

A meeting of the **Integration Joint Board**
will be held on **26 January 2022** 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 | |
| 5. | DRAFT MINUTE OF THE INTEGRATION JOINT BOARD
MEETING HELD ON 25 NOVEMBER 2021 | For APPROVAL |
| 6. | CHIEF OFFICER UPDATE
(Paper presented by Annemargaret Black, Chief Officer) | 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, Chief Finance Officer) | For APPROVAL |
| 8.2. | Budget Report
(Paper presented by Ewan Murray, Chief Finance Officer) | For APPROVAL |
| 9. | PLANNING, COMMISSIONING AND DIRECTIONS | |
| 9.1. | Joint Loan Equipment Service
(Paper presented by Wendy Forrest, Head of Strategic
Planning and Health Improvement) | For APPROVAL |
| 10. | PERFORMANCE | |
| 10.1 | Quarter 2 Performance Report
(Paper presented by Wendy Forrest, Head of Strategic
Planning and Health Improvement) | For APPROVAL |

11. NATIONAL AND PERSONAL OUTCOMES

No papers for this section at this meeting

12. POLICY AND LEGISLATIVE REQUIREMENTS

12.1. Archiving the Records of the IJB

(Paper presented by Rosie Al-Mulla, Stirling University Archivist)

For APPROVAL

13. EXEMPT ITEMS

No papers for this section at this meeting

14. FOR NOTING

14.1. Action Log

For NOTING

14.2. Decision Log

For NOTING

14.3. Minutes

For NOTING

i. **Strategic Planning Group – 27.10.21**

ii. **Joint Staff Forum – 28.10.21**

iii. **IJB Finance and Performance Committee – 20.10.21**

iv. **Clinical and Care Governance Group – no minutes**

14.4. CTSI Annual Review

For NOTING

15. ANY OTHER COMPETENT BUSINESS (AOCB)

16. DATE OF NEXT MEETING

23 March 2022 at 2pm via Microsoft Teams

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 5

Draft Minute of IJB Meeting held 24 November 2021

For Approval

Approved for Submission by	Annemargaret Black
Paper presented by	N/A
Author	Sonia Kavanagh
Exempt Report	No

**Minute of the Clackmannanshire & Stirling Integration Joint Board meeting held on
Wednesday 24 November 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

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
Sharon Robertson, CSWO, Clackmannanshire Council
Michael Grassom, Stirling Council, on behalf of Marie Valente
Abigail Robertson, Staff Representative, Stirling Council
Robert Clark, Employee Director, NHS Forth Valley
Pamela Robertson, Joint Trade Union Committee Representative, Clackmannanshire Council

Advisory Members

Carol Beattie, Chief Executive, Stirling Council
Lesley Fulford, Senior Planning Manager, HSCP

In Attendance

Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Carolyn Wyllie, Head of Head of Community Health and Care, HSCP
Lorraine Robertson, Head Nurse, HSCP
Graeme Forrester, Lead Solicitor, Stirling Council
David McDougall, Clerk, Stirling Council

Nicola Cochrane, MH&LD Service Manager, HSCP (observing)
Lesley Shaw, Service Improvement Manager, HSCP (observing)
Sonia Kavanagh, Business Manager, 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
- Andrew Murray, Medical Director
- Scott Williams, GP Representative
- Marie Valente, CSWO, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

None.

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

The Chair advised that the IJB would have their first deputation made by David O'Connor, Regional Officer Unison at Item 12.3. As per Section 16 of the Standing Orders he would have 15 minutes to present.

5. MINUTE OF MEETING HELD ON 22 SEPTEMBER 2021

The Integration Joint Board approved the draft minute of the meeting held on 22 September 2021 as correct.

6. CHIEF OFFICER UPDATE

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

Ms Black provided an update on a range of areas including the work to improve the performance around the 4 hour A&E target through the Unscheduled Care Board which she co-Chaired with NHS Forth Valley Medical Director and the Chief Officer of Falkirk IJB and HSCP. She also highlighted challenges with workforce availability which continued to impact services including care providers. The Recovery Plan to address the current capacity pressures and challenges had been shared with Kevin Stewart, Minister for Mental Wellbeing and Social Care at a recent meeting along with the Chief Officer of Falkirk IJB, Local Authority Chief Executives and CEO of NHS Forth Valley. This provided assurance of the work being undertaken to mitigate and deal with the impact of service demands set against the capacity challenges.

An Adult Support and Protection (ASP) Inspection by the Care Inspectorate was currently taking place for both Clackmannanshire and Stirling partnership areas. An

ASP Improvement Group has already been established to review current processes and practices and any recommendations from the Care Inspectorate would be included. Ms Black also highlighted the additional pressure due to the Care Inspectorate carrying out two separate inspections for each local authority, although inspectors were streamlining their approach where possible.

The Integration Joint Board discussed staffing challenges across the system and the review of packages of care on a risk basis to release capacity to ensure that nobody was left at risk. Assurance was provided that the reviews were undertaken collaboratively with people and providers, and rigorously to ensure people received the care they needed and continued to be supported. Ms Black also noted the investment made by the IJB to support outcome focussed assessments through the recent appointment of a Self -Directed Support (SDS) Lead who was now in post.

The Integration Joint Board:

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

7. NEEDS ASSESSMENT

There were no papers for consideration under this item.

8. BUDGET AND FINANCE

8.1 Financial Report

The Integration Joint Board considered the paper presented by Mr Ewan Murray, Chief Finance Officer, providing an overview of the financial position of the partnership and continuing impact of Covid thereon.

Mr Murray outlined the impact of the pandemic and the resulting economic challenges. This results in significant uncertainty going forward with a need to continually review and adapt financial plans as resource availability and projected costs become clearer.

Based on financial performance for the first two quarters of the financial year to 30 September 2021, a projected overspend of £0.528m on the Set Aside Budget for Hospital Services and projected overspend of £0.396m on the Integrated Budget was noted. As a result there was a projected overspend of £0.924m across the entire partnership budgets.

Quarterly cost returns for exceptional Covid costs incurred or projected to be incurred continued to be submitted to the Scottish Government with the latest return submitted on 29 October. Total estimated costs in 2021/22 at this point were £10.086m. This includes £2.549m of exceptional demand costs and £0.396m of funding requested to achieve a breakeven position on the integrated budget.

Further detail was provided regarding the significant financial issues and pressures including the uplift in social care pay for commissioned services from 1 December 2021 and the transformation programme delivery and associated savings.

In response to a question regarding unachieved savings and whether there would be a similar approach by Scottish Government this year, Mr Murray

advised there were ongoing discussions although the Scottish Governments intent was to ensure adequate funding achieve a breakeven position on the Integrated Budget.

The Integration Joint Board discussed the key financial risks including service sustainability and workforce challenges.

The Integration Joint Board:

- 1) Noted the 2021/22 projection based Financial Performance for the first six months of the financial year to 30 September 2021.
- 2) Noted the Significant Financial Issues and Pressures
- 3) Approved that the measures set out at section 4.7 of this report satisfied the requirement of the Integration Scheme for a financial recovery plan to be in place.
- 4) Noted the updates on Scottish Government funding support for ongoing impacts of Covid 19, savings, investments, winter funding allocations and projected reserves levels.
- 5) Approved the proposal to implement the uplift in social care pay for commissioned services as set out in Section 8.4.
- 6) Approved the proposal that the draft 2022/23 IJB Business Case is presented to the December Finance and Performance Committee meeting and submit to the constituent authorities thereafter.

It was agreed to take both the 2020/21 IJB Annual Accounts and Proposed Annual Audit report together at this point in the agenda

8.2 2020/21 Audited IJB Accounts and Independent Auditors Report

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

Mr Murray advised that in line with the provisions of the Coronavirus Act there was flexibility to postpone publication of the 2020/21 accounts. This had been discussed with the Audit and Risk Committee and notification of the postponement had been placed on the HSCP website in line with requirements.

The Audit and Risk Committee had considered and discussed in detail the audited accounts at their meeting on 22 November 2021 and agreed to make the recommendation to the IJB to approve and sign.

Mr Murray highlighted a few comments of clarity and noted his thanks to his finance colleagues and the HSCP Principal Analyst for their support.

The Integration Joint Board:

- 1) Noted that the 2020/21 Annual Accounts were being considered by the Audit and Risk Committee on 22 November 2021.
- 2) Subject to the recommendation of the Audit and Risk Committee approved the accounts for signing by the Chair, Chief Officer and Chief Finance Officer and publication on the partnership website thereafter
- 3) Noted the Independent Auditors report

9. PLANNING, COMMISSIONING AND DIRECTIONS

9.1 Remobilisation Plan

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

The updated iteration reflected the position as of September 2021 as well as the context of the broader Strategic Improvement Plan. Ms Forrest highlighted in particular the significant progress with the transformation work during the current pressures and recovery responses.

The Integration Joint Board discussed Primary Care and the importance of appropriate communication to ensure the public understood that while they may not be able to have face to face appointments they would continue to be supported through a multi-disciplinary approach. Ms Forrest introduced the new Service Improvement Manager, who was observing the meeting, and advised that she would be working collaboratively with GPs and the local community to develop localities, separate to locality service delivery. A report regarding this would be brought to the IJB in March 2022 following consideration by the Strategic Planning Group.

The Integration Joint Board:

- 1) Approved the content of the HSCP Re-Mobilisation Plan
- 2) Noted the financial framework and financial reporting to Scottish Government

9.2 Programme of Meeting Dates

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

The Integration Joint Board:

- 1) Approved the proposed Integration Joint Board programme of meeting dates for 2022 / 2023 set out in paragraph 4.1.
- 2) Approved March 2023 meeting would be focussed on budget, associated directions and delivery plan only set out in paragraph 4.3.
- 3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2022 / 2023 set out in paragraph 5.1. Recognising the June meeting would be rescheduled.
- 4) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2022 / 2023 set out in paragraph 6.1. Recognising the June meeting would be rescheduled.
- 5) Noted the Transforming Care Board programme of meeting dates for 2022 set out in paragraph 7.1.
- 6) Noted the Strategic Planning Group programme of meeting dates for 2022 / 2023 set out in paragraph 8.1.
- 7) Noted the Clinical and Care Governance Group programme of meeting dates for 2022 / 2023 set out in paragraph 9.1.

9.3 Chair and Vice Chair Proposals 2022/2024

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

Proposed Chair and Vice Chair of IJB from 1 April 2022:

- NHS Forth Valley nominated Allan Rennie.
- Stirling Council would confirm Vice Chair nomination post Local Government election on 5 May 2022

Proposed Chair and Vice Chair of Committees:

- Stirling Council would nominate Chair of Audit and Risk Committee post Local Government election on 5 May 2022
- Clackmannanshire Council would nominate Chair of Finance and Performance Committee post Local Government election on 5 May 2022
- NHSFV due to confirm the Vice Chairs of the Committees shortly

The Integration Joint Board:

- 1) Approved the nomination for Chairperson of the Integration Joint Board in first year (2022 / 2024) as per report section 3.
- 2) Agreed Local Authorities would nominate Vice Chair of the Integration Joint Board and Chair of Committees post Local Government election as per report sections 3, 4, and 5.
- 3) Approved the following nominations for:
 - a) Vice Chairperson for Audit & Risk Committee (2022 / 2024) as per report section 4.
 - b) Vice Chairperson for Finance & Performance Committee (2022 / 2024) as per report section 5
 - c) As a contingency the Board approved Vice Chairperson (as set out in sections 4 and 5 of this report) could Chair the Committees in the interim.

10. PERFORMANCE

10.1 Draft Annual Performance |Report 2020/2021

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

Ms Forrest provided a brief outline of the changes in public behaviours during the pandemic and the impact this had on services/demand and the resulting data trends and performance. Work continued to review and improve data collection and detail although the long term effect of the pandemic remained unclear at present.

Ms Wyllie noted the APR provided the opportunity to reflect on the previous year and celebrate the achievements of the HSCP and partners. This included the continued support and care provided as well as the progress with the ambitious programme of transformation.

While the Integration Joint Board agreed the report was informative, detailed and reflected the wide range of work undertaken by the IJB and HSCP they agreed a simpler/easy read version would be useful and more accessible. Ms Forrest highlighted the short films now on YouTube which captured people's stories and brought them to life.

The Integration Joint Board:

- 1) Approved the Draft Annual Performance Report 2020/2021 subject to amendments for typing errors

10.2 Alcohol and Drug Partnership Report

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

Ms Forrest noted the importance of reflecting the significant work of the ADP across communities to ensure better outcomes. The new ADP Lead was now in post and he was working with a wide range of organisations and colleagues to identify and address the needs of people, with or at risk of, substance use issues as well as their families. This included veterans and homeless people as well as Youth and Young People's organisations to extend into the wider community planning to enable a preventative model.

In response to a question about any plans to reach out into rural areas, Ms Forrest acknowledged the importance of this and involving community pharmacy colleagues to build a multi-disciplinary approach and response.

The Integration Joint Board:

- 1) Approved the content of the report.
- 2) Sought for officers to provide updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.

11. NATIONAL AND PERSONAL OUTCOMES

There were no papers for consideration under this item.

12. POLICY AND LEGISLATIVE REQUIREMENTS

12.1 Urgent Decision Making

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

Mr Murray noted that while the IJB had previously discussed the need to move away from this arrangement and return to a more 'business as usual' operating and governance model, it was recognised that the IJB's Scheme of Delegation would need to be reviewed and updated.

Due to the ongoing operational pressures and likelihood of further challenges entering into the winter period it was proposed to extend the urgent decision making powers until 23 March 2022 when it was hoped the revised Scheme of Delegation would be presented.

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 23 March 2022
 - 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 work to review and update the IJBs extant Scheme of Delegation would commence in the coming period and it was anticipated that a revised scheme would be brought to the March 2022 meeting for approval

12.2 Finance and Performance Committee – Terms of Reference Review

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

The Directions Policy was approved at the Integration Joint Board meeting in September 2021 and included an oversight role for the Finance and Performance Committee which required to be reflected in the Terms of Reference.

As part an overall approach to good governance the Terms of Reference were reviewed and updated regularly to ensure they remained appropriate and reflected current structures and operating models. At its October meeting the Finance and Performance Committee had considered the updated Terms of Reference and recommended approval to the IJB.

The Integration Joint Board:

- 1) Reviewed and approved the proposed revisions and updates to the Finance and Performance Committee's Terms of Reference
- 2) Agreed to further review the Terms of Reference no later than 2 years from approval by the Integration Joint Board
- 3) Noted the considerations of the Finance and Performance Committee

12.3 Board Member Review

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

As highlighted at Item 4, David O'Connor was invited to present his deputation regarding the number of terms of office for Board members and in particular Staff Representatives.

The Integration Joint Board discussed the concerns raised in detail and agreed to defer this item to the next meeting to allow a fuller briefing to take place.

The Integration Joint Board:

- 1) Noted the content of the report
- 2) Noted the carers representatives were due to step down and new representatives would attend future meetings

12.4 Climate Change Report 2020/2021

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

Ms Fulford set out the statutory duty to produce a Climate Change report and noted that as the IJB had no responsibility for staff, buildings or fleet cars the details regarding these areas would be contained within constituent authorities' reports.

The wider influence of the IJB was discussed and whether there was an opportunity to consider provider's Climate Change reports as part of the procurement process.

The Integration Joint Board:

- 1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009
- 2) Approved the draft Climate Change Report 2020/2021 for submission to Sustainable Scotland Network

12.5 Response to Mental Welfare Commission

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

During the pandemic a number of stakeholders across the country had raised concerns with the Mental Welfare Commission (MWC) regarding whether appropriate legal authority was used to safeguard people being discharged from hospital to care homes who did not have the capacity to make an informed decision to agree to the move. The subsequent report by the MWC, Authority to Discharge set out 11 recommendations and HSCPs were asked to provide a response regarding how these would be supported and delivered on to ensure good practice was implemented.

Following consideration by the Finance and Performance Committee on 20 October 2021, some amendments had been made and with the recent appointment of the new Service Manager, an Improvement Plan with named leads and timeframes was in development.

The Integration Joint Board discussed the need to also include needs analysis and evidence of outcomes accomplished.

The Integration Joint Board:

- 1) Approved the response for submission (appendix 1)

13. EXEMPT ITEMS

There were no papers for consideration under this item.

14. ITEMS NOTED

14.1 Action Log

14.2 Decision Log

14.3 Minutes

- a) Strategic Planning Group: 25 August 2021
- b) IJB Finance and Performance Committee: 18 August 2021
- c) Joint Staff Forum: 29 July 2021
- d) Clinical and Care Governance Group: 29 July 2021

14.4 National Care Services Consultation

15. ANY OTHER COMPETENT BUSINESS (AOCB)

The Chair noted this was Elizabeth Ramsay and Shubhanna Hussain-Ahmed's last meeting and formally thanked them for their valuable contribution and insight during their time as members of the IJB.

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

16. DATE of NEXT MEETING

26 January 2022 at 2pm via Microsoft Teams.

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

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. 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. Due to COVID infections / outbreaks 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 18 January 2022:
 - 7,752 new cases of COVID-19 reported. Please note that this figure now includes cases identified using either a first LFD (Lateral Flow Device) or PCR (Polymerase Chain Reaction) positive test
 - 31 new reported death(s) of people who have tested positive
 - 42 people were in intensive care yesterday with recently confirmed COVID-19
 - 1,546 people were in hospital yesterday with recently confirmed COVID-19
 - 4,401,034 people have received their first dose of a COVID-19 vaccination, 4,090,242 have received their second. With 3,214,062 have received a third dose or booster.

Care Home – specific data (National)

- as at 12 January, 287 (27%) adult care homes had a current case of suspected COVID-19
- in the week 3 to 9 January, there were 818 new confirmed positive COVID-19 cases among care home residents and 1,078 among care home staff
- as of 9 January 2022, there have been 13,871 confirmed cases of COVID-19 amongst residents and 11,260 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. As at week 1 (3 January 2022 to 9 January 2022)³ there have been a total of 12,534 deaths registered in Scotland where COVID-19 was recorded on the death certificate.

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

³ [Deaths involving coronavirus \(COVID-19\) in Scotland | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/deaths-involving-coronavirus-covid-19-in-scotland)

- 2.9. In the latest week 1 (3 January 2022 to 9 January 2022) there were 72 deaths registered where COVID-19 was recorded on the death certificate (up by 27 on the previous week).

COVID Variants

- 2.10. On 26 November 2021 the World Health Organization (WHO) declared the Omicron variant a Variant of Concern (VoC)⁴. This variant was first discovered on 23 November 2021 in South Africa.

NHS and Care Home Staff (National)

- 2.11. The Scottish Government Daily update now includes data on NHS and Social Care Staff absence rates and deaths of NHS and Social Care staff although they are unable to confirm how many contracted COVID through their work.
- in the week ending 11 January, on average 7,174 NHS staff, or around 4.0% of the NHS workforce, reported absent each day for a range of reasons related to COVID-19
 - as at 11 January, 2,319 staff in adult care homes (including adult and older people care homes) were reported as absent due to COVID-19, based on returns received from 730 (69%) adult care homes. Staff absent due to COVID-19 represents 6.2% of all adult care home staff (37,497) for whom a return was provided
 - Scottish Government have been notified by Health Boards or the Care Inspectorate of 27 deaths of healthcare workers and 34 deaths of social care workers, related to COVID-19, since the start of the pandemic. We are not able to confirm how many of these staff contracted COVID-19 through their work

First Minister Statement to Parliament

- 2.12. In a statement to Scottish Parliament on 18 January⁵ the First Minister announced some easing of protective measures in response to Omicron; which will take effect from Monday 24 January. The protective measures being lifted are:
- limits on attendance at indoor public events;
 - the requirement for 1 metre physical distancing between different groups in indoor public places;
 - the requirement for table service in hospitality premises serving alcohol on the premises; and
 - the closure of nightclubs.
 - guidance advising adults against non-professional indoor contact sports
 - guidance asking people to stick to a 3 household limit on indoor gatherings.
 - continue to ask people to work from home whenever possible at this stage - and for employers to facilitate this.
 - Covid certification scheme will not extend to other premises.

⁴ [Classification of Omicron \(B.1.1.529\): SARS-CoV-2 Variant of Concern \(who.int\)](https://www.who.int/news/item/26-11-2021-omicron-variant-of-concern)

⁵ [Coronavirus \(COVID-19\) update: First Minister's statement – 18 January 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/news/2022/01/18/first-minister-statement-18-january-2022/)

However, face coverings must still be worn in public indoor settings and on public transport.

National Changes to Isolation Periods

2.13. On the 5 January 2022 the First Minister in a statement to parliament⁶ stated that the period of isolation for people who have come into contact will change. These changes will come into force on 6 January 2022 and will only relate to those who come into contact after this date.

- **Positive cases** are advised to self-isolate for 10 days. However, if the individual returns two consecutive negative lateral flow device (LFD) tests taken at least 24 hours apart with the first test no earlier than day 6 they may end isolation before the end of the 10 day period if they have no fever.
- **Close contacts** who are fully vaccinated, having received 3 doses of the vaccination (plus 14 days) or are aged under 18 years and 4 months, can take daily LFD tests for 7 days instead of isolation - provided the tests are negative and they remain without symptoms. If someone has not received 3 doses of the vaccination, they will need to book a PCR test and even if this is a negative result, they will need to isolate for 10 days.
- **Advice on confirmatory PCR tests** where people test positive on a LFD test they are now not advised to get a PCR test to confirm infection but to follow isolation advice as it applies to them as a positive case – *there is an exception for people who may be eligible for the Self-Isolation Support Grant who are advised to take a PCR test to ensure they can confirm their infection to be potentially eligible for financial support.*

Follow up guidance issued on 17 January 2022 confirmed this. For Health and Social Care Staff (specifically) “fully vaccinated staff (those who have had two doses and a booster 14 days prior to the last exposure to the case), identified as either household or non-household contacts will be expected to take daily LFD tests for seven days, from exposure to the case and if the LFD tests are negative and they remain well, will not have to isolate. They can also end further contact testing at the end of the 10-day period”. Click [here](#) to access the letter.⁷

Communications from Scottish Government

2.14. Two letters were received on 9 December 2021 regarding Omicron, relating to [Adult Care homes](#) as well as [Care at Home, Supported Housing and Day Services](#). These set out:

- Infection Prevention and Control (IPC) including links to where resources for the “kind to remind” campaign can be downloaded.
- COVID vaccinations and boosters along with a link to book vaccination
- Testing

⁶ [Coronavirus \(COVID-19\) update: First Minister's statement – 5 January 2022 - gov.scot \(www.gov.scot\)](#)

⁷ [First Tier \(scot.nhs.uk\)](#)

- Test and protect Isolation periods; this has subsequently been revised that staff can volunteer to return if they provide a negative PCR test.
- Visiting and the festive period.

Care Homes

- 2.15. At the time of writing (19 January 2022) there is a moratorium on admissions in place on seven care homes in the partnership area.
- 2.16. After a care home in the HSCP area had its registration removed; Stirling Council, through the HSCP, is currently managing the care home.
- 2.17. 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

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

Operational Pressures

- 2.19. 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. There are significant capacity issues in adult social care services as a result of people leaving to take up jobs in other areas of the economy. The requirement to focus on the capacity issues has resulted in reduced paper reports to various groups and less attention to the Transforming Care Board in terms of written officer updates.

Due to the service capacity issues, locally we continue to ask care providers to risk assess people's packages of care with a view to reducing the number of visits where it is safe to do so.

- 2.20. The HSCP has a robust recovery plan in place which looks at the totality of our systems in order to create additional capacity to address unmet need. At the time of writing (11 January 2022) Clackmannanshire and Stirling have 29 people delayed across the whole of our inpatient care areas, with 7 of those patients delayed in Forth Royal Valley Hospital. This is a significant improvement from September 2021 where we had 53 people delayed in any given day across our bed-based services. At a recent IJB development session, members had the opportunity to explore the modelling work that is in development around the area of unmet need, as well as what proposals are needed from a workforce perspective.

3. Seasonal Flu Vaccination Programme 2021/22

- 3.1. In light of the risk of flu and COVID-19 co-circulating this 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)

Local Progress

- 3.3. The seasonal flu programme commenced in September 2021 and will continue until March 2022 however the majority of programme has been completed and the national directive now to focus on the COVID vaccination programme.
- 3.4. To date 72% of those over 50 years and those under 50 years who are considered at risk of infection who live in Clackmannanshire and Stirling area have received a flu vaccination. This cohort data includes health and social care workers and those who are resident in care homes.
- 3.5. The COVID vaccination programme continues for all vaccinations i.e. First, second and booster. At this current time everyone over the age of 12 years have been offered a vaccine.
- 3.6. The percentage rate of uptake in the cohort detailed above for Clackmannanshire and Stirling and for all vaccines offered are 84% in Clackmannanshire and 86% in Stirling.
- 3.7. Specific data indicates that care home residents have had several offers of both flu and COVID vaccine with an uptake rate of
- | | | | |
|---|------------------|---------|-------------------|
| ▪ | Stirling | Flu 94% | COVID booster 94% |
| ▪ | Clackmannanshire | Flu 91% | COVID booster 90% |
- 3.8. The uptake rate for Social care staff which includes those who work in care homes is:
- | | | | |
|---|------------------|---------|-------------------|
| ▪ | Stirling | Flu 50% | COVID booster 73% |
| ▪ | Clackmannanshire | Flu 52% | COVID booster 69% |

Going Forward

- 3.9. The vaccination team are currently undertaking analysis of the uptake rates in each cohort and in each locality area to enable delivery of targeted interventions in areas of low uptake i.e. age cohorts and locality areas.
- 3.10. The team are actively working to identify communities who have difficulty accessing current services and will go to them. Examples of this are the work previously undertaken with those who utilise the recovery cafes or who are resident in temporary homeless accommodation etc.

4. Adult Support and Protection Inspection

- 4.1. Under section 115 of part 8 of the Public Services Reform (Scotland) Act 2010, the Care Inspectorate, Her Majesty's Inspectorate of Constabulary in Scotland and Healthcare Improvement Scotland have written to the Chief Executives of Stirling Council, Clackmannanshire Council and NHS Forth Valley to inform that they will undertake a joint inspection of adult support and protection arrangements in the Stirling partnership area within the next six months (and Clackmannanshire within the next six months).
- 4.2. The process of inspection was undertaken remotely to comply with COVID restrictions including the focus groups and case file reading. From the start of the process – uploading social work files – to the publication of the final report will be 13 weeks and a timetable of activity has been sent to partners.
- 4.3. The embargoed Stirling Report was sent to Chief Officer, Chief Executive and Chief Social Work Officer week commencing 10 January 2022 and has been checked for factual accuracy.
- 4.4. The embargoed Clackmannanshire report will be sent to Chief Officer, Chief Executive and Chief Social Work Officer week commencing 24th January 2022 and will be checked for factual accuracy.
- 4.5. Below is the inspection timeline.

Table 1 – Inspection Timeline

Stirling	
Date	Work
Monday 10 January 2022	Stirling Draft report issued by joint inspection team for factual accuracy check. Staff Survey results and File Reading analysis also issued.
Tuesday 11 January 2022	Attend Stirling <u>Professional Discussion 2</u> meeting
Friday 14 January 2022	HSCP to return Stirling draft report with any requests for factual accuracy amendments
Tuesday 25 January 2022	Embargoed Stirling report issued
Tuesday 1 February 2022	Stirling Inspection report published
Wednesday 2 February 2022	Stirling Improvement Plan and Post Questionnaire issued
Wednesday 16 February 2022	Stirling Post Questionnaire returned
Wednesday 16 March	Stirling Improvement Plan returned
Clackmannanshire	
Date	Work
Monday 24 January	Clackmannanshire Draft report issued by joint inspection team for factual accuracy check. Staff Survey results and File Reading analysis also issued.
Tuesday 25 January 2022	Attend Clackmannanshire <u>Professional Discussion 2</u> meeting
Friday 28 January 2022	HSCP to return Clackmannanshire draft report with any requests for factual accuracy amendments
Tuesday 8 February 2022	Embargoed Clackmannanshire report issued
Tuesday 15 February 2022	Clackmannanshire Inspection report published
Wednesday 16 February 2022	Clackmannanshire Improvement Plan and Post Questionnaire issued
Wednesday 2 March 2022	Clackmannanshire Post Questionnaire returned
Wednesday 30 March 2022	Clackmannanshire Improvement Plan returned

5. Strategic Planning & Health Improvement

- 5.1. 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.
- 5.2. 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.
- 5.3. The Strategic Improvement Plan is not on the IJB agenda as there was no capacity to review and update, it will next be updated for the June IJB.

6. Winter Planning 2021 / 2022

- 6.1. On 21 October 2021 the Chief Officer received communication about requirements of the [Adult Social Care Winter Preparedness Plan for 2021 /](#)

[2022](#)⁸ and the [Health and Social Care Winter Preparedness Plan for 2021 / 2022](#)⁹.

Local Winter Plan for 2021 / 2022

We are being supported through winter by the winter plan and investments. The additional staffing secured as a result remains in place through winter.

7. Business Continuity

7.1. The [Civil Contingencies Act \(2004\)](#) was amended in 2021 to include IJBs as Category 1 responders. Effectively this places a duty on the IJB to:

1. Duty to assess risk
2. Duty to maintain emergency plans
3. Duty to maintain business continuity plans
4. Duty to promote business continuity
5. Duty to communicate with the public
6. Duty to share information
7. Duty to co-operate

7.2. There are escalation arrangements in place in both Local Authorities and NHS FV and the HSCP are supported in this. The HSCP can ask for escalation to these or ask for Local Resilience Partnership (LRP) to meet as Category 1 responders.

8. Development Work

8.1. The Meet the Chair and Chief Officer sessions have been positively received from all those who have attended across the Clackmannanshire and Stirling Health and Social Care Partnership, this has been received from evaluation's, word of mouth and the number of requests received from teams to invite the Chair and Chief Officer along to their team meetings.

8.2. The number of sessions we have completed so far are:

- 3 x Meet the Chair and Chief Officer virtual sessions (22 people attended over the three sessions)
- 1 x Meet the Chair and Chief Officer face to face session at the Mental Health resource centre at CCHC (16 people attended)
- 1 x Meet the Chair and Chief Officer face to face at Livilands resource centre Stirling (21 people attended).
- Requests for Meet the Chair and Chief Officer at team meetings is 10

8.3. The numbers have been relatively low in terms of the virtual sessions, this has been attributed to staff lacking the time & resource to be able to participate. This is evidenced by feedback gathered from staff across the HSCP.

⁸ [Adult social care - winter preparedness plan: 2021-22 - gov.scot \(www.gov.scot\)](#)

⁹ [Health and social care: winter overview 2021 to 2022 - gov.scot \(www.gov.scot\)](#)

- 8.4. We are currently looking at ways to improve attendance at the virtual sessions and improving access to ensure that as many staff are able to participate as possible.
- 8.5. However, although the numbers virtually have been low, the impact has been significant to staff health and wellbeing. From the feedback gathered, a number of key themes have been identified:
- Staff feeling heard and valued
 - Increased visibility of the Senior Leadership Team
 - An opportunity to network and make connections with other teams across the HSCP
 - An opportunity to ask questions, voice concerns and to celebrate successes with the senior leadership team
- 8.6. Going forward in 2022, there will be a rolling programme of Meet the Chair and Chief Officer events, which will be included as part of our staff engagement plan. This will be a mix of virtual sessions and face to face (restrictions dependent).
- 8.7. 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](#)¹⁰. Would any IJB member like to volunteer to do a video for the HSCP thanking staff?
- 8.8. Clackmannanshire and Stirling HSCP are progressing a programme of work supported by Scottish Government known as Discharge Without Delay, as early adopters. We are also developing plans for an integrated discharge team who will work across hospital and communities to support admission avoidance and reduced length of stay of people who could be supported at home. This work has started and will be presented as a business case to the IJB, prior to the budget being discussed and approved at the 23 March 2022 meeting.

9. Conclusion

- 9.1. This report provides the Integration Joint Board with updates on key developments.
- 9.2. 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.
- 9.3. Wellbeing resources continue to be available to staff from each constituent organisation as part of 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.

¹⁰ <https://www.youtube.com/channel/UCBwtUoNZILE9NZ-kQafbLQA>

9.4. There is a National wellbeing hub established which can be found [here](#)¹¹.

10. 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 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>

¹¹ [Home - National Wellbeing Hub for those working in Health and Social Care](#)

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 8.1

Financial Report

For Noting

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

Purpose of Report:	To present the Integration Joint Board with an overview of the partnership financial position and continuing impact of COVID 19 thereon.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the 2021/22 projection based Financial Performance for the first eight months of the financial year to 30 November 2021. 2) Note the Significant Financial Issues and Pressures and Key Assumptions 3) Note the updates on Scottish Government funding support for ongoing impacts of Covid 19 and the requirement to submit a Quarter 3 Covid financial return to Scottish Government in January 2022.
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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 2 return was submitted on 29 October 2021 as part of a suite of pan Forth Valley financial returns to Scottish Government by NHS Forth Valley. The next return is due on 28 January 2022.
- 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. These issues combined could mean projections are subject to higher risk of material volatility over the remainder of the financial year.

- 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 update on the financial projection for 2021/22 was presented to the Finance and Performance Committee on 22 December 2021.

2. Economic Outlook

- 2.1. It remains difficult to predict the long term effect the Covid-19 pandemic and other issues including Brexit will have on the Scottish and UK economies, developing economic strategies and therefore impact on public expenditure and policy.
- 2.2. Post the UK Autumn Budget the draft 2022/23 Scottish Budget was presented to parliament on 9 December. This was a one year 'transitional' budget ahead of a Scottish Spending Review due to be published in May 2022.
- 2.3. The Scottish Government have also committed to refreshing and publishing an updated Medium Term Financial Framework for Health and Social Care in the near future and it is understood that this is likely to be published after the Scottish Spending Review.
- 2.4. The above publications will require to take due account of policy commitments in the coming years and should aide medium to longer term planning. As previously agreed a substantive review of the IJBs Medium Term Financial Plan will be undertaken at this point.

3. 2021/22 Projected Out-turn

- 3.1. A set of financial projections have been prepared based on financial performance for the first eight months of the financial year to 30 November 2021.
- 3.2. This indicates a projected overspend of £0.440m on the Set Aside Budget for Hospital Services and projected overspend of £0.374m on the Integrated Budget. This gives a projected overspend of £0.814m across the entirety of partnership budgets as summarised in the table below.

	M8
Integrated Budget	£m
Operational & Universal Health Services	(0.662)
Adult Social Care	(2.130)
Gross Projected Overspend Integrated Budget	(2.792)
Assumed Financial Support for Covid Demand Pressure	2.419
Net Projected Overspend Integrated Budget	(0.374)
Set Aside Budget for Large Hospital Services	(0.440)
Net Projected Overspend Partnership/ Strategic Plan Budget	(0.814)

- 3.3. The forecast above excludes exceptional Covid expenditure anticipated to be met from Scottish Government Covid funding including a £2.419m estimate of exceptional social care demand costs which will be included in the Quarter 3 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. It is also assumed that Scottish Government will provide sufficient financial support to achieve a breakeven position on the Integrated Budget. It is understood that confirmation of this will be provided post submission and review of Quarter 3 Covid financial returns and is subject to evidence of sound financial management including Board level scrutiny.
- 3.5. This would negate any requirement to utilise IJB reserves or seeking additional contributions from the constituent authorities to achieve financial balance in year.
- 3.6. The financial pressures in relation to the set aside budget are currently met in full by NHS Forth Valley.

4. Significant Financial Issues and Pressures

Set Aside Budget for Large Hospital Services

- 4.1. The set aside budget is reporting an £0.323m overspend for the first eight months of the financial year and is currently projected to overspend by £0.440m 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 over the remainder of the financial year.
- 4.2. Covid related costs continue to be reviewed across the set aside budget and will inform the Quarter 3 financial returns to Scottish Government.
- 4.3. In the first eight months of the financial year the financial pressures on the set aside were across Accident & Emergency Services, General, Rehab and Respiratory Medicine, Palliative Care & Mental Health Services.

Integrated Budget

4.4. 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 with 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 financial pressures associated with planned Learning Disability discharges from Inpatient to alternative community models of care and transitions from Childrens to Adult Services. Less than full projected delivery of savings and efficiency programmes is also driving some areas of financial pressure.

An example of the pressure detailed can be illustrated by examining Care at Home service commitments recorded in the CCIS management information system in the Clackmannanshire Locality. This illustrates growth from 10,000 hours per week in July 2020 to 12,000 hours per week at the current point in time. This growth is observed across all care groups but particularly Learning Disability and Older People. Growth being observed is c20% year on year compared with longer term trends in the region of 4% per annum. It is assumed the ongoing impact of the pandemic is the core driver of such growth.

4.5. 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 improving delayed discharge performance.
- Growth in demand and costs Provision of Residential Care (all care groups)

- Potential additional costs associated with supporting delivery of safe social care services including additional support to Care Homes not directly related to Covid-19
- 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)

4.6. Consolidated out-turn projections are set out in Section 4.2. 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 adjustments.
- Further increases in demand, complexity and costs of service provision.
- Transitions from Childrens 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

- 4.7. Family Health Service prescribing continues to be highest single area of financial pressure across the Integrated Budget with a projected overspend of £1.272m 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.
- 4.8. 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 continue to be a risk to maintaining momentum in this area.

- 4.9. The issues above notwithstanding, a paper considering further potential opportunities to reduce costs across the prescribing budget has been developed and potential benefits being assessed and prioritised including the workforce and workload implications of delivering the potential benefits.

5. Key Assumptions

- 5.1. The projections above are based on the following key assumptions:

- Scottish Government provides financial support for the estimated ongoing financial impacts of COVID 19 based on expenditure as reflected through quarterly Local Mobilisation Plan (LMP) 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 detailed spreadsheet template. The Chief Finance Officer co-ordinates and oversees the completion of the template drawing on information from across the partnership.
- 6.2. As previously reported, the quarter 2 return to Scottish Government forecast exceptional Covid costs in 2021/22 at £10.086m. After exhausting Covid earmarked reserves of £6.642m a further £3.444m of funding was therefore being sought at this point in time.
- 6.3. Given the exceptional level of demand health and care systems are facing, it has become increasingly clear that some of this exceptional demand and related activity and associated costs as a result of Covid. It is challenging to directly evidence and work continues 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 2 template, the potential cost implications of this were assessed at £2.549m. Using the same methodology the cost implications at Month 8 are estimated at £2.419m.

- 6.4. The projection detailed in this report assumes that this £2.419m of funding will be provided from Scottish Government at this point in time.
- 6.5. Given Covid consequential funding substantively ceases at the end of 2021/22 there are significant financial sustainability challenges from the impact of this into 2022/23 and future financial years as recurrent cost bases will have increased considerably.

7. Operational Grip and Control Framework and Savings & Investments Monitoring

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.

Savings Delivery & Approved Investments

- 7.4. 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.
- 7.5. 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. At the quarter 2 review approximately £2.9m or 89% of the planned savings on the Integrated Budget are currently projected to be delivered in year. Based on the current projection for Set Aside services around half of the savings are assumed to be deliverable. A further review of savings delivery will be undertaken at Quarter 3.
- 7.6. 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 some areas of 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.

- 7.7. 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 provide a degree of offset in the context of the whole partnership budget. The current estimated expenditure in year at the quarter 2 review was £0.855m and estimates will be further updated at Quarter 3.

8. Reserves

- 8.1. The IJB approved an updated reserves strategy at its September meeting.
- 8.2. The initial reserves balance for 2021/22 as adjusted in the 20/21 Annual Accounts was £14.212m.
- 8.3. Due largely to the exceptional circumstances relating to Covid consequential funding reserves at 31 March 2021 were significantly but temporarily above target reserves level of 2% of annual budgeted expenditure but expected to fall towards this level during the course of financial year 2021/22.
- 8.4. Projected reserve levels at 31 March 2022 were reviewed at quarter 2 and projected @ £4.184m. These projected reserves levels did not assume that significant reserves would be established as a result of any unspent elements of the Winter Health and Social Care funding however this is now likely to be the case. Given this reserves at 31 March 2022 will be materially higher than this estimate.
- 8.5. Projected reserves levels will be further updated as part of the financial review processes at Quarter 3 and updates reported to the Board thereafter.

9. Financial Risk

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

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

Risk	Risk Rating (RAG)
There is a risk that the 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 recurrent financial resources to maintain safe and effective services for service users.	Red
There is a risk that sufficient workforce cannot be recruited and/or retained to maximise impact of available budget (including Winter Plan funding) and ensure care can be provided to vulnerable service users including support for unpaid carers	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

- 10.1. 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.
- 10.2. 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.
- 10.3. 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

None.

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:	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>

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 8.2

Budget Update (incorporating 22/23 IJB Business Case)

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 update on 2022/23 Budget Development and satisfy the requirements of the Integration Scheme with regard to an IJB Business Case
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider the 2022/23 Budget update and IJB Business Case 2) Note the updates on the implications of Scottish Draft Budget and terms in respect of minimum payments to IJBs. 3) Note the level of complexity and uncertainty affecting budget considerations. 4) Approve the 2022/23 IJB Business Case contained within this paper for submission to the constituent authorities to satisfy the requirements of the Integration Scheme 5) Note the next steps and further budget development work required prior to the IJB considering the 2022/23 Revenue Budget for approval.
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1. Background

- 1.1. The preparation of a business case to determine future funding requirements to deliver the Strategic Plan is a requirement of the Integration Scheme. The requirements and methodology to be used based on best information currently available are set out at Section 8.3 of the Scheme.
- 1.2. The 2022/23 IJB Business Case set out in this paper reflects the most up to information available at the time of writing and reflects the impacts of the Scottish Draft Budget presented on 9 December 2022. At the time of writing there remains some detail in relation to allocations still to be fully confirmed therefore this paper is based on best information available at the time of writing.
- 1.3. The IJB should also view the business case in the context of
 - The exceptional levels of demand facing the health and social care system at this time
 - The ongoing threat to business continuity of Covid.
 - Challenges in staff recruitment and retention
 - Increasing inflationary pressures
 - Current level of financial support sought from Scottish Government through Covid consequential funding (Q2 estimate £10.086m)
 - Resultant potential for volatility in financial projections
 - The general economic outlook as updated through Financial Reports to the IJB and Finance and Performance Committee during the year.

2. 2022/23 Scottish Draft Budget

- 2.1. The 2022/23 Scottish Draft Budget was presented to parliament by the CabSec for Finance and the Economy on 9 December 2021. This was a one year budget billed as a 'Transition Budget' in advance of a Scottish Spending Review in May 2022. The budget was accompanied by publication of an updated Scottish Government Medium Term financial strategy and updated projections from the Scottish Fiscal Commission.

Similarly, the 2022/23 IJB Revenue Budget should be regarded as a transitional budget given the context of the pending Scottish Spending Review, impending detail on policy approach to establishing a National Care Service and the IJB having extended the lifecycle of the existing Strategic Commissioning Plan to cover financial year 2022/23.

- 2.2. The key considerations from the budget as they affect NHS Boards, Local Government and therefore Integration Joint Boards are as follows.

Health/ NHS Boards

- Baseline Funding uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. NHS Forth Valley baseline increase is 3.4%.
- £28.9m of additional funding to ensure no NHS Board is more than 0.8% away from NRAC parity (fair share of all NHS Scotland funding). NHS FV will receive £4.6m of this funding.
- In addition to the funding above a total of £845.9m of Funding for Improving Patient Outcomes will be invested, an increase of £70m in cash terms from 2021/22. This is detailed in the table below.

Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
TOTAL	775.9	845.9	70.0

Local Government

- A cash increase in Local Government revenue funding of £791.4m.
- Additional Scottish Government spending commitments of £802m (Children and Young People including Child Bridging payments £248m, Health and Social Care £554m)
- Other policy pressures including Employers National Insurance increases estimated by COSLA at £89m
- Flexibility in setting Council Tax rates with no cap and some other financial flexibilities available.

Implications for Integration Authority (IJB) Budget

- NHS Board payments to IJBs must deliver an uplift of 2% over 2021/22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.
- The Health and Social care Portfolio will transfer additional funding of £554m to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay (£10.50 minimum per hour for commissioned services) and on winter planning arrangements (commitments from Winter Funding package with recurrent or non-recurrent elements into 22/23).
- Local Authority social care budgets for allocation to IJBs must be at least £554m greater than 2021/22 recurring budgets.
- The Scottish Government stated that the budget and, specifically the investment in Social Care will support the next steps in the creation of a new National Care Service. The detail of intended approach to this policy implementation is, however, still awaited at this point in time. It is assumed that further detail on this will emerge post publication of the Scottish Government spending review in May 2022.

3. IJB Business Case

Methodology

3.1. The Integration Scheme sets out the methodology to be used in calculating the budget requirements to deliver the Strategic Plan for the forthcoming financial year. This methodology, is, itself drawn from national financial planning guidance for Integration Authorities.

The methodology requires assessment of:

- Demand pressures from demographic change and Transitions from Children’s Services (usually on a 3 year average basis to smooth any year to year peaks or troughs)
- Inflation (Pay, National Care Home Contract, General and Contract including impact of changes in Scottish Living Wage)
- Changes in Legislation with Financial Consequences
- Delivery of Strategic Priorities & National Outcomes
- Assessment of Savings and Efficiencies
- Consideration of Reserves

Strategic Plan Priorities

3.2. The IJB has agreed to extend the lifecycle of the existing Strategic Plan and therefore it’s priorities for a year thus encompassing financial year 2022/23.

3.3. Members should therefore keep the Strategic Plan, enabling activities and Strategies and initiatives to deliver change in mind with regard to budget considerations.

Vision	Priorities	Enabling Activities			Strategies and Initiatives to deliver change
...to enable people in the Clackmannanshire and Stirling Health & Social Care Partnership area to live full and positive lives within supportive communities	Care Closer to Home	Technology Enabled Care	Workforce Planning and Development	Housing / Adaptations	Infrastructure
	Primary Care Transformation				Intermediate Care Strategy
	Caring, Connected Communities				Primary Care Improvement Plan
	Mental Health				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
	Supporting people living with Dementia				Mental Health Strategy
	Alcohol and drugs				Dementia Strategy
					Forth Valley ADP Strategy

Key Assumptions

3.4. Key Assumptions used in preparing this business case are as follows

Pay Costs: Per Public Sector Pay policy

Contract Inflation: Residential Care incl. National Care Home Contract – 4%
 Care at Home, Direct Payments, Respite Care – 4.79%
 (reflecting the increase in pay for commissioned social care staff to minimum of £10.50 per hour)

Prescribing Cost and Volumes: 5.5%

Covid-19 consequentialials – The Scottish Budget assumes minimal Covid-19 consequential funding is available beyond 2021/22 outwith vaccination programmes and test and protect. This matter is understood to be under continuing discussion between Scottish Government and UK Treasury. For the purpose of this paper it has been assumed at any material ongoing Scottish Government policy decisions with regard to Covid will be funded over and above the core budget settlements. E.g. staff pay for isolation and additional cover requirements and any continuation of social care provider sustainability payments.

Payments/Budget Transfers to the IJB – Minimum payments required to comply with the terms of the 2022/23 Scottish Draft Budget. This means that savings would be required to cover the cost of Pay Awards and Employers NI increase for Local Government staff. The constituent authorities can, of course, choose to transfer more than the minimum payment to the IJB which would reduce the level of financial gap illustrated below.

Assessment of Resource Requirements to Deliver Strategic Plan

- 3.5. As detailed in recent IJB Finance Reports it is extremely difficult to predict how service demand will go over both the near and medium to longer term. Whilst some demand fell during the early part of the pandemic this increased demand for service has increased significantly during 2021/22 with both commitments and evidence of unmet need growing significantly. The reasons for this are multi-factorial and complex including impacts of de-conditioning during lockdowns 1 and 2, carer stress, families providing care for a period but requiring to return to work, workforce fatigue, deferral of elective care and service access challenges to name a few.
- 3.6. The Health and Social Care system is therefore under more strain than it ever has been.
- 3.7. The demand for social care services has been acutely affected. Evidence shows pre pandemic demand increases at around 4% per annum whereas increased demand during 2021/22 to date includes areas where demand has increased by around 20%.
- 3.8. Whilst it is perhaps unlikely that demand can continue to increase at current rates the pandemic has changed many patterns of service demand and delivery meaning a return to pre pandemic trends is perhaps unlikely. Despite this, service delivery priorities, guided by the Strategic Plan priorities have remained Community/Home First. Whilst we have seen some fluctuation in numbers within long term care we have not seen exponential growth in this area. Therefore it is assumed that with adequate Community Capacity, particularly with regard to Care at Home, growth in long term care can be mitigated.

Unmet Need

- 3.9. We have, however, observed a significant growth in unmet need and recording of this has, necessarily, also improved during the past year with updates being reported locally and to Scottish Government on a weekly basis.

The IJB had a development session in November 2021 where data on unmet need and modelling of costs to address this were presented.

This provided three scenarios with the central scenario having a cost estimate of £6.381m to address unmet need.

Using a simplified version of the same methodology, at 10 January unmet needs data gives a central scenario cost estimate of £6.836m though it is possible data quality issues are inflating this somewhat. This figure inflates rates to take account of the increases to pay applicable from 1 December 2021. On a like for like basis the figure presented to the November development session would be £6.687m.

It is understood that data quality issues are likely to inflate the assessment of unmet needs at any point in time though work is ongoing to improve this. It is suggested therefore that a truer cost assessment may be around £5m. Using an assumption of 75% of the estimate of £6.836m gives a figure of £5.127m.

Social Care Demand Increase Scenarios

- 3.10. 3 base planning scenarios for Community Based Adult Social Care were initially examined and discussed with the IJBs Finance and Performance Committee in December 2021.

Scenario 1: 4% growth based on pre-pandemic trends

Scenario 2: Midway Scenario between scenarios 1 and 3

Scenario 3: 20% growth as seen in some services during 2021/22

Further review, discussion and comparison with peers suggested these scenarios were over pessimistic particularly as some of the demand levels currently being experienced is latent demand which did not present during 2020/21.

Therefore 3 adjusted planning scenarios were examined at 4%, 8% and 12% growth. These are summarised in the table below and illustrate the sensitivity of different demand scenarios on projected costs.

Demand Scenario	4%	8%	12%
Gross Estimated Costs Including Inflation	4,951	5,975	7,378
Recurrent Baseline from 21/22 (Based on Month 8)	(289)	(289)	(289)
Recurrent Demand Pressure currently met from Covid consequentials	2,419	2,419	2,419
Estimated Required Investments in Rapid Response Teams & Other Additionality	3,175	3,175	3,175
Build on Carers Investment Plan Commitments	467	467	467
Interim Care	512	512	512
TOTAL (excluding addressing unmet need)	11,235	12,259	13,662
Estimated 'New'/Additional Resources via Settlement	9,072	9,072	9,072
Potential Gap (Excluding Addressing Unmet Need)	2,164	3,187	4,590

In addition to these scenarios we also require to take into account resource required to address unmet need. This is based on the work presented to the IJB Development Session on 2 December 2021. The central scenario on from this modelling suggested a resource requirement based on availability of suitable workforce capacity of £6.381m.

Given much of the exceptional additional demand increases observed in 2021/22 to date are as a result of the issues set out at section 3.8 of this report the proposed core assumption for predicting social care demand and resource requirement into 2022/23 is 4% plus the cost estimate for the assessment of unmet need of £5.127m.

Baseline Financial Position into Financial Year 2022/23

- 3.11. The financial report to this Board details a projected overspend on the Integrated Budget of £0.374m. This excludes £2.419m of costs in 2021/22 attributed to Covid as exceptional demand costs. Taken together this gives an underlying deficit of £2.793m.

2022/23 IJB Revenue Budget

- 3.12. The issues surrounding the IJBs budget planning are, in many ways, more complex and uncertain than ever. This increases the financial risk profile across the short and medium term for the IJB. To set balanced revenue budget the IJB can only deploy resources at its disposal.
- 3.13. The partnerships shares of the £554m flowing through the Local Government settlement is estimated at £13.137m with £9.072m being new additional resources and the balance of £4.065m baselining recurrent funding for existing costs (Real Living Wage and Full Year Effect of December 2021 pay uplift for commissioned social care services).
- 3.14. Of the £9.072m new additional resources £3.175m is the estimated share provided for expansion of care at home capacity. It has therefore been assumed this will be invested in such expansion including through priority development of a Rapid Response Service incorporating redesign of current Reablement and MECS Teams with significant investment in carers directly employed by Local Authorities. A business case is nearing completion and it is currently envisaged that urgent decision making powers be used to seeking authority to recruit staff to support current business continuity issues across the whole system before bringing the case to the February Finance and Performance Committee for scrutiny and the Board for formal approval in March.

The local government settlement also includes further resource (£0.467m) to support the ongoing implementation of the Carers Act. Per the financial memorandum underpinning the Act 2022/23 will be the last year the additional cost implications will be specifically recognised within the financial settlements. It is proposed that an updated Carers Investment Plan be brought to the Board for consideration in due course following the model established for 2021/22.

Additionally, there is investment in Multidisciplinary Teams (MDTs) (£40m) and Healthcare Support workers (£30m) via NHS Boards which we await full clarity on which may potentially contribute to funding some of the priority investments.

- 3.15. Using the financial planning assumptions stated the financial gap for 2022/23 requiring to be met by savings has been estimated as illustrated in the table below.

Summary of Estimated Gap Requiring to be met by Savings

	Set Aside £'000	Adult Social Care £'000	Operational And Universal Health Services £'000	Total Integrated Budget £'000
Deficit from 2021/22 (Based on Month 8)	440	(289)	663	374
Inflation & Demand Cost Pressures	618	11,524	2,515	14,039
Less: Estimated Additional Resources	(476)	(9,072)	(1,428)	(10,500)
Total Estimated Gap Requiring to be met by Savings	582	2,164	1,750	3,914

- 3.16. Significant further work is required to further plans to meet this gap whilst aligning to the Strategic Plan and Transformation Programme priorities.

These will focus on:

- Review of unachieved 21/22 savings
- Furthering progress on the Transforming Care Programme including Outcomes Based Assessment, Self Directed Support, Technology Enabled Care and New Models of Care including those with Housing Support
- Reducing reliance on temporary workforce.
- Value management and cost improvement including financial Grip and Control Actions
- Medicines management including actions to reduce variation and waste.
- Review activity and reduction of waste
- Reducing delays and occupied bed days through effective whole system working.
- Reviews of value from commissioning budgets linked to Strategic Priorities, Evidence of Good Outcomes and developing commissioning consortium approaches.

This list is not necessarily exhaustive.

- 3.17. To give some context to the gap the 2021/22 Revenue Budget was predicated on a savings requirement in relation to the Integrated Budget of £3.229m with approximately £2.9m of that being forecast to be achieved despite the considerable operational challenges we have faced during 2021/22.

- 3.18. The estimated gap at section 3.15 does not include the costs of addressing unmet need though the proposed investment in a Rapid Response Service and the ongoing impacts of the Transformation Programme will assist. It is therefore envisaged that some use of reserves can be used to assist in reducing the unmet need. There is likely to be a significant amount of 21/22 funding through the Health and Social Care Winter Investment Plan unspent and this will, with Scottish Government agreement be carried forward in an earmarked reserve. Dialogue is ongoing with Scottish Government finance colleagues to seek agreement on flexible use of these resources to have the greatest possible impact on unmet need and system pressures.

Next Steps

- 3.19. In order that the IJB can be presented with a balanced 2022/23 Revenue Budget for approval at the March meeting and subject to approval of this paper the next steps required will be.
- 3.20. The Chief Officer and Chief Finance Officer will write formally to the constituent authorities with this business case and further constituent authority level detail to further inform budget considerations.
- 3.21. Further work will be completed in respect of plans to close the financial gap and on the business cases to support the priority investments detailed and presented to the February meeting of the Finance and Performance Committee for discussion and scrutiny. Any further updates and clarity on allocations will also be incorporated into this update.
- 3.22. Further discussion will be had with Scottish Government colleagues on flexibility in use of reserves particularly those that will be established as a result of any unspent resource from the Winter Health and Social Care Funding Package.
- 3.23. Per the terms of the integration scheme the constituent authorities are required to formally notify the IJB of the intended payments and set aside budget to the IJB by 28 February.
- 3.24. The implications of the steps above will then be drawn together to inform the 2022/23 Revenue Budget to be presented to the IJB for approval at its March meeting.

4. IJB Budget Strategy and Medium Term Financial Plan (MTFP)

- 4.1. The IJB approved an updated budget strategy at its September meeting following consideration and recommendation by the Finance and Performance Committee. The key strands of the budget strategy are:
- Achieve financial breakeven on the core revenue budget year on year without requiring offsets from Transformation Funding
 - Invest available Transformation Funding to support service transformation and modernisation
 - Establish and maintain a general or contingency reserve of a minimum of 0.75% of budgeted expenditure and overall minimum reserves of 2% per the prudential reserves strategy.
 - Specific allocations for key Scottish Government policy commitments are fully expended on these policy priorities subject to approval of implementation plans and updates by the IJB.
- 4.2. The IJB also approved a high level refresh of the Medium Term Financial Plan (MTFP) based on existing core assumptions. This resulted in an estimated savings requirement of between £16 and £17.5m over the next 5 financial years.
- 4.3. It is intended to further update the MTFP in March 2022 along with the 2022/23 Revenue Budget. Given the Scottish Governments intention to undertake a Spending Review in May 2022 the refresh of the MTFP at this point is again likely to be high level. A fuller review and refresh of the MTFP will be undertaken post the spending review and emergent policy approach to the creation of a national care service.

5. Transformation Funding

- 5.1 In March 2019 the IJB agreed a 3 year investment programme for transformation funding aligned to the Strategic Commissioning Plan priorities. This was supplemented by investment decisions taken as part of the 2021/22 Revenue Budget in May 2021 in relation to:
- Refreshed Approach to Self Directed Support
 - Technology Enabled Care Development Lead
 - Investment in Reablement
 - Strategic Planning and Performance Analyst Capacity
- 5.2 As part of budget setting consideration there will therefore require to be decisions taken in respect of use of transformation funding for the pending year.

6. Reserves

- 6.1 The IJBs opening reserves balances at 1 April 2021 totalled £14.212m with £3.323m being general or contingency reserves and £10.890m being reserves earmarked for specific purposes. These reserves levels were exceptional particularly as a result of £6.682m of Covid earmarked reserves which are the first call on Covid expenditure in 2021/22.
- 6.2 It was anticipated that reserves levels would reduce considerably during 2021/22 as the Covid earmarked reserves are exhausted. However there are likely to be considerable elements of the Health and Social Care winter funding package resources unspent at 31 March 2022 as well as some other government allocations which will result in reserves levels remaining, in the short term, significantly in excess of target reserves. Given the future spending context illustrated in the graph at section 7.3 of this report there is likely to be a requirement to deploy a degree of reserves during 2021/22 as part of budget considerations. Projected reserves levels at 31 March 2022 will be estimated as part of Quarter 3 financial review processes.
- 6.3 Additionally given an increasing risk profile there may be reasonable justification in further reviewing the reserves policy, particularly with regard to contingency reserves.

7. Capital

- 7.1 As set out in section 8.11 of the Integration Scheme responsibility for Capital and Asset Management are retained by the constituent authorities however paragraph 8.11.3 sets out the process for identifying any capital investment required to support the Strategic Plan through business cases.
- 7.2 To date there have been few cases for capital support however there are four potential areas of capital requirements to support service modernisation and transformation in the coming year.

These are:

- Analogue to Digital Modernisation for Mobile Emergency Care Services (MECS) with an estimated capital requirement of c£1.2m
- Replacement Social Care Recording and Management Information System (replacing Swift and CCIS systems) dependent on costs and preferred funding model to be determined through ongoing business case processes.
- Establishment of an appropriate HSCP Headquarters facility
- Modernising Community Equipment service provision

These matters will continue to be discussed through the capital planning arrangements within the constituent authorities.

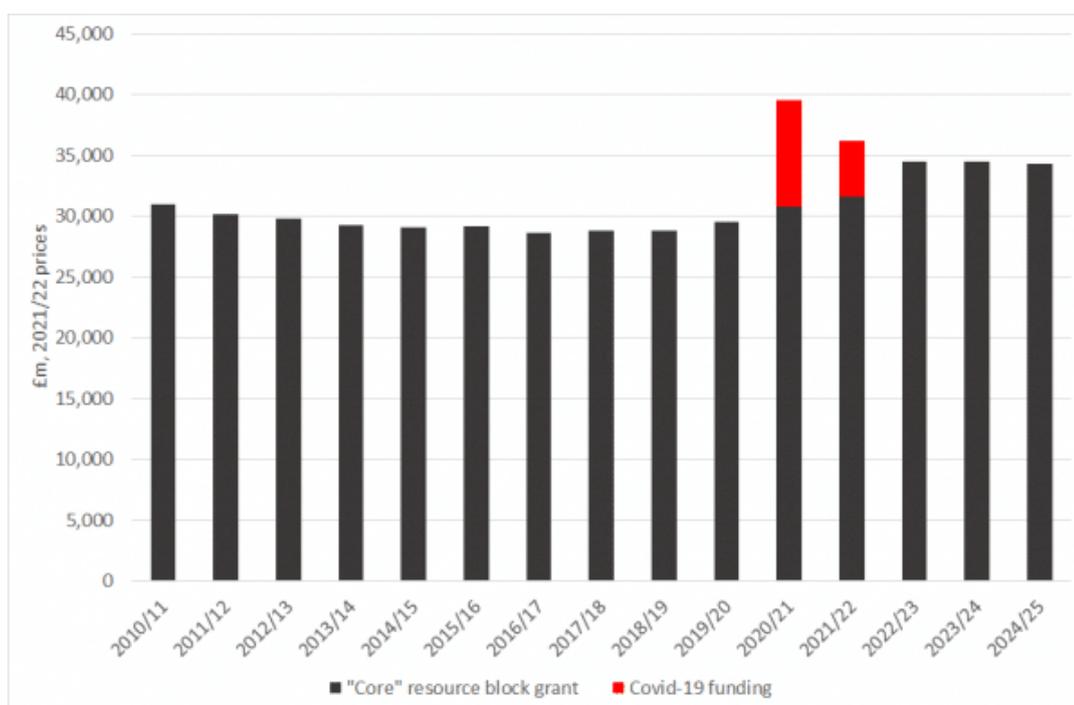
8. Financial Risk

- 8.1. Financial resilience is a strategic risk reflected in the IJB's Strategic Risk Register (SRR). As is usual practice, the financial resilience element of the SRR is reviewed and updated reflecting the risk statement within the IJB Revenue Budget which will be presented to the Board in March 2022.
- 8.2. Given the exceptional, in comparison to longer term pre-Covid trends, level of service demand observed during 2022/23 the obvious risk to the budget is that demand is materially different to planning assumptions. Holding a significant degree of reserves assists in mitigating this risk to a degree, at least in the short term.
- 8.3. General inflation levels and inflationary pressures associated with the social care provider market and prices of other goods and services should also be regarded as a key risk. A notable 'side-effect' of supply side pressures in the social care provider market for care at home is more care is being procured at higher average rates than previously.
- 8.4. There is also evidence of other potential cost pressures beginning to emerge such as costs associated with social care requirements for service users being released from the prison population at older ages with significant social care needs.
- 8.5. Clearly the current Omicron wave and any further Coronavirus variants and/or waves is also a fundamental service and financial risk.

9. Conclusions

- 9.1. The financial landscape for the IJB and the public sector generally is significantly more complex than we have seen to date both in terms of resource and predicting supply, demand, prices and overall costs.
- 9.2. As previously advised the financial and economic outlook, whilst challenging in 2022/23, appears likely to be more difficult in the following two financial years.

The graph below, which was included in the last IJB finance report, illustrates this and the impact of Covid19 consequential funding on the Scottish block grant.



9.3. Therefore it is paramount that the transforming care programme is progressed and addressing, as far as possible, unmet need is addressed to seek to minimise the need for ongoing and likely more expensive supports in the medium to longer term. Investing a greater degree of resource in early intervention and prevention would aid this approach alongside continue focus on outcomes focused assessment, care and commissioning.

10. Appendices

Appendix 1: 2022/23 Budget: Letter from Richard McCallum, Director of Health Finance and Governance

Appendix 2: Social Care Cost and Demand Pressure Scenarios

Appendix 3: Summary of Inflationary Pressures for Set Aside and Operational and Universal Health Service Budgets

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:	Financial Implications are detailed within the body of the report.
Other Resources:	N/A
Legal:	N/A
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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 1

Directorate for Health Finance and Governance
Richard McCallum, Director



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Chief Executives, NHS Scotland

Copy to: NHS Chairs
NHS Directors of Finance
Integration Authority Chief Officers
Integration Authority Chief Finance Officers

Issued via email

9 December 2021

Dear Chief Executives

Scottish Government Budget 2022-23

Following the announcement of the Scottish Government's Budget for 2022-23 by the Cabinet Secretary for Finance and the Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Cabinet Secretary has set out that this is a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government. As in previous years, the position set out in this letter will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Baseline Funding

All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the Scottish Government in line with the outcome of the pay negotiations.

Boards should make appropriate provision for medical, dental and other staff groups, and expect to accommodate these costs within the baseline uplift.

Covid-19 Funding

We recognise the scale of anticipated Covid commitments and expenditure for 2022-23 and are keeping this under close review. To this end, we are currently seeking clarity on the level of Covid-19 funding that will be provided by HM Treasury in 2022-23. In addition however to the baseline uplift we will provide:

- an initial £30 million in 2022-23 on a recurring basis to support the permanent recruitment of Vaccination staff. Further funding will be provided following review of staffing models across NHS Boards.

- funding of £33 million for the first six months of 2022-23 for the National Contact Centre staffing and Test and Protect contact tracing staffing, £17.5 million for mobile testing units, and a further £4.1 million for the regional labs staffing in 2022-23.

We will set out more detail on overall financial support as we receive further clarity from HM Treasury and as planning arrangements are developed. We will continue to work closely with NHS Directors of Finance and Chief Financial Officers, to ensure that all appropriate steps are being taken to deliver value and efficiency across totality of spending.

Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
TOTAL	775.9	845.9	70.0

When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23 - see **Annex A**.

Core Areas of Investment

Further detail on funding allocations and arrangements will be set out by individual policy areas, however please note the overall funding committed:

Primary Care

Investment in the Primary Care Fund will increase to £262.5 million in 2022-23 as a first step to increasing primary care funding by 25% over the life of this Parliament. Funding will continue to support the delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.

Waiting Times Recovery

Investment of £232.2 million is being provided to support waiting times improvement, recovery and reform. This includes £60 million for NHS Recovery and an additional support for National Treatment Centres. As in previous years this includes £10 million for winter, to allow Boards maximum opportunity to plan as appropriate.

Mental Health and CAMHS

Funding of £246 million for Improving Patient Outcomes will be directed to a range of partners for investment to support mental health and children and young people's mental health. It will help fund a range of activities which support prevention and early intervention through offering a sustained increase in investment in mental health services. It will support our commitment to increase direct mental health funding by at least 25% over this parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan, published in October 2020, including significant funding to improve Child and Adolescent Mental Health Services and to reduce waiting times.

As part of the 2022-23 budget we are investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.

Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.

Trauma Networks

This funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.

Alcohol and drugs

The total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26. Funding will support further investment in a range of community-based interventions, with a focus on supporting individuals and their families within their community, as well as an expansion of residential rehabilitation and improving delivery of frontline care as part of the overarching aim of reducing harms and avoidable deaths caused by substance misuse.

Health and Social Care Integration

In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

Capital Funding

Territorial Boards should assume a five per cent increase in their initial capital formula allocation. National Boards formula capital will be unchanged.

2022-23 Financial Planning

As previously confirmed, we will return to three year financial planning in 2022-23. It is expected that Boards will submit these plans in line with the timescales for three year operational plans, however we will provide further updates on this in advance of the new financial year.

It is recognised that some specific cost pressures have been highlighted by NHS Boards, such as those relating to CNORIS, Office 365 and PACS reprovisioning. We will undertake further work with Directors of Finance to determine the extent of these pressures and planning assumptions that should be made.

Yours sincerely



RICHARD MCCALLUM

Director of Health Finance and Governance

APPENDIX 2

Clackmannanshire Element of HSCP Demand Pressures

Revenue Budget 2022/23 - Revised Assessment for January IJB Budget Update
08/12/2021

Scenario 1 - Based on Long Term Pre Covid Trends 4% Demand Growth

Scenario 2 - Midway Scenario 8% Demand Growth

Scenario 3 - 12% Demand Growth

Pressure	Scenario 1 Impact £000	Scenario 2 Impact £000	Scenario 3 Impact £000
Clackmannanshire			
Pay Award			
Employee Expenditure	218	218	218
NI Increase	30	30	30
Contractual Inflation			
Long Term Care	472	472	472
Care at Home	473	473	473
Direct Payments, Daycare, Respite	42	42	42
Demographic Demand Pressures			
Care at Home	395	789	1,184
Direct Payments, Daycare, Respite	61	122	183
Learning Disability Transitions / Complex Discharges	100	100	100
Prisons / Post Prison Discharge Social Care Needs	tba	tba	tba
Subtotal	1,789	2,245	2,700
Clacks Total Excluding estimate for new Information System	1,789	2,245	2,700
Stirling			
Employee Costs			
Increments & Pay Adjustments	59	59	59
Superannuation	41	41	41
NI Increase	55	55	55
Pay Inflation	300	300	300
Contractual Inflation			
Long Term Care	614	614	614
Care at Home	827	518	518
Others (Day Care, DP's, Op 2, Respite)	120	50	50
Demand Pressures			
Transitions & Demographic Growth	947	1,894	2,841
LD Transitions	200	200	200
Stirling Total	3,162	3,731	4,678
Recurrent Demand Pressure currently met from Covid consequentials	2,419	2,419	2,419
Build on Carers Investment Plan Commitments	467	467	467
Interim Care Assumed Equal to Expenditure	512	512	512
Estimated Required Investments in Rapid Response Teams & Other Additionality	3,175	3,175	3,175
Clackmannanshire & Stirling Total	11,524	12,548	13,951

Appendix 3

NHS Forth Valley

Pay & Prices Inflation Estimate for Health within Clacks & Stirling Health & Social Care Partnership

calculations based on Full Year (FY) Budget at month 07 2021/22

SG Baseline Uplift

2.00%

Expenditure Type	Annual Budget CS IJB at Mth 07 2021/22 £	Future Year Annual Budget CS IJB £	Year 1 Inflation Estimate (2022/23) £	Avg %age Inflation	Inflation at SG Funding (0.02) £	Inflationary Gap £
Set Aside	24,227,723	23,813,244	618,392	2.60%	476,265	(142,127)
Operational	43,912,558	38,062,653	790,674	2.08%	761,253	(29,421)
Universal	33,699,270	33,344,886	1,724,102	5.17%	666,898	(1,057,205)
Total Baseline Funding	101,839,552	95,220,783	3,133,168	3.29%	1,904,416	(1,228,752)

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 9.1

Joint Loan Equipment Store

For Approval

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

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

Purpose of Report:	To seek agreement for the development of a refreshed future delivery model for the provision of equipment across Forth Valley.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Consider the conclusions of the independent review and evaluation of the four service delivery options. 2) Agree in principle that a unified Forth Valley Community Equipment Service, be progressed with further technical and financial development work, as well as engagement and consultation with service users, carers and other key stakeholders. 3) Short Life Working Group be established to take forward the recommendations.
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1. Background

- 1.1. The Joint Loan Equipment Service (JLES) offers a range of equipment to enable people to remain in their own home, across Forth Valley. The service primarily operates from a store in Falkirk, with small satellite stores geographically dispersed across the area. Additionally, Falkirk has a complimentary service, known as Living Well, which enables service users to access equipment and aids to self-manage some conditions.
- 1.2. Clackmannanshire Council area has its own equipment service, which sources and delivers some equipment locally for social work, however patients can also receive JLES sourced equipment via NHS Forth Valley.
- 1.3. Over recent years funding partners have acknowledged that the Joint Loan Equipment Service requires to be reviewed and modernised, to better meet the needs of current and anticipated future demands as well as modernised practice relating to recycling. To assist this process, an independent review of the Joint Loan Equipment Service was commissioned via the Improvement Service by Falkirk HSCP and Clackmannanshire & Stirling HSCP.
- 1.4. This resultant report from the Improvement Service laid a process of review of the current status of the service as well as providing the opportunity to consider

if there was an opportunity to consider a different delivery model for the provision of equipment across Forth Valley.

- 1.5. Four options were considered by representatives of the funding partners; Falkirk HSCP, Clackmannanshire and Stirling HSCP and NHS Forth Valley. These four options were identified following an independent review by external consultant from the Improvement Service. The review process included 1-to-1 interviews and focus groups with frontline practitioners, service users and carers, senior managers, Joint Loan Equipment Service current staff, and a presentation to the Strategic Planning Groups within Falkirk and Clackmannanshire & Stirling.
- 1.6. The independent review and subsequent assessment by senior managers identified several key developments which are required of a 'fit for purpose' equipment service over coming years. These include a fully integrated equipment ordering system, improved turnaround times for equipment requests, the development of a self-service option for service users in the Stirling and Clackmannanshire area and improvements in recycling of equipment.
- 1.7. Separately the Clackmannanshire & Stirling HSCP and NHS Forth Valley colleagues have undertaken survey work across practitioners to ascertain their views of the service. These views have been incorporated into the analysis provided in the independent evaluation.

2. Joint Loan Equipment Service Review process

- 2.1. A Best Value assessment of the options was carried out by HSCP representatives and in consultation with managers representing NHS Forth Valley.
- 2.2. The Review sought views from key stakeholder groups; service users and carers, practitioners, senior manager and JLES staff. Positive feedback included the response to urgent requests, dedication of staff and flexible access arrangements, areas for improvement include dissatisfaction with delivery times, complex ordering processes, potential waste or inefficiency through non-return/ low reuse of existing stock, performance reporting issues, inconsistencies in processes and a lack of investment in the service.
- 2.3. The Review identified four options for consideration:
 - Option 1: Continue 'as is' with the current service delivery model
 - Option 2: Each HSCP manages and delivers their own in-house community equipment service
 - Option 3: Each HSCP procures their own outsourced managed equipment stores (whether this be wholly or partially outsourced store)
 - Option 4: Wider joint investment into a unified Forth Valley Community Equipment Service
- 2.4. Representatives from Falkirk HSCP, Clackmannanshire & Stirling HSCP, NHS Forth Valley evaluated the options from the report. A Best Value assessment was undertaken through which each of the options was considered against the

following criteria which were allocated a weighting to reflect their relative importance as outlined below:

- efficiencies 20
- equality 20
- quality of service 30
- person-centredness 15
- responsiveness 15

Total weighting 100

2.5. A simple evaluation system was used in order to score each of the options against the above criteria and thereby identify a preferred option for the Integration Joint Board to consider:

- 0 - the option does not meet a key or minimum requirement
- 1 - the option meets the minimum requirements
- 2 - the option delivers (or is likely to deliver) to a standard which is above the minimum required
- 3 - the option has the potential to deliver to a standard which is well above the current service and compare favourably with what is available elsewhere

2.6. Table 1. Options Appraisal results

		Option 1 Continue with existing model		Option 2 Each HSCP has its own JLES service		Option 3 HSCP procure/commission a service		Option 4 Forth Valley wide service	
Criteria	Weight	Score	Weighted score	Score	Weighted score	Score	Weighted score	Score	Weighted score
Efficiencies	20	2	40	0	0	0	0	3	60
Equality	20	2	40	2	40	2	40	2	40
Quality	30	1	30	2	60	2	60	2	60
Person Centred	15	2	30	1	15	1	15	2	30
Responsive	15	1	15	2	30	1	15	2	30
	100								
Total weighted score			155		145		130		220

2.7. When the four options are scored against the criteria assessed, it is clear to the Panel that the option which would most likely deliver across the key criteria is Option 4 (Investment into a Forth Valley-wide Service). Options 2 and 3 were not considered to meet the key or minimum requirement of providing a service which could easily be accessed by practitioners across all 3 funding partners. Additionally, there were additional costs associated with setting up and running

separate services for each HSCP and, for Option 3, significant delivery risks associated with the externalisation of some or all of the service.

- 2.8. Therefore, those who participated recommended the preferred option - Option 4, a unified 'Forth Valley Community Equipment Service'. However it is proposed that this option needs to be further developed, from a technical and financial perspective, and through consultation with service users, carers, patients and other key stakeholders, before a final recommendation, with any associated additional funding requirement, is put to the funding partners in April 2022.

3. Conclusions

- 3.1. Based on the criteria set out above; Efficiencies, Equality, Quality of Service, Person-Centredness and Responsiveness, Option 4 is considered to be the best option from stakeholder engagement. Option 4 was assessed as either Good (4) or High (1) against the five criteria.
- 3.2. A short life project group will be established, led by Falkirk HSCP, to take forward the recommendation, develop the technical specification for the service and provide detailed costings for consideration by April 2022.
- 3.3. The proposed new service delivery model will provide a cross-Forth Valley joint loan equipment service which is fit for the current and future demand that are likely to be put on it. This will enable partners to support greater numbers of residents to live in their own home as well as reduce hospital admissions and expedite discharges.

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 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:	The financial resources required to deliver the preferred option form part of the technical feasibility work which the next stage of this process will deliver. It is recognised that each of the options would require a degree of financial investment and Finance Officials from the respective funding partners will take forward this piece of work as part of a Senior Project Group overseeing both the financial and technical requirements of the new service delivery model. As owner of JLES, Falkirk HSCP will take the lead in bringing this work together
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <u>does not</u> require a EQIA
Data Protection:	The content of this report <u>does not</u> require a DPIA
Fairer Duty Scotland	<p>Fairer Scotland Duty places a legal responsibility on public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p> <p>The Interim Guidance for public bodies can be found at: http://www.gov.scot/Publications/2018/03/6918/2</p> <p>Please select the appropriate statement below:</p> <p>This paper <u>does not</u> require a Fairer Duty assessment.</p>

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 10.1

Quarter 2 Performance Report (July – September 2021)

For Approval

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	Wendy Forrest & Carolyn Wyllie
Author	Carol Johnson & 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> <ul style="list-style-type: none"> • Review the content of the report. • Note that appropriate management actions continue to be taken to address the issues identified through these performance reports. • Approve quarterly reports that normally be presented first at the Finance & Performance Committee and subsequently at the available Board meeting.
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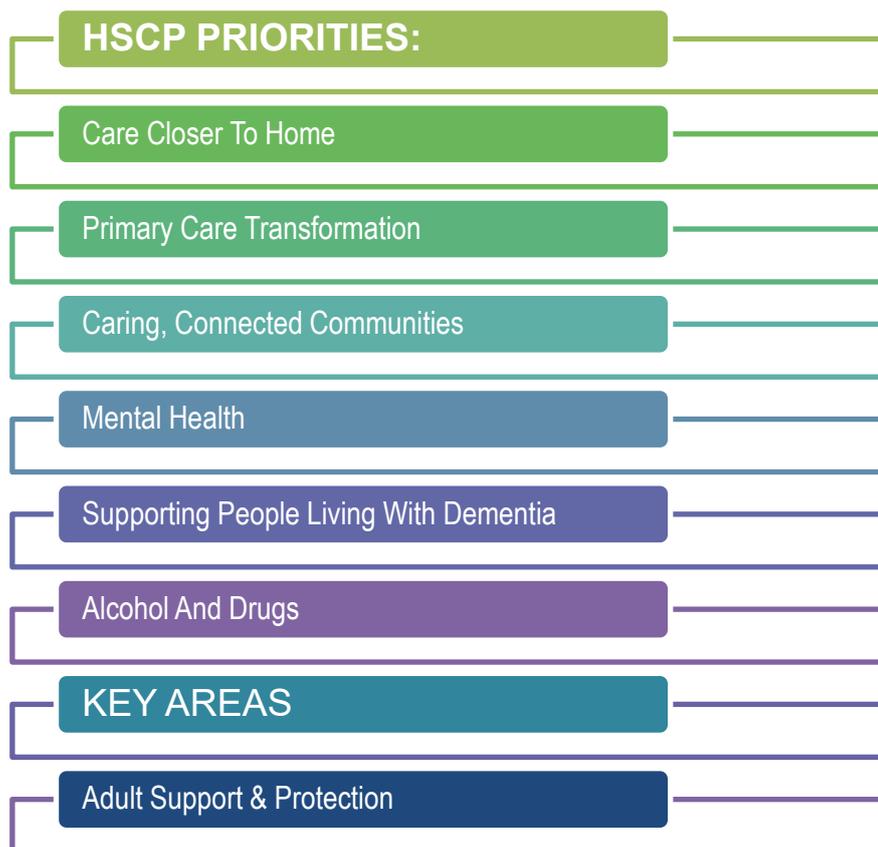
1. Background

- 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. Some NHS Forth Valley data is now included in the attached exception report.
- 1.3. Integrated performance Portfolio scorecards are also being developed with all Locality Managers which include data for all delegated functions within community health and social care.
- 1.4. The content of this report is actively monitored and the date/information supports wider planning and delivery in areas such as Locality planning, strategic commissioning and the transforming care programme of work.
- 1.5. There has been improvement around a range of issues affecting the Health Records Service Clinical Coding Team. The NHS Forth Valley backlog with national SMR01 returns has reduced considerably, however it is still not 100%. The indicators are; Emergency Admissions; Unplanned bed days; A&E. As of

7 December 2021 the data for 2019/20 was 98% and 2020/21 was an average of 94%, it therefore means that historical data may still change slightly.

- 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 ongoing and will continue to develop as part of the joint unscheduled care arrangements. It is anticipated that this data will be available in the next report.
- Essential action 1 - Clinically focussed and empowered hospital management.
 - Essential action 2 – Hospital capacity and patient flow (emergency and elective) realignment.
 - Essential action 3: Patient rather than bed management (co-ordinated creation of a multi-disciplinary, patient-centred discharge plan and timely, synchronised execution).
 - Essential action 4: Medical and surgical processes.
 - Essential action 5: Seven day services
 - Essential action 6: Ensuring patients are optimally cared for in their own homes or homely setting. 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 manages and maintains their 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.
- 1.8. The Audit & Risk Committee last reviewed the Strategic Risk Register on 22 November 2021, and exception details are found in Appendix 2.
- 1.9. The Quarter Two Report is based around the Strategic Plan 2019 – 2022 (2023) priorities and key areas. It also sits within the context of the HSCP's integrated Performance Framework.

1.10. 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 normally will have first gone through the Finance & Performance committee covering the following periods:

- Quarter One – 1 April 1 to 30 June 2021
- Quarter Two – 1 July to 30 September 2021
- Quarter Three – 1 October to 31 December 2022
- Quarter Four – 1 January 1 to 31 March 2022

On this occasion the report did not go to the Finance & Performance committee prior to the IJB, because the committee had a restricted agenda which focussed on finance.

2.2. The performance reports are continuing to develop based on areas of focus and feedback from members of this committee and wider stakeholders. Some key performance indicators relating to NHS delegated functions are now 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. Management commentary is included within the attached Quarterly Performance Report.

2.4. Reporting timetable:

Finance & Performance Committee		Integration Joint Board	
18/08/21 R	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 Q	Q2 – QPR 21/22 not required.	March 22	Q2 – QPR 21/22
23/02/22 R	Q3 – QPR 21/22		Q3 – QPR 21/22

QPR - Quarterly Performance Report

APR – Annual Performance Report

- 2.5. 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 when appropriate to do so.

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 Two Performance Report (June to September 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 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

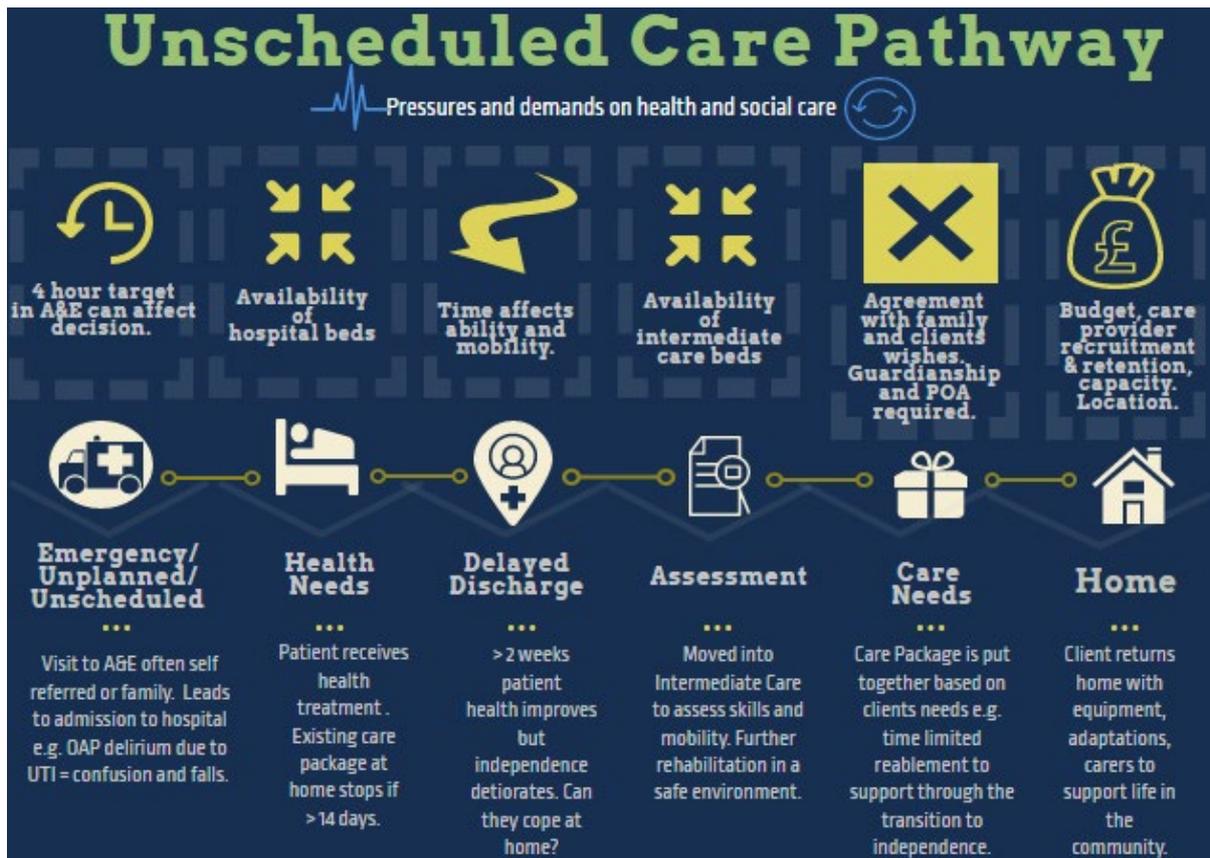
Quarter Two (June to September 2021) Performance Report

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

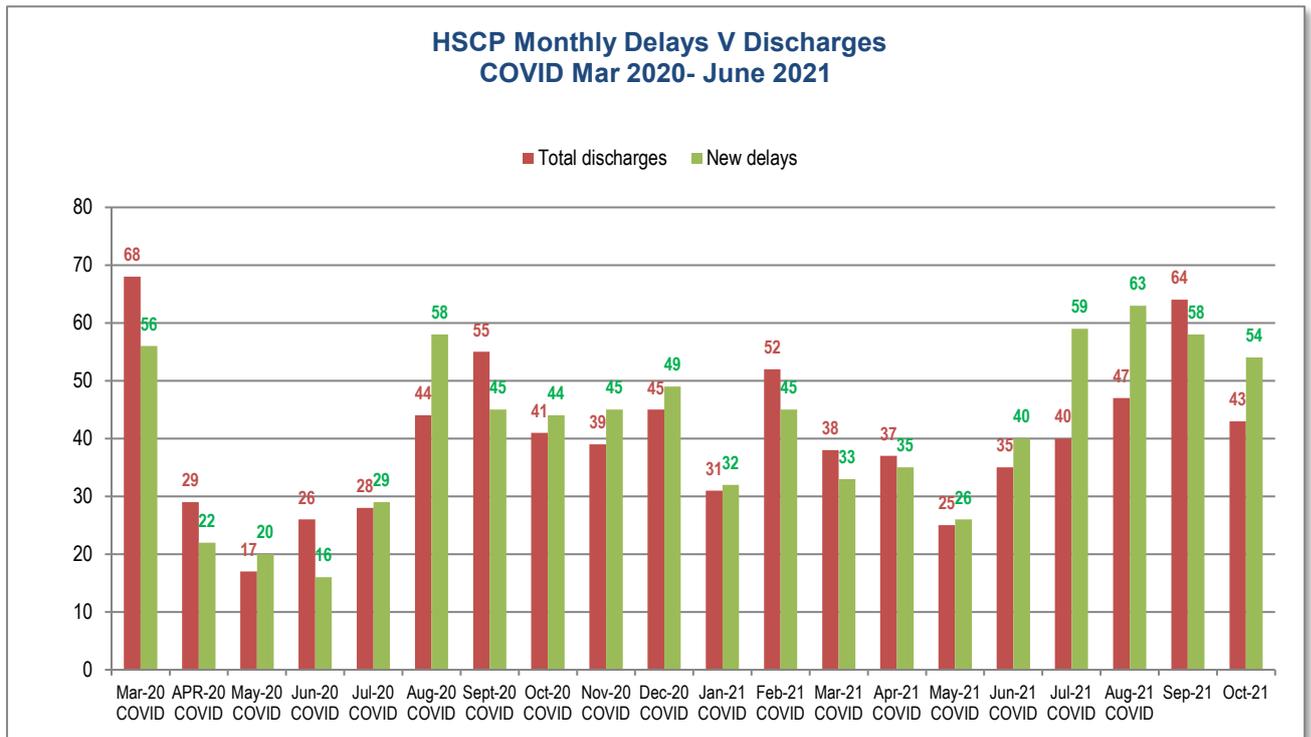
Avoid unnecessary delays in hospital discharge



The infographic above describes the inter-dependencies that impact on the flow through the Unscheduled Care pathway.

Within this report, there are several examples where the described flow has been interrupted, creating system pressures, especially within community hospitals, intermediate care and the reablement service. This has been the result of limited capacity within the final phase of the pathway, which means that there are waits to receive packages of care in order to enable a person to return home or, move into a Care Home. The cause is primarily due to the ongoing pandemic and the unprecedented demand on community health and social care services which are suffering from the impact of self isolation and/or outbreaks and staff shortages.

We continue to monitor this situation very closely and work collaboratively with our partners to find solutions to reduce both delays to discharge, and pressures on all services across health and social care.

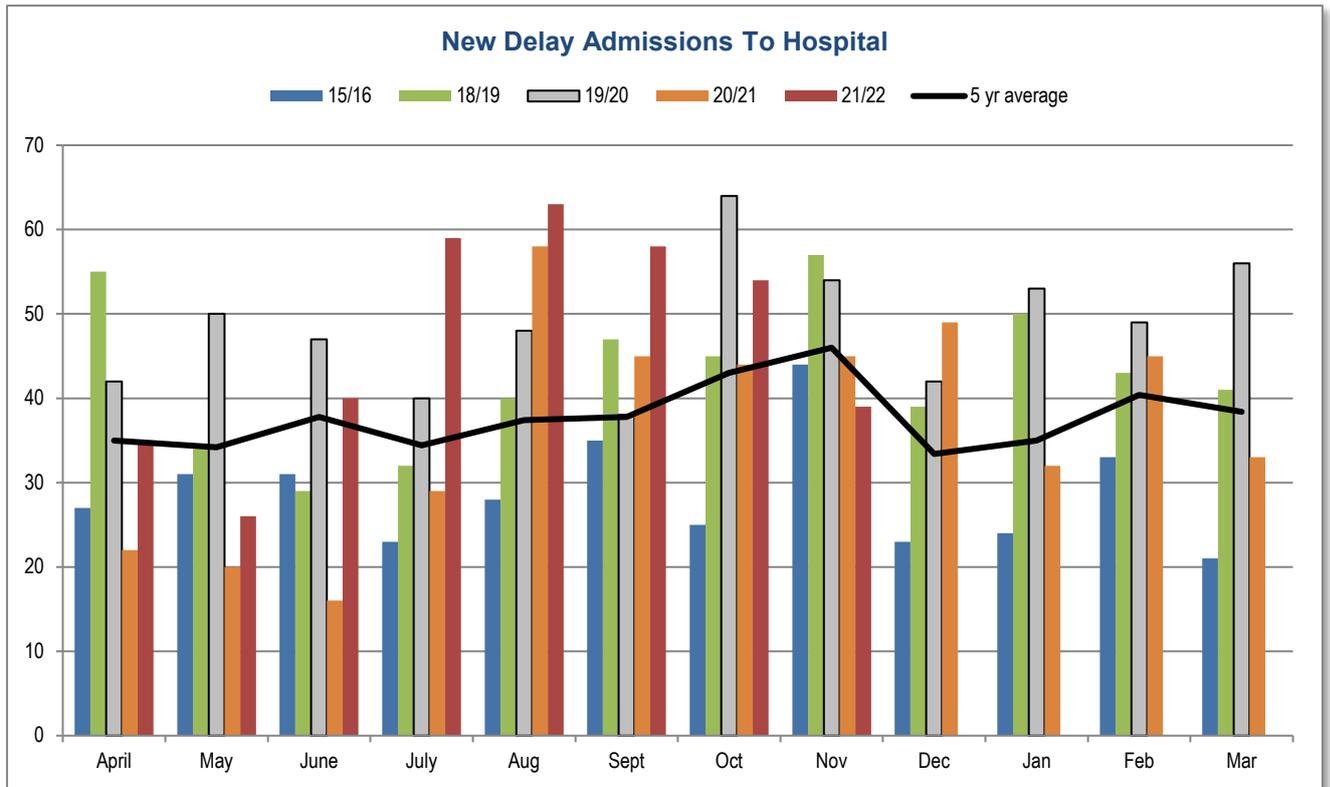


Source: HSCP Unscheduled Care Dashboard local data

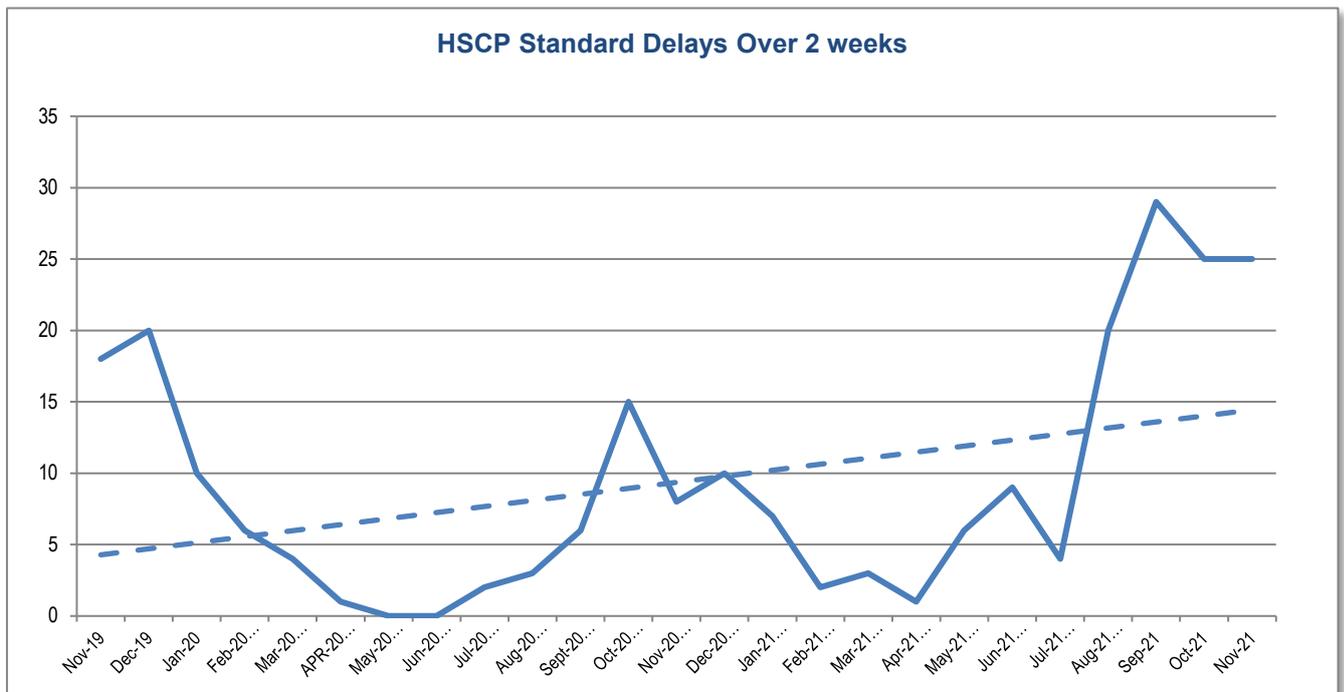
The graph above shows the rise in new patients at the start of the quarter in June 2021, and the responding work to build capacity and ensure that patients who were discharged from hospital with the support they required enabling them to return to the community.

The end of the quarter in September 2021 saw more patients leave hospital than entered that month. However, this is an ongoing challenge.

The graph below shows the unprecedented rise in admissions and new delayed patients over the period, much higher than the average over the last 5 years. This rise may reflect a change in public behaviour, where last year they were reluctant to attend emergency departments or go to hospital, some may feel more protected now that they have been vaccinated or are not able to hold off any longer.

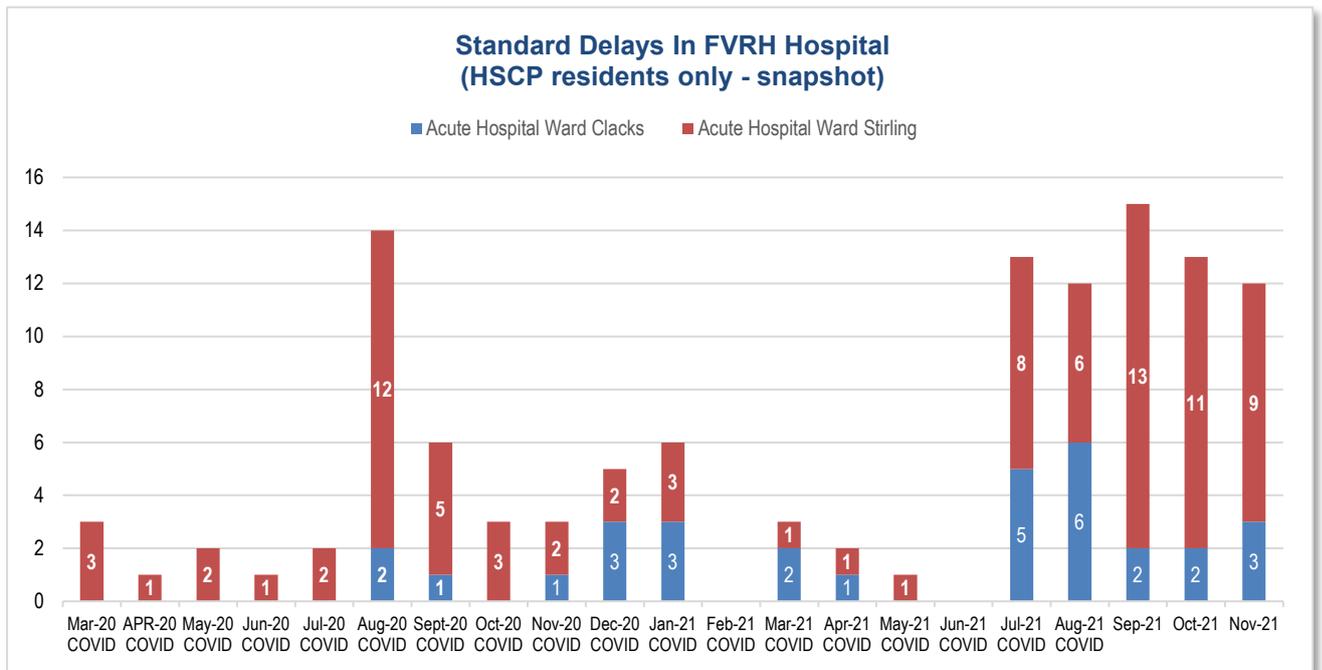
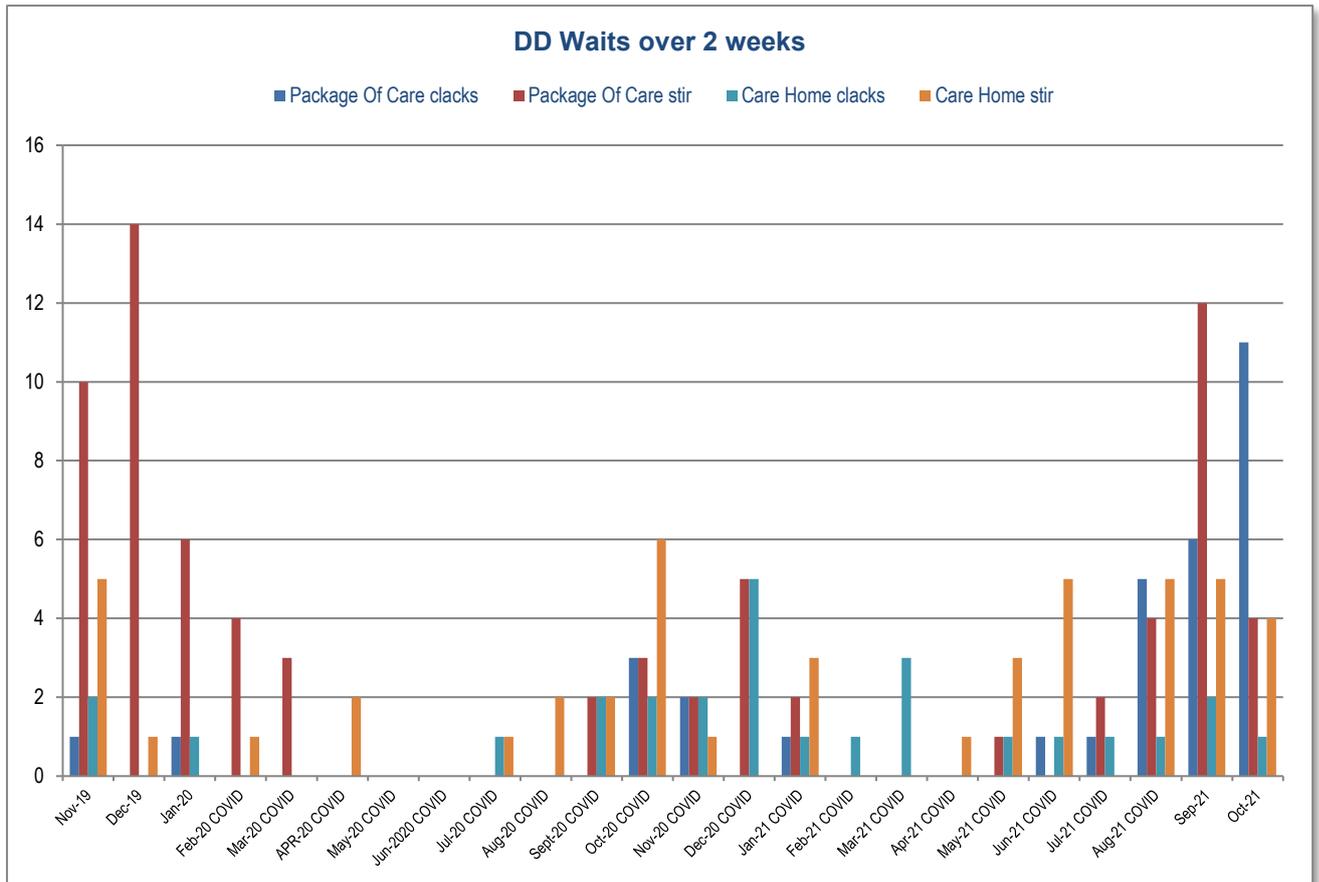


Source: HSCP Unscheduled Care Dashboard local data



Source: HSCP Unscheduled Care Dashboard local data

As waits increased, patients who were delayed more than 2 weeks rose sharply towards the end of Quarter 2. This reflected the same trend as last year around June 2020 when demand rose following the end of the first lockdown. However, this time there was less capacity in the community care services to absorb the sudden demand, especially within care at home providers.



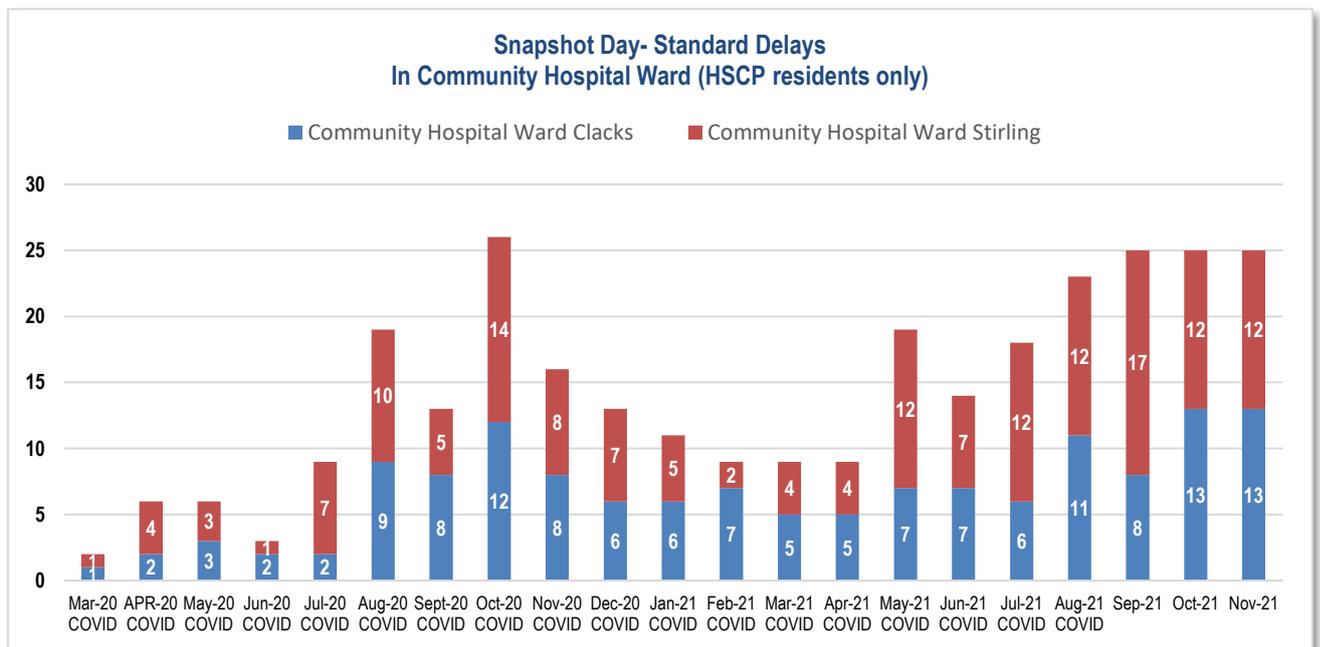
Source: HSCP Unscheduled Care Dashboard local data

The graph above shows the signs of the system or pathway slowing down and backing up, as delayed discharge patients wait for community support to enable them to leave Forth Valley Royal Hospital.

Normally these patients are moved quickly into community hospital beds where necessary, but the graph below shows the rise in the use of Community hospital beds.

As well as limited capacity, admissions were also restricted due to the onset of a COVID outbreak in Stirling Community Hospital wards during the quarter.

Outbreaks continue to affect admissions and discharges across the whole system including community hospital beds.

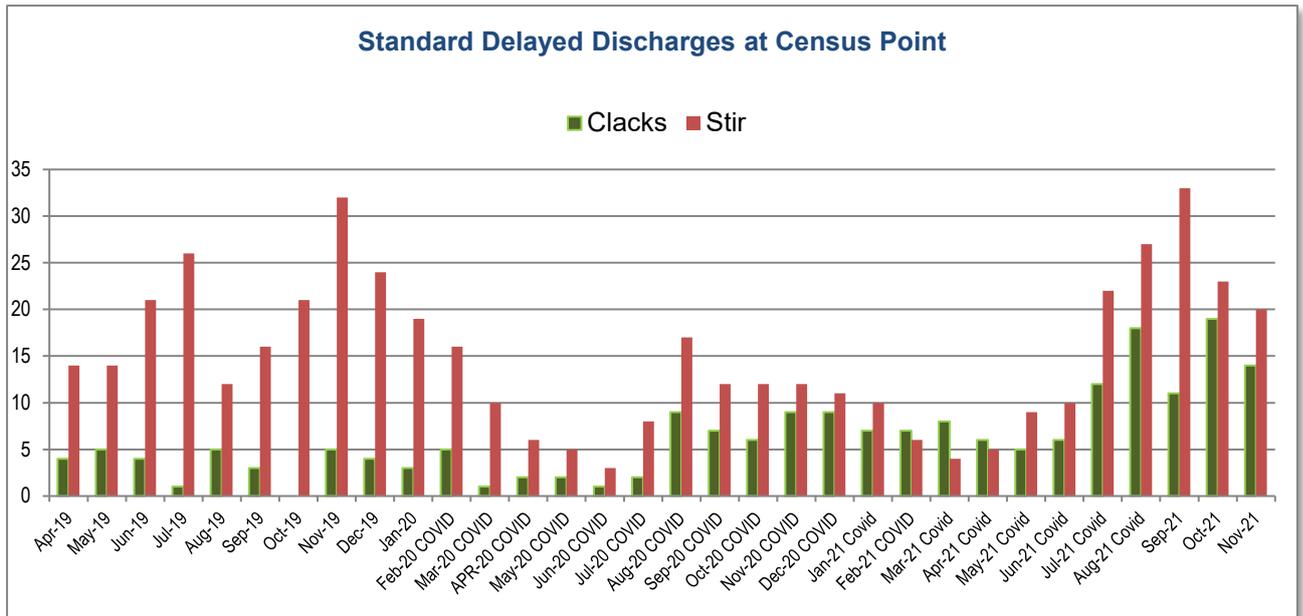


Source: HSCP Unscheduled Care Dashboard local data

Community hospital patients often require long term care, or intermediate bed based social care, or a support package to return home.

However, a range of different system pressures were present:

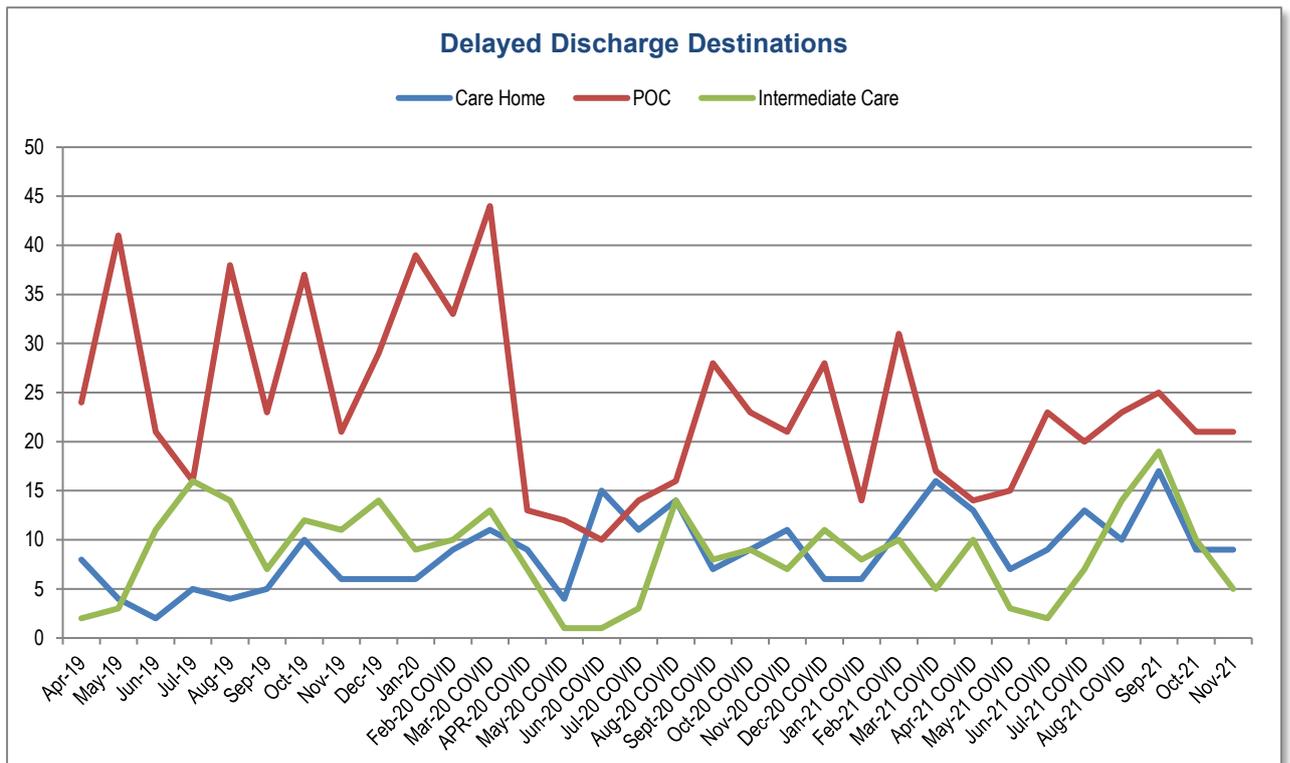
- Patients who were waiting on a space in a care home experienced delays due to restricted admissions or temporary closures due to COVID outbreaks within several care homes.
- In Clackmannanshire, the Ludgate bed based resource also had no availability whilst the boiler was being replaced.
- Other patients waiting for packages of care had delays due to the limited capacity within the framework providers.



Source: HSCP Unscheduled Care Dashboard local data

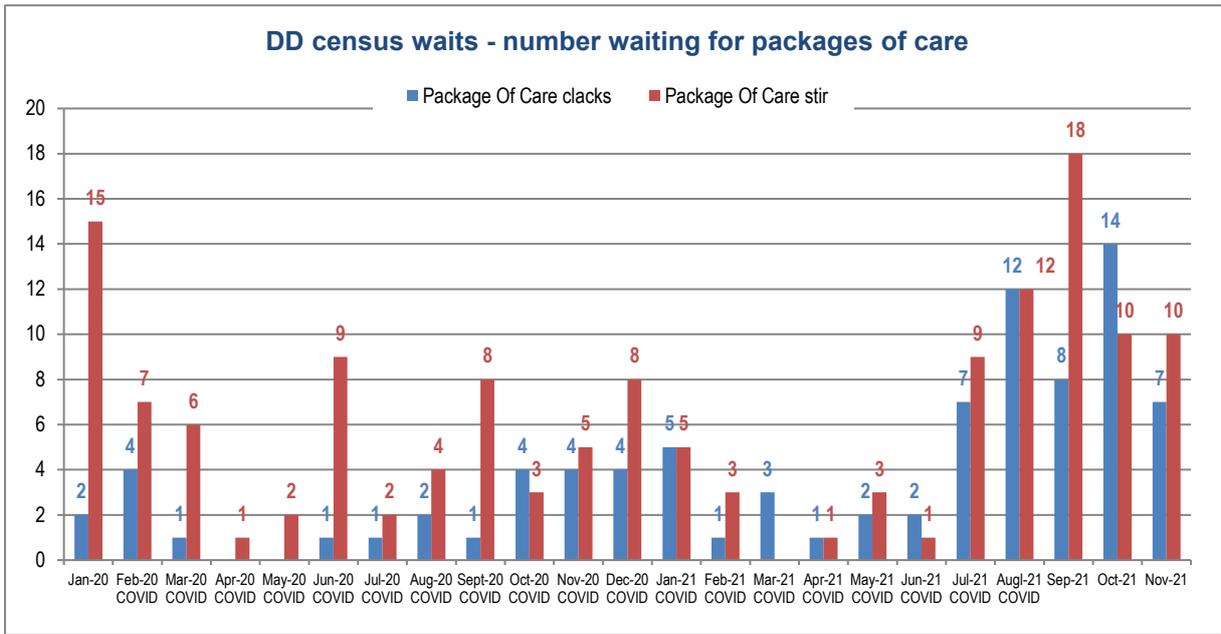
The graph above shows a rising trend over Quarter 2 of standard delays for both local authority areas.

For those patients delayed leaving hospital, although numbers overall had dropped, returning home with a package of care continued to be the highest destination.



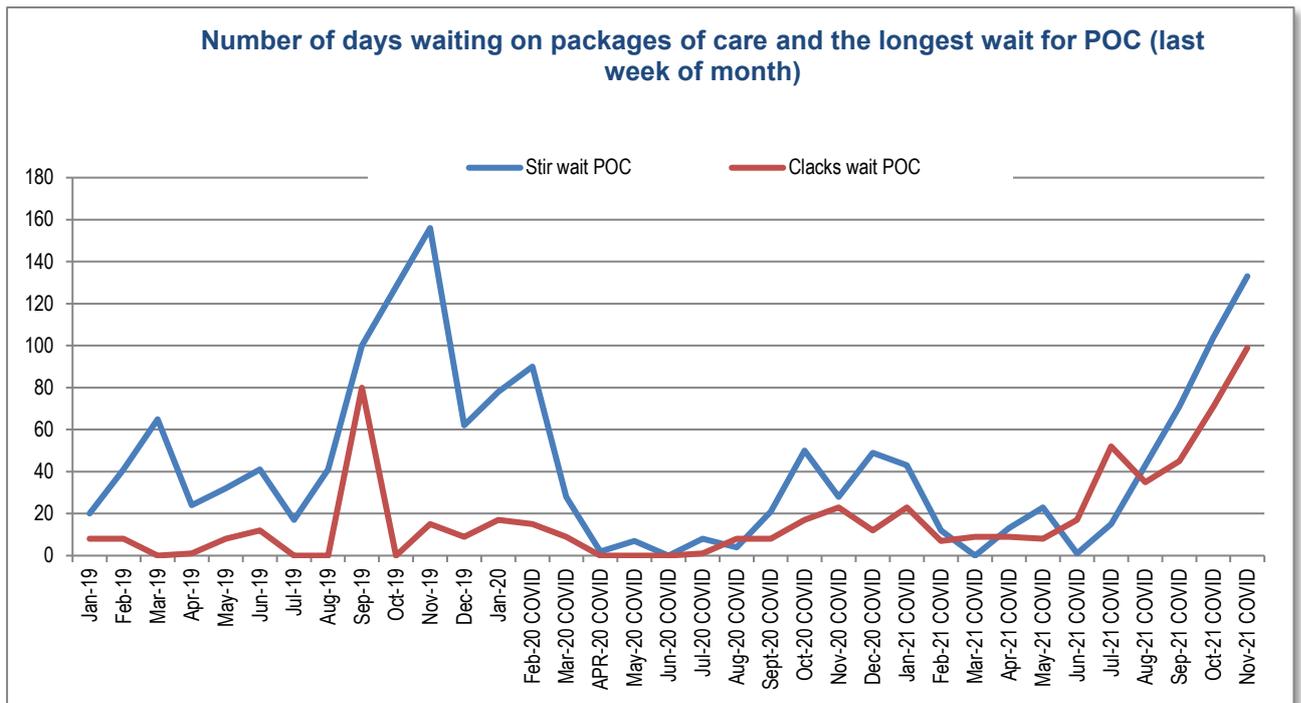
Source: HSCP Unscheduled Care Dashboard local data

The graph below shows a rise in waits for packages of care. This appears to be mainly due to; difficulties sourcing packages of care and the complexity of care packages, which are required to meet an individual’s assessed needs.

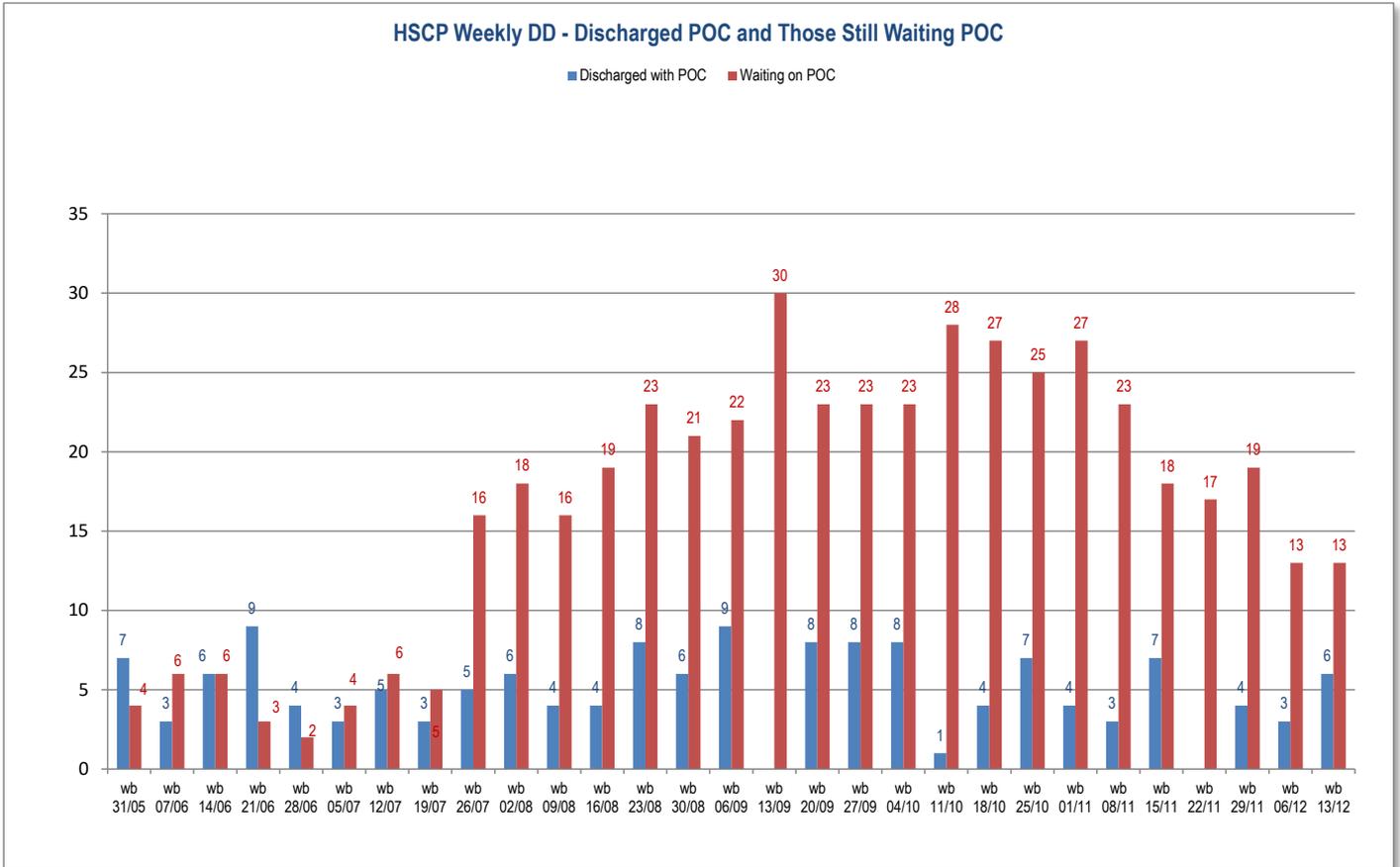


Source: HSCP Unscheduled Care Dashboard local data

The chart below shows that for some the wait for a package of care increased over the period across the HSCP area.

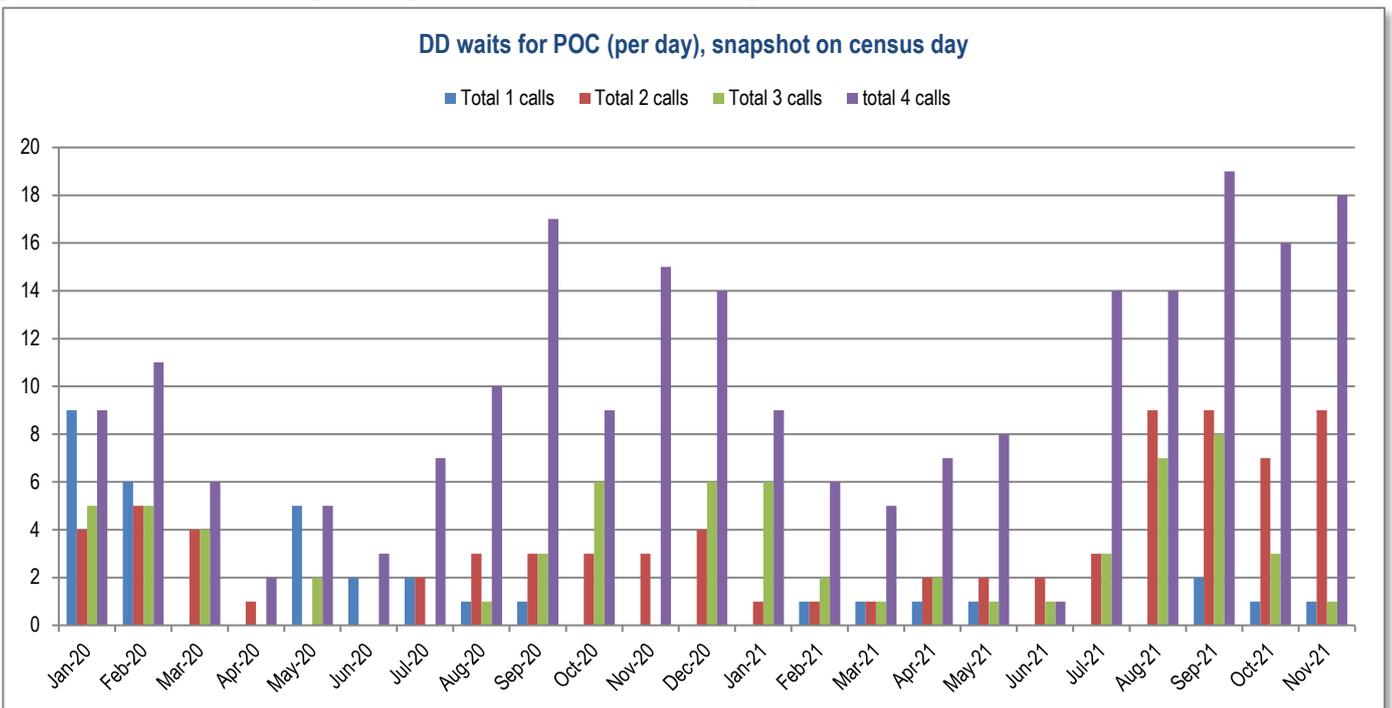


The weekly data below shows that packages of care were being sourced for patients delayed in hospital however, demand outstripped supply and the number provided did not cover the number that was actually required.



Source: HSCP Unscheduled Care Dashboard local data

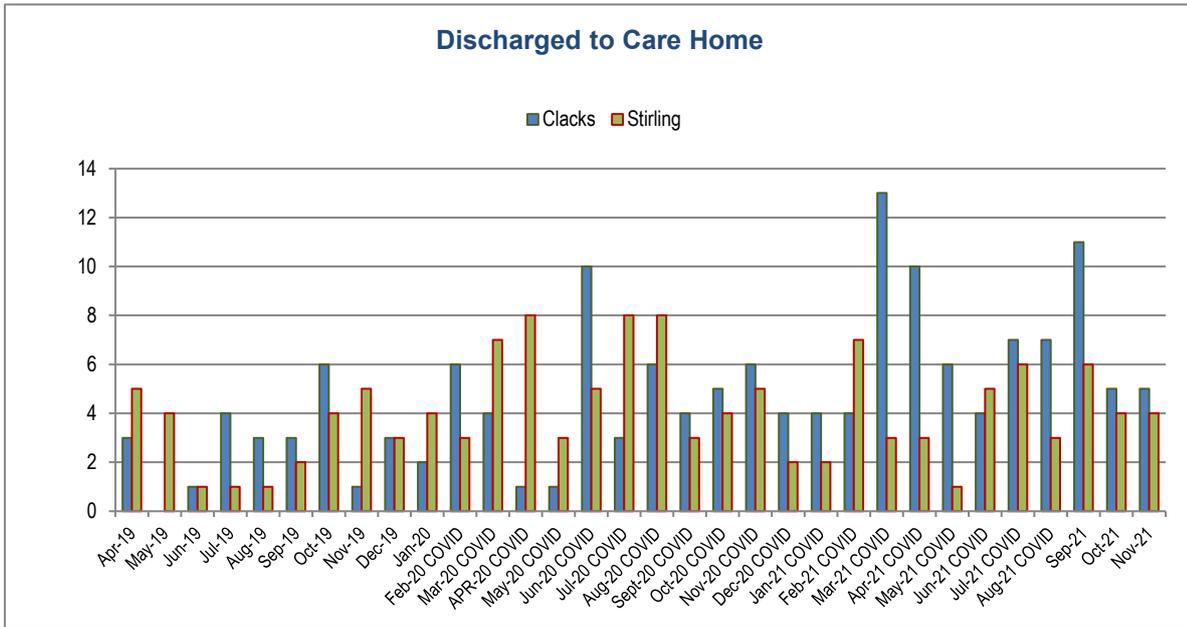
The graph below shows the growing demand for packages that have the most number of visits per day, which are the hardest packages to source. As well as 4 calls per day, the graph also shows the growing need for 3 calls per day.



Source: HSCP Unscheduled Care Dashboard local data

Care Homes

Discharges to Care homes continue to fluctuate reflecting restrictions and availability caused mainly by COVID outbreaks and staff self-isolating.



Source: HSCP Unscheduled Care Dashboard local data

The national Care Home Census was published December 2021 offering an opportunity within this report to provide comprehensive details across all sectors:

Year	Local Authority	Care Homes	Registered Places	Long Stay Residents
2021	Clackmannanshire	11	386	293
	Stirling	23	744	483

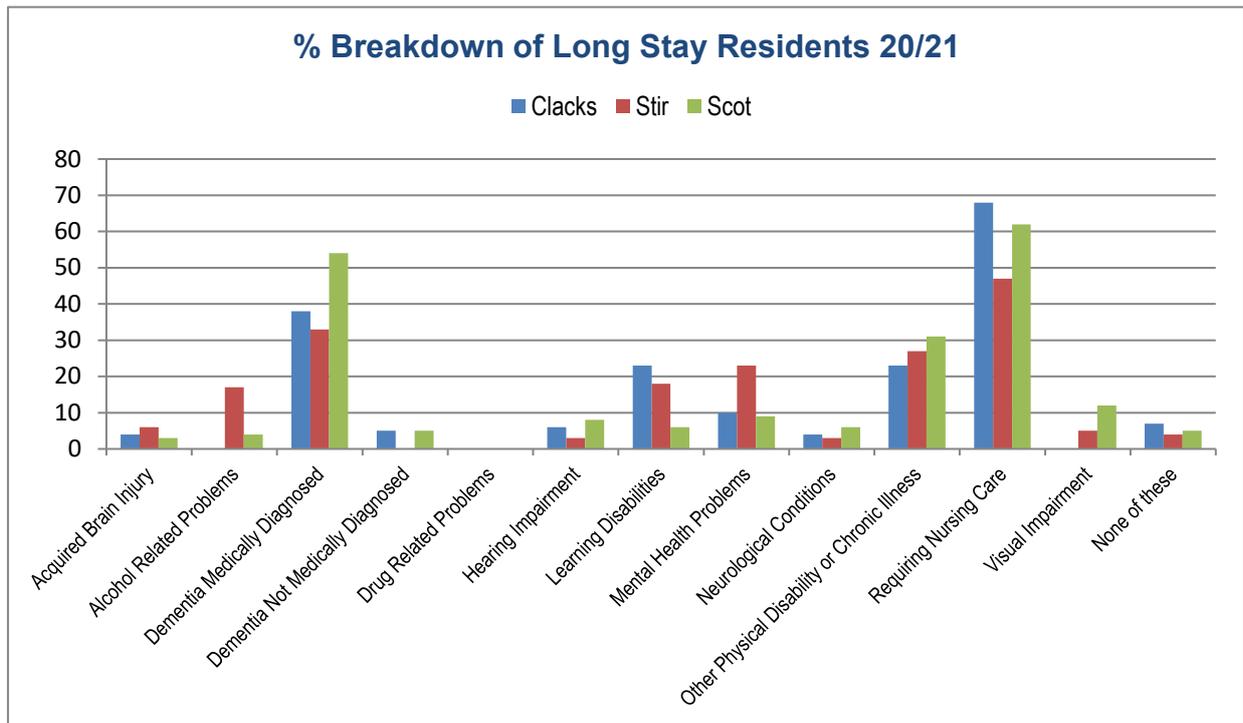
In Clackmannanshire the split across the sectors was as follows: 2 local authority care homes (52 registered places), 6 private care homes (280 registered places), 3 voluntary/not for profit care homes (54 registered places).

In Stirling: 2 local authority care homes (96 registered places), 14 private care homes (525 registered places), and 7 voluntary/not for profit care homes (123 registered places).

The average age of admission is 69 in both areas for all adults, but for older people it is 79 for Clackmannanshire and 83 for Stirling.

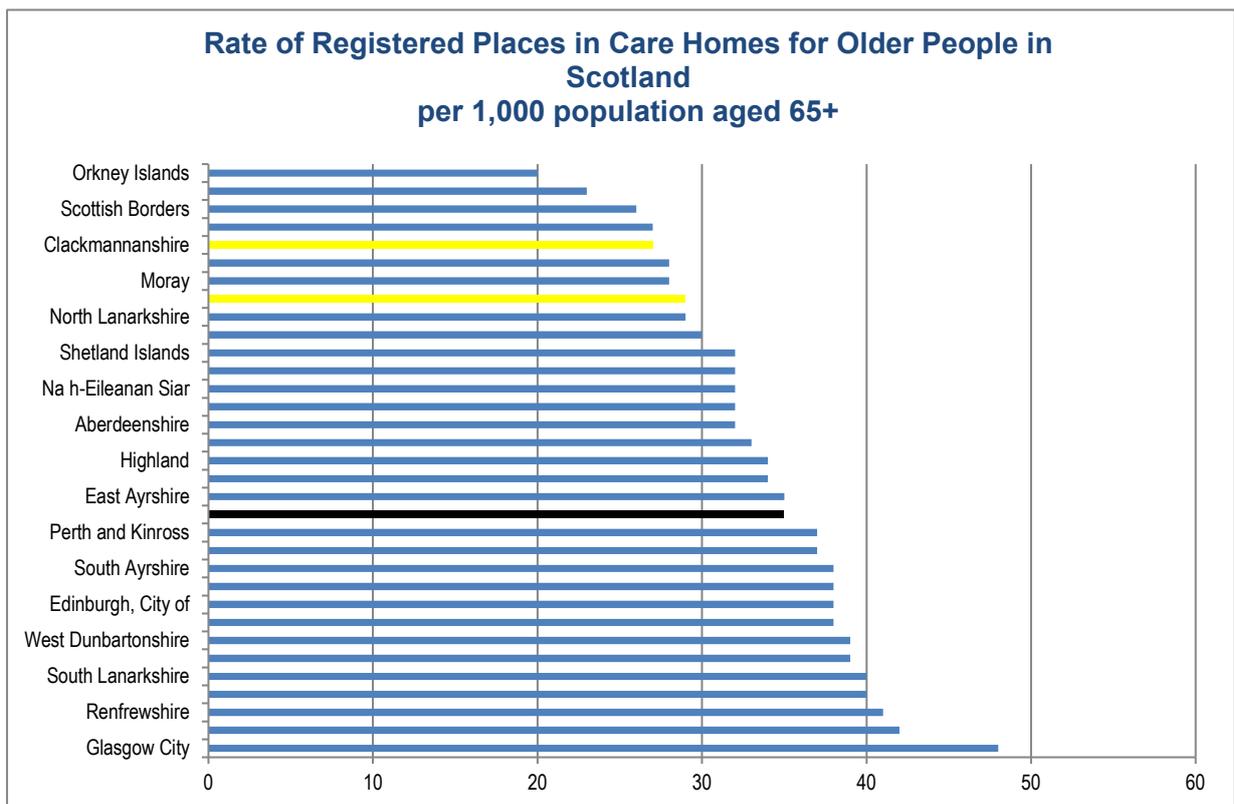
Average length of stay is 2.5 years in Clackmannanshire and 3.2 years in Stirling. Stay is less for older people.

The graph below shows variations in the health characteristics.

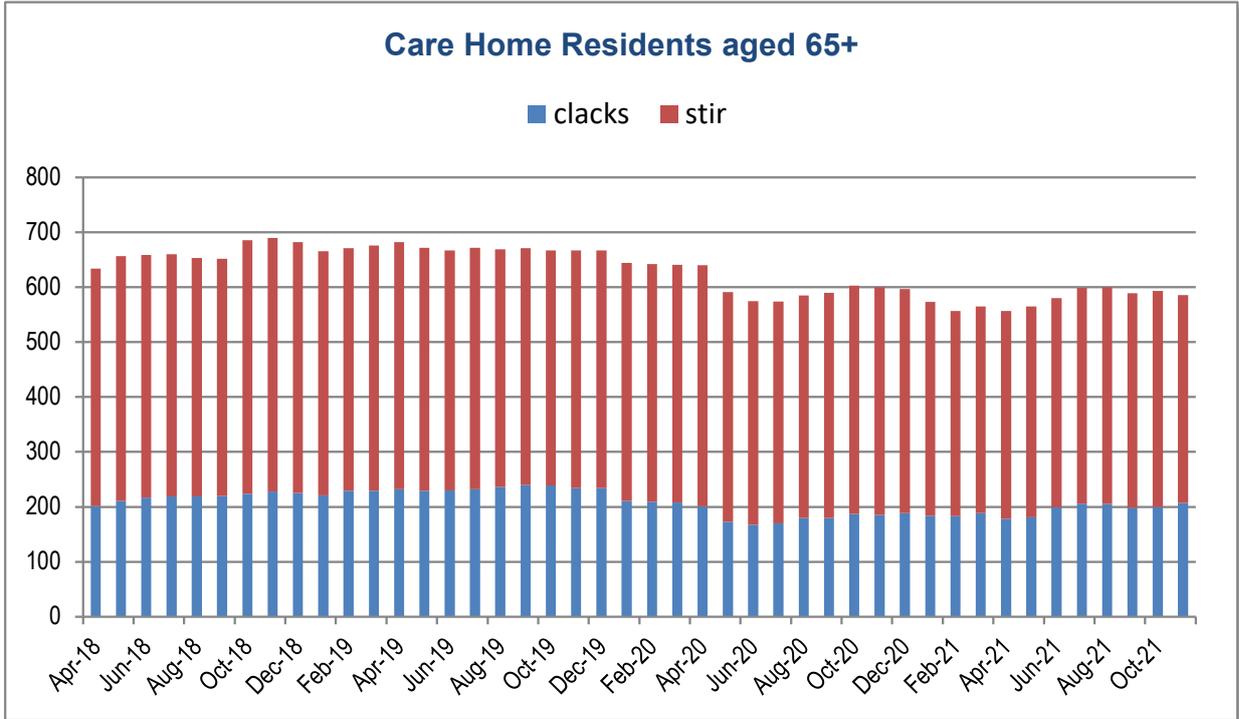


Source: National Census Data

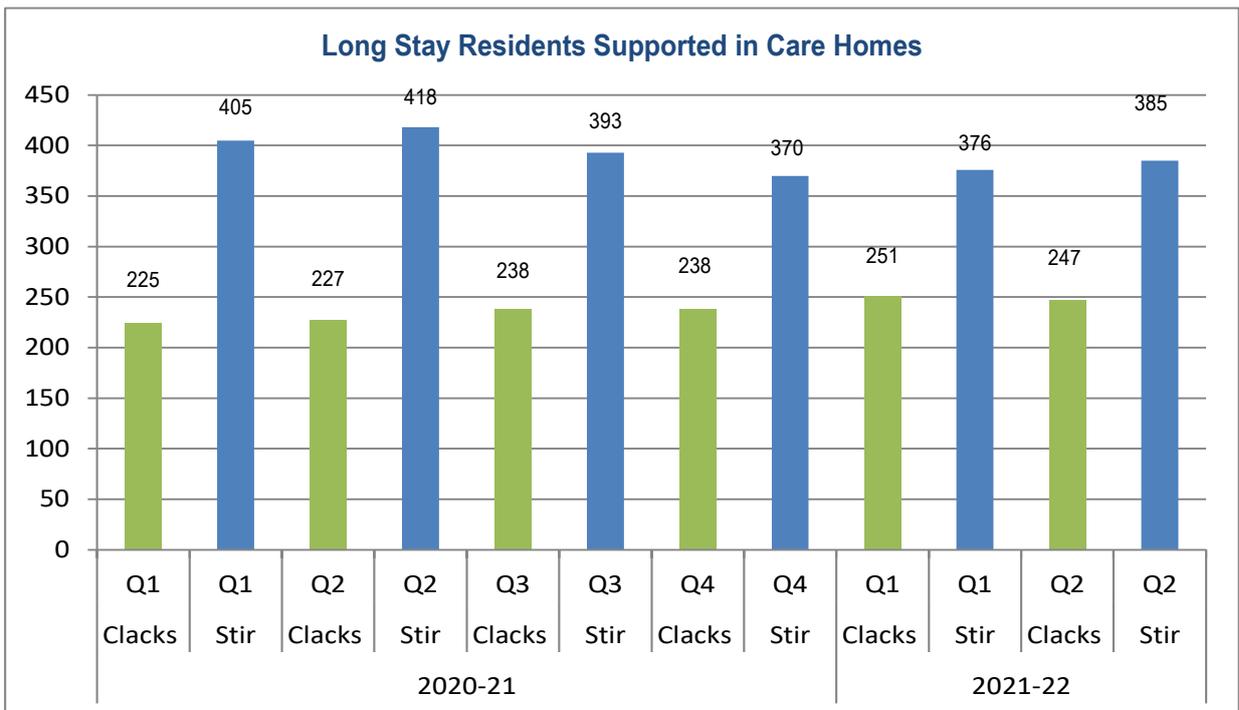
The HSCP continues to be much lower than the national average for the rate of older people by population in care homes.



Source: National Census Data



Source: HSCP Local Data



Source: HSCP Local Data

Alternatives to Admission – Prevention & Community Intervention

Many adults can be supported within their own home or a homely setting, even when unwell.

Staying unnecessarily in hospital can be detrimental to people’s ability to continue to manage their own care, leading to a loss of function.

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

District Nursing

The District Nursing services provides clinical and care support to people across all our communities which in the last two years has also included delivering COVID boosters and flu jabs since September 2021.

	Q1	Q2	Q3	Q4
Home Visits	21,765	22,271		
Treatment Room	5,579	6,613		
Telephone Calls	214	189		

Source: HSCP Local Data

Adult Social Care / Social Work

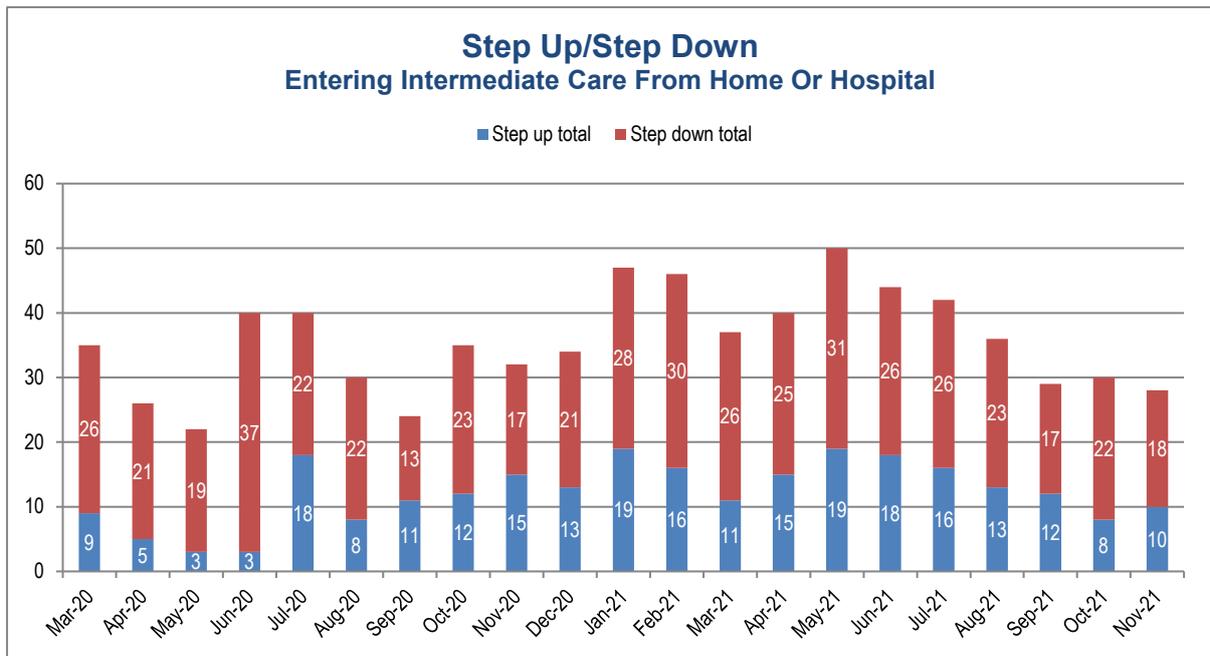
The HSCP supports people to regain or maximise their independence by offering within the community bed based Intermediate Care or Reablement care at home.

Intermediate Care can be used to assess and stabilise someone living at home who, without this intervention, may have become an emergency hospital patient (step up). Or to support someone to transition from hospital (step down) to prepare for independence and allow for further rehabilitation.

Those assessed with the potential to return home, can be provided with time limited reablement support at home to further support them to re-adjust and regain as much independence as possible.

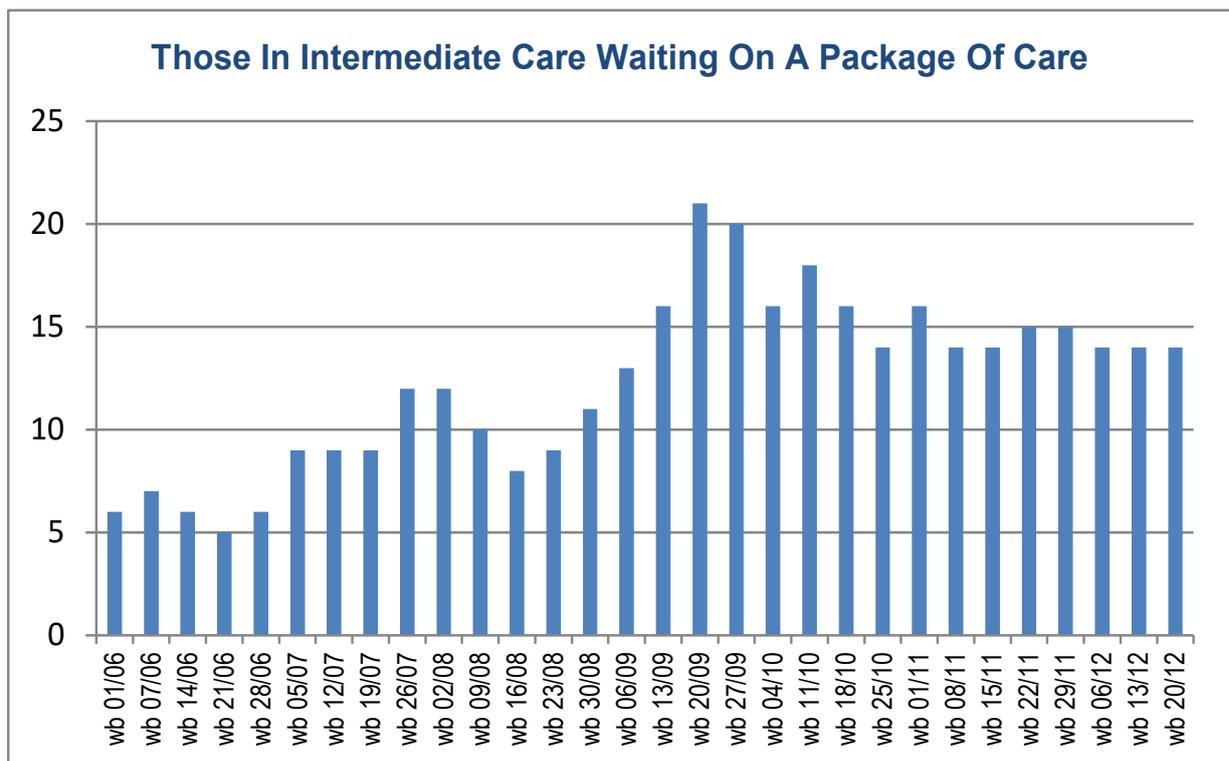
These services are key linkages within the Unscheduled Care Pathway between hospital and home. As we know both Intermediate Care and Reablement services have had a reduced number of admissions and discharges over the period due to the ongoing system pressures, which is reflected in the slowing down of the flow across community health and social care.

The graph below shows that the number of those entering bed based Intermediate Care from both hospital and home reduced over the quarter and beyond.



Source: HSCP Local Data

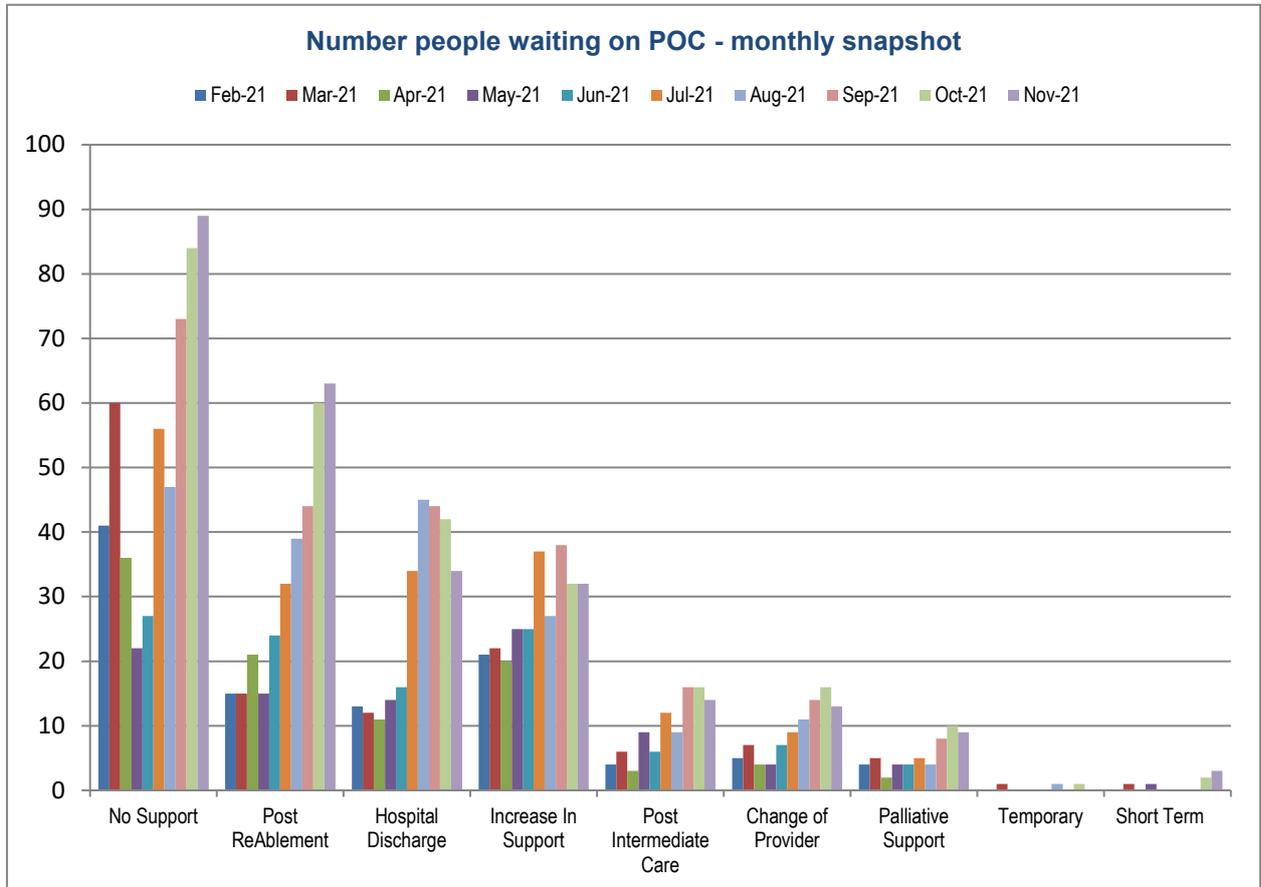
Movement through this service slowed down over the period as the number of clients waiting to move back home with a package of care, increased.



Source: HSCP Local Data

The graph below shows the waiting lists for all social care clients who require a package of care (POC).

The only area reducing slightly is hospital discharge although this remains at a high level.



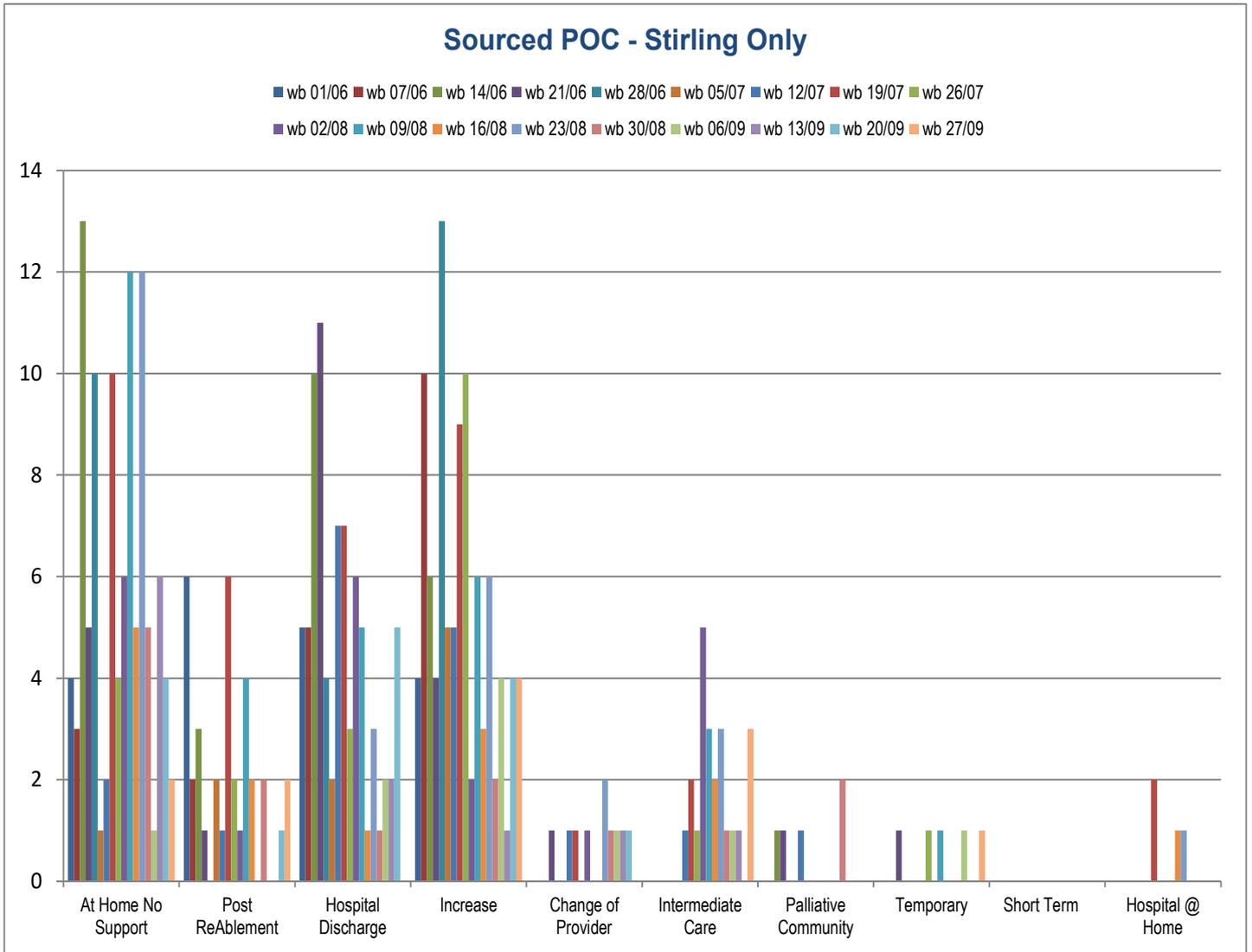
Source: HSCP Local Data

Those waiting to move on, in services such as Intermediate Care and Reablement, mean that capacity to take on new clients is restricted. These can often be the services required for delayed discharge patients.

A look at the chart below shows weekly packages of care resourced within the Stirling area. It shows a complex landscape.

Factors that account for the differences are:

- Location. If a provider is already visiting an area or street then this is more easily sourced if capacity becomes available.
- Complexity. If a provider is already visiting a client then an increase in the hours provided to that client is more easily sourced if capacity becomes available.



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

All funding is in place for all remaining posts to deliver our Primary Care Improvement Plan. There was a new Memorandum Of Understanding MoU2 issued which highlighted that CTAC, the Vaccination Transform Programme and pharmacotherapy should be prioritised for implementation by March 2022, however, we continue to hold our course towards delivery of all MOU priorities, as per our plan.

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)

Phlebotomy is the process of making a puncture in a vein usually in the arm, with a cannula for the purpose of drawing blood. This service has been introduced with the aim of transferring blood samples from general practice workload.

Clackmannanshire and Stirling currently offers 4380 appointments per month.

There are 13 staff in post -12.07 wte who cover 18/26 practices from a combination of hub model and working within GP practices. However in Stirling Rural Practices are retaining phlebotomy provision.

Clackmannanshire and Stirling had almost 4000 patients prescribed hydroxocobalamin . Which accounts for approx 16000 appointments per year. Due to COVID restrictions patients were encouraged to self administer as administration potentially would have been delayed or not given due to staff / self isolation. This has continued to all other areas within Clackmannanshire and Stirling.

Pharmacotherapy

Recruitment is still ongoing to bring staffing levels up to the full complement and replace vacancies and backfill maternity leaves.

Recent interviews have been successful however, we still require to recruit to 2.5 whole time equivalent Band 7 Pharmacists and 0.2 whole time equivalent Technicians to reach the staffing levels identified in the original Primary Care plan.

Quality Improvement: The Whole System Working project has enlisted over 98% of practices to review their processes around prescribing, in particular acute (special) requests. The aim to reduce the levels and variation in unscheduled workload as well as work with 2 – 3 local community pharmacies to scale up serial prescribing.

Vaccination

The model of delivery for flu and COVID booster immunisations programme started in September 2021. The delivery of both is led by the NHS Board Immunisation Team with GP practices supporting the model, particularly in rural Stirling.

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.

APP recruitment is now complete. NHS Forth Valley is the first Health Board in Scotland to reach this stage.

Across Forth Valley:

- Virtual consultations 40% & Face to Face consultations 60%
- Service fill rate is approx 98% (DNA rate 8%)
- >90% patients are managed solely within Primary Care
- Onward referral rate MSK Physio 7% & Ortho 2% 761
- Steroid Injections in 2020 = refund £38,000 to Practices
- 885 X-rays ordered & 21 MRI in 2020
- 21% reduction from Practices with an APP service versus 13% reduction from clusters with no APP service – a difference of 8% and amounts to approximately 1248 saved referrals per year.

Urgent Care – Advanced Nurse Practitioners (ANP)

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.

As of November 2021 and across Forth Valley:

- 2 practices await their first Advanced Practitioner (Ark & Carron)
- 6 are awaiting replacement AP following vacancies or movement (Orchard House, Fallin, Tor, Bannockburn, Drymen & Forthview)

- 5 practices await the remainder of their AP allocation (Clackmannan & Kincardine 0.05, Edenkilt 0.04, Callendar 0.2, Bridge of Allan 0.25 & Airthrey Park 0.1).

Recruitment: Interviews are planned for 10/11/21. We have offered both Primary Care / Out of Hours positions with option for blended roles and have had good interest in the posts.

Evaluation and Quality: The ANP team undertook a week of care analysis.

Findings from data from more than 1000 appointments found:

- 76% of consultations were first appointments / new consultations.
- 98% of cases were a best fit for advance practice consultation
- >75% were for acute / urgent presentations
- 27% were face to face consultations

Care Home Liaison

Care home support continues with full allocated staffing but remains inequitably distributed. The urgent care delivery group is considering how the limited resource can more equitably distributed or supplemented. There are no gaps in Clackmannanshire. A total of 382 care home beds are covered. In Stirling area there are a total of 282 nursing beds covered. However there are a further 100 nursing beds not covered, as well as 164 residential beds.

In April 2020, a dedicated multi-professional and multi-agency team CHART (Care Home Assessment and Response Team) was established to support our care homes. The CHART team was initially formed of different professionals that included GPs, palliative care specialist nurses, social work and advanced nurse / paramedic practitioners to support care homes through the first wave of the pandemic. In the summer 2020, the deployed staff returned to their substantive posts.

Unfortunately, in October 2020 the second wave of the pandemic saw care homes return to a high risk and vulnerable position. The CHART team actively visited some of the sickest people who were affected by COVID19 and kept anxious families updated.

The CHART Team were involved in making difficult decisions about whether residents required admission to hospital and provided palliative and end of life care for those dying from the effects of the virus.

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.

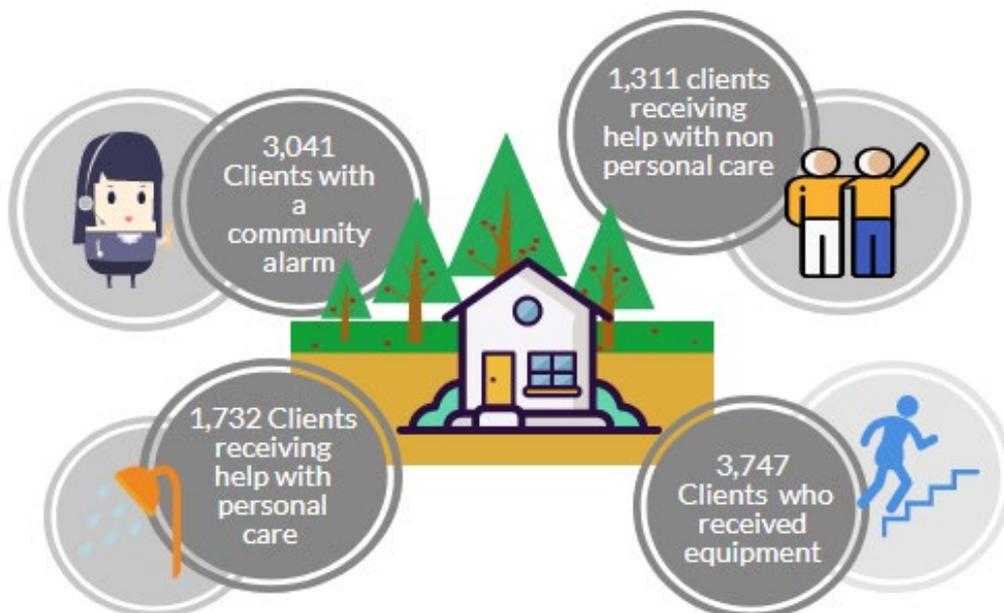
Quarter Snapshot 20/21	People with community alarm	People with equipment	People with personal care	People with non-personal care
1	3,095	3,565	1,814	1,335
2	3,041	3,747	1,732	1,311
3				
4				

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.



Self-Directed Support

The wider use of self-directed support ensure service users and their unpaid carers can exercise choice and control over their care and support.

The approach to Self-Directed Support is being refreshed across integrated teams and as part of the local social work review process. A dedicated SDS Lead has been recruited to lead on this work.

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.

This review will offer recommendations to further develop our model of care, the type and level of commissioned services required and ensure people with palliative and end of life care needs are appropriately supported.

District Nurses supported 81 patients in the community who chose to die at home over Quarter 2.

23 referrals to Adult Social Care for those in terminal illness care group over Quarter 2 - 2021-22
5 referrals assessed
9 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.

39 referrals to Adult Social Care for those in Learning Disability/Autism care group over Q2 2021/22

9 referrals were assessed

1 clients received a care package

Community health and social care staff have been integrated to ensure a consistency of service, and this includes the re-design of model of care.

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 living.

¹ Based on 19/20 data

² Stirling (243) Clacks (170)

³ Stirling (44) clacks (31)

Unpaid Carers

The Carers Strategy Group membership and terms of reference has been refreshed to ensure implementation of the Carers' Scotland Act, delivery of the key actions will be as a partnership with all partners; specifically, carers and their representatives. 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.

2021/2022	Q1	Q2	Q3	Q4
No of new carers identified	31	20		
No of ACSPs offered/requested	32	43		
No of ACSPs completed	29	46		
No of carers accessing individual support	205	206		
No of Carers benefiting from short breaks grants for health and Wellbeing support ⁴	24	25		
Attendances at Care With Confidence Sessions	26	24		
No Carers Forum meetings	1	1		
Attendances at Forum meetings (carers)	4	9		
Attendances at Forum meetings (professionals)	5	4		
Number of Carers Groups facilitated	12	21		
Attendances at groups	74	105		

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 1,670 adult Carers registered and active at the end of quarter 2.

2020/21	Q1	Q2	Q3	Q4
New Carers Registered	89	110		
Adult carer support plans (ACSP's) offered / discussed with	113	123		
Adult carer support plans (ACSP's) completed	77	64		
Adult 1:1 appointments completed	161	207		
Welfare checks completed	656	720		
Emergency care plans offered	2	2		
Adult Carers contacting the Centre	579	1115		

Source: Carers Centres Local Data

A 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.

The aim of the service is to provide direct access to expert assessment and early intervention for patients with mild to moderate mental health difficulties in general practices, thus enabling GPs to focus on more complex care. All practices now have a Primary Care Mental Health Nursing (PCMHN) service.

An additional post has been recruited to help mitigate service gaps at times of recruitment or long term absence.

The Primary Care Mental Health Nursing service is seeing the right people at the right time:

- 96% of patients felt they saw the right person for their issue.
- 86% of patients felt that they were seen as soon as they needed.
- Each member of staff is embedded in up to 4 GP practices.
- Staff have access to 1:1 managerial supervision every 4-6 weeks.
- Staff are able to engage in peer support sessions at regular intervals.
- All staff are being supported to complete a non-medical prescribing qualification, which allows more robust and efficient care for patients.
- The PCMHN Service now offers approx 4,172 appts per month (average).
- Approximately 80% of PCMHN appointments are attended.
- Referral back to GP care was less than 2.5%.

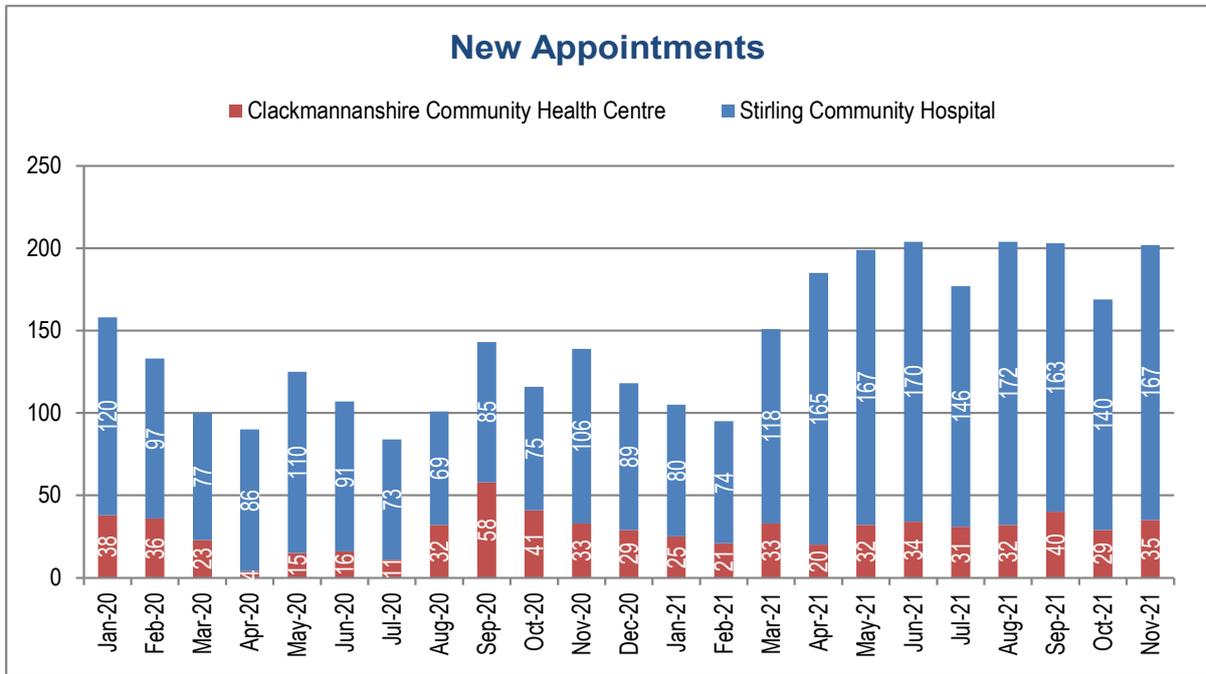
The Primary Care Mental Health Nursing service collect daily activity data.

In the 6-month period to mid-September: 22,322 Primary Care Mental Health Nursing service appointments were made available in Forth Valley GP practices, which is an average of 3,720 appointments per month.

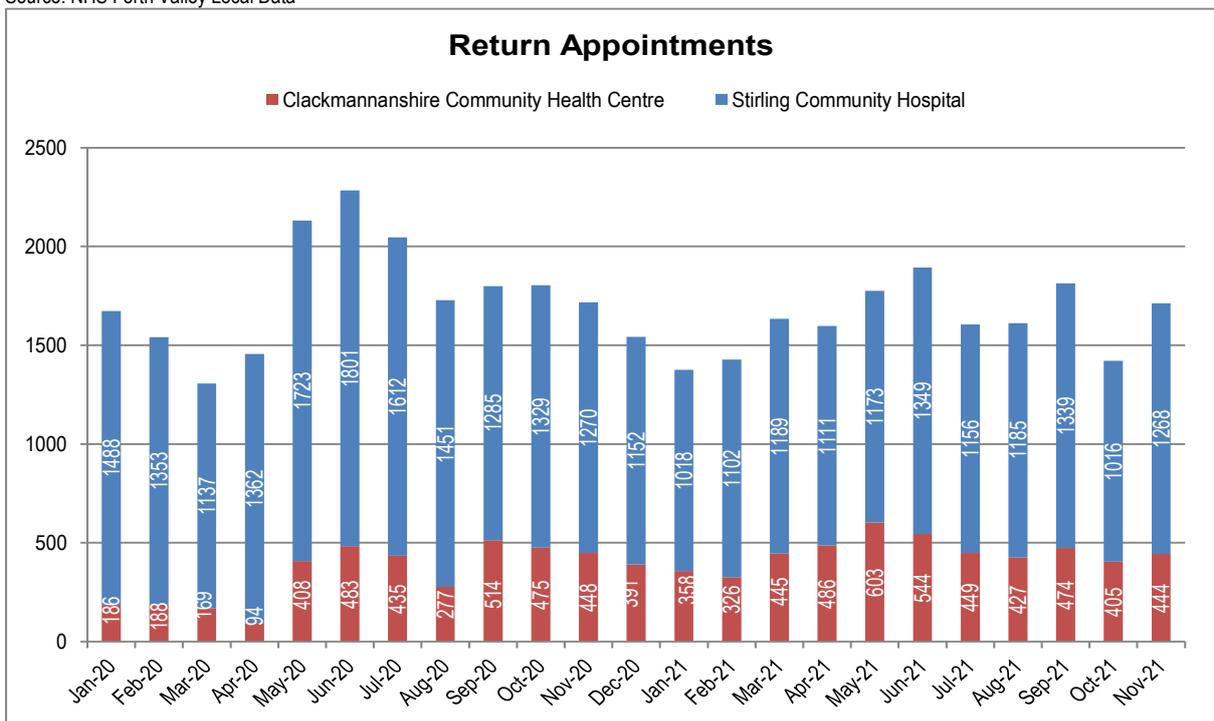
Community Support – Outpatients

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.



Source: NHS Forth Valley Local Data



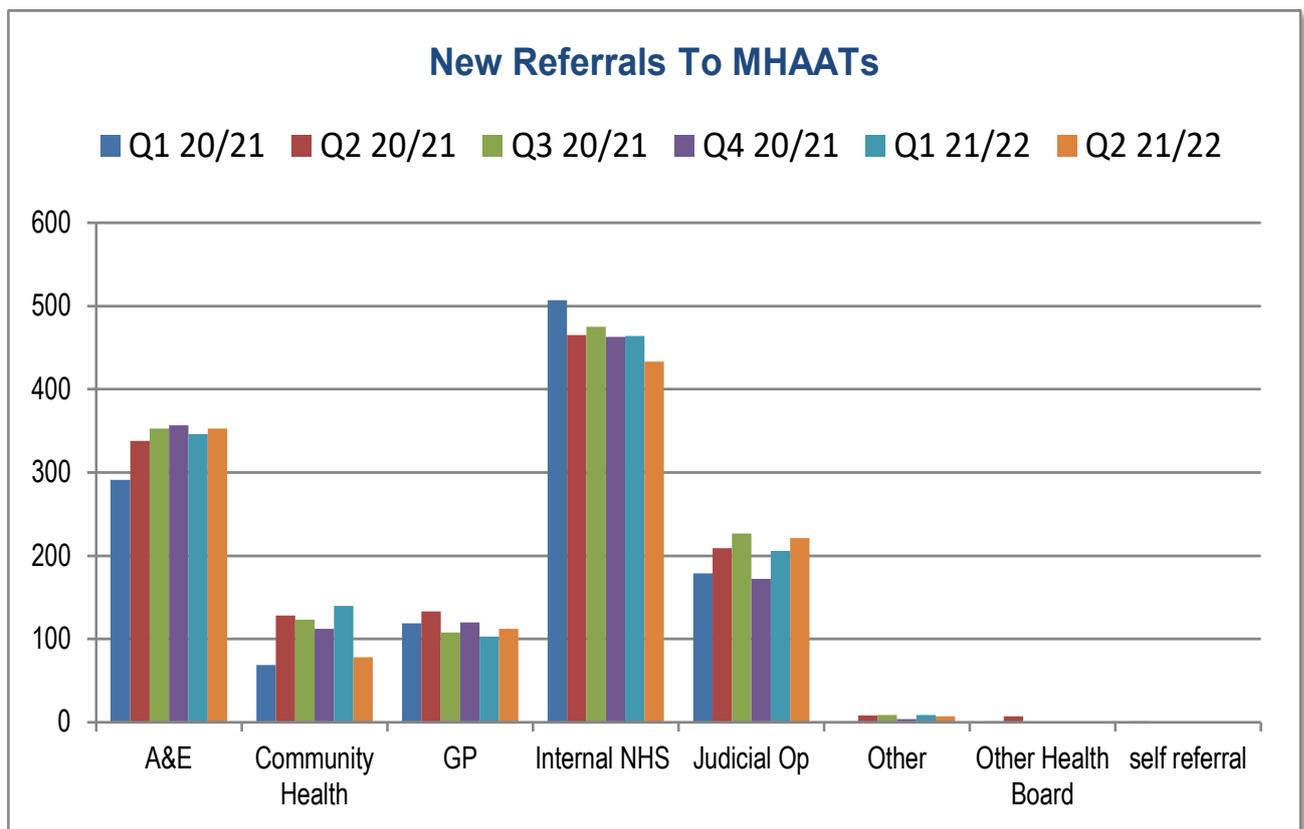
Source: NHS Forth Valley Local Data

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.

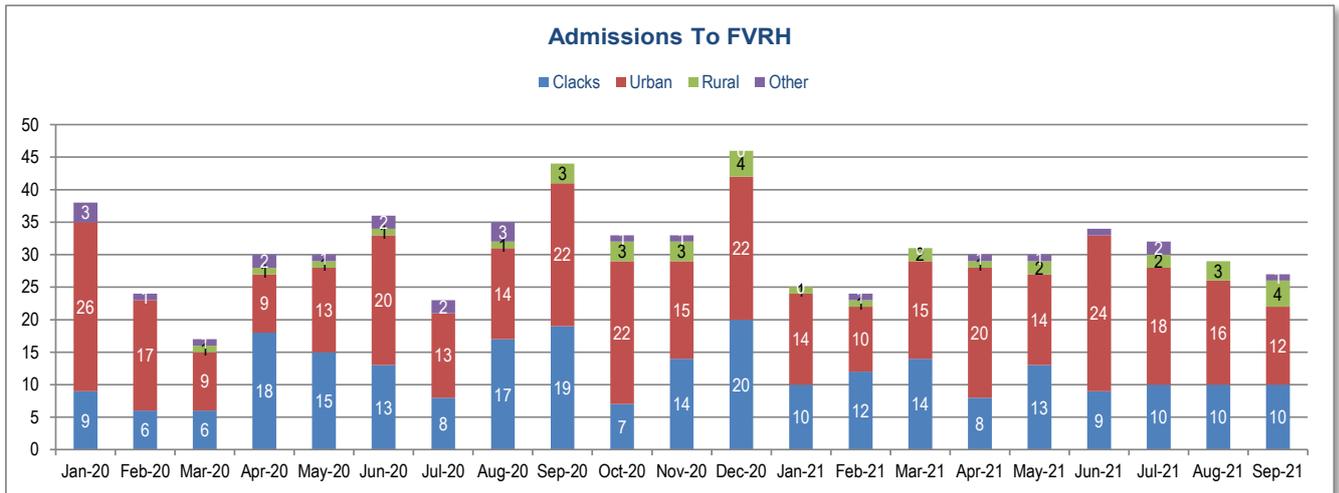
The Mental Health Acute Assessment and Treatment Service (MHAATS) receive urgent referrals from the Emergency Department at Forth Valley Royal Hospital and General Practitioners across Forth Valley.

The number of referrals fell from 1268 in Q1 21/22 to 1204 in Q2 21/22.



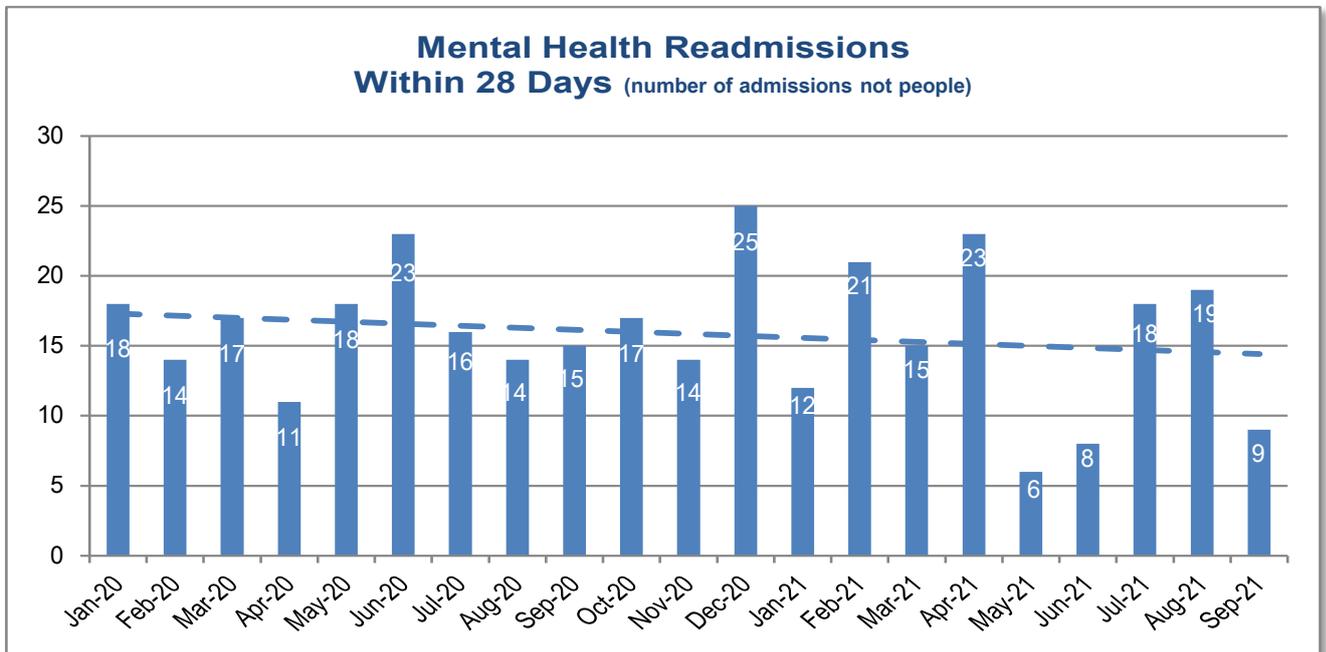
Source: NHS Forth Valley Local Data

Admissions to Forth Valley Royal Hospital (FVRH) from the Clackmannanshire & Stirling area to the Mental Health wards reduced over Quarter 2.



Source: NHS Forth Valley Local Data

Readmission to hospital within 28 days was higher than previous quarter but 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.

Q2 2021-22

Timeline following referral to service for mental health clients

- 33 referrals to Adult Social Care
- 11 clients were assessed
- 11 clients received a care package

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 HSCP 201 people were referred.

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.

83 referrals to Adult Social Care for those in Dementia care group over Q2 2021-22

28 referrals were assessed

25 clients received a care package

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

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

Source: Social Care Local Data

8% had actually received a care package in the quarter in advance of an assessment still to be done

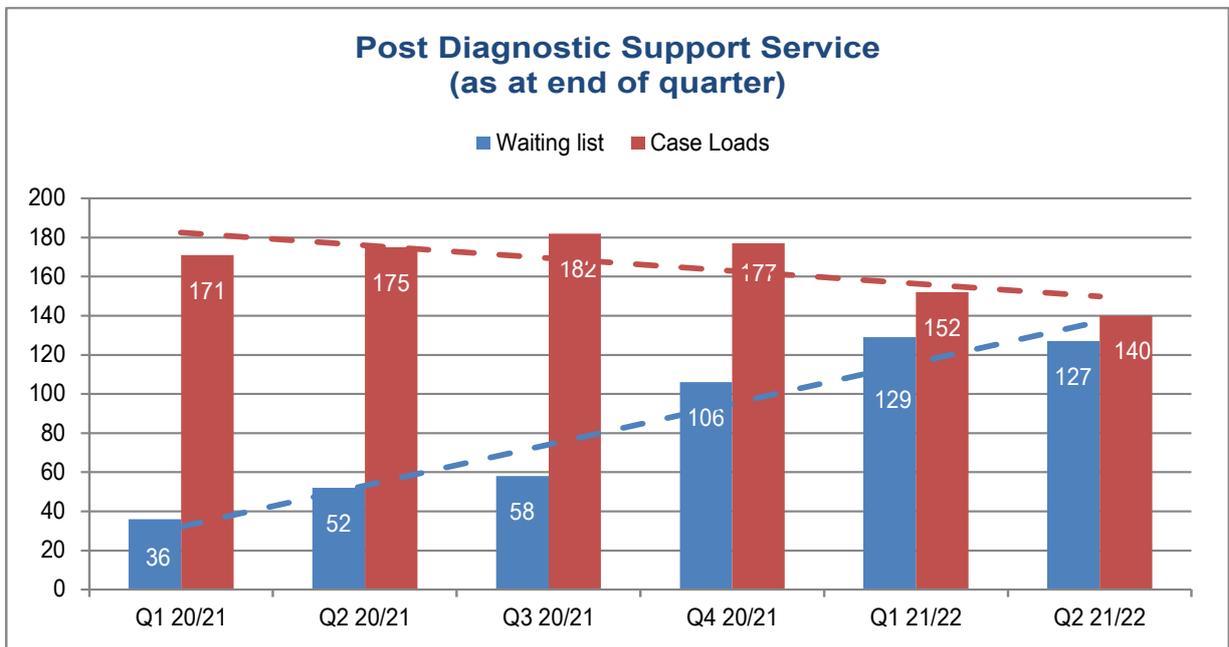
19% of referrals not yet assessed were either allocated or pending and would be completed in the next quarter

9% were closed.

Post Diagnostic Support (PDS) Service

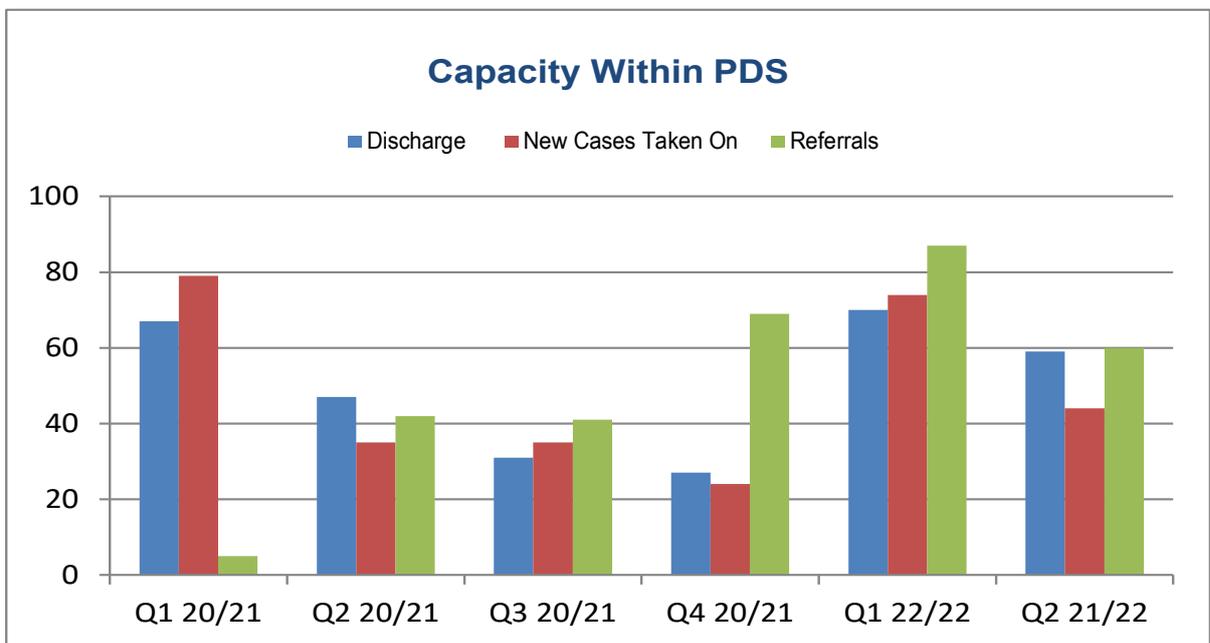
The chart below shows the waiting list and current caseload for Post Diagnostic Support from Alzheimer Scotland in relation to Clackmannanshire and Stirling residents.

It shows that waiting list numbers remain high whilst case loads continue to reduce for Q2.



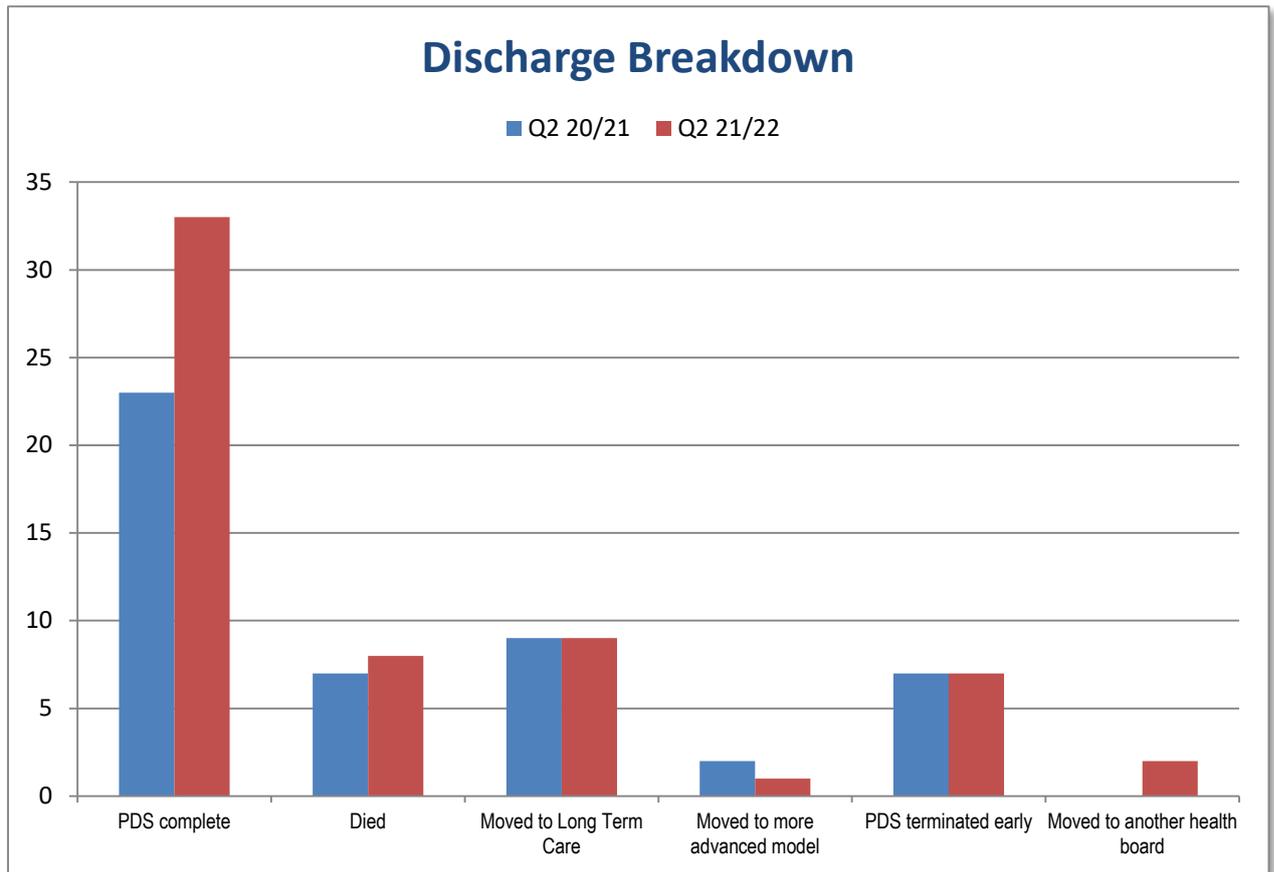
Source: Local Data

The graph below shows more people discharged from the service than taken on over the period.



Source: Local Data

The charts below break down the reasons for discharge from the Post Diagnostic Service. With considerable more completions than 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 Forth Valley care 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. Services have been available by phone or on-line.

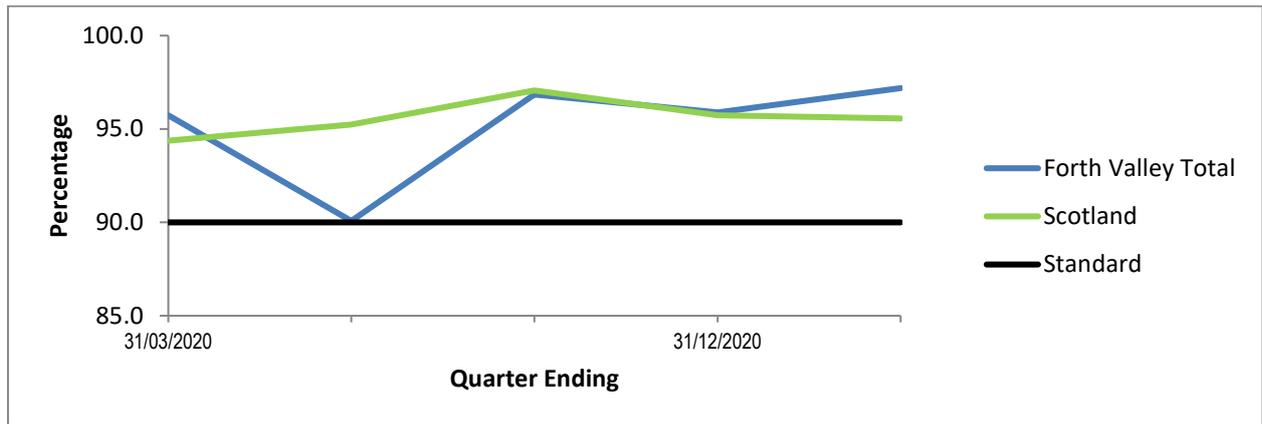
Waiting Times

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 2 data is not due for publication yet.

⁵ <https://forthvalleyadp.org.uk/>

Clients Waiting 3 Weeks Or Less

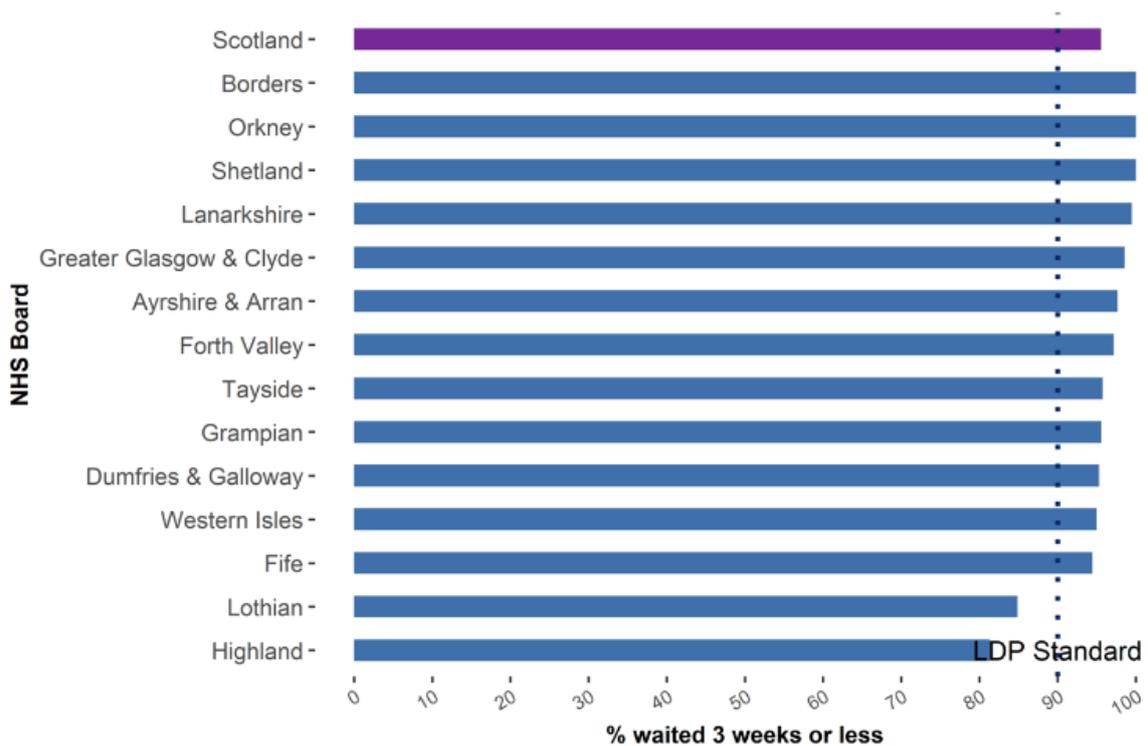


Source: National Data PHS⁶

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.

Q1 People Starting Drug and Alcohol treatment in Scotland during 1 October – 31 December 2020: Percentage waited 3 weeks or less, by service type and NHS Board

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

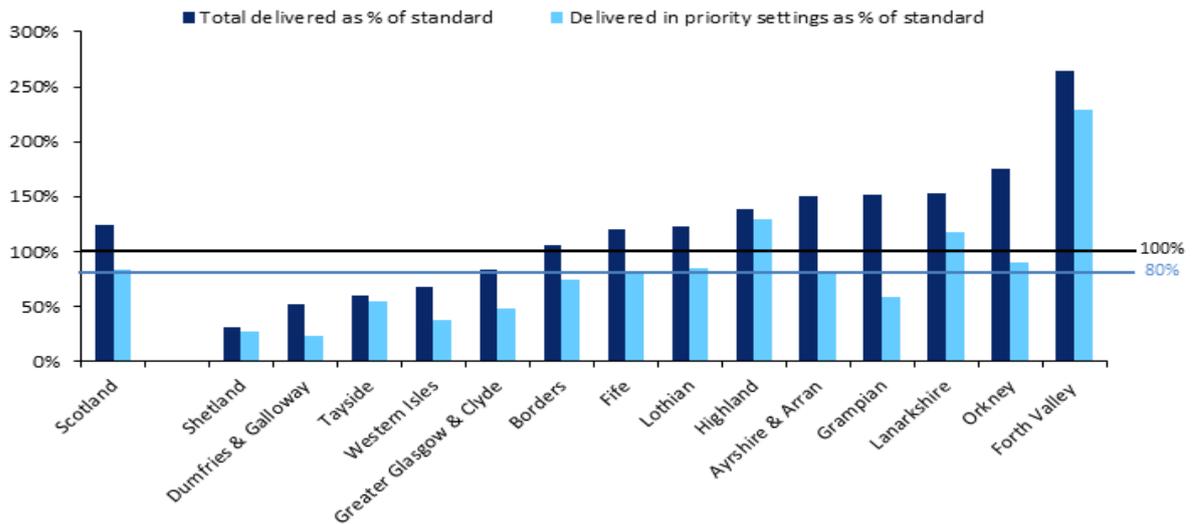
⁶ <https://beta.isdscotland.org/find-publications-and-data/lifestyle-and-behaviours/substance-use/national-drug-and-alcohol-treatment-waiting-times/>

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)

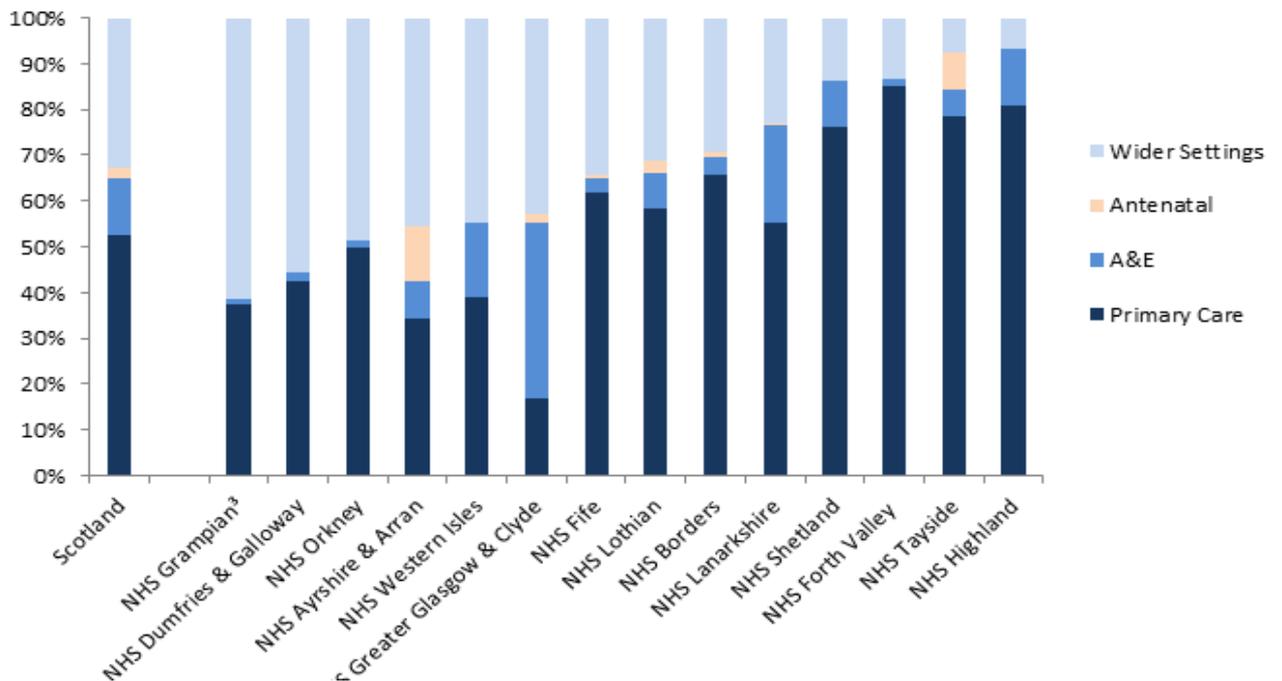
2020/2021 data is yet to be published. The last official ABI publication was 19/20 data and 3 graphs have been included to give some perspective around this topic.

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 1 July and 30 September 2021, we facilitated 332 group sessions. (145 online group sessions and 187 face-to-face cafés), with average 27 sessions per week. These sessions were attended by 2334 community members from Forth Valley with the following attending from HSCP area:

Quarter	Clackmannanshire		Stirling	
	Male	Female	Male	Female
Q1	241	235	142	171
Q2	356	282	187	283
Q3				
Q4				

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 26 Recovery Ramble walks across Forth Valley with 150 participants attending these walks on a regular basis. (Average of 6 participants per walk).

Individual Support Sessions

A total of 37 individual support sessions were provided by the Recovery Development Team to support 33 Forth Valley residents. The reduction in the number of the individual support sessions, compared to the Q1 data, is attributed to the resumption of all cafés and drop-in activities.

	Clackmannanshire				Stirling			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Individuals supported	13	2			21	3		

Drop in Peer support

During this reporting Q2 period the following Recovery cafés and Recovery Drop-ins (mini cafés) have been operational:

- Recovery café in Alloa.
- Recovery café in Stirling.
- Women's mini -cafe in Stirling.
- Recovery drop-in/mini-café in Alva. .

Employment/Education/Volunteering (across Forth Valley)

During the reporting period 26 members of the community started employment, further education and training courses.

- 1 member of the FVRC moved into a full time employment with the Scottish Recovery Consortium.
- 2 members of the community started part time University courses with Stirling University and the Open University.
- 6 members of the community completed their Recovery Volunteer training with The Forth Valley Recovery Community.

- 11 members of the community joined the Go Forth – Forth Valley college course in Falkirk and Stirling with 5 accredited units of SQA level IV enabling them to progress into HNC/HND or Access to degree courses.
- 6 members of the community completed their Food Preparation and Hygiene course.

Other significant events

- On 31st August, over 45 FVRC members, family members and colleagues from Transform Forth Valley and SFAD commemorated the International Overdose Awareness Day by attending a silent walk, a service and laying flowers at the Alloa port. Later on the participants were joined by the Minister for Drug Policy Angela Constance, FV ADP officers and guest from the North Lanarkshire Recovery Community at our Alloa Café to enjoy a meal, a SMART meeting and Naloxone training session. On the occasion three landmarks in Forth Valley were lit in purple.
- On 10th September, members of the FVRC and NLRC enjoyed their annual Recovery Olympics with over 60 attendees.
- On 25 September, 40 members of the FVRC travelled to Perth to join over 2500 recovery activist from across Scotland and take part in the 2021 Recovery Walk Scotland event.

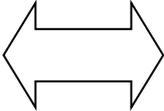
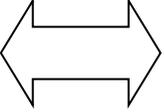
Social Care

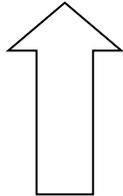


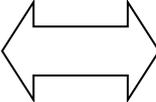
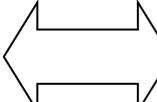
Source: Social Carer Local Data

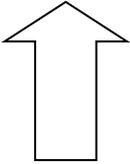
CLACKMANNANSHIRE & STIRLING HEALTH & SOCIAL CARE PARTNERSHIP: STRATEGIC RISK REGISTER AT 15 November 2021
Exceptions Only

Ref	Risk	Strategic Fit	Likelihood	Impact	Risk Score	Risk Owner(s)	Notes/Progress	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>Likely to be significant financial challenges in medium term and COVID consequentials drop away and recurrent additional costs require to be met through core budget settlements.</p> <p>Further review of MTFP will also require to be aligned to refresh of Scottish Government Medium Term Financial Framework for health and social care and spending review.</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. (Reviewed at Sept 21 (Ref IJB Finance Report – further review linked to Audit recommendation March 22) 4. Development of further financially sustainable service options aligned to Strategic Priorities and Transformation Themes consideration by IJB. (March 22 as part of Revenue Budget) 5. Agreed process for agreement and payment of contract rates including uplifts. (Annually) 6. Identify and mitigate as far as 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. (Update November 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 updated – review of Scheme of Delegation by March 22) 9. Development of alignment of investment to Strategic Commissioning Plan priorities and consideration of future disinvestment options (Ongoing) 10. Horizon Scanning arrangements internally and externally including use of economic outlook information (Ongoing & updates via Finance Reports) 11. Financial Reporting to Integration Joint Board, Strategic Planning Group and Partnership Senior Leadership Management Team, development of Financial Reporting Improvement Plan (Reporting Ongoing – linked to 20/21 AAR recommendation) 12. 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 – scenarios being build for IJB Business Case Dec 21) 13. Review of Terms of Reference of Finance and Performance Committee (Nov 21) 14. Preparation and submission to Scottish Government of regular LMP/RMP(Local (re)Mobilisation Plan) COVID19 costs returns. (In place and quarterly returns in 2021/22) 15. Use of Benchmarking including Investment Levels from Constituent Authorities and Early Intervention and Prevention where and when possible. (Ongoing) 16. Operational Grip and Control Meetings and Enhanced Accountability Framework for Senior Managers (in place subject to ongoing development) 17. Implement Pan FV Budget Monitoring & Oversight 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, NCS Consultation, unscheduled care) (ongoing) 4. Review of Governance and committee arrangements including reviews of committee structure (annually – Finance and Performance Review to IJB Nov 21 – Audit and Risk Planned February 22) 5. Board Development Programme. (annually) 6. Ongoing Staff Engagement Programme (Ongoing) 7. Review of Integration Scheme (requirement for revised Integration Scheme to be reviewed) 8. Review and development of management and professional structures. (in place subject to ongoing development) 9. Investment in Enhanced Management and Professional Leadership 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 and budget setting processes) 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 operational plan (March 22) 15. Align HSCP transformation plan with partners corporate plans (initial mapping 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 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.</p> <p>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 regular review) 7. Ensure data sharing agreements are reviewed and refreshed periodically. (annually) 								

<p>HSC 011</p>	<p>Sustainability and safety of adult placement in external care home and care at home sectors Both Local Authorities utilise externally commissioned care home placements for adults, particularly older adults. External care homes are commissioned and inspected nevertheless risks arise from the sustainability of care homes as business models; having enough scrutiny at an earlier stage of any risks or concerns within a care home; reviews of adult placements by Local Authorities should take place at a minimum of once a year. Capacity to review is under significant pressure and an escalation method of concern needs put in place. Approach replicated, as appropriate for Care at Home providers.</p>	<p>1. National Outcomes 'People are Safe' 'Positive Experience' 2. Quality of Life</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (2)</p>	<p>Current (16) High Target (4) Low</p>	<p>Heads of Services / Strategic Commissioning Manager /Adult Support and Protection Coord,</p>		
<p>Risk Reduction Action</p>	<ol style="list-style-type: none"> 1. Provider forums are in place as is a commissioning and monitoring framework. (in place) 2. There is clear regulation and inspection. (ongoing) 3. The thresholds matrix for homes around adult support and protection has been implemented and is being monitored. (in place) 4. A process for reviews and a clear escalation model is being developed including reporting to the Clinical and Care Governance Group (ongoing). 5. Monitoring of Financial Sustainability of Providers using informatics provided via Scotland Excel and local intelligence (in place) 6. Future consideration of mixed economy options for future models of care. (ongoing) 7. Business continuity planning arrangements. (ongoing) 8. Preparation on Briefings for Senior Officers (including Chief Executives) and IJB Chair and Vice Chair on emergent provider issues (as required) 9. Plan to undertake caseload review. (ongoing) 10. New Care and Support Framework (partially inplace – full implementation by April 22) 11. COVID19 Financial Assistance arrangements. (in place) 12. Strengthening of management structures. (subject to ongoing review) 13. Business Continuity Arrangements for Market Oversight and Resilience Planning (in place subject to ongoing review) 							

HSC 012	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.	Health and Social Care Outcomes <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 	Current (4) Target (2)	Current (4) Target (3)	(16) High Target (6) Low	Head of Services, CH&I and Professional Leads	HSCP OD advisor now started (March 21)	
	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) 8. Further consideration of workforce wellbeing linked to 21/22 Health and Social Care Winter plan (including resource)							
HSC 015 (added 21 Feb 2020)	GP Sustainability: Risk that general practice will not be able to sustain the delivery of general medical services to the population	1. National Outcome 'Resources are Used Effectively and Efficiently, and ' People are safe'	Current (4) Target (3)	Current (4) Target (3)	16 High 9 Medium	Associate Medical Director Primary Care / GP Clinical Leads / Chief Officer/ NHS Chief Exec	Plan is delivered on pan Forth Valley basis with NHS FV Chief Exec chairing Programme Board	
	(This row is currently empty in the original image)							

<p>HSC 016 (added 17 March 2020)</p>	<p>COVID 19: Risk that critical services to vulnerable populations cannot be delivered as a result of coronavirus pandemic</p> <p>NOTE: Risk to be mainstreamed through next substantive review of Strategic Risk Register via reviewing Covid risks on other Strategic Risks to reflect ongoing risk managements actions as endemic disease.</p>	<p>1. National Outcome ' People are safe'</p>	<p>Current (4) Target (2)</p>	<p>Current (4) Target (3)</p>	<p>16 High 6 Low</p>	<p>Partnership Leadership Team (Chief Officer, Heads of Service & Chief Finance Officer)</p>	<p>Partnership Co-ordination led by Chief Officer and links to Multiagency responses in place.</p>	
<p>1. Review and Update Service Business Continuity Plans (in place) 2. Costed mobilisation plans for government and service prioritisation plans. (complete subject to quarterly review and LMP cost returns) 3. Service monitoring arrangements. (in place) 4. Care Home Assurance and Monitoring Arrangements. (in place) 5. Flexible working arrangements where possible including risk assessments and following guidance for non clinical workspaces. (in place) 6. Effective and efficient linkage to emergency planning arrangements within constituent authorities and government. (in place) 7. Approval of remobilisation plans (RMP 4 Nov 21) 8. Ensure contingency plans in place for potential additional waves of infections. (in place) 9. Wider supports to social care providers in place (e.g. wellbeing supports) with liaison and escalation arrangements if providers require additional support. Development of plan to secure and deploy additional capacity for Winter 21/22 supported by additional investment. (in progress)</p>								

Explanation of Scoring:

Likelihood and Impact are Scored on a 1-5 Rating. The scores are then multiplied to give an overall risk score. Risk scores over 15 are rated High/Red. Risk Scores from 9 to 15 are rated Medium / Amber and risk scores up to 8 are rated Low/ Green.

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 ● 1 ▲ 0 ✔ 8 ? 0 📊 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 ● 5 ▲ 0 ✔ 2 ? 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 ● 7 ▲ 0 ✔ 0 ? 0 📊 8

Th Outcome 2 Live Independently
 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

Pls ● 4 ▲ 1 ✔ 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 ● 4 ▲ 2 ✔ 2



● Outcomes For People

● Service Delivery

● x Alertx

▲ x Warningx

✔ x OKx

? x Unknownx

📊 x Data Onlyx

HSCP Exceptions Clackmannanshire 2021-22

Generated on: 10 January 2022



PI Code	Description	April 2021		May 2021		June 2021		July 2021		August 2021		September 2021		October 2021		November 2021		December 2021		2021/22 Target	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	Value	Status		
ADC ADA 008	Standard delayed patients waiting in hospital for more than 2 weeks for discharge to appropriate settings	0		1		3		2		7		8		15		9				0	
HSC AB1 GOV	Average FTE Days Sickness Absence Adult Social Care Clackmannanshire (Health & Social Care Partnership)	1.3		1.5		1.5		1.7		2.2		1.4		1.3		2.2				1.4	
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		17		24		15		20		14					
ADC ADA 021	% annual reviews completed within timescale in Adult Care Clacks Social Services	17.6%		18.0%		15.2%		18.1%		16.8%		10.1%		24.0%		19.1%				100.0%	
ADC ADA 011	% of Adult Support Plans for carers completed in Adult Social Care	18.2%		0.0%		0.0%		0.0%		11.1%		0.0%								39.0%	
ABS.01.CSD.H DN	This indicator pertains to the % of hours lost through SICK LEAVE each month. District Nurse Hillfoots	13%		4%		0%		4%		13%		1%		3%		8%				Not measured for Years	
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%		14%		17%		14%		11%		10%				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%		7.83%		7.64%		7.79%		9.3%		8.2%				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%		10.52%		4.41%		8.97%		8.59%		10.27%				4%	
ADC SAB 007	% absence for HSCP reablement and mecs for Clackmannanshire locality.	8.73%		13.27%		11.83%		10.24%		8.15%		8.9%									

HSCP Balanced Scorecard Stirling

Performance for Stirling Locality

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 ● 0 ▲ 0 ✔ 1 ? 0 📊 7

Outcome 3 Positive Experience
People who use health and social care services have positive experiences of those services, and have their dignity respected
 Pls ● 2 ▲ 0 ✔ 2 ? 0 📊 6

Outcome 7 Safe
People using health and social care services are safe from harm
 Pls ● 2 ▲ 0 ✔ 1 ? 0 📊 20

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 ● 0 ▲ 1 ✔ 2 ? 0 📊 4

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 ● 5 ▲ 2 ✔ 5 ? 0 📊 3

Outcome 2 Live Independently
People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 Pls ● 1 ▲ 0 ✔ 0 ? 0 📊 16

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 ● 0 ▲ 0 ✔ 0 ? 0 📊 4

Outcome 9 Resources
Resources are used effectively and efficiently in the provision of health and social care services
 Pls ● 0 ▲ 0 ✔ 0 ? 0 📊 8



■ Outcomes For People
■ Service Delivery

● Alert×
▲ Warning×
✔ OK×
? Unknown×
📊 Data Only×

HSCP Exceptions Stirling 2021-22

Generated on: 22 December 2021



PI Code	Description	April 2021		May 2021		June 2021		July 2021		August 2021		September 2021		October 2021		November 2021		2021/22	Latest Note
		Value	Status	Value	Status	Value	Status	Value	Status	Value	Status	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		2		13		21		10		10			Nov 21: 2 assessment ongoing, 7 awaiting care package, 1 awaiting move to care home.
SS_CU S_016	Stage 1 complaints due and responded to within target timescales in adult social care. CLONE COMP004	75%		100%		80%		50%		80%		0%		50%		50%			
SS_CU S_017	Stage 2 complaints due and responded to within target timescales in adult social care. CLONE COMP016	0%		100%		0%		100%		66.67%		0%		0%		40%			
ABS.01.CSD.C CHCM	This indicator pertains to the % of hours lost through SICK LEAVE each month	8%		10%		14%		13%		16%		13%		14%		17%		Not measured for Years	
ABS.01.CSD.C TAC	All Sick Leave indicator pertains to the % of hours lost through All Sick Leave each month. Community Treatment and Care Nurse	18%		15%		9%		8%		2%		5%		13%		15%		Not measured for Years	
ABS.01.SC.BC SSC	This indicator pertains to the % of hours lost through SICK LEAVE each month - Bellfield Castle Suite	42%		43%		39%		17%		23%		20%		26%		22%		Not measured for Years	
ABS.01.SC.BW SSC	This indicator pertains to the % of hours lost through SICK LEAVE each month - Bellfield Wallace Suite	8%		5%		11%		11%		9%		11%		18%		18%		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 the graph relate to the current reporting year.	20.59		22.51		23.57		21.39		31.64		34.28		34.93		28.11			

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 12.1

Archiving the Records of the IJB

For Approval

Paper Approved for Submission by:	Annemargaret Black, Chief Officer
Paper presented by	Rosie Al-Mulla, Stirling University Archivist
Author	Rosie Al-Mulla, Stirling University Archivist
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:	<ol style="list-style-type: none"> 1) To provide background information on the University of Stirling Archive and how the records of the IJB will be processed and used upon deposit. 2) To recommend how to progress a Memorandum of Understanding between the IJB and the University of Stirling.
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Recommendations:	<p>The Integration Joint Board is asked to:</p> <ol style="list-style-type: none"> 1) Note the IJB Records Management Plan submitted to the Keeper of the Records of Scotland in 2019 set out the intention to deposit IJB records with the University of Stirling Archives and Special Collections who were already the place of permanent deposit for the records of NHS Forth Valley 2) Approve amending the existing Memorandum of Understanding (MoU) between NHS Forth Valley and the University of Stirling to include the digital preservation of IJB records (option B)
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1. Background

- 1.1. The Public Records (Scotland) Act (PRSA) 2011 was brought fully into effect in 2013. Under PRSA, public authorities in Scotland should prepare and implement a records management plan which must set out proper arrangements for the management of its records. This records management plan should stipulate a place of deposit for the preservation of records with enduring value. Element 7 of PRSA requires the records management plan to be explicit about the provision of archiving (or other disposal, not all records will be suitable for long term preservation) for the authority's records. Records of enduring value **must** be deposited with an appropriate repository and this repository needs to be named in the records management plan and approved by the Keeper of the Records of Scotland. Please see <https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan> (Element 7 for full discussion on what must be included in a records management plan regarding the archiving of records).
- 1.2. In 2019 the Clackmannanshire and Stirling Integration Joint Board submitted a records management plan to the Keeper of the Records of Scotland which was approved. This plan noted that the IJB intended to deposit their records with the University of Stirling Archives and Special Collections who were already the

place of permanent deposit for the records of NHS Forth Valley. The Keeper noted that this was an appropriate place of deposit for the IJB and that the IJB should approach the University of Stirling once a permanent Chief Officer of the IJB's records management plan was appointed. On the back of this, representatives from the IJB sought a meeting with the University of Stirling in Autumn 2021 to progress this action.

2. The University of Stirling Archives and Special Collections

- 2.1. The University of Stirling Archives and Special Collections (ASC) collects around the research themes of the University of Stirling. With the University's strong focus on Health Sciences and Nursing, medical and social care collections are a natural fit for the collecting policy of the archive. After an initial deposit of two historic collections, those of the Stirling District Asylum and the Royal Scottish National Hospital, the University Archives became the place of permanent deposit for the records of NHS Forth Valley in 2017.
- 2.2. ASC undertakes the long-term preservation of the records in its care and strives to make them accessible to as broad an audience as possible, within the confines of any relevant legislation such as GDPR and the Data Protection Act. Accessibility can include the following: creation of a public catalogue/finding aid, usually made available online for researchers to search; digitisation of appropriate materials and hosting this digitised material online; making material available to consult on site in the University's Archives Reading Room; any such outreach events as are deemed appropriate, e.g. tours of the archive collection, talks on the collection at meetings of interested stakeholders, classes with students on relevant courses of study; events with staff at the institution to whom the archive belongs.

3. Archiving the records of the IJB

- 3.1. Once transferred, the records of the IJB will be catalogued and made available for research where appropriate. As part of the depositing process, the IJB can stipulate closure periods to material so there need be no concerns over what will and won't be made accessible to the public.
- 3.2. Physical material will be repackaged and kept in archival quality boxes in the ASC temperature-controlled stores within the University Library. Digital material will be dealt with as per the ASC [Digital Preservation Policy](#).
- 3.3. Records can be accessed by staff who, in the course of their duties, support the IJB. However, it is advisable that material which is likely to be accessed regularly remain where they are usually kept on NHS servers and only be transferred to the archive once out of active use.

4. Conclusions

- 4.1. The IJB now need to finalise their arrangements regarding the long term preservation of certain records identified to have enduring value as per Element 7 of PRSA. The Chair of the IJB met with the NHS Forth Valley Archivist and others on the 14 October 2021 to discuss creating a Memorandum of Understanding (MoU) regarding this. Two options were identified.
- 4.2. The two options are as follows:
 - (a) the IJB has its own MoU with the University or
 - (b) the MoU that the University already has with NHS Forth Valley could be formally extended to cover the records of the IJB.
- 4.3. The NHS Forth Valley Archivist has consulted with the National Records of Scotland (NRS) regarding the two options to check if both are permissible and if there is a preference. As far as NRS is concerned both are permissible and which is preferable depends entirely on where the IJB's records sit and how they are managed. The IJB records currently sit on NHS servers and are managed by HSCP staff and therefore will follow the NHS Forth Valley records management plan (RMP). Due to this, the recommendation is that we follow option (b) and alter the existing MoU with NHS Forth Valley to include the records of the IJB.
- 4.4. Both options will take the same amount of time to carry out as a new MoU or an amendment to an existing MoU must be submitted to senior management in Information Services at the University of Stirling.
- 4.5. Senior staff in the HSCP have already identified the following types of records for long-term preservation: IJB meeting papers and minutes; Committees papers and minutes; Register of interests; SPG papers and minutes; Annual Performance Reports; Quarterly Performance Reports; Strategic Plan; RMP & PURs; Equality and mainstreaming outcomes and associated reports; Climate Change reports; IJB Budgets and annual accounts; Audit Reports. If there are any additions or amendments to this list then this can be discussed when drawing up a deposit agreement, a draft outline is attached in appendix 1.
- 4.6. Finally, the IJB and the University Archives can decide how to transfer the initial deposit and set up a regular transfer of material going forward.
- 4.7. The NHS Forth Valley Archivist at the University of Stirling is very happy to answer any further questions that the Board may have on rosie.al-mulla@stir.ac.uk

5. Appendices

Appendix 1 – Draft Digital Deposit Agreement

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:	None identified
Other Resources:	None identified
Legal:	None identified
Risk & mitigation:	None identified
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>

**Terms of agreement for the deposit of digital archives in
University of Stirling Archives & Special Collections****1. Deposit**

- 1.1 In this document the word 'depositor' shall mean the organisation or individual placing material on deposit and the word 'university' shall refer to the University of Stirling, and in particular the Directorate of Information Services.
- 1.2 The material deposited with the university and covered by this agreement consists of the following item(s):

(further details may be attached on a separate sheet if necessary)

- 1.3 The material described above will placed on permanent deposit at the university.
- 1.4 The material placed on deposit has been put in the custody of the university by the depositor.
- 1.5 The main point of contact regarding this material is:
- 1.6 Where this period of deposit is unspecified the material should remain in the custody of the university for a period sufficient to justify the university's expenditure on cataloguing and preservation. It is acknowledged by the depositor that this would normally be for a minimum period of twenty-five years.
- 1.7 The university reserves the right to return to the depositor any material deemed to be of no archival value or, with the consent of the depositor, to transfer this material to a more appropriate place of deposit or confidentially destroy it.
- 1.8 The university will ensure compliance with the principles of the Data Protection Act (2018) and General Data Protection Regulations (GDPR) where they apply to the deposited material. The deposited material will be managed in line with procedures in place for all collections in the University of

Stirling Archives, protecting personal data and putting closure periods in place for records containing sensitive personal information. Additional records may be closed by the depositor as described in section 5.2.

2. Storage

- 2.1 The deposited material will be managed and stored in line with the policies and procedures set out in the University of Stirling Archives Digital Preservation Policy and related documents.
- 2.2 The university shall take all reasonable precautions to protect the deposited material from damage, degradation, loss or theft but shall not otherwise be liable beyond this to the depositor for any damage to or loss or theft of the material during the deposit period.

3. Preservation

- 3.1 The university will undertake a minimum of bit-stream preservation (maintaining the authenticity and integrity of the deposited material) and will endeavour to ensure full content preservation (the full rendering of the digital material) wherever possible.
- 3.2 The university shall provide advice and assistance to the depositor relating to the arrangement and naming of files in advance of the transfer of the material.
- 3.3 The university will be entitled at its absolute discretion to take any of the following actions in respect of the deposited material to ensure its continued functionality and accessibility:
 - (a) To carry out virus checking of material
 - (b) To create multiple copies of the deposited material to be stored in separate locations (both onsite and offsite)
 - (c) To create checksums to ensure fixity of digital files (by checking for possible data loss)
 - (d) Migration of files using tools that transform obsolete formats into newer formats which will continue to be supported
 - (e) To rename files where necessary and add archive reference numbers.
 - (f) To carry out regular integrity checking of files to ensure continued functionality of content
 - (g) To transfer to new storage media when required

4. Cataloguing

- 4.1 The material will be catalogued to recognised professional standards as part of the university's programme of cataloguing all archives and special collections in its custody.
- 4.2 A link to the catalogue produced by the university will be provided to the depositor. Ownership of and copyright in all catalogues and finding aids shall rest with the university.

5. Access and use

5.1 The deposited material shall be made available online where appropriate and to researchers under the normal terms of access to archives and special collections in the archives reading room.

5.2 If the depositor wishes to place any restrictions on access to this material beyond restrictions arising from legislation they should be clearly stated here:

5.3 Having regard to the provisions of the Copyright Acts in force at any given time the university may supply copies of material to researchers on payment of an appropriate charge. No further reproduction of such copies shall be allowed without the consent of the copyright holder.

5.4 The university undertakes to remind researchers, publishers and other users of the deposited material of their responsibility to comply with the Copyright Acts.

5.5 Having regard to relevant legislation, the university shall be free to use any part of the deposited material for exhibition purposes. The university shall also be free to loan deposited material to other institutions for the purposes of exhibition.

6. Standards and Best Practice

6.1 Digital preservation is a constantly changing and developing field of practice. The university will endeavour to follow current advice and guidance produced by leading sector organisations including the UK National Archives and The Digital Preservation Coalition.

7. Agreement

7.1 I agree to the terms set out in this document for the deposit of the material described in Section 1.2 in the University of Stirling Library, part of the Directorate of Information Services:

Name of depositor: _____

Signature of depositor: _____

Address: _____

Tel. No.: _____

E-mail: _____

Date: _____

7.2 I agree to accept the material described in Section 1.2 of this document on behalf of the University of Stirling and to care for it under the terms set out in this document.

Name: _____

Title: _____

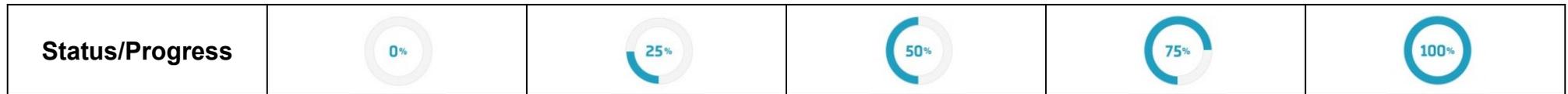
Department: _____

Tel. No.: _____

E-mail: _____

Date: _____

Revised: RM 05/01/2022



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
22 September 2021	Urgent Decision Making	Mr Murray to discuss with Chair of Finance and Performance Committee whether to present the Revised Scheme of Delegation to the October Committee meeting prior to consideration at IJB.	Ewan Murray	March 2022	This will be progressed over the Winter and brought back to the IJB for consideration in March 2022.	

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Financial Report	Ewan Murray	Ewan Murray	N	1) Noted the 2021/22 projection based Financial Performance for the first six months of the financial year to 30 September 2021. 2) Noted the Significant Financial Issues and Pressures 3) Approved that the measures set out at section 4.7 of this report satisfied the requirement of the Integration Scheme for a financial recovery plan to be in place. 4) Noted the updates on Scottish Government funding support for ongoing impacts of Covid 19, savings, investments, winter funding allocations and projected reserves levels. 5) Approved the proposal to implement the uplift in social care pay for commissioned services as set out in Section 8.4. 6) Approved the proposal that the draft 2022/23 IJB Business Case is presented to the December Finance and Performance Committee meeting and submit to the constituent authorities thereafter.
26 November 2021	2020/21 Audited Accounts and Independent Auditors Report	Ewan Murray	Ewan Murray	N	1) Noted that the 2020/21 Annual Accounts were being considered by the Audit and Risk Committee on 22 November 2021. 2) Subject to the recommendation of the Audit and Risk Committee approved the accounts for signing by the Chair, Chief Officer and Chief Finance Officer and publication on the partnership website thereafter 3) Noted the Independent Auditors report
26 November 2021	Remobilisation Plan	Wendy Forrest	Wendy Forrest	N	1) Approved the content of the HSCP Re-Mobilisation Plan 2) Noted the financial framework and financial reporting to Scottish Government
26 November 2021	Programme of Meeting Dates	Lesley Fulford	Lesley Fulford	N	1) Approved the proposed Integration Joint Board programme of meeting dates for 2022 / 2023 set out in paragraph 4.1.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
					<ul style="list-style-type: none"> 2) Approved March 2023 meeting would be focussed on budget, associated directions and delivery plan only set out in paragraph 4.3. 3) Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2022 / 2023 set out in paragraph 5.1. Recognising the June meeting would be rescheduled. 4) Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2022 / 2023 set out in paragraph 6.1. Recognising the June meeting would be rescheduled. 5) Noted the Transforming Care Board programme of meeting dates for 2022 set out in paragraph 7.1. 6) Noted the Strategic Planning Group programme of meeting dates for 2022 / 2023 set out in paragraph 8.1. 7) Noted the Clinical and Care Governance Group programme of meeting dates for 2022 / 2023 set out in paragraph 9.1.
26 November 2021	Chair and Vice Chair Proposals 2022/2024	Lesley Fulford	Lesley Fulford	N	<ul style="list-style-type: none"> 1) Approved the nomination for Chairperson of the Integration Joint Board in first year (2022 / 2024) as per report section 3. 2) Agreed Local Authorities would nominate Vice Chair of the Integration Joint Board and Chair of Committees post Local Government election as per report sections 3, 4, and 5. 3) Approved the following nominations for: <ul style="list-style-type: none"> a) Vice Chairperson for Audit & Risk Committee (2022 / 2024) as per report section 4. b) Vice Chairperson for Finance & Performance Committee (2022 / 2024) as per report section 5 c) As a contingency the Board approved Vice Chairperson (as set out in sections 4 and 5 of this report) could Chair the Committees in the interim.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Draft Annual Performance Report 2020/2021	Carolyn Wyllie and Wendy Forrest	Wendy Forrest	N	1) Approved the Draft Annual Performance Report 2020/2021 subject to amendments for typing errors
26 November 2021	Alcohol and Drug Partnership Report	Wendy Forrest	Wendy Forrest	N	1) Approved the content of the report. 2) Sought for officers to provide updates on the implementation of the Alcohol and Drug Partnership Delivery Plan.
26 November 2021	Urgent Decision Making	Ewan Murray	Ewan Murray	N	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 23 March 2022 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 work to review and update the IJBs extant Scheme of Delegation would commence in the coming period and it was anticipated that a revised scheme would be brought to the March 2022 meeting for approval
26 November 2021	Finance and Performance Committee – Terms of Reference Review	Ewan Murray	Ewan Murray	N	1) Reviewed and approved the proposed revisions and updates to the Finance and Performance Committee’s Terms of Reference 2) Agreed to further review the Terms of Reference no later than 2 years from approval by the Integration Joint Board 3) Noted the considerations of the Finance and Performance Committee

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
26 November 2021	Board Member Review	Lesley Fulford	Lesley Fulford	N	1) Noted the content of the report 2) Noted the carers representatives were due to step down and new representatives would attend future meetings
26 November 2021	Climate Change Report 2020/21	Lesley Fulford	Lesley Fulford	N	1) Noted statutory duty to produce a Climate Change Report under the Climate Change (Scotland) Act 2009 2) Approved the draft Climate Change Report 2020/2021 for submission to Sustainable Scotland Network
26 November 2021	Response to Mental Welfare Commission	Carolyn Wyllie		N	3) Approved the response for submission (appendix 1)
22 September 2021	Advocacy Service – Award of Contract	Wendy Forrest	Wendy Forrest	Y	4) Noted that the proposed Forth Valley-wide approach would provide equitable Independent Advocacy services across both HSCPs and NHS Forth Valley. 5) Noted that the contract would ensure the HSCPs and NHS Forth Valley meet their statutory obligations with regard to people subject to legislative processes who must have access to an Independent Advocate. 6) Approved the award of contract as outlined in the paper and direct Stirling Council, Clackmannanshire Council and NHS Forth Valley to put in place the contractual arrangements, with Stirling Council leading on the procurement process.
22 September 2021	Information Governance Assurance Report 2020/2021	Dierdre Coyle	Dierdre Coyle	N	1) Noted the Information Governance activity for the year 2020/2021 2) Approved the Progress Update Review for submission to the Keeper of the Records (appendix 1) 3) Approved that the Chair meets with the Archivist at Stirling University to agree records for permanent preservation.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Urgent Decision Making	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 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 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) Noted that work to review and update the IJBs extant Scheme of Delegation would commence in the coming period and a revised Scheme of Delegation or a progress update will be brought to the next IJB meeting.
22 September 2021	Quarter 1 Performance Report (Apr-Jun 2021)	Carol Johnson	Carolyn Wyllie	N	<ol style="list-style-type: none"> 1) Reviewed the content of the report. 2) Noted that appropriate management actions continue to be taken to address the issues identified through these performance reports. 3) Approved quarterly reports that should come to the first available Board meeting following Finance & Performance Committee.
22 September 2021	Primary Care Improvement Plan Update	Lesley Middlemiss	Lesley Middlemiss	N	<ol style="list-style-type: none"> 1) Approved the progress report on the Primary Care Improvement Plan. 2) Noted the revised timeline of April 2022 and revised memorandum of understanding issued August 2021 3) Noted that there was no substantive change to the actions, cost or deliverables previously outlined in PCIP Iteration 3 approved by tripartite partners in June 2020. 4) Noted that the funding gap between the plan and Scottish Government allocation remained, however, the plan for 2021/22 remained deliverable with support of

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
					slippage and NHS Forth Valley funding of the flu vaccination service.
22 September 2021	Culture and Governance – Emergency Department, Forth Valley Royal Hospital		Scott Urquhart	N	5) Noted the external review report, actions and scrutiny undertaken by the Health Board. 6) Approved the NHS oversight group provide the IJB with quarterly updates on progress.
22 September 2021	Review of Strategic Plan	Lesley Fulford	Lesley Fulford	N	1) Approved the rolling forward of the Strategic Plan for a period of one year. 2) Approved the development of a 10-year Strategic Plan for April 23 / March 24 to April 33 / March 34.
22 September 2021	Directions Policy	Ewan Murray	Ewan Murray	N	1) Noted the recommendation of the Audit and Risk Committee. 2) Approved the draft Directions Policy. 3) Approved 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Transforming Care Board – Update	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Supported the progress made within the work streams under the HSCP Transforming Care Board. 2) Continued to seek for officers to provide detailed updates at Integration Joint Board to ensure progress and provide scrutiny.
22 September 2021	Commissioning Consortium	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the content of this report; 2) Approved implementation of a Commissioning Consortium model of commissioning as outlined in this paper; 3) Considered and approved the proposed investment in a Strategic Commissioning Manager to lead this area of work in so far as the proposed investment could be contained within a balanced partnership budget position. 4) Noted that the focus of this work would additionally seek to offer better value for money focused on outcomes for individuals. 5) Sought additional regular reports on progress following scrutiny at Finance and Performance Committee and recommendations from Strategic Planning Group.
22 September 2021	Carers Investment Plan	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Approved implementation of the Carers Investment Plan.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Strategic Improvement Plan – Update	Wendy Forrest	Wendy Forrest	N	<ol style="list-style-type: none"> 1) Noted the volume of activity planned and underway within the HSCP. 2) Approved the Strategic Improvement Plan and ask officers to progress the actions and activities 3) Sought for officers to provide an update at each Integration Joint Board meeting against the actions outlined in the Plan.
22 September 2021	Reserves Strategy	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the recommendation of the Audit and Risk Committee. 2) Approved the appended draft reserves strategy. 3) Agreed that the reserves strategy be further reviewed by March 2022 as part of consideration of the 2022/23 IJB Revenue Budget.
22 September 2021	Financial Report	Ewan Murray	Ewan Murray	N	<ol style="list-style-type: none"> 1) Noted the 2021/22 projection based on Financial Performance for the first four months of the financial year to 31 July 2021. 2) Noted the Significant Financial Issues and Pressures 3) Agreed 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) Noted the update on Scottish Government funding support for ongoing impacts of Covid 19. 5) Approved the proposal in respect of the Budget Strategy as set out in section 8 of this report.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
22 September 2021	Urgent Business Brought Forward by Chairperson/Emergency Items	Chair	Chair	N	1) Approved the dates and times for informal Board development sessions and workshops.
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	6) Noted the progress made to implement the requirements of the Carers Act. 7) Approved the review of the HSCP Short Breaks Statement prepared with partners, with the additional support of Short Break Co-ordinator. 8) Approved the review of the HSCP Eligibility Criteria. 9) 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.

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
					10) Sought for officers to work with carers to produce a Carers Investment Plan to align with the priorities of a refreshed Carers' Strategy.
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

Date of IJB	Report Title	Author	Presenter	Exempt	Decision
					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.
11 May 2021	Revenue Budget 2021/22	Ewan Murray	Ewan Murray	N	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.

Strategic Planning Group

Minute of meeting held on 27 October 2021 @ 2pm via MS Teams

Present:

Cllr Les Sharp (Chair)	Elizabeth Ramsay (IJB Clackmannanshire Carers rep)	Shubhanna Hussain-Ahmed (IJB Stirling Carers Rep)
Natalie Masterson (CEO Stirlingshire Voluntary Enterprise)	David Wilson sub for Pam Robertson – Unison	Sheila McGhee Clackmannanshire Carers Rep
Agnes McMillian (Central Carers)	Colleen McGregor (Stirling Carers)	Marjory Mackay (Strathcarron Hospice)
Chris Mollins (Capability Scotland)		Mandy Paterson (Police Scotland)
Annemargaret Black (HSCP Chief Officer)	Ewan Murray (HSCP)	Wendy Forrest (HSCP)
Bob Barr (HSCP)	Caroline Robertson (HSCP)	Judy Stein (HSCP)
Shiona Hogg (HSCP)	Emma Mitchell (HSCP)	Lesley Fulford (HSCP)
Jennifer Baird (HSCP))	Kelly Higgins (HSCP)	Carol Johnson (HSCP)
Janette Fraser (NHS FV Planning)	Susan Bishop(NHS Forth Valley Innovation and Improvement)	Lesley Middlemiss (NHS FV Primary Care)
Anita Paterson (NHS FV Health Improvement)	Elaine Lawlor (NHS FV ADP)	Robert Clark (NHS FV)
Kelly Tulloch (NHS FV)	Angela Wallace (NHS FV Nursing Director)	
In Attendance	Fiona Norval Note	
Apologies		
Murray Sharp (Housing Clackmannanshire Council)	Hazel Meechan (NHS Forth Valley Public Health)	Pamela Robertson (Unison)
Graeme Hendry (Adult Support Co-ordinator, HSCP)	Scott Williams (Deputy Medical Director NHS FV)	Lorraine Robertson (Chief Nurse HSCP)
Fay Godfrey (Alzscort Org)	Stephen Clark (Housing Stirling Council)	Marie Valente (Chief Social Work Officer Stirling Council)
Anthea Coulter (Clackmannanshire Third Sector Interface)	Joanne O Suilleabhain (NHS)	Liz Rowlett (Third Sector HSCP Partnership Officer)

1. Welcome from Chair, Apologies & Declarations of Interest

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

Apologies noted above

There were no declarations of interest.

2. Draft Minute of meeting held on 25 August 2021

The minute of the meeting held on 25 August 2021 was approved as an accurate record.

3. Matters Arising

The group welcomed Emma Mitchell, Lead officer SDS who provided an update on her new role and an explanation of her remit within the HSCP.

4. Update HSCP Commissioning Consortium

Jennifer Baird provided an update advising on initial discussions around dementia which identified the current position and spend. These discussions were robust with all having good understanding around the current data and community intelligence. This provides a good starting place, providing an awareness of the type of information that is helpful to have at the Commissioning Consortium.

It was agreed a follow up session would be arranged in 6 weeks, along with an initial session around Carers and Mental Health.

<i>Action: Jennifer Baird to arrange follow up session on Dementia and arrange initial sessions on Carers and Mental Health.</i>
--

Jennifer Baird advised that she would welcome participation from all around the table, taking on board any feedback and thoughts.

Nicola Cochrane, Locality Manager Learning Disability & Mental Health commences in post on 15 November 2021 which will assist in moving this agenda forward.

The Strategic Planning Group discussed as a partnership, how work around mental health will be interesting and the group are keen to see a build-up of early intervention and prevention work within the community.

There is a mandate for the Carers' Commissioning Consortium and the HSCP will work closely around how we commission the right support services going forward. It was acknowledged that due to ongoing significant pressures progress is not as far on as we would wish.

Natalie Masterson provided an update on the establishment of Scottish Government's Communities Mental Health & Wellbeing Fund, which has £15 million allocated to support mental health and wellbeing in communities across Scotland. The fund will be distributed by Third Sector Interfaces (TSI) in communities across Scotland. The fund aims to support adult community-based initiatives to help address the impact of distress and mental ill health caused by social isolation and loneliness, as well as addressing the mental health inequalities exacerbated by the Covid-19 pandemic.

The fund aims to take a preventative approach and allow communities to develop their own solutions, including developing stronger partnerships.

Locally, the fund will be distributed by Stirlingshire Voluntary Enterprise (SVE) and Clackmannanshire Third Sector Interface (CTSI) in conjunction with the local Integration Joint Board (IJB) and other key representatives from the respective councils and community as part of a steering group. This launches on Monday 8 November 2021 and closes at 5pm on 22 November 2021, with funds distributed by December 21 with funding to be spent by March 2022.

5. Update Carers Planning Group

Lesley Fulford shared a presentation which provided an update around the Programme of Work to March 2022.

The Carers Census is currently being pulled together and once collated this will be reviewed at the Carers Planning meeting as part of the strategic needs assessment. One of the biggest challenges is getting people to recognise people are carers no matter what they are doing. There is currently a gross underestimation of the numbers of unpaid carers. It was agreed there is a requirement to look at this as a whole system; Cradle to Grave and link with our colleagues in Education, Social Work and the Third Sector.

Wendy Forrest advised that we are mindful there is a responsibility linked to SDS to support carers in understanding their rights in relation to the Carers Act.

Cllr Sharp raised the forthcoming increase to the National Living Wage which may be something we need to advise Carers around.

6. Financial update

Ewan Murray provided an updated on the significant pressures across the health and social care system advising the latest formal financial position was reported at the IJB Finance and Performance Committee on 20 October 2021. The current overspend is just under £2m, reported as £1.8m. Work ongoing around reporting on Q2 return which is due to be submitted to Scottish Government by the end of the week. Cost assessment around these have increase from our Q1 return.

The impacts of the UK budget, will be made clear by Scottish Government when they announce their budget on 9 December 2021. Work is ongoing to build out our position and we will see how this measures up after the 9 December 2021.

The Scottish Government announced on 5 October 2021, a £300m funding package to help NHS and Social Care over the extremely challenging winter period. Ewan Murray advised that the detail is now coming through, with investment in care at home capacity which is concurrent with an increase on commission services from 1 November 2021. This is part of broader commitments to increase pay per hour to £12.50. There is a lot of addition work to be undertaken around the contractual work, with the increases to commence from 1 December 2021 to £10.02.

Ewan Murray advised he needs time to untangle all the allocations and is currently working to separate them between Council(s) and NHS. There is a need to put the money where we get the best outcomes.

The Strategic Planning Group agreed this is a requirement for all to work together to prevent any barriers to ensure we become an integrated service to all Forth Valley.

There is a need to work to on this together as this is around people and how they benefit.

Annemargaret Black provided back ground to delayed discharge advising clients requiring social care are a fraction of people being discharged from hospital.

Wendy Forrest provided an update on recruitment within the HSCP based on the additional investment for transformation from the Integration Joint Board.

Strategy Planning and Health Improvement		
Service Improvement Manager	Lesley Shaw	shawle@stirling.gov.uk
Self Directed Support Lead Officer (2 year secondment)	Emma Mitchell	mitchelle@stirling.gov.uk
Alcohol and Drug Partnership Lead	Simon Jones	simon.jones2@nhs.scot
Planning and Policy Development Manager (2 posts)	Michelle Duncan Vacant	duncanmi@stirling.gov.uk
Performance Officers (2 posts)	Lorna McFarlane Scott Mackay	macfarlanelo@stirling.gov.uk mckays@stirling.gov.uk
Locality Manager Transformation	Phil McDonald	macdonaldp@stirling.gov.uk
Service Manager Contracts and Commissioning	In recruitment	
Community Health and Care		
Manager Learning Disability and Mental Health	Nicola Cochrane	Nicola.Cochrane@nhs.scot
CHART team manager	Helen Skinner	skinnerh@stirling.gov.uk
Technology Enabled Care	In recruitment	
Reablement Team	Increased capacity	

The Strategic Planning Group noted the financial challenges and ongoing work.

7. HSCP Strategic Improvement Plan update

Wendy Forrest advised that due to the extreme and additional pressures experienced during recent weeks, which included; submission of Care Inspectorate Position and reviewing over 100 files for case files, unfortunately there is no further update on the strategic improvement plan. Wendy wished to convey her apologies but advised that tasks are being mapped across and significant transformation work is being undertaken.

Robert Clark reiterated, that the system is still under enormous pressures and we need to take cognition of work around this for senior managers as well as wider staff groups.

Cllr Sharp advised that no apology was necessary, and noted the need to undertake the day to day work as the priority and appreciated the work and pressures staff are under due to the ongoing pandemic.

Discussion took place around the level and complexity of work at present, and expectation of papers/reporting required to be produced by staff who are still working within a pandemic.

<p><i>Action: Wendy Forrest to bring HSCP Strategic Improvement Plan update to future meeting in the New Year.</i></p>
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8. HSCP Re-Mobilisation Plan update

Wendy Forrest presented, the latest version of the HSCP Re-Mobilisation Plan and provided an update on the activity described within the Plan. This Plan was discussed at the IJB Finance and Performance Committee on 20 October 2021. The additional funding as part of the winter plan will be embedded into the remobilisation plan. Linkage will also be added from the work undertaken within the Carers Investment Plan.

The fundamental principles driving the HSCP approach to re-mobilisation and the movement towards renewal reflect the same vision and strategic priorities as described within the HSCP Strategic Plan 2019 – 2022; these continue to be as relevant to the re-design, planning and delivery of health and social care services during re-mobilisation as they were before the Covid-19 outbreak.

Discussion took place around the need to be more flexible and open to communities about the ongoing winter care pressures. The HSCP and communities need to seek early interventions and building community capacity to avoid unnecessary hospital admissions, however recognising the difficulty on focusing on early intervention and prevention in an ongoing pandemic.

Bob Barr advised that operationally work on going with NHS colleagues to create a triage set up to try and deal with minor OT requests i.e. installation of handrail, could this be undertaken by a “handyperson”.

Discussion took place around support for carers, due to national ongoing shortage within this sector, which will be very challenging over the next few months over winter, with acknowledgement that carers will be impacted during this period. There is a requirement to look at the needs of carers more strategically, we need to remember that people know what they need and build on this strength, assisting with any early interventions and signpost where people can go and get assistance.

There is good work that goes on within the community that not all partners are aware of, i.e. communities already clearing snow etc. we need to recognise this and the need to work with communities. The group reflected on the mobilisation of communities during the first lockdown and how communities assisted greatly.

9. Any other business

COP 26; Lesley Fulford provided an update around the different planning layers, regional v local, advising Health Board and Councils have been planning for this for some time and the impacts were built into local resilience and emergency plans.

10. Date of Next Meeting Wednesday 15 December 2021 @ 2.00 pm

Proposed topics for future meetings

- I. HSCP Integrated Workforce Plan (Kelly Higgins)
- II. HSCP Self Directed Support Refreshed approach (Emma Mitchell)
- III. Alcohol & Drug Partnership – Drug Related Deaths & Suicide Prevention
(Simon Jones & Elaine Brown)

**Draft Minute of the Clackmannanshire & Stirling Joint Staff Forum held
on Thursday 28 October 2021 via Teams**

Present:

Annemargaret Black, Chief Officer, HSCP (AB)
Linda Guy, HR Manager, NHS Forth Valley (LG)
Bob Barr, Locality Manager, Stirling, HSCP (BB)
Robert Clark, Employee Director, Unison, NHS Forth Valley (RC)
Carole Docherty, HR Business Partner, Clackmannanshire Council (CD)
Wendy Forrest, Head of Strategic Planning & Health Imp, HSCP (WF)
Fiona Norrie, Senior HR Business Partner, Stirling Council (FN)
David O'Connor, Regional Convener, Unison (DO'C)
Caroline Robertson, Locality Manager, Clackmannanshire (CR)
Abigail Robertson, Vice Chair Unison, Stirling Council (AR)
Pam Robertson, Co-Chair JSF, Secretary, Clacks Unison (Chair), (PR)
Judy Stein, Locality Manager, Stirling, Rural, HSCP (JS)
Lorraine Thomson, UNISON, Stirling, Secretary JTUC (LT)

1. Welcome and Introductions

Annemargaret Black chaired this meeting and welcomed everyone.
The meeting that was scheduled for 16 September had been cancelled

2. Apologies for Absence:

Apologies for absence were intimated on behalf of:
Sonia Kavanagh, Business Manager, HSCP (SK)
Amie McIntosh, Senior HR Business Partner, Stirling Council (AMcl)
Brian Wilson, GMB, Stirling Council (BW)
Carolyn Wylie, Head of Community Care & Health, HSCP (CW)

3. Minute of Meeting of 29 July 2021

This minute was approved with no amendments.

4. Matters Arising

Riddor request to Norman – Margaret advised she has tried to contact Norman McLeod but has had no response will follow up again

H & S – Annemargaret advised that she would like Judy to bring an exception report to this meeting from the H+S group

5. Management Update

Annemargaret Black provided an update on behalf of management

Business Continuity - currently we are experiencing whole systems business continuity issues. The current position we are in is very usual for this time of year and demand in Social Care in some services is up by 40% where in a normal year it would be 4% per annum

The HSCP management and leadership team are a small team and continue to provide briefings to elected members, press enquires and reports for Councils. The Integration Joint Board and Transforming Care Board are continuing to meet as well as all associated tasks related to these functions.

An active inspection of Adult Support & Protection practice across both Clackmannanshire & Stirling (two separate inspections) is ongoing at the moment. We also have three large scale investigations ongoing at the moment in care homes. One particular investigation may progress to registration cancellation as the home cannot maintain quality of care.

Actions - A command structure is in place to oversee action to reduce the business continuity risks. Gold command was meeting daily and has now reduced to two days per week. Silver Command which involves the Head of Service is meeting daily. This is the structure which reports to Gold. Bronze Command meets every day and reports to Silver. All these meetings take up time and capacity.

We are trying to improve staffing capacity, particularly in social care. 100% of our social care is in the external market with multiple providers. We have no control over recruitment. We are receiving anecdotal reports of people moving into other areas of the job market, with better working conditions and less stressful environments. The Scottish Government has provided £300m of investment across Scotland which is hoped will recruit 1,000 health care support workers and includes a wage rise for social care workers in provider services, to be paid in December of £10.02 per hour, moving to £12.50 by the end of the parliamentary term. We have a recovery plan in place and are working through the actions to improve the local situation.

There was general discussion around pay issues, quality of care and wellbeing of staff.

LT advised that a key strand is the local government pay claim which is ongoing. There are issues for local government not just in social care also with hgv drivers etc. The Trade Unions are trying to get a decent pay claim agreed in the hope to attract people back to the service.

LT also advised that a big concern is professional vulnerability. ASP investigations are concerning for members. Additional case loads and duties, inexperienced staffing and stress are major concerns. Communications also need to be maintained with front line staff.

Judy Stein advised that there is a Bellfield report produced every day which is discussed and risk assessed and is then escalated to silver command. Any incidents re staffing are investigated via IR1. Additional staff have been brought in as supported people in Bellfield are not purely there for intermediate care while we are experiencing business continuity issues. There is an Assistant Manager on duty doing an ad hoc weekend and we are recruiting to seniors overnight. These are not permanent posts. Kelly from OD is also assisting

6. Service Pressure

As above

7. COVID 19 Update

Annemargaret provided this update to the meeting.

Winter Vaccination/Covid Booster Programme is currently underway, uptake in social care needs improving

PPE still in place

Testing still in place

Care Homes are being impacted again but less people have had to go to hospital and we have not seen the same relationships with deaths as early on in the pandemic. We have three outbreaks at the moment cross Forth Valley, two in our area. Due to the vaccine, illness is not as severe as it was.

In terms of Care at home Packages, we have written to families to advise we are re-assessing care packages and asking if they can support. In one rural area the local church is volunteering to do check in visits with vulnerable.

8 Increased Capacity in Strategic Planning & Health Improvement

Wendy Forrest provided the following details of new members of the HSCP

Strategy Planning and Health Improvement		
Service Improvement Manager	Lesley Shaw	shawle@stirling.gov.uk
Self Directed Support Lead Officer (2 year secondment)	Emma Mitchell	mitchelle@stirling.gov.uk
Alcohol and Drug Partnership Lead	Simon Jones	simon.jones2@nhs.scot
Planning and Policy Development Manager (2 posts)	Michelle Duncan Vacant	duncanmi@stirling.gov.uk
Performance Officers (2 posts)	Lorna McFarlane Scott Mackay	macfarlanelo@stirling.gov.uk mckays@stirling.gov.uk
Locality Manager Transformation	Phil McDonald	macdonaldp@stirling.gov.uk
Service Manager Contracts and Commissioning	In recruitment	tbc
Community Health and Care		
Manager Learning Disability and Mental Health	Nicola Cochrane	tbc
CHART team manager	Helen Skinner	skinnerh@stirling.gov.uk
Technology Enabled Care	In recruitment	tbc
Reablement Team	Increased capacity	tbc

Wendy also advised that there was also investment in back room services i.e recording system. The Partnership has taken the lead on the social work recording system which covers both Clackmannanshire & Stirling. This will be a joint procurement process and we hope to purchase a system in this financial year or early next. Wendy is in discussion with Scott Jaffray (NHS IT Manager) re clinical portal that will support information sharing and reduce duplication. There is a lot of technical work to be done before implementation.

LT requested that Abigail be included in any discussions regarding the new system.

WF – agreed for Abigail to be part of this. There is a delivery and implementation group.

9. Service Updates

Stirling Locality

Bob Barr provided a verbal update for the Stirling Locality.

Currently reviewing the provision of care and reducing to critical needs. All service users have been advised by letter so they know what is happening. This is generating lots of enquiries/complaints coming into the service. Bob has been attending team meetings to offer support. OD and HR supports are in place. The service and providers are struggling to fill vacancies due to staff availability. Bob is supporting the team leaders.

We have a significant level of ASP casework going on.

ASP Inspection – A programme of activities is in place to support the inspection process.

Lorraine Thomson advised that she had recently met with Bob and that was a good meeting. If there is anything we can do to support more than happy to do this.

There was general discussion regarding staff wellbeing and welfare. AB advised that there is a regular newsletter that goes out to all staff which has details of available wellbeing resources both at local and national levels LT to send further links with wellbeing opportunities to get them onto the Partnership newsletter. RC advised that on the wellbeing page of staff intranet (NHS) there are links to all unions, resources, AB advised that she had fed into the national workforce group that staff may appreciate more practical supports RC advised that this had also been discussed at the NHS Endowment Committee with similar ideas.

Clackmannanshire Locality

Caroline Robertson provided a verbal update for the Clackmannanshire Locality.

Recruitment - have managed to recruit to vacancies within the locality team which have been outstanding for three years. This has given a real boost.

Care at Home - project board and plan has been set up and is meeting every two weeks. The team has linked in with commissioning colleagues in relation

to risk assessing peoples packages of care

ASP Inspection The team are staying on course with the ASP project plan. File prep is in progress in advance of loading the files for inspectors. We have seen improvement in ASP practice over the last 18 months within the pandemic. This needs recognition. We have created a template for evidence which will be used to have an oversight and identify any required improvements. Staff are very involved.

Staffing issues – A Manager has requested flexi retirement. This needs to be considered within a workforce planning context across the whole area looking at resources and skill mix.

Hospital, Reablement & District Nursing

Judy Stein provided a verbal update for these areas.

This has been a really challenging time supporting people to access timely care.

Re-ablement - The recruitment of relief staff underway through Forth Valley College and the NHS bank. Recruitment of Health Care Support Workers will add additional capacity

District Nursing - The team has received winter funding until end of March 2022. HCSW's to support the team are being recruited. All staff have been very supportive and flexible.

Annemargaret wished to record her thanks to all staff working at the front line and to management and leadership colleagues

Mental Health & Learning Disability

New Service Manager Nicola Cochrane will be starting on 15 November.

Annemargaret & Cllr Les Sharp (IJB Chair) have been engaging with the teams face to face. Clackmannanshire CMHT meeting was on 6 October. Stirling meeting will be held on 16 November.

ASP Inspection

Annemargaret advised that she had spoken with the Care Inspectorate to see if we could pause the inspection under the current circumstances and business continuity pressures. The answer was no.

Wendy Forrest advised that we are being inspected twice once for each area. Where we can, we are trying to combine the process and the CI have worked with us on that. Our position statement was uploaded yesterday. We have 210 files we need to review (105 for each area) There is a 12 week footprint in Stirling and Clackmannanshire from start to finish of the inspection

Wendy also advised that Graeme Hendry, Adult Support & Protection Officer had recently left this post. A Job description for the post is being put through evaluation and we will then go out to recruit.

10. STANDING ITEMS

H & S Partnership Group Minutes – 5 August 2021 for noting

Judy advised that she is engaging with H & S colleagues to produce quarterly reports, all have different reporting systems and this is a work in progress.

Lorraine Thomson requested that we make sure that staff can read and understand the risk registers and that they be included when risk assessments are being undertaken. The staff who are doing the job are often not included.

11. AOCB

Bellfield Staffing - Issues still ongoing with council cleaning staff uniforms. Robert Clark advised that there is a national uniform policy and NHS staff cannot wear other uniforms. He will reach out to other areas to see what they have done.

Abigail Robertson advised that it is affecting Stirling Council staff and they are members of staff within the Partnership although operationally managed within the NHS. They have been wearing the NHS uniforms for three years. It is about their identity and it is important to them and they should have HSCP uniforms

12. Date of Next Meeting

Thursday 25 November 2021 at 10am via MS Teams

It was agreed that due to current pressures verbal updates would suffice.

**Minute of the Clackmannanshire & Stirling Integration Joint Board
Finance & Performance Committee Meeting
held on 20 October 2021 at 2.00pm
via MS Teams**

Present:

Councillor Scott Farmer, Stirling Council, Chair
Councillor Susan McGill, Stirling Council
Councillor Dave Clark, Clackmannanshire Council
Councillor Les Sharp, Clackmannanshire Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley

In Attendance:

Annemargaret Black, Chief Officer, IJB and HSCP
Ewan Murray, Chief Finance Officer, IJB and HSCP
Carolyn Wyllie, Head of Community Health and Care, HSCP
Wendy Forrest, Head of Strategic Planning and Health Improvement, HSCP
Lesley Fulford, Senior Planning Manager, HSCP
Lindsay Sim, Chief Finance Officer, Clackmannanshire Council
Debbie Laing, Business Support Officer (Minutes)

SECTION 1: PRESENTATION SESSION

1. Chair's Welcome and Introductory Remarks

Cllr Farmer welcomed everyone to the meeting, which he would chair in the absence of Mr Ford, and confirmed that the meeting was quorate.

The meeting would be recorded for administrative purposes.

2. Apologies

Apologies were noted on behalf of Cathie Cowan and John Ford.

3. Minute of Meeting held 18 August 2021

The minute of the previous meeting held on 18 August 2021 was approved as an accurate record of the meeting.

4. Draft Annual Performance Report

Wendy Forrest, Head of Strategic Planning and Health Improvement, presented an overview of key issues relating to the 2020/21 Annual Performance Report.

The impact of COVID on patients/clients and providers was highlighted along with detail from the Annual Performance report regarding the Unscheduled Care Pathway including Care at Home and Adult Social Care.

The pandemic had resulted in a steep learning curve to ensure the HSCP continued to be agile and able to respond to and deliver the care and services required to meet the needs of the community. This programme of transformational change work included the joint working with carers around the Carers Investment Plan, the review and redesign of the rural model of care and best value review of care at home.

The Finance and Performance Committee noted the achievements highlighted and discussed the challenges faced. This included the need to understand why the emergency admission rate was so poor compared to other Health Board areas, and the work ongoing to ensure a streaming process was able to divert minor injuries away from the ED where possible.

Wendy Forrest also highlighted the wider work to understand the higher than expected, rate of admissions in Clackmannanshire compared to Stirling through practice audits on the reasoning behind admission decisions.

Although the message from primary care was that there were no issues with access to their services this did not seem to match public experiences. Annemargaret Black noted the extreme pressures faced by GP colleagues and advised that she would raise this with Medical Directors to understand the information available for primary care appointment waiting times.

The Finance and Performance Committee

- Thanked Ms Forrest for the presentation and noted their thanks and appreciation to all the staff involved in the compilation of a very complex yet very user friendly report.
- Noted information in relation to MECS users, unmet need and waiting times would be development areas for future performance reports.

At this point in the agenda the Finance and Performance Committee agreed to cover item 6.

6. Draft 2020/2021 Annual Performance Report

Wendy Forrest, Head of Strategic Planning and Health Improvement, presented the report which ensured the Integration Joint Board continued to fulfil its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services, and relevant targets and measures included in the delegated functions and set out in the current Strategic Commissioning Plan.

The Finance and Performance Committee

- Endorsed the Draft Annual Performance Report 2020/2021 for onward submission to the IJB for approval.

5. Health and Social Care Winter Plan

Ewan Murray, Chief Finance Officer provided a presentation on the key elements of the Health and Social Care Winter Plan.

The Ministerial Statement to Scottish Parliament on 5 October 2021 acknowledged the extreme pressures on services, workforce and the challenging winter ahead. The investment of £300m was based on the 4 key principles; maximising capacity, caring for staff, system flow and improving outcomes.

Mr Murray provided a brief outline of the investment package and the further clarity still to be received. The winter plan included increasing Care at Home and Reablement capacity as well as providing support for staffing challenges and wellbeing.

The risks and unintended consequences were considered and the winter plan would continue to be monitored in relation to spend and impact.

The Finance and Performance Committee discussed the issues to recruit and maintain staff and the need to ensure care was provided as close to home as possible.

The Finance and Performance Committee

- Thanked Mr Murray for the presentation and the acknowledged the complex financial landscape

7. Remobilisation Plan

Wendy Forrest, Head of Strategic Planning and Health Improvement presented the latest iteration of the HSCP Remobilisation Plan and update on the activity described within it.

Following the request from Scottish Government for an update, the latest version of the Remobilisation Plan reflected the position at September 2021. While the vision and priorities within the Strategic Plan had not changed the delivery had to be agile and flexible due to the continuing impact of the pandemic to ensure people continued to be supported at home or in a homely setting where possible.

The financial framework to support the plan continued to be reviewed and updated as necessary, considering the current estimated costs, assessment of savings delivery at risk and funding received. A monthly reporting schedule was returned to Scottish Government with detailed spend against priorities.

The HSCP Remobilisation Plan continued to demonstrate how whole system working delivered focused and integrated community health and social care services within a wider context of acute, emergency hospital services and third and independent sector provision. An assessment of the impact on the IJB's Mediums Term Financial Plan would be prepared based on financial performance and would be considered at a future Finance and Performance Committee meeting.

The Finance and Performance Committee:

- 1) Noted the content of the HSCP Remobilisation Plan
- 2) Noted the financial framework and financial reporting to Scottish Government

8. Finance Report and Budget Update

Ewan Murray, Chief Finance Officer presented the Financial Report including the Budget Update.

Mr Murray highlighted that following the audit process in Stirling Council a revision had been made to their 2020/21 accounts due to accrued cost of care in Stirling Council vs actuals, of £0.454m. This would therefore increase the IJBs general reserves by the same value. This had been discussed with the IJBs external auditors and the required changes to the IJBs final accounts were being made.

Due to the additional complications of Covid and capacity constraints on the IJBs external auditors, Audit Scotland, the external audit programme had been delayed. In line with the flexibility permitted in application of the regulations by the Coronavirus Act, this had resulted in the IJB's audit programme being completed in a compressed timeframe to enable consideration by the Audit and Risk Committee prior to consideration and approval by the IJB in November.

Based on financial performance for the first 5 months of the financial year to 31 August 2021 a projected overspend of £1.999m on the overall budget was indicated; £1.840m overspend on Set Aside budget and £0.159m on the Integrated Budget.

The Finance and Performance Committee:

- 1) Noted the revision to the 2020/21 financial year outturn, impact on reserves and annual accounts update (Section 3)
- 2) Noted the 2021/22 projection based on financial performance for the first 5 months of the financial year to 31 August 2021 (Section 4)
- 3) Agreed that the consideration set out at section 4.7 satisfied the requirements of the Integration Scheme for a financial recovery plan
- 4) Noted the Significant Financial Issues and Pressure, Key Assumptions and updates on Scottish Government funding support for the ongoing impacts of Covid 19 (Sections 5-7)
- 5) Endorsed the proposed process and timing for the 2022/23 IJB Business Case and Budget Setting (Section 8)

9. Review of Finance and Performance Committee Terms of Reference

Ewan Murray, Chief Finance Officer presented the proposed updated Terms of Reference.

The Finance and Performance Committee was established in March 2019 by the Integration Joint Board to strengthen the governance and financial management framework.

The proposed revisions ensured the committee continued to fulfil its role and remit and reflected the oversight role following the approved Directions Policy at the IJB meeting in September 2021, the changes in the Senior Leadership Team/committee membership and the continuing oversight and scrutiny role around performance, National Health and Wellbeing Outcomes/Local Delivery Plans along with the emergent locality plans.

The Finance and Performance Committee:

- 1) Reviewed and approved the proposed revisions and updates to the committee's Terms of Reference
- 2) Recommended the revised Terms of Reference to the Integration Joint Board for final approval
- 3) Agreed to further review the Terms of Reference no later than 2 years from approval by the Integration Joint Board

10. Response to Mental Welfare Commission Report

Carolyn Wyllie, Head of Community Health and Care presented the Response to Mental Welfare Commission (MWC) Report.

The statutory safeguarding role of the MWC was in relation to adults whose capacity to make decisions or to take actions to promote or safeguard their welfare was impaired due to mental disorder. Following the publication of the MWC report on 'Authority to discharge: Report into decision making for people in hospital who lack capacity', HSCPs were urged to take relevant actions in relation to the 11 recommendations made within the report.

The responses to each of the recommendations were provided including areas of good practice and further improvements to be made. The next steps will involve the development of appropriate indicators and self evaluation/audit.

Gordon Johnston noted a potential conflict of interest as he is a Non-executive of the MWC. This was discussed and members agreed this did not prejudice the discussion and decision making of the Finance and Performance Committee.

The Finance and Performance Committee:

- 1) Approved the response for submission

11. Any Other Competent Business

As there was no other competent business the Chair drew the meeting to a close.

12. Date of Next Meeting

22 December 2021, 2-4pm via MS Teams.

Clackmannanshire & Stirling Integration Joint Board

26 January 2022

Agenda Item 14.4

CTSI Annual Review

For Noting

Paper Approved for Submission by:	Annemargaret Black
Paper presented by	N/A
Author	Anthea Coulter, Chief Executive, CTSI
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:	The CTSI Annual Review 2021 provides an overview of the last year, key achievements, cases studies and areas of ongoing work.
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Recommendations:	The Integration Joint Board is asked to: Note the work of the Third Sector in Clackmannanshire.
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1. Background

- 1.1. The CTSI Annual Review is produced for the members, local partners, relevant Scottish Government departments and other key political leaders associated with the area. The Annual Review provides coverage of the work undertaken by CTSI to support the Third Sector and how we meet the outcomes set out in the TSI Outcomes Framework, as well as our local strategic outcomes plan. IJB members are asked to note in particular the work that supports achieving outcomes related to the CSHSCP Strategic Plan and the work to support Integration.

2. Conclusions

- 2.1. The CTSI Annual Review is an annual publication that provides oversight of its work and that of the Third Sector in Clackmannanshire. It is part of regular bi-annual reporting that is required by Scottish Government and ongoing monitoring carried out by the CTSI Board.

3. Appendices

CTSI Annual Review.

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

Alcohol and Drugs	<input type="checkbox"/>
Enabling Activities	
Technology Enabled Care	<input type="checkbox"/>
Workforce Planning and Development	<input type="checkbox"/>
Housing and Adaptations	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>
Implications	
Finance:	
Other Resources:	
Legal:	
Risk & mitigation:	
Equality and Human Rights:	The content of this report <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>

Creating a Fairer Future for Clackmannanshire

Annual Review 2020-2021



- Third Sector Overview
- Performance Report
- Case Studies
- Financial Summary



Charity No. SC042543 | Company No. SC396838

Third Sector Overview

Vision:

Clackmannanshire has a vibrant and successful third sector that will help build wealth and health within communities through greater collaboration and partnership across sectors.

Mission:

Clackmannanshire Third Sector Interface will enable our members to help improve people's lives through thoughtful integrated service delivery and outcomes; a confident skilled workforce and voluntary management, and empowered places with increased active participation in our communities.



2021 marks the 10th anniversary year for CTSI and in any other year, it would have an opportunity to be reflective of its achievements and those of the sector in the intervening years...

...but the last year has been anything but normal and as we moved from one lockdown in 2020 to a second in early 2021, the CTSI team continued to work at pace, focusing on ensuring that the sector organisations had the support they needed to keep operating and keep staff and volunteers safe. Now as we tentatively move to re-open services across the county, we are working more than ever with our members to advise them, and with our public sector partners, to align their work with recovery planning and national and local strategic developments.

Most notably is the role that CTSI took from late 2020 and in the early part of 2021 in helping our members access the government Strategic Framework Funding and furlough scheme, which allowed many to continue to cover their essential running costs – particularly those with buildings that needed heated and insured in the winter months. In addition, we were aware that many of our members were struggling without their usual fundraising streams from Christmas events, and to help that, we ran our #Buythegoodstuff raffle in December to compensate for this loss of income. This has been followed by the establishment of the new **Clacks Community Lottery** this summer, free to members, to help provide a way that their work and causes receive direct support from their local supporters.

CTSI has also worked closely with our funding partners, helping collaboratively assess and direct funding, and linking them through our regional **Third Sector Conference** and **Clacks Connect** online funders' fayre and range of monthly bulletins, as well as through our work nationally as part of the TSI Scotland Network, to distribute funding. The success of some of those partnerships and agile manner in which we were able to do that has been recognised by Scottish Government and we are delighted to be now involved in operating the new **Community Mental Health and Wellbeing Fund**, in partnership with Stirlingshire Voluntary Enterprise, our local Health and Social Care Partnership and people with lived experience. We hope that getting these funds out to small voluntary groups, health and walking groups, community gardens and other wellbeing services will enable them to support people within their communities, impacted by the pandemic, to become more active and confident in their communities.

We are excited to be taking our five strategic goals forward that we launched last year – continuing to build resilience and collectively bring a strong voice to the sector along with promoting community wealth-building with our public sector and business partners. Where a caring and connected Clackmannanshire sees active citizenship and volunteering at its heart, and developments align to a new Wellbeing Economy with local outcomes measured by people's wellbeing and improved places and communities, and not based on economic success alone. With our new office on the High Street in Alloa, we hope that to achieve that in a more visible way and be able to better promote the sector from a central location.

We all recognise that our world will be very different now – challenges will prevail for many of our third sector members and recovery is fragile, but we hope that by working collectively and innovatively together, we can meet those challenges together and continue to invest time into collaboration, a community and asset-based approach – and recognition of the value of continuing to build a stronger, resourceful third sector.

Best regards

Val Rose, Chair
Anthea Coulter, Chief Officer & Business Manager

Creating a Fairer Future for Clackmannanshire

Key achievements:

- Recovery meetings for the sector included: risk assessment training, health and safety training; free HR support and facilities training preparing the sector for re-opening.

- Local groups have received further funding from Adapt and Thrive, The Promise, Pivotal Enterprise Fund, Corra Foundation and National Lottery Communities Fund. Most importantly, many groups and community halls/social enterprises accessed the Strategic Framework Fund, allowing them to remain operational.

- CTSI supported around 700 new volunteers to become involved through the pandemic linking them to local organisations. CTSI continues to support a self-service model using Volunteering Clackmannanshire page to help promote roles which has seen almost 100% growth in engagement from Q1 (669) to Q4 (1301), with 2244 engaging in Q2 indicative of increased interest in volunteering across Clackmannanshire.

- Volunteer Management Forum is attended by 60 groups. CTSI has been part of the Volunteer Friendly Award and Saltire Award refresh, via national Steering Groups and, now being launched locally.

- New Clacks Good Food Partnership established with NHS Forth Valley and Council partners which has just been accepted to the UK-wide Sustainable Food Places Network, adopts a strategic focus for a whole system approach to tackling food inequality in Clackmannanshire.

- CTSI has developed a new Community Benefits Wishlist and worked with Clackmannanshire Council procurement team to introduce its use. CTSI is also working with NHS Forth Valley and its neighbouring TSIs to launch the use of the NHS Community Benefits portal to local grassroots community groups.

- CTSI has led on the development of a new Forth Valley Social Enterprise Network (FVSEN) online directory funded by Scotland's Towns Partnership funding. The FVSEN online directory will be live in December 2021.

Our measures of success:

81%

of members indicated they had received financial support through the last year via CTSI support.

100%

of partners believe CTSI are supportive of the third sector and has built strong relationships.

85%

of members feel they are very secure/secure in terms of sustainability going forward.

100%

of partners said they would recommend CTSI as a partner to work with.

87%

of partners feel CTSI supports the third sector to influence and contribute to local and national decision-making. (13% neither agree nor disagree).

85%

of members believe CTSI has helped their organisation feel more connected with partners.

91%

of partners indicated the new Creating a Fairer Future for Clackmannanshire plan reflected the priorities of the area.

89%

of members believe CTSI supports the third sector to influence and contribute towards local and national decision-making, leading to better support for people and communities.

What Scottish Government ask us to do:

- Building capacity
- Voice of the Sector
- Source of Knowledge
- Connecting Partners

Our local strategic goals

- Community wealth-building for Clackmannanshire

- Volunteering is critical to improving our society, environment and lives

- Create caring, connected Clackmannanshire

- Collectively bring strong voice to the sector

- Building resilience

Community wealth-building for Clackmannanshire

CTSI has been a key partner in the work to date Clackmannanshire Council and the Scottish Government have been leading on to bring the pillars of community-wealth building to Clackmannanshire - adopting the five principles for change – fair employment, progressive procurement, socially productive use of land and property, making financial power work for places and plural ownership of the economy.

Clackmannanshire communities are already leading the way in developing ‘engine rooms’ of activities that drive local economic outcomes, critical though both lockdowns, and bringing huge benefits to their communities.

Alongside continuing to support community empowerment and skills development directly through the continuation of the Communities Development Officer role, CTSI has also developed the new Community Benefits Wishlist to improve procurement outcomes and developed the new Forth Valley Social Enterprise online directory.

Tullibody Community Development Trust – the journey to community ownership

In early 2016 the Council decided to close and offer the Tullibody Civic Centre along with a number of other community assets to the community. As the only community facility in a town of 10,000 residents, the community came together to campaign to purchase the building. Support, enlisted from Community Ownership Support Service, provided guidance and support along the first stage of what turned out to be a testing journey. With funding from DTAS (Development Trust Association Scotland) in place a consultant was engaged to carry out the first formal consultation on the Centre’s future.

In August 2017, the TCDT drafted the Vision for the Centre and this remains true to this day; to create a community owned and run space for everyone to use, enjoy and benefit from.

A challenging timescale was set and this meant local Trusts and committees had to form quickly to get the support from the communities to keep the Centres open either by lease or a licence to occupy. TCDT trustees and members agreed at a public meeting that a lease was not the right option since the building had deteriorated significantly and a great deal of maintenance and repairs were needed. The lease conditions were too onerous so TCDT initially operated under a licence to occupy.



Ongoing support and connections with Development Trust Association Scotland and the Community Ownership Support Service were vital for the journey ahead. Local support also came from CTSI who were working with all the local trusts to provide support and advice. The external valuation of the Civic Centre allowed the Council to agree to a 50% discount because of the strong community benefit evidence submitted in the business plan. There were a number of funders during this stage but the main one was the Scottish Land Fund and in March 2018, TCDT were successful in the stage one funding to carry out a feasibility study and to engage an architect and business professional. A further £5k received from the National Lottery for Community fund to complete the business plan, and then further down the line, in 2020 stage two funding of £292.5k from the Scottish Land Fund to purchase the building, as well as fund the community facilities worker for a year and pay for essential repairs such as a new fire alarm system.



Funding also came locally from the Coalfields Regeneration Trust, who provided training in first aid and food hygiene and funding for a catering assistant. COSS, DTAS and CTSI have been a great support throughout the journey and the Clacks Joint Trust Forum coordinated by CTSI’s Communities Officer provided wider support. Strong partnerships formed between the different trusts, opening up discussions, finding out what worked, sharing best practice and resources and adhering to facility licensing and legislation.

TCDT’s advice to other community groups thinking of becoming owners is to do lots of research and visit as many centres who have been through the same process, listen and learn from their pitfalls.

Support from the local community has also been crucial to the project’s success, both practically and in terms of morale. The Committee kept going through protracted negotiations with the Council with this positive encouragement sustaining and ensuring that the goal of community ownership was not lost. The community support was amazing; with volunteers and tradesmen, offering to help undertake repairs and tasks to ensure the centre was operationally safe and accessible.

Community consultation was vital for this and this ensured community involvement and ownership, right from the start. They could see the vision and were involved in shaping what the centre would look like and what it could do for the community.

Negotiations with Clackmannanshire Council proved far from easy but perseverance paid off and after years of hard work, the TCDT finally secured the Civic Centre for future generations and the sale went through on the 31st March 2021.

Post Covid, the Centre is busy with classes and activities, from football, netball, table tennis, yoga and pilates to toddler groups and pensioner meet-ups – all of which generates income from room hire – as well as housing a heritage centre and café.

tullibodycdt.org.uk/

“Visits to a number of groups who had done amazing things really helped us, we received great advice and managed to utilise best practice, ideas and information”

- Janette McGowan Chair of TCDT

Further work by CTSI

- Extension to the Communities Development Officer role will help areas still developing empowerment planning in Clackmannanshire.
- Clacks Good Food Partnership aims to develop plans for local food growing and promoting dignified approaches to food sharing within communities.
- Clackmannanshire Fair Work charter is being developed, with support from third sector.
- Continued support to community organisations to seek out new ways of investing in diversified funding and trading streams.



Create caring, connected communities

If the pandemic did one thing, it highlighted the incredible community spirit and caring values that so many of them adopted through the last year. New localised services run by volunteers and staffed organisations developed and many of them continue and are evolving to suit a new way of living for many of our most vulnerable groups.

CTSI and SVE, partnered with Forth Valley College to deliver the first Community Health Champions accreditation programme and we are delighted that in many areas, these volunteers are now working with local GPs surgeries to signpost people to services in their communities. Our successful Techshare scheme, which came out of a direct need through the pandemic also helped tackle the prevalent issue of digital inequalities – seeing hundreds of devices and supporting equipment shared to new users – helping them connect better online to the supports they need.



Clackmannan Development Trust actively promote bike use and run bike training sessions and were involved in the new Forthbike video

The Gate – adapting to changing needs

The Gate is recognised as the main food bank of Clackmannanshire and through the pandemic, worked alongside other local crisis food providers to meet the changing needs – for those who had lost their jobs, isolated without family support, or on greatly reduced incomes.

Food parcels increased by 100% in 2020 and in total last year 146,500 meals were distributed by The Gate alone. Alongside this essential service, The Gate rolled out its new Meals at The Gate service, with funding via the Scottish Government's Investing in Communities grant that was secured in 2019. The three-year grant was to help establish local lunch clubs, develop a new meals delivery service for over 65's and a food academy. As the lunch clubs were not possible initially due to Covid-19 restrictions, the new chef started to develop their freshly-made meals service for older people at home which is delivered daily.

This service is now being used across the county with the recent addition of a lunch club at Community House in Alloa South and East and Ludgate Church. Alongside these developments, the food bank service is moving to a new optional 'top-up model': the café at The Gate has reopened along with the Recovery Café; and students have attended the food academy.

“The Gate has always prided itself on being a ‘needs-led’ organisation, listening to the needs of the community and responding in a way that is dignified and encourages resilience. Our new ‘Food Larder’ model is an example of us providing a much-needed service to the community but in a way that offers, choice and dignity. Our lunch clubs and community café offer the opportunity for people to come together and socialise. By using food as a way of bringing people together we can make sure that those who are lonely can enjoy company and a lovely warm meal. Also, our Food Academy spaces are filling up fast, two previous students have now moved into formal catering training, which is really exciting for us, especially Michael our Community Chef”

- Jilly Guild, The Gate Chief Officer



The Gate continues to diversify its services to support people within their communities with the new Meals at Home service and lunch clubs

Further work by CTSI

- Roll out of Community Link Worker programme in Alloa and Cowie and Fallin practices by March 2022
- Launch of the Alloa Hub as a health, business and tourism venue in the former public toilets in Alloa
- Continued support to develop dementia-friendly communities across Clackmannanshire
- Key partner in the new Clackmannanshire and Stirling Health and Social Care Commissioning Consortium
- Consultation work on Clacks Community Hospital and the proposed National Care Agency
- Distribution of the Community Mental Health and Wellbeing fund across the Partnership for recovery and wellbeing



Volunteering is critical to improving our society, environment and lives

Over the last year, volunteers got involved in formal and informal roles and turned their hand to all number of tasks – from drivers to packing food bags, to collecting prescriptions to being a friendly voice at the end of a phone. Some who were on furlough, got involved with volunteering for the first time and many have now returned to work, but many older volunteers had to shield for a time – it created a new landscape of volunteering and one that we hope will bring new and old together as we move forward.

TSI Scotland Network is now involved in the work underway to co-produce with a range of national partners, the new Volunteering for All Action Plan for Scotland – which sets out to involve people of all ages and from all sections of society in volunteering in the future. With this in mind, CTSI will be working to launch the refreshed Volunteer Friendly Award and Saltire Awards this year.

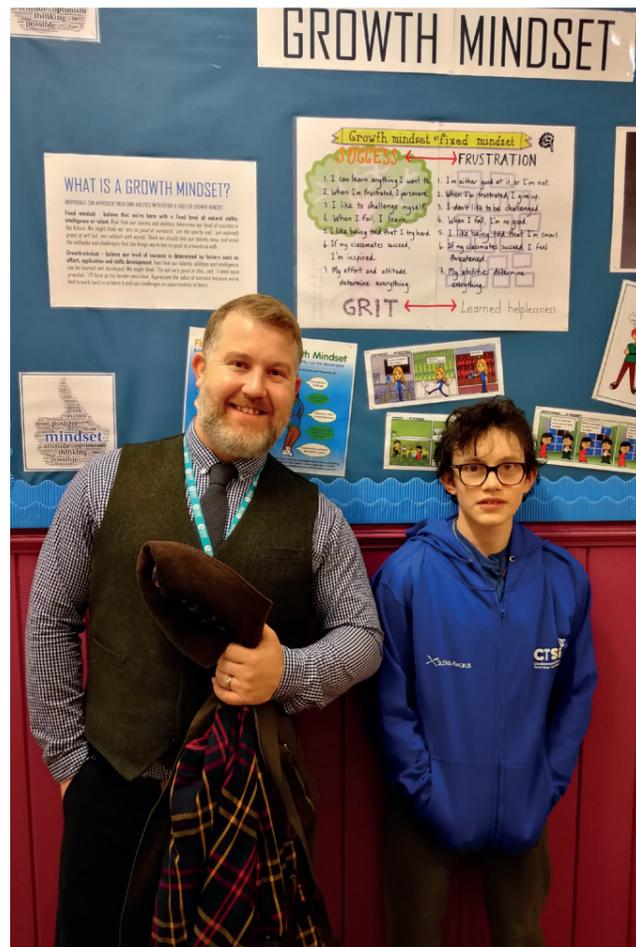
Alyn & the Saltire Summit Award

Few people can embody the Wee County's volunteering spirit more than Alyn of Clackmannanshire Secondary Schools Support Service. Alyn was an awardee of Saltire's Summit Award in June 2021 which is given to nominated young people who have shown an unrivalled dedication to volunteering and their community; and have embodied the traits of the ideal volunteer.

Since the start of 2019, Alyn has been volunteering in some capacity. Including at school where he has been a peer mentor in the Additional Support Needs Department at Alloa Academy and the Primary Schools' Support Service. Alyn's dedication to supporting his peers' education, has enriched not only his own educational experience, but undoubtedly the education of those he has mentored.

Outside of school Alyn has been helping make the County look more beautiful by doing some gardening with the folks at Tullibody Community Garden; and helping to install raised bed planters around the Alloa Family Centre. His passion for animals was evident when he was a trusty dog walker at Bandedath Dog Shelter and handyman at Dollarbeg Farm.

Despite the pressures of the last 18 months, Alyn has shown all of us that volunteering is not only a fun pastime but a hobby that encourages personal growth and why he was an obvious choice for the Saltire Summit Award.



Wimpy Park Community Group – bringing a community together

Wimpy Park Community Group based in Alloa South and East finally secured a 19-year lease from Clackmannanshire Council in December 2020 and since signing the lease they set up tennis facilities and two small football pitches that are well used by the wider community and often host to football games each Sunday. Throughout the spring the community space was thriving with activity - and plans were underway by the management team to take on the next phase of the plans that had been set out by the community for the park.

During the summer, the Park was delighted to be shortlisted and selected by the BBC Beechgrove Garden show as a special COP26 project and the local and business community rallied together to show their support by donating volunteer hours, materials, and general support. A crowdfunder was set up to help raise over £5k for the development, and the group



was also awarded funding from The National Lottery Community Fund. Organisations including Clackmannanshire Council, CTSI, Play Alloa, Community House and TCV, supported the local residents, with hundreds of volunteer hours being donated. The Park now hosts a sensory garden, orchard and an outdoor classroom and amphitheatre, and is now more accessible with new wider paths for all to enjoy. For five days, the designers provided by the Beechgrove show, volunteers from the Wimpy Park Community Group and wider community including the local nursery, worked tirelessly in the summer sun to get the project completed by the deadline. Local businesses and Alloa Rotary Club provided daily refreshments for everyone involved.



The project was completed in August 2021 and the group

already working on phase 3 of the development to have an adventure play park and toilet facilities to complete the project. The programme will be shown in the week prior to the COP26 Summit in Glasgow.

Further work by CTSI

- CTSI continues its work with Education CLD to run a programme to use volunteering as route to work for young people
- Launch soon of 'Business with a Heart' with aim of engaging more local businesses in promoting volunteering
- New Employability Providers' Forum is developing, including volunteering organisations as part of the transfer to 'No-one Left Behind' and review of Local Employability Partnerships.
- Work with DWP nationally on using volunteering as a route to work
- New High Street office will offer 'window volunteering' opportunities and a new receptionist dedicated to discussing roles



Building resilience in the sector

Despite the efforts of CTSI, public sector partners and funders with providing essential funding to the third sector through the pandemic, many organisations, especially social enterprises remain fragile. Furlough and most funding has finished and many are now relying on people supporting their work and taking steps out into their communities. Building resilience within the sector is critical at this stage – business planning, setting safe and workable reserve policies, developing marketing strategies, recruiting trustees with skills needed, and ensuring IT systems and cyber protection is in place.

Finance Forum for the local sector

CTSI and SVE held an inaugural meeting of the Stirling and Clacks Finance Forum in September for those who work within the voluntary sector. The needs of these organisations are often different from those in a corporate environment and charitable accounts have to be constructed, examined and written up in specific ways set out by OSCR.

Around thirty organisations attended the first open meeting, including chief executives, voluntary treasurers, and finance officers - all of who had finance as part of the responsibilities of their role. In this safe space they were able to share their issues and learn from others and welcomed the establishment of quarterly meetings of the forum to follow which will cover topics such as banks, insurance, accounting regulations, reserves and other financial points.



Further work by CTSI

- CTSI shares information through its range of weekly bulletins relevant to the sector and the new Clackmannanshire Business Support Partnership bulletin to ensure the right business information and training is provided locally.
- Forth Valley TSIs held their popular Third Sector Conference in February 2021 attended by over 200 people and with sessions by OSCR and P4P.
- Glasgow TSI has been providing free health and safety training for Network staff which is being cascaded across Scotland, and SCVO free support to third sector groups in HR.
- Scottish Government identified challenges for the sector and is now financing a new 'train the trainer' programme for TSIs on cyber resilience.
- TSI Scotland Network and the Robertson Trust will launch the new joint online training platform in late 2021 for the sector which will provide 'Nuts & Bolts' training in finance, fundraising, charity law and governance along with a wide range of other training courses of local and national value.

Collectively bring strong voice to the sector

The most significant and enduring impact of the pandemic has been the recognition that the third sector took a critical role from the start. Surveying by the Community Planning Improvement Board, Evaluation Scotland, and most recently by Foundation Scotland, has highlighted the key role that the TSI Scotland Network played and that the voice of communities and organisations was heard via this network and its leaders.

CTSI's Chief Officer provided evidence with other TSI leaders to Scottish Parliament Equalities and Human Rights Committee on the Covid funding response and described the challenges on the ground and how those were tackled. This highlights the critical role that our regular Community Breakfasts and Forums play and where we can listen and understand the issues that are being experienced.

Klacksun shapes mental health commissioning

Following the pre-pandemic consultation on community mental health, members of Klacksun, the forum for people and their carers who use mental health services, has been working with the Health and Social Care Partnership to look at what should be included in advocacy services and the qualities that a provider should have. Through a process of co-production, with forum members taking part in the commissioning process, a provider was identified and has been awarded the contract.

"It was so valuable to have a group of people with lived experience and those who work with people who may need the support of an Advocate involved in the evaluation process. Their role provided a different perspective to the process and the feedback from the participants was that it was a positive piece of work to take part in."

Maureen McMaster, Planning and Commissioning Officer, Clackmannanshire and Stirling Health and Social Care Partnership.

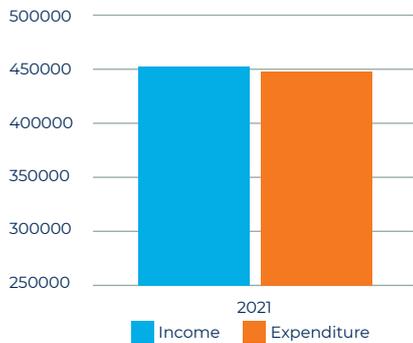
Klacksun members are now joining a new steering group to help shape the decisions on local strategic aims of the new Community Mental Health Fund, along with council representatives and leads from the Health and Social Care Partnership. Having lived experience at the heart of decision making ensures funding will go to the services that people need.

***"I acted as an independent assessor for the provision of Advocacy Services. Based on my experiences of the problems our Service Veterans face, I found the process to be informative and believe that the proposed service will go a long way in addressing those issues."* - David Newall SSAFA, the Armed Forces Charity**

Further work by CTSI

- Representatives from CTSI and SVE will hold positions on the new City Deal Advisory Board along with reps from FVSEN on the Forum.
- TSIs have played a role in the development of the new CSHSP Commissioning Consortium and members of the Transforming Care Board.
- CTSI has liaised with local children and young people's charities and fed in information for the new Children and Young People's Strategic Plan.
- CTSI Chief Officer has been interim Chair of Community Justice Partnership during 2021.
- CTSI is leading the development of a new Employability Providers' Forum to shape their response to the changes to the Local Employability Partnership.

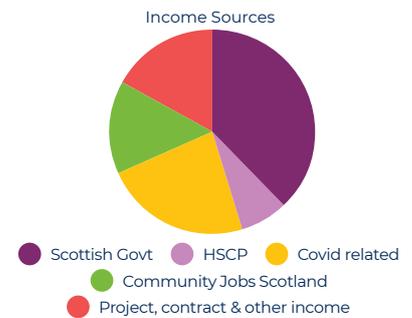
Financial Summary



Income £454,148
Expenditure £446,742



Unrestricted £68,719
Restricted £22,705
Assets £91,424



Scottish Govt £198,400
HSCP £38,781
Covid related £121,530
Community Jobs Scotland £7,692
Project, contract & other income £87,745

Partners

- Clackmannanshire Council
- Clackmannanshire & Stirling Health and Social Care Partnership
- Community Justice Strategic Partnership
- Children & Families Strategic Partnership
- Violence Against Women Partnership
- Forth Valley & Local Employability Partnership & Education CLD
- Clackmannanshire & Stirling City Deal Commission
- Alloa First, Business Gateway & Discover Clackmannanshire
- TSI Scotland Network & Scottish Volunteering Forum

Our thanks to our Funders:

- Scottish Government
- Clackmannanshire & Stirling Health and Social Care Partnership
- SCVO & SCVO Digital
- National Lottery Community Fund
- Fair Start Forth Valley
- Alliance Scotland
- The Agnes Hunter Foundation
- Clackmannanshire Council
- CORRA Foundation
- Scotland's Towns Partnership

Current Staff and Volunteers

Chief Officer & Business Manager

Anthea Coulter

Team Leader Membership, Enterprise & Community Capacity

Julie Haslam

Team Leader Volunteering & Routes to Work

Colin Melville

Community Health & Integration Officer

Elizabeth Rowlett

Volunteer Development Assistant

Christopher White

IT, Research & Employability Officer

Brian Weaver

Digital Communication Officer

Eilidh Nimmo

Communities Development Officer

To be appointed

Office Manager

Lesley Jack

Office & FVSEN Administrator

Karen D'Arcy-Kernan

Finance Officer

Fraser Kennedy

Office Staff

Kirsteen McGinn, Romany Purvis

Board of Directors

Nick Morris, Graham Reece, Val Rose, Margaret Starkie, Nicola Green, Eman Hani & Karen Wilson

Accounting services:

Community Accounting Scotland CIC

We would like to thank all the volunteers and organisations who helped with this publication

Front cover photos:

- CTSI's new Alloa High Street office
- Sauchie Resource Centre now expanded to run more community activities including Chattie Latte
- Volunteers' Week '#Thank you to Volunteers' planter ribbon-cutting
- Clackmannanshire Tapestries volunteers' blether

If you want to find out more about our work please follow us at

facebook @CTSIAlloa Instagram @clacksctsi Twitter @clacksCTSI @FVSEN @clacksgoodfood

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