackmannanshire Locality

Caroline Robertson provided an update, noting that there were no areas rated as red. There had been a significant increase in requests for support as people had previously not reached out due to covid. This increase along with a number of vacancies meant there was significant demand on the team. Further detail regarding funding and relevant budgets was necessary and a business case to address this would be presented to the Senior Leadership Team for approval.

A particular risk was highlighted around waiting times for assessments which had continued to rise over March and April. This impacted the understanding of current need as well as future demand.

The Clinical and Care Governance Group noted the continuing achievement of zero absences, passing on their acknowledgement and thanks to all staff.

Hospital and Reablement Services and District Nursing

Judy Stein highlighted the further work to develop the report and produce a scorecard.

Updates included absence levels with an increase in the Reablement Teams, Stirling 8% and Clackmannanshire 8.73%, the continued work of the team to support the flow from acute and the care assurance and improvement plans being developed to address recurring issues at the Bellfield.

Barry Sneddon was leading on pilot for Deteriorating Patients using the Wallace Suite at the Bellfield and an update would be provided at the next meeting.

The resilience of staff continued to be a concern and some tension between different staff groups at the Bellfield were highlighted. OD support was in place to develop a work plan and raise awareness of individual roles and responsibilities within the wider integrated team.

Community Rehabilitation and Speech and Language Therapy

Shiona Hogg provided the report which set out the performance within the teams.

The Clinical and Care Governance Group noted the current waiting list including longest waits. A business case was being drafted for approval by the Senior Leadership Team regarding an additional Occupational Therapist and Physiotherapist to address this and reduce numbers involved.

Challenges continued at Stirling Community Hospital regarding accommodation for Hospital at Home, Mental Health services and District Nursing. A wider review of accommodation requirements was necessary to understand the potential opportunities available and ensure the building space was utilised effectively.

Care Homes

The report provided by Linda Melville was considered, noting that Carolyn Wyllie and Caroline Robertson were reviewing the details to understand the reasons for projected overspends.

The Clinical and Care Governance Group discussed the extensive community consultation and engagement which had taken place regarding the future model of care required in the rural areas of Stirling. The recommendations from this were due to be considered/approved at the IJB meeting on 16 June 2021.

The Clinical and Care Governance Group

- **Noted the performance updates provided and challenges highlighted**
- **Noted the assurance regarding actions being taken to mitigate.**

5. IMPROVEMENT TRACKER

The Improvement Tracker was noted and work continued to ensure it provide the appropriate assurances.

6. ITEMS FOR OVERSIGHT AND ASSURANCE

- 6.1 Noted the Adverse Event Review Group Annual Update**
- 6.2 Noted the Non-Clinical Claims report – April 2021**
- 6.3 Noted the National Protocol on Significant Case Reviews**
- 6.4 Noted the ASP and Care Home report – week ending 19 May 2021**

7. ANY OTHER COMPETENT BUSINESS

Carolyn Wyllie advised that notification had been received from the Care Inspectorate regarding an ASP Inspection within the next 6 months. Named lead were to be confirmed by 2 June 2021, this would be herself, with Wendy Forrest as deputy. Details of case file reading were then due to be submitted by 18 June. Due to the level of work involved regular meetings were arranged to ensure progress and support may be sought. Marie Valente noted the work involved and opportunity to highlight the quick win actions. Both she, Sharon Robertson and Lynda Bennie offered assistance.

Scott Williams highlighted that as Deputy Medical Director for Primary Care his role had changed and an alternative chair should probably be agreed on to ensure continuity.

Carolyn Wyllie, on behalf of the Clinical and Care Governance Group acknowledged this would be Jim Robb's last meeting. She thanked him for his support and participation throughout his time with the HSCP and wished him well in his new post.

8. DATE OF NEXT MEETING

- Thursday 27 July 2021 at 2pm